



Administrator

Washington, DC 20201

NOV 23 2005

Mr. Michael J. Willden
Director
Department of Human Resources
505 E. King Street, Room 600
Carson City, NV 89701-3708

Dear Mr. Willden:

We are pleased to approve your request for the section 1115 demonstration authority needed to implement the Hurricane Katrina Multi-State section 1115 demonstration. The Medicaid demonstration is approved as Project Number 11-W-00212/9 and the State Children's Health Insurance Program (SCHIP) demonstration is approved as Project Number 21-W-00034/9. This demonstration is granted as we work to recover from one of the worst natural disasters in the history of the United States. The Centers for Medicare & Medicaid Services (CMS) has developed this section 1115 demonstration initiative to ensure the continuity of health care services for the victims of Hurricane Katrina.

The demonstration waivers and expenditure authorities outlined in this letter, and in the enclosed special terms and conditions (STCs), will assist the State of Nevada in providing Medicaid/SCHIP coverage for evacuees who were enrolled in Medicaid in their home States, but have been displaced as a result of Hurricane Katrina. Additionally, this demonstration allows for the expedited enrollment of evacuees who were not previously Medicaid-enrolled but, who would now meet certain income eligibility standards as described in the simplified eligibility chart at enclosure B. An enrollment period of up to 5 months is authorized for these evacuee groups under this demonstration.

Our approval of this demonstration is subject to the limitations specified in the list of approved waivers and expenditure authorities. The State may deviate from Medicaid State plan requirements to the extent those requirements have been specifically waived. Our approval of this demonstration (and the waivers and Federal matching provided thereunder) is conditioned upon continued compliance with the enclosed STCs, which set forth in detail the nature, character, and extent of anticipated Federal involvement in the project. In order to facilitate health care services for individuals displaced from their home States, we are not applying the usual Medicaid budget neutrality or SCHIP allotment neutrality requirements of section 1115 demonstration projects. The Department agrees that individuals participating in the waiver are presumed to be

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otherwise eligible for Medicaid/SCHIP in their respective home State, and costs to the Federal Government would have otherwise been incurred and allowable.

The award is subject to our receiving written acceptance of this award within 30 days of the date of this approval letter.

The demonstration population consists of evacuees. “Evacuee” refers to an individual who is a resident of the emergency area affected by a national disaster as declared by the President of the United States pursuant to the National Emergencies Act or by the Robert T. Stafford Disaster Relief and Emergency Assistance Act, and has been displaced from his or her home State, and is not a non-qualified alien.

Under the demonstration, Nevada will provide services through its program to evacuees who fit into the demonstration population consisting of parents, pregnant women, children under age 19, individuals with disabilities, low-income Medicare recipients, and low-income individuals in need of long-term care with incomes up to and including the levels listed on the enclosed simplified eligibility chart.

Nevada shall track each “evacuee” in its computer system in order to capture the displaced individuals for reporting purposes. Under the authority of section 1115(a)(1) of the Social Security Act (the Act), the following waivers of Medicaid State plan and SCHIP State plan requirements contained in sections 1902, 2105, and 2108 of the Act are granted to enable Nevada to carry out this section 1115 demonstration through this period.

Your project officer is Mr. Gary Jackson. Mr. Jackson is available to answer any questions concerning implementation of your section 1115 demonstration and can be reached at (410) 786-1218. His address is:

Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations
Mail Stop S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
E-mail: Gary.Jackson@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Mr. Jackson and to Ms. Linda Minamoto, Associate Regional Administrator in our San Francisco Regional Office. Ms. Minamoto’s address is:

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Centers for Medicare & Medicaid Services
Division of Medicaid and State Operations
75 Hawthorne Street
5th Floor
San Francisco, CA 94105-3901
E-mail: Linda.Minamoto@cms.hhs.gov

If you have additional questions, please contact Ms. Jean Sheil, Director, Family and Children's Health Programs, Center for Medicaid and State Operations, at (410) 786-5647. We look forward to continuing to work with you and your staff.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark B. McClellan", with a long horizontal flourish extending to the right.

Mark B. McClellan, M.D., Ph.D.

Enclosures

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cc: Ms. Linda Minamoto
Associate Regional Administrator
San Francisco Regional Office