## Comparison of Current Nevada Medicaid Population to 1115 Waivers Populations from other States

	Nevada Medicaid	Arkansas Proposed Waiver	Louisiana Proposed Waiver
Eligible Adult Population:	Pregnant women up to 133% of FPL Supplemental Security Income up to 76% of FPL Parents (TANF) up to 31% of FPL	Employed Adults, aged 19-64, and their spouses with income up to 200% FPL	Parents, aged 19-64, of children eligible for benefits under TXIX and/or SCHIP with incomes between 16% and 200% of FPL Childless Adults, aged 19-64, with incomes up to 200% of FPL
Premium and/or Programmatic Cost Sharing:	None	\$100 Deductible 15% coinsurance \$1,000 OOP Maximum	\$100,000 annual benefit maximum
	New Mexico	U	Utah
Eligible Adult Population:	Employed Adults, aged 19-64, and their spouses with income up to 200% of FPL	Adults, aged 19-64, covered under section 1931(up to 150% FPL) and medically needy adults	Adults, aged 19-64, up to 200% of FPL, that do not qualify under other programs
Premium and/or Programmatic Cost Sharing:	Employee: \$75 / month Employee: \$0, \$20, \$35 / month (income basis) \$100,000 annual benefit maximum	\$50 Application fee \$500 OOP Maximum	\$50 Application fee \$1,000 OOP Maximum

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## Comparison of Current Nevada Medicaid Benefits for Adults to 1115 Waivers from other States

		2	Nevada	Ark	Arkansas	101	ouisiana	206	New Mexico		l l tah	7	
			Current Limits		Current Limits		Current Limits		Current Limits		Current Limits	Utah	Current Limits
			and Cost	Arkansas Proposed	and Cost	Louisiana	and Cost	New Mexico	and Cost	1115 Waiver	and Cost	1115 Waiver	and Cost
Code	Category	Nevada Medicaid 1	Medicaid Adults	1115 Waiver <sup>2</sup>	Medicaid Adults	1115	Medicaid	1115 Waiver <sup>3</sup>	Medicaid	Limited	Medicaid	Primary	Medicaid
inpati	Inpatient Services				,		7,441,65		, and a second	Comp	- Dunies	Cord	) Control
nochus	Inpatient Hospital Services	Yes	PA required for	Yes	7 days / year	Yes	Psych.	Yes	25 days / year	Yes	\$100 per	No	
			Non- Emergency				Services covered when		PA required \$25, \$75, \$150		admission PA required for		
			Admissions except				a distinct part of a general		/ day (Med/Surg)		specified non- emergency		
			Maternity				hospital		\$25, \$75, \$100 / day (Mat) Based on		admissions		_
									income				
	Hospital Intensive Neurological Rehabilitation Care Units	Yes	PA required	No		No		No		No		Nο	
	Under 21 Psychiatric Services	Yes	PA required	No		No		Yes	Included in 25	Yes		No	
									inpatient total; PA required				
	IMD over 65	Yes	Limited to 5	No		No		No		No		No	
			days, subject to physician										
2			override										
	Outpatient Hospital Services												
	ER	Yes		Yes	2 visits / year;	Yes	3 emergency	Yes	\$15, \$30, \$45	Yes	\$6 for non	Yes	\$30 / visit
					Ambulatory visits		visits 600 per visit copay waived if		\$3, \$10, \$13 Urgent Care (\$25, \$75, \$125)		emergency visit		treatment in ER.
							admitted		for non- emergent treatments)				
	Outpatient Hospital Clinic	Yes	2 visits / mon	Yes	2 visits / year;	Yes	Included in 12	Yes	\$5, \$10, \$20	Υes	Limited to 30	Yes	\$5 / visit
					included in Ambulatory visits		ambulatory visit limit, \$5 copay		copays (income based)		visits / year included with		
											other		
											services		
											providers		
	Outpatient lab, radiology, chemo	Yes	MRI limited to 1	Yes	2 visits / year;	Yes	PA required	Yes	\$25, \$75, \$100	Yes	Limited to 30	Yes	5% of lab
			/ year		Ambulatory visits	_			(excludes routine lab & x-		included with		\$50 or x-ray
									ray)		other U		over \$100
											services		
							_				providers		_

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Ambulatory Surgical Centers	Ambulatory prenatal care	Family Planning	Rural Health Clinics	FQHCs	Podiatry	Chiropractic	Clinic Services	Physician Services	Ambulatory Medical Services (Cont.)	Code
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Υes	Yes		Ne Nevada
specific services					Limited to enrollees under 21 and referred as a result of EPSDT	Limited to enrollees under 21 and referred as a result of EPSDT	2 visits / mon			Current Limits for Services and Cost Sharing Medicaid Adults
Ύes		ā	No.	N <sub>O</sub>	Z o	N <sub>O</sub>	Yes	Υes		Arkansas Arkansas Proposed 1115 Waiver <sup>2</sup>
Eligible as Outpatient Hospital Service							6 visits / year; included in MD visits	6 visits / year; included in MD visits	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Current Limits for Services and Cost Sharing Medicaid Adults
Yes	S	8	Yes	Yes	8	Z	Yes	Yes		Louisiana Proposed 1115 Waiver
PA required			Included in 12 ambulatory visit limit, \$5 copay	Included in 12 ambulatory visit limit, \$5 copay			Included in 12 ambulatory visit limit \$5 copay	12 ambulatory visits, \$5 copay		Current Limits for Services and Cost ed Sharing Medicaid Adults
Yes	Yes	No	No.	No	Z	Z <sub>o</sub>	Yes	Yes		New Mexico 1115 Waiver 3
PA required	1 visit / month (1st & 2nd trimester) 2 visit / mon (7th & 8th month) 1 visit / week (9th month)						\$5, \$10, \$20 copays (income based)	\$5, \$10, \$20 copays (income based)		New Mexico  Current Limits for Services and Cost and Cost Sharing Sharing Adults
Yes	Z 6	Yes	Yes	Yes	Yes	Yes	Υes	Yes		Utah 1115 Waiver Limited
PA required			\$3 / visit	\$3 / visit	\$3 / visit	\$3 / visit Limited to 16 visits / year included with Therapy providers	Limited to 30 visits / year included with other Outpatient services providers	\$3 / visit		Utah Current Limits for Services and Cost Sharing Medicaid Adults
Z	Z	Yes	Yes Yes	Yes	8	Υes	Yes	Yes		Utah 1115 Waiver Primary
			\$5 / visit	\$5 / visit		\$5 / visit	\$5 / visit	\$5 / visit		Current Limits for Services and Cost Sharing Medicaid

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Dentures	Medic	Dent	Emer	Opto	Lab	Drug	Ancillary Services	Fam.	Ambulator	Code
ires	Medical and surgical services furnished by a dentist	Dental Services	Emergency Transportation	Optometric Services	Lab And X-Ray Services	Drug Services	ervices	Norse Midwile Family Norse Practitioner/Physician's Assistant	Ambulatory Medical Services (Cont.)	Category
Yes	۲es	Yes	Yes	Yes	Yes	Yes		Yes		Nevada Medicaid
PA required		Limited to Trauma care and Emergency treatment for relief of pain and infection	DA required	PA required		3 PDL / month 34 day supply Adult vitamins limited to pregnancy supplements, 30 day supply for chronic conditions		2 visits / mon		Current Limits for Services and Cost Sharing Medicaid Adults
No	<b>Z</b> 0	Z o	No	Yes	20	Yes				Arkansas Proposed 1115 Waiver <sup>2</sup>
				Allowable under Physician Services	Eligible as Outpatient Hospital Service	2 / month				Current Limits for Services s and Cost d Sharing Medicaid Adults
N <sub>o</sub>	Yes	N 0	Yes	Z	Yes	Yes		Yes Yes		Louisiana Proposed 1115 Waiver
						\$5, \$10, \$15 and PDL 5 per month with prior authorization for more than five mandatory generics	copay	visit limit, \$5 copay Included in 12 visit limit, \$5 visit limit, \$5		Current Limits for Services a and Cost d Sharing Medicaid Adults
No	Z	Z 2	No	No	Yes	Yes		Z Z		New Mexico 1115 Waiver 3
					\$25, \$75, \$100 (excludes routine lab & x-ray) PA for MRI, CT				15 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Current Limits for Services and Cost and Sharing Sharing Adults
Yes	Yes	Yes	Yes	Yes	Yes	Ύes		Yes Yes		Utah 1115 Waiver Limited Comp <sup>4</sup>
PA required	Limited to trauma care and emergency treatment for relief of pain and infection	Exam and cleaning 2 / year PA for specified services		Balance of hearing exam cost over \$30 1 refractive exam / year		\$2 / Rx Up to 7 / month full payment for brand when generic available		\$3 / visit \$3 / visit		Current Limits for Services and Cost Sharing Medicaid Adults
Yes	Yes	Yes	Yes	Yes	Yes	Ύes		Yes		Utah 1115 Waiver Primary
PA required	Limited to trauma care and emergency treatment for relief of pain and infection	Exam and cleaning 2 / year		Balance of hearing exam cost over \$30 1 refractive exam / year	5% of lab payment over \$50 or x-ray over \$100	\$5 / Rx 25% co- insurance for brand when generic not available		\$5 / visit		Current Limits for Services and Cost Sharing Medicaid

	N.	Nevada	Ark	Arkansas		מכת	New	Maxino		Uta	7	
	2	Current Limits	<b>X</b>	Current Limits		Current Limits	New	Current Limits		Current Limits	<b>1</b> 5	Current Limits
		for Services	Arkansas	for Services	i ouisiana	for Services		for Services	Utah 1115	for Services	Utah 1145	for Services
		Sharing	Proposed	Sharing	Proposed	Sharing	New Mexico	Sharing	Waiver	Sharing	Waiver	Sharing
	Nevada	Medicaid	1115	Medicaid	1115	Medicaid	1115	Medicaid	Limited	Medicaid	Primary	Medicaid
Category	Medicaid	Adults	Waiver	Adults	Waiver	Adults	Waiver	Adults	Comp	Adults	Care	Adults
ary Services												***************************************
Prosthetics	Yes	PA required	N <sub>O</sub>		No		N <sub>o</sub>		Yes	Orthatics not covered	Yes	10% of payment for
Eyeglass Services	Yes	1 pair eyeglasses / 2 years if	No		Ö		N <sub>O</sub>		Yes	Limited to post- cataract surgery contact	N <sub>o</sub>	
		diopter correction criteria met					_					
Hearing Aids	Yes		No.		No		N <sub>O</sub>		Yes	Limited to aids	Yes	Limited to aids
										congential defects		congential
Freestanding Dialysis	Yes	2 visits / mon			Yes				Yes		No	
Home Health Arency Services	Yes	PA required for	No.		Vas	630 for all HHA	<b>V</b> 27	Included in 25	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Continue for	2	
		initiation of care						days / year		convenience of		
								PA required		family not		
Long Loser Aido	<b>S</b>		2			200				covered		
Home Health Aide	Yes	PA required for initiation of care.	N <sub>o</sub>		Yes	\$30 for all HHA	Yes	PA Required	Yes	Services for convenience of	No	
										beneficiary or		
										family not		
Home Health Agency Medical	Yes	PA required for	No		Yes	PA over \$25	Yes	PA Required	Yes	Services for	No	
Supplies and Equipment		initiation of care								convenience of		
	·									family not		
										covered		
HHA PT, OT, Speech	Yes	Rehab potential	No.		No		Yes	PA Required	Yes	Services for	No	
		required						with		convenience of		
		PA required						demonstration of progress		beneficiary or family not		
										covered		
Private Duty Nursing	Yes	PA required	No		No		No		No		No	
Durable medical equipment	Yes	PA required	Š		Yes	PA	Yes		Yes	Limited to	Yes	10% of
										services		item
												Limited to
		•										specified
												000

	Z	Nevada	Ark	Arkansas	Lou	Louisiana	New	New Mexico		Utah	<del>5</del>	
		Current Limits		Current Limits		Current Limits		Current Limits		Current Limits		Current Limits
		and Cost	Arkansas	and Cost	Louisiana	and Cost		and Cost	1115	for Services and Cost	1115	for Services and Cost
		Sharing	Proposed	Sharing	Proposed	Sharing	New Mexico	Sharing	Waiver	Sharing	Waiver	Sharing
	Nevada	Medicaid	1115	Medicaid	1115	Medicaid	1115	Medicaid	Limited	Medicaid	Primary	Medicaid
Code Category	medicaid	Adults	Walver	Adults	waiver	Aduits	Waiver	Adults	Comp	Adults	Care	Adults
Health and T												
PT (outside of HHA)	Yes	Rehab potential required	Z		N <sub>O</sub>		Yes	PA Required with	Yes	\$3 / visit Limited to 16	No	
		PA required						demonstration		visits / year		
OT (outside of HHA)	Yes	Rehab potential	No		N <sub>o</sub>		Yes	PA Required	No		No.	
		required PA required						with demonstration				
9								of progress	;		-	
Speech (outside of HHA)	Yes	Rehab potential	No		No		Yes	PA Required	Yes	Balance of	Z 0	
	-	required, audiological	_					with		exam costs		
		testing and						of progress		Speech		
		evaluation								pathology not		
		order, PA		_						COVERED		
		required										
Audiology	Yes	Rehab potential	No		No		οN		Yes	Balance of	Yes	Balance of
		audiological								cost over \$30		cost over \$30
		testing and evaluation								1 audiological		1 audiological
		requires MD										
		required										
Wental Health Clinic Services	Yes		No		Yes	12 visits for MH	Yes		Yes	maximum for	N <sub>0</sub>	
										inpatient/		
										residential care		·
Substance Abuse Clinic Services	Yes		Ž		Yes.	12 visits for	Yes	10 days / year	Y Do	30 day(visit)	Z	
			i		;	Substance		10 days detox /	į	maximum for	ē	
						Abuse		year		inpatient/		
										per year		
Mental Health Rehabilitation	Yes	Six hours of	No		No		No		Yes	30 day(visit)	No	
Services		treatment/day,								maximum for		
		substance abuse		-						inpatient/ residential care		
	-	treatment not								per year		
Rehabilitation Clinic Services	Yes	Rehab potential required	No		Z 0		N <sub>O</sub>		N <sub>o</sub>		Z <sub>o</sub>	
		PA required										

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Hospice	Intermediate Care for MR	Code Category LTC Institutional Care
Yes	Yes	Nevada Medicaid 1
	Hosp leave days not covered, 20 consecutive therapeutic leave days with no annual limit	Nevada Current Limits for Services and Cost Sharing Medicaid Adults
Z	Z <sub>o</sub>	Ark Arkansas Proposed 1115 Waiver <sup>2</sup>
		Arkansas  Current Limits for Services and Cost Sharing Medicaid Adults
Z	20	Louisiana Louisiana Proposed 1115 Waiver
		Current Limits for Services and Cost Sharing Medicaid Adults
Z	Z	New Mexico 1115 Waiver
		New Mexico  Current Limits for Services and Cost and Cost Sharing Medicaid Adults
Yes	N <sub>O</sub>	Utah 1115 Waiver Limited
Respite care and services for convenience of beneficiary or family not covered		Current Limits for Services and Cost Sharing Medicaid Adults
N	N <sub>O</sub>	Utah Is Utah 1115 Waiver Primary Care
		Current Limits for Services and Cost Sharing Medicaid Adults

<sup>&</sup>lt;sup>1</sup> Source: Kalser Benefits Survey January 2003
<sup>2</sup> Source: CMS Pending Benefits for 1115 Waiver; not yet approved
<sup>3</sup> Source: CMS Approved Benefits for 1115 Waiver; not yet implemented
<sup>4</sup> Source: CMS Approved Benefits for 1115 Waiver
<sup>4</sup> Source: CMS Approved Benefits for 1115 Waiver
Note: Of 34 States offering Medicaid coverage for Medically Needy Individuals, the average income eligibility level is 55.6%