

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 18-016

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
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



Regional Operations Group

March 26, 2019

Suzanne Bierman, Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 104
Las Vegas, NV 89702

Dear Ms. Bierman:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 18-016. The SPA adds Licensed Registered Nurses to NV's state plan and makes updates to the Rehabilitative Services benefit. This SPA is approved effective December 28, 2018. Attached is a copy of the following pages to be incorporated into your state plan:

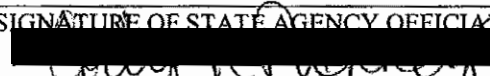
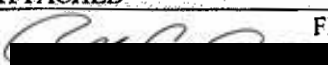
- Attachment 3.1-A Page 3a
- Attachment 3.1-A Page 6b.3 and 6b.3 (continued)

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

Sincerely,

A black rectangular box redacts the signature of Richard C. Allen.

Richard C. Allen
Director
Centers for Medicaid and CHIP Services
Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-016	2. STATE: NEVADA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE December 28, 2018	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Sec. 1905(a)(13)(B) of the Social Security Act: "...and any medical or remedial services (provided in a facility, a home, or other setting) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level"		7. FEDERAL BUDGET IMPACT: a. FFY 2019 Neutral \$0 b. FFY 2020 Neutral \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 6b.3 and 6b.3 (continued) Attachment 3.1-A, Page 3a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 6b.3 Attachment 3.1-A, Page 3a	
10. SUBJECT OF AMENDMENT: The State Plan is being amended to allow only apriority licensed level individuals to perform Medication Training and Support, outline service limitations to align with best practices and allow soft limits to be exceeded demonstrating medical necessity for the service to exceed service limitations.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Lynne Foster, Chief of Division Compliance DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701	
13. TYPED NAME: Cody Phinney			
14. TITLE: Acting Administrator, Division of Health Care Financing and Policy			
15. DATE SUBMITTED: 12/28/18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/28/18		18. DATE APPROVED: March 26, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/28/18		20. SIG  FICIAL:	
21. TYPED NAME: Richard Allen		22. TITLE: Director	
23. REMARKS: Pen and Ink Request: Box 7: Delete "Neutral" for FY19 and FY20 and replace with "\$0". Box 8: Add "and 6b.3 (continued) and Attachment 3.1-A, Page 3a". Box 9: Add "Attachment 3.1-A, Page 3a".			

6.b. Optometrist services require prior authorization from the Nevada Medicaid Office. Refractions are limited to one in 24 months except for those required as a result of an EPSDT examination.

6.c. Chiropractor services are limited to individuals under the age of 21 and referred as a result of a Healthy Kids (EPSDT) screening.

6.d. Other practitioner services

Services of a licensed Physician Assistant.

Services of a licensed Advanced Practice Registered Nurse

Services of a licensed Psychologist

Services of a licensed Registered Nurse within their scope of practice according to Nevada State Law.

Community Paramedicine services:

1. Services must be part of the care plan ordered by the recipient's primary care provider. The primary care provider consults with the ambulance service's Medical Director to ensure there is no duplication of services.

A) The following services are covered under the supervision of the Medical Director:

- a. Evaluation/health assessment.
- b. Chronic disease prevention, monitoring and education.
- c. Medication compliance.
- d. Immunizations and vaccinations.
- e. Laboratory specimen collection and point of care lab tests.
- f. Hospital discharge follow-up care.
- g. Minor medical procedures and treatments within their scope of practice as approved by the Community Paramedicine Agency's Medical Director.
- h. A home safety assessment.
- i. Telehealth originating site.

The service may be provided telephonically, as long as the service meets the definition of crisis intervention. Face to face crisis intervention is reimbursable for either one QMHP or a team that is composed of at least one QMHP and another QMHP or QMHA. This service is allowable for all levels of care. These services require utilization review according to the individual intensity of need and are time limited. All service limitations may be exceeded with a prior authorization demonstrating medical necessity.

7. Intentionally left blank.
8. *Mental Health Therapy*: Provided by a QMHP for individual, group, and/or family therapy with the recipient present and for family therapy without the recipient present. Therapy delivered must be of a direct benefit to the recipient. Minimum size for group therapy is three individuals and a maximum therapist to participant ratio is one to ten. Mental health therapy is available at all levels of care. The intensity of the service increases based on the need of the recipient. These services require utilization review according to the individual intensity of need and are time limited. All service limitations may be exceeded with a prior authorization demonstrating medical necessity.

Level of Care	Child & Adolescent	Adult
Level I	10 Total Sessions; Individual, Group and Family	6 Total Sessions; Individual, Group and Family
Level II	26 Total Sessions; Individual, Group and Family	12 Total Sessions; Individual, Group and Family
Level III	26 Total Sessions; Individual, Group and Family	12 Total Sessions; Individual, Group and Family
Level IV	26 Total Sessions; Individual, Group and Family	16 Total Sessions; Individual, Group and Family
Level V	26 Total Sessions; Individual, Group and Family	18 Total Sessions; Individual, Group and Family
Level VI	26 Total Sessions; Individual, Group and Family	18 Total Sessions; Individual, Group and Family

9. *Day Treatment Services*: A community-based psycho-social package of rehabilitative services designed to improve individual and group functioning for effective community integration. This is not an Institution for Mental Illness (IMD), a Residential Treatment Facility, nor is it an institution as defined under federal regulation. Admission to this program requires: severe emotional disturbance or serious mental illness and recipient's clinical and behavioral issues require intensive, coordinated, multi-disciplinary intervention within a therapeutic milieu. Day treatment is provided in a structured therapeutic environment which has programmatic objectives such as but not limited to: development of skills to promote health relationships and learn to identify ingredients that contribute to healthy relationships, development of coping skills and strategies, development of aggression prevention plans, problem identification and resolution, ability to learn respectful behaviors in social situations, development of the ability to demonstrate

self-regulation on impulsive behaviors, development of empathy for peers and family and develop a clear understanding of recipients cycles of relapse and a relapse prevention plan. Services must be provided by a QMHP or by a QMHA under the direct supervision of a QMHP. The services provided may be directly attributable to an individual provider. The staff ratio is one to five participants. The average time per day this program is offered is three hours per day. All service limitations may be exceeded with a prior authorization meeting medical necessity.

Level of Care	Ages 3-6	Ages 7-18	Ages 19 and older
Level I and II	No Services Authorized	No Services Authorized	No Services Authorized
Level III	Max. of 3 hrs per day	Max. of 4 hrs per day	No Services Authorized
Level IV	Max. of 3 hrs per day	Max. of 5 hrs per day	Max. of 5 hrs per day
Level V	Max. of 3 hrs per day	Max. of 6 hrs per day	Max. of 6 hrs per day
Level VI	Max. of 3 hrs per day	Max. of 6 hrs per day	Max. of 6 hrs per day