

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 17-021**

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  
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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March 1, 2018

Richard Whitley, Director  
Department of Health and Human Services  
4126 Technology Way, Suite 100  
Carson City, NV 89706

Dear Mr. Whitley:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 17-021. The SPA adds language to Attachment 3.1-A to include medical nutritional therapy services provided by registered dietitians. The SPA was submitted to my office on December 22, 2017.

The approval is effective January 1, 2018. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 3.1-A, Pg. 6, Pg. 6a, and Page 6a (continued)

If you have any questions, please contact Peter Banks by phone at (415) 744-3782 or by email at [Peter.Banks@cms.hhs.gov](mailto:Peter.Banks@cms.hhs.gov).

Sincerely,

/s/

Henrietta Sam Louie  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Marta Jensen: Acting Administrator, DHCFP

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**17-021**

2. STATE:  
**NEVADA**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2018**

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:  
**State Plan Under Title XIX of the Social Security Act: 42 CFR 447**

7. FEDERAL BUDGET IMPACT: PB  
a. FFY 2018 ~~\$2,260,226~~ \$642,365  
b. FFY 2019 ~~\$3,013,688~~ \$881,474

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
~~Attachment 3.1-A Page 3a (continued)~~  
**Attachment 3.1-A Pg. 6, Pg. 6a, and Pg. 6a (continued)**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): PB  
  
~~Attachment 3.1-A Page 3a (continued)~~  
**Attachment 3.1-A Pg. 6 and Pg. 6a**

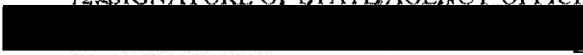
10. SUBJECT OF AMENDMENT:

**Adding coverage for Medical Nutrition Therapy provided by Registered Dietitians**

11. 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:  
The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:  
**Julie Kotchevar**  
14. TITLE:  
**Deputy Director, Department of Health and Human Services**  
15. DATE SUBMITTED:  
**1/22/18**

16. RETURN TO:

**Lynne Foster, Chief of Division Compliance  
DHCFP/Medicaid  
1100 East William Street, Suite 101  
Carson City, NV 89701**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **12/22/17**

18. DATE APPROVED:  
**March 1, 2018**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: **1/1/18**

20. SIGNATURE OF REGIONAL OFFICIAL:  
**/s/**

21. TYPED NAME: **Henrietta Sam Louie**

22. TITLE: **Associate Regional Administrator**

23. REMARKS:  
Pen and Ink: Box 7: Please change to read "FFY 2018 \$642,365 FFY 2019 \$881,474". Box 8: Please change to read "Attachment 3.1-A Pg. 6, Pg. 6a, and Pg. 6a (continued)". Box 9: Please changed to read "Attachment 3.1-A Pg. 6 and Pg. 6a".

NV SPA 17-021 must be approved concurrently with NV SPA 17-019.

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

b. Screening services.

Provided      \_\_\_ No limitations       With limitations\*  
\_\_\_ Not Provided

c. Preventive services.

Provided      \_\_\_ No limitations       With limitations\*  
\_\_\_ Not Provided

d. Rehabilitative services.

Provided      \_\_\_ No limitations       With limitations\*  
\_\_\_ Not Provided

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

Provided      \_\_\_ No limitations       With limitations\*  
\_\_\_ Not Provided

b. Nursing facility services.

Provided      \_\_\_ No limitations       With limitations\*  
\_\_\_ Not Provided

\*Description provided on Attachment.

- A. Diagnostic Services. Provided under the EPSDT program.
- B. Screening Services. Annual mammography provided to women aged 40 and over. Screening services also provided under the EPSDT program.
- C. Preventive Services. Services provided are according to the United States Preventive Services Task Force (USPSTF) A and B recommendations along with approved vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP). Documentation is available to support claiming of FMAP for such services. As changes are made to the USPSTF and/or ACIP, coverage and billing codes will be updated to comply with the changes. Cost sharing is not applied to any of these services.

**Medical Nutrition Therapy (MNT):** Medical nutrition therapy services are designed to provide medically necessary, diagnostic, therapy and counseling services for the management of nutrition related disease states. MNT involves the assessment of an individual's overall nutritional status followed by an individualized course of treatment to prevent or treat medical illness. Services must be provided under a treatment plan based on evidence-based assessment criteria and include realistic and obtainable goals.

Services:

The following services are covered when provided by a Licensed and Registered Dietician and must include coordination with the referring provider:

- a. An initial nutrition and lifestyle assessment
- b. One on one or group nutrition counseling
- c. Follow-up intervention visits to monitor progress in managing diet
- d. Subsequent visits in the following years
- e. Services may be provided in a group setting with the same service limitations

Service limits may be exceeded based on medical necessity. Prior authorization is required

Service Limitations:

MNT services are rendered by a Licensed and Registered Dietitian (RD) working in a coordinated, multidisciplinary team effort with a Physician, Physician's Assistant (PA) or Advanced Practice Registered Nurse (APRN). Treatment services must be ordered by the recipient's referring provider and delivered by a Registered Dietitian as defined in provider qualifications, and acting within the scope of their licensure.

Provider Qualifications:

- a. Licensure as a Registered Dietitian by the Nevada State Board of Health.
- b. The individual must hold a bachelor's degree or higher education from an accredited college or university in human nutrition, nutrition education or equivalent education and completed the required training.
- c. Registered dietitians are not authorized to supervise any non-licensed practitioners to provide medical nutrition therapy services.

D. Rehabilitative Services:

1. Mental Health Rehabilitation Services

Mental health rehabilitation assists individuals to restore and/or retain psychiatric stability, social integration skills, personal adjustment and/or independent living competencies in order to experience success and satisfaction in environments of their choice and to function as independently as possible. Interventions occur concurrently with clinical treatment and begin as soon as clinically appropriate.

The services must be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice and prescribed on an individualized treatment plan to achieve maximum reduction of a mental disability and restore the recipient to their optimal level of functioning.