



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

**Medicaid and CHIP Program (MACPro)
S3 - Optional Eligibility Groups RU PRA
Document**

**Version 1.0
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1. S3 - Optional Eligibility Groups Screenshots

1.1 Package Header

Records / Submission Packages
NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Optional Eligibility Groups
 MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID NV2017MS0026D SPA ID N/A
 Submission Type Draft Initial Submission Date N/A
 Approval Date N/A Effective Date N/A
 Superseded SPA ID NV-17-4200-420G System-Derived

View Implementation Guide

VIEW ALL RESPONSES

Figure 1: Package Header

1.2 A. Options for Coverage – Part 1

News Tasks **Records** Reports Actions

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.*
 Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name	Covered in State Plan	Include RU in Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Reasonable Classifications of Individuals under Age 21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Children with Non-IV-E Adoption Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Independent Foster Care Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Certain Individuals Needing Treatment for Breast or Cervical Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Figure 2: Section A-Part 1

1.3 A. Options for Coverage – Part 2

Aged, Blind and Disabled					
Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community Based Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries - 1634 States, and SSI Criteria States with 1616 Agreements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries-209(b)States,and SSI Criteria States without 1616 Agreements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Institutionalized Individuals Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals participating in a PACE Program under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Poverty Level Aged or Disabled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives Eligibility Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Figure 3: Section A-Part 2


1.4 A. Options for Coverage – Part 3

Ticket to Work Medical Improvements Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Home and Community-Based Services - Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Figure 4: Section A-Part 3

1.5 B. Medically Needy Options for Coverage –Part 1

News Tasks **Records** Reports Actions

 Applan

B. Medically Needy Options for Coverage +/-

The state provides Medicaid to specified groups of individuals who are medically needy.*
 Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Blind or Disabled Individuals Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Children Age 18 through 20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretakers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Figure 5: Section B-Part 1

1.6 B. Medically Needy Options for Coverage-Part 2, C. Additional Information (optional) and “Eligibility Groups Deselected from Coverage”

News Tasks **Records** Reports Actions Appian

Aged, Blind and Disabled

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Aged, Blind or Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

C. Additional Information (optional)

Character count: 0/4000

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Validation & Navigation

Would you like to validate the reviewable unit data?

Yes No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started In Progress Complete

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EXIT SAVE REVIEWABLE UNIT GO TO SELECTED REVIEWABLE UNIT

Figure 6: Section B-Part 2, Section C and Section “Eligibility Groups Deselected from Coverage”