Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-

August 1991

State: Nevada

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation 2.1 Application, Determination of Eligibility and Furnishing Medicaid 42 CFR 435.10 and Subpart J

The Medicaid agency meets all requirements of 42 CFR (a) Part 435, Subpart J for processing applications, determining

eligibility and furnishing Medicaid.

TN No. 91-22 Effective Date: October 1, 1991 Approval Date: January 13, 1992 HCFA ID:7982E Supersedes

TN No. 75B41

State: Nevada

<u>Citation</u> 42 CFR 435.914 1902(a)(34) of the Act	2.1(b) (1)	Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.
1902(e)(8) and 1905(a) of the Act	(2)	For individuals who are eligible for Medicare cost- sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.
1902(a)(47) and	(3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

Effective Date: August 13, 2003

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State: Nevada

Citation

1902(a)(55) of the Act

2.1(d) The Medicaid agency has procedures to take applications, assist applicants and perform initial processing of applications from those low income pregnant women, infants and children under age 19, described in Section 1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII) and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADC from except as permitted by HCFA instructions.

TN No. 92-6 Approval Date: February 11, 1992 Effective Date: January 1, 1992

Supersedes TN No. 91-22