

SENATE BILL NO. 321—SENATOR MCGINNESS

MARCH 13, 2001

Referred to Committee on Finance

SUMMARY—Makes various changes relating to state plan for Medicaid. (BDR 38-313)

FISCAL NOTE: Effect on Local Government: Yes.  
Effect on the State: Yes.

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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 the state plan for Medicaid; requiring the state controller to transfer a certain amount of money from the intergovernmental transfer account in the state general fund to the fund for the institutional care of the medically indigent; and providing other matters properly relating thereto.

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. Except as otherwise provided in NRS 422.2725, the  
3     director shall include in the state plan for Medicaid a requirement that the  
4     state shall pay the nonfederal share of expenditures for the medical,  
5     administrative and transactional costs, to the extent not covered by private  
6     insurance, of a person:  
7         (a) Who is admitted to a hospital, facility for intermediate care or  
8     facility for skilled nursing for not less than 30 consecutive days;  
9         (b) Who is covered by the state plan for Medicaid; and  
10        (c) Whose net countable income per month is not more than \$775 or  
11     ~~156~~ *157* percent of the supplemental security income benefit rate  
12     established pursuant to 42 U.S.C. § 1382(b)(1), whichever is greater.  
13     2. As used in this section:  
14         (a) “Facility for intermediate care” has the meaning ascribed to it in  
15     NRS 449.0038.  
16         (b) “Facility for skilled nursing” has the meaning ascribed to it in NRS  
17     449.0039.  
18         (c) “Hospital” has the meaning ascribed to it in NRS 449.012.  
19     **Sec. 2.** NRS 422.272 is hereby amended to read as follows:  
20     422.272 1. Except as otherwise provided in NRS 422.2725, the  
21     director shall include in the state plan for Medicaid a requirement that the  
22     state shall pay the nonfederal share of expenditures for the medical,



1 administrative and transactional costs, to the extent not covered by private  
2 insurance, of a person:

3 (a) Who is admitted to a hospital, facility for intermediate care or  
4 facility for skilled nursing for not less than 30 consecutive days;

5 (b) Who is covered by the state plan for Medicaid; and

6 (c) Whose net countable income per month is not more than \$775 or  
7 ~~157~~ 158 percent of the supplemental security income benefit rate  
8 established pursuant to 42 U.S.C. § 1382(b)(1), whichever is greater.

9 2. As used in this section:

10 (a) "Facility for intermediate care" has the meaning ascribed to it in  
11 NRS 449.0038.

12 (b) "Facility for skilled nursing" has the meaning ascribed to it in NRS  
13 449.0039.

14 (c) "Hospital" has the meaning ascribed to it in NRS 449.012.

15 **Sec. 3.** 1. The state controller shall, as soon as practicable after June  
16 30, 2001, transfer the sum of \$500,000 from the intergovernmental transfer  
17 account in the state general fund to the fund for the institutional care of the  
18 medically indigent created by NRS 428.470.

19 2. The money transferred pursuant to subsection 1 may be used to  
20 provide assistance to a county for a payment required by an interlocal  
21 agreement that became due during the fiscal year 2000-2001.

22 **Sec. 4.** 1. This section and sections 1 and 3 of this act become  
23 effective on July 1, 2001.

24 2. Section 2 of this act becomes effective on July 1, 2002.

