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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 23-0032

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 14, 2024

Stacie Weeks

Administrator

Division of Health Care Financing and Policy

1100 East William Street

Suite 101

Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) TN NV-23-0032

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (NV) 23-0032. This amendment proposes to extend coverage of pregnancy-related services, including extended pregnancy-related services from 60 days to 12 months because of the passage of Senate bill 232 during the 82nd Legislative session (2023) and is consistent with Nevada's extension of the postpartum eligibility period to 12 months.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations under Section 1905(a)(13)(c). This letter informs you that Nevada's Medicaid SPA TN NV-23-0032 was approved on May 14, 2024, with an effective date of January 01, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Nevada State Plan.

If you have any questions, please contact Cecilia Williams at (667) 414-0674 or via email at Cecilia.Williams@cms.hhs.gov.

Sincerely,

Ruth

Hughes -S

Ruth A. Hughes, Acting Director

Division of Program Operations

Digitally signed by Ruth
Hughes -S
Date: 2024.05.14
14:38:02 -05'00'

Enclosures

cc: Theresa Carsten

Casey Angres

Jenifer Graham

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 3 2</u>	2. STATE <u>NV</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">January 1, 2024</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. § 435.116, Consolidated Appropriations Act of 2023, 42 CFR § 440.210 (a)(1), § 440.225 and §440.250(p)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>719,083</u> b. FFY <u>2025</u> \$ <u>939,615</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.2-A page 24, Attachment 2.2-A page 5, Attachment 3.1-A page 8, and Attachment 3.1-B page 7	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 2.2-A page 24, Attachment 2.2-A page 5, Attachment 3.1-A page 8, and Attachment 3.1-B page 7	

9. SUBJECT OF AMENDMENT
Expanding postpartum care services from 60 days to 12 months as a result of the passage of Senate Bill 232 during the 82nd Legislative Session (2023)

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL <u>315022-13</u>	15. RETURN TO Cynthia Leech, Compliance Agency Manager DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
12. TYPED NAME RICHARD WHITLEY	
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED November 29, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED November 29, 2023	17. DATE APPROVED May 14, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL January 01, 2024	19. SIGNATURE OF APPROVING OFFICIAL Ruth Hughes -S <small>Digitally signed by Ruth Hughes -S Date: 2024.05.14 14:38:30 -05'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

01/17/24: Nevada requested pen and ink changes to boxes #7 & #8

State/Territory: NEVADA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided: With limitations

Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided: With limitations

Not provided.

20. Extended services to pregnant women.

- a. Pregnancy-related and postpartum services for a 12 month period after the pregnancy ends and any remaining days in the month in which the 365th day falls.

Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.