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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 24-0002

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

March 4, 2024

Stacie Weeks, Administrator
Department of Health and Human Services
Division of Healthcare Financing and Policy
1100 East Williams Street, Suite 101
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) NV-24-0002

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-24-0002. This amendment proposes to clarify extended dental services for pregnant women this will include operative, diagnostic, and preventive services.

We have conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Nevada Medicaid SPA NV-24-0002 was approved on March 4, 2024, with an effective date of October 01, 2023.

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

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2024.03.04
20:08:51 -06'00'

James G. Scott, Director
Division of Program Operations

cc: Jenifer Graham

Enclosures


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 4 - 0 0 0 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 October 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION State Plan under Title XIX of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, page 8b	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, page 8b	

9. SUBJECT OF AMENDMENT
Clarify extended dental services for pregnant women include operative, diagnostic and preventive services.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

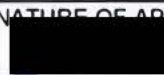
OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Cynthia Leech, Compliance Agency Manager DHCFF/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
12. TYPED NAME RICHARD WHITLEY	
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED December 28, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED December 28, 2023	17. DATE APPROVED March 4, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.03.04 20:09:15 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
02/29/2024: Nevada requested a Pen and Ink change to Box 5

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

20. **Extended services to pregnant women include all major categories of service provided for categorically needy recipients, except for services for individuals aged 65 or older in institutions for mental diseases, insofar as the services are medically necessary and related to the pregnancy. Services may require prior authorization from the Nevada Medicaid Office on Form NMO-3.**

Expanded dental benefits are covered for pregnant women who are not normally covered for adult recipients ages 21 and older. In order to reduce the risk of premature birth due to periodontal disease, pregnant women will be allowed dental prophylaxes and certain periodontal services and operative, diagnostic and preventative procedures during pregnancy. These expanded pregnancy related services require prior authorization. If limitations in policy were requested to be exceeded due to medical necessity, Nevada DHCFP has an administrative exception policy that would allow for those exceptional cases to be reviewed and satisfied which could include exceeding policy limitations.

21. **All respiratory care services require prior authorization from the Medicaid Office on Form NMO-3.**
22. **Pediatric or family nurse practitioner services are limited to the same extent as physician services.**