



Medicaid Administration

State Name: Nevada

OMB Control Number: 0938-1148

Transmittal Number: NV - 14 - 0006

Expiration date: 10/31/2014

State Plan Administration Designation and Authority

A1

42 CFR 431.10

Designation and Authority

State Name: Nevada

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency: The Department of Health and Human Services (DHHS)

Type of Agency:

- ☐ Title IV-A Agency
- ☐ Health
- ☐ Human Resources
- ☒ Other

Type of Agency Health and Title IV-A Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

Chapter 422 of the Nevada Revised Statutes, as amended

The single state agency supervises the administration of the state plan by local political subdivisions.

☐ Yes ☒ No

☒ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

☐ Yes ☒ No



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- ☒ Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

☒ Yes ☐ No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY): 04/23/15

The type of responsibility delegated is (check all that apply):

- ☐ Determining eligibility
☒ Conducting fair hearings
☐ Other

Name of state agency to which responsibility is delegated:

Department of Administration (DOA)

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

The DHHS, through an interlocal contract between its Division of Health Care Financing and Policy (DHCFF) and the Department of Administration Appeals Office (DOA), delegates its authority to conduct beneficiary fair hearings and issue final fair hearing decisions for Medicaid covered services and provider fair hearings for claims, re-coupments and enrollment issues to the DOA. The Interlocal Contract also defines the respective relationship between the DHCFF and the DOA including implementation of 42 CFR section 431, subpart E; Chapter 3100 of the Nevada Medicaid Services Manual, all other applicable provisions and any quality control and oversight that is planned.

The DOA agrees to conduct scheduled impartial administrative hearings for individuals who request a fair hearing and for whom DHCFF is not able to resolve their issue during an informal resolution process. Generally fair hearing requests are received by DHCFF and DHCFF informs DOA of the cases that should be scheduled for a hearing. A beneficiary has 90 calendar days from the date of the notice of decision to request a fair hearing.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

The DHHS through the DHCFF will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact both the DHCFF and the DOA. The DHHS retains oversight of the State Plan, the development and issuance of policies, rules, and regulations on program matters; and will establish a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by the DOA. DHHS will ensure that the Department of Administration complies with all Medicaid related federal and state laws, regulations and policies in the completion of the fair hearing.

Add

- ☐ The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.



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The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- ☒ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- ☒ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ The Federal agency administering the SSI program

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- ☒ Medicaid agency
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

☐ Yes ☒ No

State Plan Administration Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Nevada Department of Health and Human Services (DHHS) is the single state agency responsible for administering or supervising the administration of the Medicaid program under title XIX of the Social Security Act. The DHHS, through its Divisions, is responsible for all the Medicaid (title XIX) and Nevada Check Up (title XXI, the Children's Health Insurance Program) eligibility decisions and the fair hearings for eligibility. The Division of Health Care Financing and Policy (DHCFP), a Division of DHHS administers the Medicaid and Nevada Check Up state plans, including the rates and medical benefit plans, the 1915 (c) and 1115 waiver programs. The DHCFP manages the Fee for Service Benefit plan, the Managed Care Organizations, program compliance activities and the program's budget and fiscal operations. The Division of Welfare and Supportive Services (DWSS) a Division of DHHS completes the eligibility functions, including the fair hearings for eligibility for the following groups: Parents and other caretaker relatives, Pregnant women, Infants and children under age 19, Adult group, Former foster care children, Breast and cervical cancer, Targeted low income children, Emergency assistance for non-qualified non-citizens, Aged, blind and disabled, SSI, State institutional, Public law, Disabled children cared for at home, Home and community based waivers, Health insurance for work advancement, Medicare savings program. These two functions, though completed by the same agency, fall under two distinct program units and program chiefs. The eligibility determination function is located in the Program and Field Operations Unit



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within the Eligibility and Payments section and the fair hearing function is located in the Program Review and Evaluation Unit, which reports directly to the Administrator. The Division of Child and Family Services (DCFS), Nevada's child welfare agency and also a division of DHHS completes the eligibility functions, including the fair hearings for eligibility for the following groups: Title IV-E Eligible Foster Care Children, Non-Title IV-E Eligible Foster Care Children, Foster Care Children Receiving Supplemental Security Income (SSI), Children born to a Medicaid eligible minor parent in foster care, Title IV-E Eligible Children for whom there is a Nevada adoption assistance agreement, Title IV-E Eligible Children for whom there is an adoption assistance agreement from another state, Non-Title IV-E Children for whom there is an Adoption Assistance Agreement, Children born to a Medicaid Eligible adopted minor parent and Children who have Aged Out of Foster Care. The eligibility determination function is located in the Fiscal Unit which is part of the Agency's Administrative Unit, reporting the agency deputy administrator and the fair hearing function completed by the Systems Advocate reports directly to the Agency Administrator. The Aging and Disability Service Division (ADSD) operates two of Nevada's Three 1915 (c) waiver programs, The Home and Community Based Waiver for the Frail Elderly, and the Home and Community Based Waiver for Individuals with Intellectual Disabilities and Related Conditions. The DHCFF operates the third 1915 (c) waiver, the Home and Community Based Waiver for Individuals with Physical Disabilities. All Divisions, including the Division of Public and Behavioral Health work closely with the DHCFF in the development and utilization of Medicaid and Nevada Check Up benefit policy.

The DHHS divisions in addition to the functions they complete for the Medicaid or Nevada Check Up programs also complete other health and human services for the state of Nevada. The Division of Aging and Disability Services operates the State funded Regional Centers, serving the intellectually disabled population, the state funded home and community based services for the elderly and the disabled, elder rights services, early intervention services and the Senior and Disability RX program. The Child and Family Service Division operates the State's Child Welfare Services, Juvenile Justice services and facilities and Children's Behavioral Health services and facilities. The Division of Public and Behavioral health completes the public health services including biostatistics and epidemiology, health statics, planning and emergency response, Consumer Health Protection, service and facility licensing (Health Care Quality and Compliance) and adult and rural mental health services. The Division of Welfare and Supportive Services completes the eligibility and payment for Nevada's public assistance programs as well as child support enforcement and child care programs.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Department of Health and Human Services (DHHS) is the single state agency responsible for administering or supervising the administration of the Medicaid program under title XIX of the Social Security Act. DHHS is a Cabinet Level Agency that administers Nevada's health and human services and public assistance agencies. The DHHS and the Department of Administration (DOA) are two separate departments under the Nevada State Executive Branch of the Government. The Hearings Division is a division of the Nevada Department of Administration and was established to provide an independent appeals process for workers compensations, Victims of Crime Program appeal, and a variety of state agency administrative hearings, including Medicaid and Nevada Check Up.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ The Federal agency administering the SSI program



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Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

☐ Yes ☐ No

State Plan Administration

Assurances

A3

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- ☒ The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- ☒ All requirements of 42 CFR 431.10 are met.
- ☒ There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- ☒ The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- ☐ There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:



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- ☐ There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- ☐ When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- ☐ The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

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.

V.20141203

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 1.1-A

MEDICAL ASSISTANCE PROGRAM

State of Nevada

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Nevada Department of Health and Human Services (DHHS) is the single State agency responsible for:

☒ Administering the Plan

The legal authority under which the agency administers the plan on a Statewide basis is:

Chapter 422 of the Nevada Revised Statutes, as amended
(statutory citation)


Adam Laxalt, Attorney General

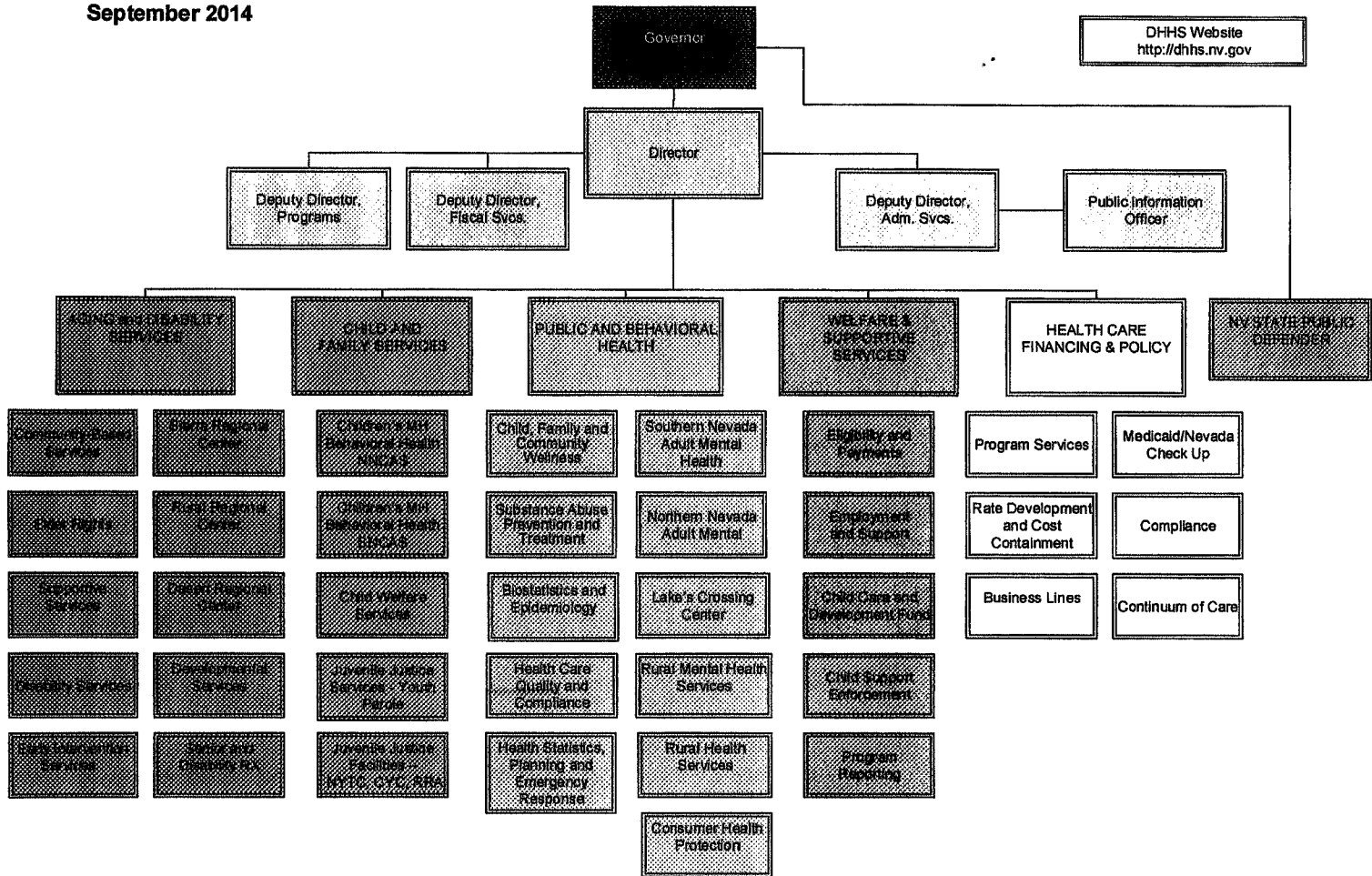
9/29/15
Date

TN No. 14-006
Supersedes
TN No. 81-13

Approval Date: MAY 11 2015 Effective Date: October 1, 2014

DEPARTMENT OF HEALTH AND HUMAN SERVICES

September 2014



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