
SENATE BILL NO. 485—COMMITTEE ON FINANCE

(ON BEHALF OF THE DIVISION OF BUDGET AND PLANNING)

MARCH 28, 2011

Referred to Committee on Finance

SUMMARY—Revises provisions governing the payment of certain expenses for the provision of care pursuant to the State Plan for Medicaid. (BDR 38-1196)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: No.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to public welfare; revising provisions governing payment by the State for certain care provided under the State Plan for Medicaid; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 The federal Patient Protection and Affordable Care Act provides that a state is
2 not eligible for an increase in its federal medical assistance percentage if the state
3 requires a political subdivision to pay a greater percentage of the nonfederal share
4 of certain Medicaid expenditures than the respective percentages that would have
5 been required by the state under the state plan that was in effect on December 31,
6 2009. (Public Law No. 111–148)
7 Under existing Nevada law, the State pays the nonfederal share of Medicaid for
8 certain persons who are covered by Medicaid, who are admitted to certain medical
9 facilities for more than 30 days and whose income is not greater than \$775 per
10 month or 156 percent of the supplemental security income benefit rate established
11 by federal law. (NRS 422.272) This bill eliminates the specific income requirement
12 and authorizes the Director of the Department of Health and Human Services to
13 determine annually the maximum income for persons for whom the State will pay
14 the nonfederal share of Medicaid. The Director is required to ensure that the annual
15 determination is consistent with federal law.



THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

- 1 **Section 1.** NRS 422.272 is hereby amended to read as follows:
2 422.272 1. The Director shall include in the State Plan for
3 Medicaid a requirement that the State shall pay the nonfederal share
4 of expenditures for the medical, administrative and transactional
5 costs, to the extent not covered by private insurance, of a person:
6 (a) Who is admitted to a hospital, facility for intermediate care
7 or facility for skilled nursing for not less than 30 consecutive days;
8 (b) Who is covered by the State Plan for Medicaid; and
9 (c) Whose net countable income per month is not more than
10 ~~[\$775 or 156 percent]~~ *a percentage prescribed annually by the*
11 *Director* of the supplemental security income benefit rate
12 established pursuant to 42 U.S.C. § 1382(b)(1) . ~~[, whichever is~~
13 ~~greater.]~~ *The Director shall ensure that the percentage prescribed*
14 *pursuant to this paragraph complies with federal law.*
15 2. As used in this section:
16 (a) “Facility for intermediate care” has the meaning ascribed to
17 it in NRS 449.0038.
18 (b) “Facility for skilled nursing” has the meaning ascribed to it
19 in NRS 449.0039.
20 (c) “Hospital” has the meaning ascribed to it in NRS 449.012.
21 **Sec. 2.** This act becomes effective on July 1, 2011.

