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**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 13-033**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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**MAR 07 2014**

Michael J. Willden, Director  
Department of Health and Human Services  
4126 Technology Way, Suite 100  
Carson City, NV 89706

Dear Mr. Willden:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 13-033. This SPA was submitted to my office on December 13, 2013 requesting to amend Attachment 3.1-A to add a description of maintenance therapy services.

The approval is effective January 1, 2014. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 3.1-A, Pages 4b-4f

If you have any questions, please contact Brian Zolynas by phone at (415) 744-3601 or by email at [Brian.Zolynas@cms.hhs.gov](mailto:Brian.Zolynas@cms.hhs.gov).

Sincerely,

/s/

Gloria Nagle, Ph.D., MPA  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

cc: Laurie Squartsoff, Administrator, DHCFP  
Marta Stagliano, Chief, Compliance, DHCFP

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER:  <b>13-033</b>	2. STATE  <b>NEVADA</b>
	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  <b>January 1, 2014</b>	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  <b>42CFR440.110</b>	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$20,652,886 <del>\$12,338,034</del> b. FFY 2015 \$16,603,895 <del>\$10,447,057</del>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b><u>Attachment 3.1-A, pages 4b – 4f</u></b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b><u>Attachment 3.1-A, pages 4b – 4d</u></b>
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10. SUBJECT OF AMENDMENT:

**The Patient Protection and Affordable Care Act (PPACA) allowed for expansion of Medicaid for Newly Eligibles through the creation under the Alternative Benefit Plan (ABP). This State Plan is to align the current Nevada Medicaid State Plan with the ABP and expand the therapy benefit to cover Maintenance Therapy by qualified physical, occupational and speech therapist.**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor's Office does not  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:  <i>/s/</i>	16. RETURN TO:  Marta Stagliano, Chief of Program Integrity DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
13. TYPED NAME: <b>Michael J. Willden</b>	
14. TITLE: <b>Director, Department of Health and Human Services</b>	
15. DATE SUBMITTED: <b>DEC 13 2013</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED: <b>MAR 07 2014</b>
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2014</b>	20. SIGNATURE OF REGIONAL OFFICIAL:  <i>/s/</i>
21. TYPED NAME: <b>Gloria Nagle, Ph.D., MPA</b>	22. TITLE: <b>Associate Regional Administrator</b>

23. REMARKS:  
  
Pen and ink changes to Boxes 7 and 11.

## 11a. Physical therapy provided in an outpatient setting

**Services:** As regulated under 42 CFR §440.110(a) and other applicable state and federal law or regulation.

Physical therapy means services prescribed by a physician or other licensed practitioner of the healing arts within the scope of practice under state law and provided to a recipient by or under the direction of a qualified physical therapist to ameliorate/improve neuromuscular, musculoskeletal and cardiopulmonary disabilities which can respond or improve as a result of the prescribed treatment plan in a reasonable, predicable period of time. Services related to the general health and welfare of recipients, such as general exercises and play/recreational therapy to promote overall fitness and flexibility and activities to provide diversion or general motivation is not covered. Service limits may be exceeded based on medical necessity.

Physical Therapy Evaluations and Treatments: includes assessing, preventing or alleviating movement dysfunction and related functional problems; obtaining and interpreting information; and coordinating care and integrating services relative to the recipient receiving treatment such as:

- a. Evaluation and diagnosis to determine the existence and extent of motor delays, disabilities and/or physical impairments affecting areas such as tone, coordination, movement, strength, and balance;
- b. Therapeutic exercise;
- c. Application of heat, cold, water, air, sound, massage, and electricity;
- d. Measurements of strength, balance, endurance, range of motion;
- e. Individual or group therapy.

Maintenance Therapy means services provided by or under the direction of a qualified therapist to develop and safely implement a maintenance program to maintain functional status at a level consistent with the patient's physical or mental limitations or to prevent decline in function. Services must be established during the last rehabilitative treatment visit. Services must be medically necessary and require the management of a qualified therapist.

Maintenance Therapy Evaluations and Treatments: includes establishing a plan, assuring patient safety, training the patient, family members and/or unskilled personnel to maintain functional status or prevent decline in function, and making necessary reevaluations of the plan such as:

- a. Ongoing evaluation of patient performance;
- b. Adjustment to the maintenance program to achieve appropriate functional goals;
- c. Prevent decline of function;
- d. Provide interventions, in the case of a chronic or progressive limitation, to improve the likelihood of independent living and quality of life; and
- e. Provide treatment interventions for recipients who are making progress, but not at a rate comparable to the expectations of restorative care.

Provider Qualifications:

A “qualified physical therapist” is an individual who is a graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent; and where applicable, licensed by the State.

Physical therapy assistant is a person who is licensed as a physical therapist assistant, if applicable, by the State in which practicing (NRS 640.260), and has graduated from a 2-year college-level program approved by the American Physical Therapy Association; or has 2 years of appropriate experience as a physical therapist assistant, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service, except that these determinations of proficiency do not apply with respect to persons initially licensed by a State or seeking initial qualification as a physical therapy assistant after December 31, 1977. PTA works under the direct supervision of the PT and is not receiving direct reimbursement.

All personnel who are involved in the furnishing of outpatient physical therapy services directly by or under arrangements with an organization must be legally authorized (licensed or, if applicable, certified or registered) to practice by the State in which they perform the functions or actions, and must act only within the scope of their State license or State certification or registration.

The physical therapist must be present or readily available to supervise a physical therapist assistant for prescribed supervised CPT modalities that do not require direct (one-on-one), patient contact by the licensed therapist.

## 11b. Occupational therapy services provided in an outpatient setting

Services: As regulated under 42 CFR §440.110(b) and other applicable state and federal law or regulation.

Occupational therapy means services prescribed by a physician or other licensed practitioner of the healing arts within the scope of practice under state law and provided to a recipient by or under the direction of a qualified occupational therapist to ameliorate/improve functional disabilities which can respond or improve as a result of the prescribed treatment plan in a reasonable, predicable period of time. Services related to the general health and welfare of recipients, such as general exercises and play/recreational therapy to promote overall fitness and flexibility and activities to provide diversion or general motivation is not covered. Service limits may be exceeded based on medical necessity.

Occupational Therapy Evaluations and Treatments: Include assessing, improving, developing, or restoring functions impaired or lost through illness, injury or deprivation, improving ability to perform tasks for independent functioning when functions are lost or impaired, preventing through early intervention, initial or further impairment or loss of function; and obtaining and interpreting information; and coordinating care and integrating services, such as:

- a. Evaluation and diagnosis to determine the extent of disabilities in areas such as sensorimotor skills, self-care, daily living skills, play and leisure skills, and use of adaptive or corrective equipment;
- b. Task-oriented activities to prevent or correct physical or emotional deficits to minimize the disabling effect of these deficits;
- c. Exercise to enhance functional performance;
- d. Individual and group therapy.

Maintenance Therapy means services provided by or under the direction of a qualified therapist to develop and safely implement a maintenance program to maintain functional status at a level consistent with the patient's physical or mental limitations or to prevent decline in function. Services must be established during the last rehabilitative treatment visit. Services must be medically necessary and require the management of a qualified therapist.

Maintenance Therapy Evaluations and Treatments: includes establishing a plan, assuring patient safety, training the patient, family members and/or unskilled personnel to maintain functional status or prevent decline in function, and making necessary reevaluations of the plan such as:

- a. Ongoing evaluation of patient performance;
- b. Adjustment to the maintenance program to achieve appropriate functional goals;
- c. Prevent decline of function;
- d. Provide interventions, in the case of a chronic or progressive limitation, to improve the likelihood of independent living and quality of life; and
- e. Provide treatment interventions for recipients who are making progress, but not at a rate comparable to the expectations of restorative care.

Provider Qualifications:

A "qualified occupational therapist" is an individual who is a graduate of a program in occupational therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association.

Occupational therapy assistant is a person who has satisfied the academic requirement of an educational program approved by the Board of Occupational Therapy and the American Occupational Therapy Association and is authorized (licensed or certified) to practice by the State in which they perform the functions or actions, and must act only within the scope of their State license or State certification or registration. OTA works under the direct supervision of the OT and is not receiving direct reimbursement.

All personnel who are involved in the furnishing of outpatient occupational therapy services directly by or under arrangements with an organization must be legally authorized (licensed or, if applicable, certified or registered) to practice by the State in which they perform the functions or actions, and must act only within the scope of their State license or State certification or registration.

The occupational therapist must be present or readily available to supervise an occupational therapist assistant for prescribed supervised CPT modalities that do not require direct (one-on-one), patient contact by the licensed therapist.

- 11c. Services for individuals with speech, hearing, and language disorders provided in an outpatient setting

Services: as regulated under 42 CFR §440.110(c) and other applicable state and federal law or regulation.

Speech and language pathology services are those services necessary for the diagnosis and treatment of speech and language disorders that result in communication disabilities and for the diagnosis and treatment of swallowing disorders with or without the presence of a communication disability. The services must be of such a level of complexity and sophistication or the condition of the patient must be such that the services required can be safely and effectively performed only by a qualified therapist. Services are provided to a recipient to ameliorate/improve functional disabilities which can respond or improve as a result of the prescribed treatment plan in a reasonable, predictable period of time. Service limits may be exceeded based on medical necessity.

The practice of audiology consists of rendering services for the measurement, testing, appraisal, prediction, consultation, counseling, research or treatment of hearing and hearing impairment for the purpose of modifying disorders in communication involving speech, language and hearing. Audiology services must be performed by a certified and licensed audiologist. Treatment services such as:

- a. Speech and language evaluations and diagnosis of delay and/or disabilities to include voice, communication, fluency, articulation, or language development;
- b. Individual treatment and therapeutic modalities and/or group treatment (therapy);
- c. Audiological evaluation and diagnosis to determine the presence or extent of hearing impairments;
- d. Complete hearing and/or hearing aid evaluation, hearing aid fittings or re-evaluations, and audiograms.

Maintenance Therapy means services provided by or under the direction of a qualified therapist to develop and safely implement a maintenance program to maintain functional status at a level consistent with the patient's physical or mental limitations or to prevent decline in function. Services must be established during the last rehabilitative treatment visit. Services must be medically necessary and require the management of a qualified therapist.

Maintenance Therapy Evaluations and Treatments: includes establishing a plan, assuring patient safety, training the patient, family members and/or unskilled personnel to maintain functional status or prevent decline in function, and making necessary reevaluations of the plan such as:

- a. Ongoing evaluation of patient performance;
- b. Adjustment to the maintenance program to achieve appropriate functional goals;
- c. Prevent decline of function;
- d. Provide interventions, in the case of a chronic or progressive limitation, to improve the likelihood of independent living and quality of life; and
- e. Provide treatment interventions for recipients who are making progress, but not at a rate comparable to the expectations of restorative care.

Provider Qualifications:

Speech and language pathologists are required to have a State license or State certification or registration and have a certificate of clinical competence from the American Speech and Hearing Association (ASHA); have completed the equivalent educational requirements and work experience necessary for the certificate; or has completed the academic program and is acquiring supervised work experience to qualify for the certificate;

A qualified audiologist has a master's or doctoral degree in audiology which meets State licensure requirements. Per NRS 637B.160 they are licensed by the Board of Examiners for Audiology and Speech Pathology.