# TABLE OF CONTENTS

**MEDICAL ASSISTANCE PROGRAM MANUAL**

## PART A – GENERAL PROVISIONS AND DEFINITIONS

### A-100 MEDICAL ASSISTANCE OVERVIEW

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Purpose and Applicability</td>
</tr>
<tr>
<td>105</td>
<td>Medical Assistance Overview</td>
</tr>
<tr>
<td>110</td>
<td>Cooperation</td>
</tr>
<tr>
<td>115</td>
<td>Prior Medical</td>
</tr>
<tr>
<td>115.1</td>
<td>Applying For Prior Medical Coverage</td>
</tr>
<tr>
<td>115.2</td>
<td>Verification of Prior Medical Assistance</td>
</tr>
<tr>
<td>120</td>
<td>Authorized Representative</td>
</tr>
<tr>
<td>120.1</td>
<td>Spousal Authorization</td>
</tr>
<tr>
<td>125</td>
<td>Medicaid Card</td>
</tr>
<tr>
<td>125.1</td>
<td>Issuance of Verification of Medicaid Eligibility Status or Form 2636, Pending Welfare Assistance Notice</td>
</tr>
<tr>
<td>130</td>
<td>Managed Care Enrollment</td>
</tr>
<tr>
<td>135</td>
<td>Services Provided by Nevada Medicaid</td>
</tr>
<tr>
<td>140</td>
<td>Medicaid Estate Recovery Program</td>
</tr>
<tr>
<td>140.1</td>
<td>Legal Authority</td>
</tr>
<tr>
<td>140.2</td>
<td>Program Overview</td>
</tr>
<tr>
<td>140.3</td>
<td>Affected Individuals</td>
</tr>
<tr>
<td>140.4</td>
<td>Notification to Affected Individual</td>
</tr>
<tr>
<td>145</td>
<td>Referral of Cases to MER Unit</td>
</tr>
<tr>
<td>145.1</td>
<td>Initiation of MER Activities</td>
</tr>
<tr>
<td>150</td>
<td>Forms Used for Medical Programs</td>
</tr>
</tbody>
</table>

### A-200 DEFINITIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>Definitions and Use of Terms</td>
</tr>
<tr>
<td>210</td>
<td>Acronyms</td>
</tr>
</tbody>
</table>

## PART B – MEDICAID CATEGORIES

### B-100 MAGI MEDICAL CATEGORIES

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Overview</td>
</tr>
<tr>
<td>105</td>
<td>Family Medical Coverage Groups</td>
</tr>
<tr>
<td>110</td>
<td>Parents and Other Caretaker Relatives (435.110, 435.911)</td>
</tr>
<tr>
<td>110.1</td>
<td>Shared Custody</td>
</tr>
<tr>
<td>115</td>
<td>Pregnant Women (435.116, 435.911)</td>
</tr>
<tr>
<td>120</td>
<td>Infants and Children Under Age 19 (435.118, 435.911)</td>
</tr>
<tr>
<td>120.1</td>
<td>Newborn Children (435.117)</td>
</tr>
<tr>
<td>120.2</td>
<td>Nevada Check Up (NCU)-Children with Income Above Medical Limits and Below 205% FPL (42CFR 457)</td>
</tr>
<tr>
<td>125</td>
<td>Childless Adults/Individuals Age 19 Thru 64 (435.119, 435.911)</td>
</tr>
<tr>
<td>130</td>
<td>Transitional Medicaid Coverage (1925, 435.112)</td>
</tr>
<tr>
<td>135</td>
<td>Post medical (435.115)</td>
</tr>
<tr>
<td>140</td>
<td>Emergency Medicaid MAGI (435.139, 435.406)</td>
</tr>
</tbody>
</table>
SPECIALIZED MEDICAL CATEGORIES

200 Overview
205 Specialized Medicaid Eligibility Groups
210 Medicaid For Children For Whom A Public Agency Has Assumed Financial Responsibility
215 Medicaid Eligibility for Title IV-E Eligible Foster Children at Rite of Passage
220 Aged Out of Foster Care (435.150, 435.226)
225 Breast/Cervical Cancer Medicaid (Public Law 106-354)
225.1 Presumptive Eligibility for MCB

MAABD MEDICAL CATEGORIES

300 Overview
305 Aged, Blind and Disabled
310 Medicare Beneficiaries
310.1 Low Income Subsidy (LIS) Referrals
310.2 Qualified Medicare Beneficiaries (QMB)
310.3 Special Low Income Medicare Beneficiaries (SLMB)
310.4 Qualified Individuals (QI)
310.5 Qualified Disabled Working Individuals (QDWI)
315 Supplemental Security Income (SSI)
315.1 Eligibility Exceptions
315.2 SSI Resources
320 Public Law Cases
320.1 Pickle Amendment-Public Law 94-566 Section 503
320.2 Adult Disabled Child-Public Law 99-643
320.3 Widow/Widowers-Public Law 100-203
320.4 Widows, Widowers and Surviving Divorced Spouses Public Law 101-508
320.5 Suspension of SSI Due to Income-Public Law 96-265
320.6 Eligibility for Children Who Lose SSI but Remain on Medicaid
320.7 Persons Ineligible for SSI Due to Alien Sponsor Deeming (CFR 416.1160)
325 Institutionalized Individuals
325.1 Institutionalized Less than 30 Consecutive Days
325.2 Institutionalized at Least 30 Consecutive Days
330 Home and Community Based Waiver Services
335 Katie Beckett
335.1 Division of Health Care Finance and Policy (DHCFP) Determination
340 Prior Medical
345 Health Insurance for Work Advancement (HIWA)
350 Aged, Blind and Disabled Specialized Medical Groups
350.1 Continuation of ‘Pregnancy Related’ Medical Coverage
350.2 Emergency medical for Ineligible Non-Citizens (Public Law 99-509 Section 9406)

PART C – GENERAL ELIGIBILITY REQUIREMENTS

RESIDENCE REQUIREMENTS

100 Residence Requirements (435.403)
100.1 SSI Recipients Receiving a State Supplementary Payment (SSP) from Another State
100.2 Verification
105 Exception to Residency Rules
105.1 Individuals Placed in an Out-of-State Institution
105.2 Individuals Under the Age of 21
105.3 Individuals Age 21 and Over

110 Disputed Residency
115 Temporary Absence
120 CAP Program (NRS 217)

C-200 FURNISHING SOCIAL SECURITY NUMBERS
200 Social Security Numbers (435.910)
200.1 Verification
200.2 Worker Action at Application
200.3 Failure to Comply

C-300 CHILD SUPPORT ENFORCEMENT
305 Child Support Non-Cooperation

C-400 CITIZENSHIP REQUIREMENTS
405 Eligibility Requirements
405.1 Verification and Documentation (435.956(a)(1))
405.2 Reasonable Opportunity (435.956(g))
405.3 Stand-Alone Evidence of U.S. Citizenship or Nationality
405.4 Evidence of U.S. Citizenship or Nationality
410 Acceptable Verification of Identity
415 Verification of Collective Naturalization
415.1 Puerto Rico
415.2 U.S. Virgin Islands
415.3 Northern Mariana Islands (NMI)
420 Non-Citizen Medical Assistance Eligibility Chart
420.1 Verification of Non-Citizen Status
420.2 Verifying Non-Citizen Status Using the Systematic Alien Verification to Entitlements (SAVE) System
425 Non-Citizen Status
430 Re-Verification of Immigration Status Due to an INS Document’s Expiration Date
435 Documentation of Veteran Status
435.1 Verification of Veteran Status
435.1.1 Discharged Members
435.1.2 Active Duty Members
435.1.3 Reserve Members (Not On Active Duty for Training)
440 Definition of Battered Non-Citizen
445 Iraqi and Afghani Special Immigrants
450 Victims of Trafficking

C-500 APPLYING FOR AVAILABLE BENEFITS
500 Applying for Available Benefits (435.608, 435.610)
505 SSI Application and Determination
505.1 Required
505.1.1 Aged, Blind and Disabled Persons Not in an Institution with Total Countable Income Less than SSI Payment Levels
505.1.2 Persons In an Institution with Total Countable Income Less Than $30

505.2 Not Required

C-600
THIRD PARTY LIABILITY
600 Third Party Liability (TPL) (435.610)
605 Medicare As TPL
605.1 Persons Eligible for Medicare
610 Notification of Third Party Liability (TPL) to the Fiscal Agent
610.1 Verification
615 TPL and Accidents
620 Mandatory Premium Payments for Cost Effective Employer Group Health Insurance

C-700
BUY-IN
700 Buy-In Process (1843 of the Act)
705 Effective Dates for Buy-In
715 How the Buy-In Process Works
720 Case Manager Responsibilities in the Buy-In Process

C-800
INCARCERATION
800 Incarceration

PART D – APPLICATION PROCESSING

D-100
MAGI APPLICATION PROCESSING (435.906, 435.907)
100 Overview
105 Requests for an Application
110 Application Assistance (435.908)
115 Filing the Application
120 Withdrawal of Application
125 Registration of the Application
130 Duplicate Assistance Screening
135 Time Frames (435.912)
140 Pre-Eligibility Verification
140.1 Non-Financial
140.2 Financial
145 Post Eligibility Verification
150 Verification Sources
150.1 Reasonable Compatibility (435.952)
150.2 MAGI Discrepancy with Exchange (435.603(f)(3)(i))
155 Pending Information
155.1 Future Actions
160 Certification Period
160.1 Nevada Check Up
165 Nevada Check Up Premiums
170 Case Documentation (435.913)
170.1 Case records (NRS 239.080, NRS 230.125)
175 Prior Medical Coverage
180 Reinstatements
185 “Prudent Person” Principle
SPECIALIZED GROUPS-APPLICATION PROCESSING

200 Overview
  200.1 Income
  200.2 Resources

205 Aged Out of Foster Care
  205.1 Aged Out of Foster Care in Another State
  205.2 Reporting Requirements
  205.3 Denial/Termination

210 Breast/Cervical Cancer Medicaid
  210.1 Verification
  210.2 Presumptive Eligibility
  210.3 Eligibility Requirements
  210.4 Do Not Apply the Following Eligibility Requirements
  210.5 Termination

215 Children for Whom a Public Agency has Assumed Financial Responsibility
  215.1 Application
  215.2 Verifications
  215.3 Denial/Termination
  215.4 Reporting Requirements

220 Medicaid Eligibility for Title IV-E Eligible Foster Children at Rite of Passage
  220.1 Application
  220.2 Verifications
  220.3 Denial/Termination
  220.4 Reporting Requirements
  220.5 Case Management

225 Request for Information

230 Withdrawal of Application

235 Duplicate Assistance Screening

240 “Prudent Person” Principle

245 Prior Medical Coverage
  245.1 How To Apply for Prior Coverage
  245.2 Eligibility for Prior Coverage
  245.3 Prior Medical Determinations

MAABD APPLICATION PROCESSING

300 Overview

305 Requests for an Application
  305.1 Forms Given to the Client with Application

310 Application Assistance (435.908)

315 Filing the Application

320 Withdrawal of the Application

325 Registration of the Application
  325.1 Application From a Facility

330 Duplicate Assistance Screening

335 Time Frames (435.912)

340 Pre-Eligibility Verification
  340.1 Non-Financial Verification
  340.2 Division of Health Care Finance and Policy (DHCFP) Disability Determination
340.3 Pending SSI Determination
340.4 Financial Verification
  340.4.1 Income
  340.4.2 Resources
340.5 Post Eligibility Verification
340.6 Verification Sources
345 Pending Information
  345.1 Future Actions
350 Disposition of Application
  350.1 Certification Period
355 Medicaid, SLMB & Qualified Individuals
  355.1 QMB Only
360 Case Documentation (435.913)
  360.1 Case Records (NRS 293.080, NRS 230.125)
365 Prior Medical Coverage
  365.1 How To Apply for Prior Coverage
  365.2 Eligibility for Prior Coverage
  365.3 Prior Medical Income Computation
370 Reinstatements
375 “Prudent Person” Principle
380 Katie Beckett
  380.1 Division of Health Care Finance and Policy (DHCFP)
  Determination
  380.2 Notice of Approval
385 Parental Financial Responsibility for Services Provided to Disabled Children
  385.1 Definitions
  385.2 Calculating Monthly Parental Reimbursements
  385.3 Redetermination of Eligibility
  385.4 Undue Hardship
  385.5 Responsibilities of Eligibility Staff
  385.6 Investigations and Recovery Staff Responsibilities

D-400 REDETERMINATIONS
400 MAGI Redeterminations (435.916)
  400.1 Initial MAGI Redeterminations
  400.2 Verification At Redetermination
410 MAABD Redeterminations
  410.1 Verification At Redetermination
  410.2 Public Laws
420 Title IV-E Eligible Foster Children at Rite of Passage
  420.1 Verification At Redetermination
  420.2 Termination of Foster Children at Rite of Passage
425 Aged Out of Foster Care
  425.1 Verification At Redetermination
  425.2 Termination of Aged Out of Foster Care
430 Treatment for Breast and Cervical Cancer
  430.1 Termination of Breast and Cervical
435 Transitional Medicaid
440 Redetermination Based On Changes
445 Other Insurance Affordability Programs
450 Terminations

D-500 CHANGES
Division of Welfare and Supportive Services
Medical Assistance Manual
17 Jul 01 MTL 04/17
Overview

Reporting Requirements

When To Report

How To Report

Questionable Information and/or Circumstances

Processing Requirements

525.1 Returned Mail

525.2 Actions On Changes

525.3 Mass Changes

525.4 Additions To the Household

525.4.1 Exceptions for Adding Newborns To NCU Cases

525.4.2 NCU Enrollment

530 Terminations for Medicaid

530.1 Non-Payment of Nevada Check Up Premiums

530.2 Adverse Action

530.3 Adverse Action NOT Required

530.4 Cut-Off

535 Re-Evaluations – Nevada Check Up

540 Conversions

540.1 Converting To Institutional Eligibility

540.2 Converting To Home Based Waiver Eligibility

540.3 Other MAGI Groups To SSI Case

540.4 SSI Eligibility Terminating

540.5 QMB/SLMB/QI1 Only To Medicaid With QMB/SLMB

540.6 Medicaid Only To Medicaid-QMB/SLMB

540.7 Medicaid-QMB/SLMB to QMB/SLMB/QI1 Only

540.8 Medicaid-QMB/SLMB To Medicaid Only

540.9 Katie Beckett To SSI

540.10 QMB and < 30 Day Hospital Stay

540.11 Forms Used for Conversion

PART E – INCOME AND BUDGETING

E-100

MAGI BUDGETING

105 Assistance Unit Determination (435.603(f))

105.1 Tax Filing Status

105.2 Tax-Filer Not Claimed As a Tax Dependent

105.3 Individuals Claimed As Tax Dependents

105.4 Married Couples

105.4.1 Divorced Couples (IRS 501)

105.5 Non-Filer Rules

110 Assistance Unit Budgeting

110.1 Annual Income Guidelines

115 Budget Period

120 Earned Income

120.1 Self-Employment

120.2 Verification of Self-Employment

125 Unearned Income

130 Best Estimate of Income

130.1 Converting Income to Monthly Amounts

130.2 Unpredictable Income

130.3 Irregular Income

130.4 Converting New Income
135 Application of Modified Adjusted Gross Income
   135.1 Allowable Deductions
140 Step-By-Step Assistance Unit and Income Determination
   140.1 Construct a Medicaid/NCU Assistance Unit for Each Applicant
   140.2 Determine the Medicaid/NCU Income for Each Assistance Unit
145 MAGI Exemptions

E-200

MAABD INCOME AND BUDGETING
200 Application of Social Security Income (SSI) Budget Methodology
205 Household Determination
   205.1 Definition Related to Household Determination
   205.2 Income Consideration
210 SSI – MAABD – Income Budgeting
   210.1 Ownership/Availability
   210.2 Income Deeming
   210.3 Dividing Income
   210.4 Court Order/Trust Income
220 Budgeting Procedures for SSI Financial Eligibility – Spouse To Spouse
   Deeming – (SSI Budget Form 2646-EE)
   220.1 SSI Budget Form 2646-EE
      220.1.1 Member of Couple With Eligible Spouse
      220.1.2 Member of Couple With Ineligible Spouse
      220.1.3 Individual
      220.1.4 Deeming Computation
      220.1.5 SSI Eligibility Determination
225 Income Disregards By Public Law
   225.1 Pickle Amendment – Public Law 94-566
   225.2 Adult Disabled Child – Public Law 99-643
   225.3 Widow/Widowers – Public Law 100-203
   225.4 Widows, Widowers and Surviving Divorced Spouses
      Public Law 101-508
230 Medicare Beneficiaries (QMBs, SLMBs and QDWIs)
235 Medicare Beneficiaries Budget Method
   235.1 Medicare Beneficiary Budget Form 2203-EM
      235.1.1 Determine Whether the Client is Considered an
      Individual or a Member of a Couple with a
      QMB/SLMB/QI/QDWI Eligible Spouse By Applying the
      Definitions In This Section
      235.1.2 Medicare Beneficiaries Budget Form 2203-EM
   235.2 Budgeting – Specific Instructions
240 Health Insurance for Work Advancement (HIWA)
   240.1 HIWA Employment Related Work Disregards
   240.2 Computing Monthly Employment-Related Work Disregards
   240.3 HIWA Income Determination
   240.4 HIWA Premiums
245 Resources
   245.1 Ownership/Availability
   245.2 Treatment of Resources
      245.2.1 Resource Deeming
      245.2.2 Dividing Resources
      245.2.3 Court Order
   245.3 Transfer of Resources
   245.4 Inaccessible Resource
   245.5 Resource Limits
E-300 TYPES OF EARNED AND UNEARNED INCOME

E-400 RESOURCES
400 Overview
405 Resource Limits
410 Types of Resources (Not All Inclusive)

PART F – LONG TERM CARE SERVICES

F-100 LONG TERM CARE SERVICES
100 Persons Institutionalized At Least 30 Consecutive Days
100.1 Eligibility Exceptions
105 Definitions
110 Budgeting Procedures for Financial Eligibility-Form 2203-EM
110.1 Gross Countable Income Test (Side 1, Column 1)-Unearned Income, Earned Income and Division of Income
110.2 Net Income Determination (Side 1, Column 1)
115 Resources for Persons Institutionalized At Least 30 Consecutive Days
115.1 Ownership/Availability (Non-Spousal Impoverishment)
115.2 Resource Provisions for Spousal Impoverishment Cases
   115.2.1 Ownership/Availability
   115.2.2 Spousal Impoverishment Resource Determination
   115.2.3 Spousal Share of Resources at the Time of Institutionalization (Section I of Form 2797-EM)
   115.2.4 Community Spouse Resource Allowance (Section II of Form 2797-EM)
   115.2.5 Assignment of Resources at the Time of Application for Medicaid (Section III of Form 2797-EM)
   115.2.6 Permitting Transfer of Resources to the Community Spouse
   115.2.7 Separate Treatment of resources After Eligibility is Established
   115.2.8 Undue Hardship
   115.2.9 Additional Resources Following Initial Eligibility
115.3 Resource Exemptions
115.4 Resource Limits
120 Patient Liability
120.1 Treatment of Income, Deductions and Expenses
120.2 Partial Month Proration
120.3 Effective Date of Patient Liability
120.4 Notification of Patient Liability/Case Status
120.5 Patient Liability Budgeting Procedures-Form 2220-EM/A

F-200 HOME AND COMMUNITY BASED SERVICES
200 Home and Community Based Services
200.1 Eligible Groups
200.2 Identification of Applicants/Recipients Who May Be Eligible
205 Definitions
210 Eligibility Requirements
215 Eligibility Determination Process
220 Income
   220.1 Ownership/Availability
      220.1.1 Sole Ownership
      220.1.2 Shared Ownership
   220.2 Treatment of Income
   220.3 Income Limits
   220.4 Budgeting Procedures for Financial Eligibility-Form 2203-EM
225 Resources
   225.1 Ownership/Availability
      225.1.1 Sole Ownership
      225.1.2 Shared Ownership
      225.1.3 Treatment of Resources
   225.2 Resource Provisions for Spousal Impoverishment Cases
      225.2.1 Ownership/Availability
      225.2.2 Resource Determination
   225.3 Resource Exemptions
   225.4 Resource Limits
230 Patient Liability

F-300

PERSONS INSTITUTIONALIZED LESS THAN 30 CONSECUTIVE DAYS

300 Persons Institutionalized Less Than 30 Consecutive Days
305 Eligibility Exemptions
310 Definitions
315 Budgeting Procedures for SSI Financial Eligibility-SSI Budget Form 2646-EE (Spouse-To-Spouse Deeming)
   315.1 Income Consideration
   315.2 SSI Budget Form 2646-EE – General Instructions
      315.2.1 Member of a Couple With Eligible Spouse
      315.2.2 Member of a Couple With Ineligible Spouse
      315.2.3 Individual
   315.3 SSI Budget Form 2646-EE – Specific Instructions
      315.3.1 Deeming Computation
      315.3.2 SSI Eligibility Determination
320 Budgeting procedures for SSI Financial Eligibility of Children –Parent To Child Deeming Budget – Form 2646-EE/A
   320.1 General Deeming Provisions
   320.2 Parent To Child Deeming Budget – General Instructions
   320.3 Deeming Computation
   320.4 Eligibility Determination
325 Patient Liability
   325.1 Treatment of Income, Deductions and Expenses
   325.2 Partial Month Proration
   325.3 Effective Date of Patient Liability
   325.4 Notification of Patient Liability/Case Status
   325.5 Patient Liability Budgeting Procedures-Form 2220-EM

F-400

TRANSFER OF ASSETS

400 Overview
405 Definitions
410 General Rule
   410.1 Look-Back Period
F-500  TREATMENT OF TRUSTS

500  Definitions
505  Effective Date
515  Application of Trust Provisions
520  Types of Trusts
    520.1 Revocable Trust
    520.2 Irrevocable Trust-Payment Can Be Made to Individual
    520.3 Irrevocable Trust-Payment Cannot Be Made to Individual
    520.4 Special Needs Trust
    520.5 Pooled Trusts
    520.6 Miller Type or Qualified Income Reduction Trusts-QIT
525  Resources
530  Income
535  Patient Liability
540  Transfer of Assets
545  Central Office Review
550  Undue Hardship

PART G – NON-DISCRIMINATION/HEARINGS/CLAIMS

G-100  100  Non-Discrimination Overview
       105  Discrimination Complaints
       110  Racial and Ethnic Data Collection
       115  Interpretive Service Requests
           115.1 Sign Language Interpreter Requests
           115.2 Non-English Speaking Interpretive Requests

G-200  200  Hearings
PART H – PRESUMPTIVE ELIGIBILITY

H-100    Presumptive Eligibility – Provider Guidance

100 Overview
105 Eligible Groups
110 Factors of Eligibility
115 Verification
120 PE Coverage Period
125 Notification
130 Time Frames
135 “Prudent Person” Principle
140 Withdrawal of Application
145 Case Documentation
150 Presumptive Eligibility Standards
155 Conditions of Participation
160 Case Records and Retention
165 Authority

H-200    Hospital Presumptive Eligibility – DWSS Case Manager Guidance

200 Overview
205 Eligible Groups
210 Factors of Eligibility
215 Verification
220 HPE Coverage Period
225 Notification

APPENDICES

Appendix A    MAGI Income Charts, Verification Plan, Aid Code Charts
Appendix B    Possible Benefits Available to Division of Welfare and Supportive Services Clients
Appendix C    MAABD Income Standard Chart
Appendix D    Benefit Level Chart (SSI, VA, QMB, SLMB, QI1, QI2, QDWI, County Match, Spousal Impoverishment)
Appendix E    BIC Code Values
Appendix F    MAABD Budgets
Appendix G    PRUCOL Verification
Appendix H    IRS Publications