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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 24-0016

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

July 16, 2024

Stacie Weeks, Administrator
Nevada Department of Health and Human Services
Division of Health Care Financing and Policy
1100 E. Williams Street, Suite 101
Carson City, NV 89701

RE: Transmittal Number 24-0016 §1915(i) home and community-based services (HCBS) state plan amendment (SPA)

Dear Stacie Weeks:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend its 1915(i) state plan home and community-based services (HCBS) benefit, transmittal number TN# 24-0016. The effective date for this amendment is January 1, 2024. With this amendment, the state intends to align provider qualifications to allow the provision of 1915 (i) HCBS services to individuals with traumatic and acquired brain injury.

Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 3.1-i-1 pages 14-16

It is important to note that CMS' approval of this change to the state's 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Kathleen Creggett at Kathleen.Creggett@cms.hhs.gov or (415) 744-3656.

Sincerely,

George P.
Failla Jr -S

Digitally signed by George
P. Failla Jr -S
Date: 2024.07.16
12:51:53 -04'00'

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

Enclosure

cc: Cecilia Williams, CMCS, CMS
Deanna Clark, CMCS, CMS
Cynthia Nanes, CMCS, CMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4 - 0 0 1 6</u>	2. STATE <u>NV</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE August 01, 2024 January 1, 2024	
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 <u>Attachment 3.1-i-1 Pages 14 through 16</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-i-1 Pages 14 through 16</u>

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

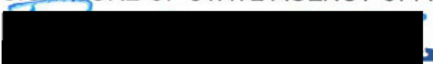
5. FEDERAL STATUTE/REGULATION CITATION
Section 1915(i) of Title XIX Social Security Act

9. SUBJECT OF AMENDMENT
Provider qualifications for Day Habilitation and Residential Habilitation 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, ASSPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
RICHARD WHITLEY

13. TITLE
DIRECTOR, DHHS

14. DATE SUBMITTED
April 18, 2024

15. RETURN TO
Cynthia Leech, Compliance Agency Manager
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701


FOR CMS USE ONLY

16. DATE RECEIVED
May 3 2024

17. DATE APPROVED
July 16, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGNATURE


21. TITLE OF APPROVING OFFICIAL
Division Director

20. TYPED NAME OF APPROVING OFFICIAL
George P. Failla, Jr.

22. REMARKS
The state provided sufficient information to attest to their providers possessing requisite qualifications to allow an effective date of 1/1/2024.

Adult Day Health Care Center	Nevada Medicaid Provider Enrollment Unit Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance	Every five years. Every six years, unless compliant circumstances warrant provider review.	
Service Delivery Method. <i>(Check each that applies):</i>			
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed		
Service Specifications <i>(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):</i>			
Service Title:	Day Habilitation		
Service Definition (Scope):			
<p>This service is targeted to individuals with a Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). Day Habilitation services are regularly scheduled activities in a non-residential setting, separate from the recipient’s private residence or other residential living arrangement. Services include assistance with the acquisition, retention, or improvement in self-help, socialization, and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living.</p> <p>Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independent and personal choice. Services are identified in the recipient’s POC according to recipient’s need and individual choices. Meals provided as part of these services shall not constitute a “full nutritional regimen” (3 meals per day).</p> <p>Day Habilitation services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the recipient’s POC such as physical, occupational, or speech therapy.</p>			
Additional needs-based criteria for receiving the service, if applicable <i>(specify)</i> :			
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.			
<i>(Choose each that applies):</i>			
<input checked="" type="checkbox"/>	Categorically needy <i>(specify limits)</i> :		
	Limited to 6 hours per day.		
<input type="checkbox"/>	Medically needy <i>(specify limits)</i> :		
Provider Qualifications <i>(For each type of provider. Copy rows as needed):</i>			
Provider Type <i>(Specify)</i> :	License <i>(Specify)</i> :	Certification <i>(Specify)</i> :	Another Standard <i>(Specify)</i> :

Day Habilitation Provider		At least one full-time employee with Certified Brian Injury Specialist (CBIS) Certification through Brian Injury Association of America (BIAA)	Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual.
Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):		Frequency of Verification (Specify):
Day Habilitation Provider	Nevada Medicaid Provider Enrollment Unit		Every five years
Service Delivery Method. (Check each that applies):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed
Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):			
Service Title:	Residential Habilitation		
Service Definition (Scope):			
<p>This service is targeted to individuals with a Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). Residential Habilitation means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These services include adaptive skill development, assistance with activities of daily living, community inclusion, adult educational supports, social and leisure skill development, that assist the recipient to reside in the most integrated setting appropriate to his/her needs. Residential Habilitation also includes personal care and protective oversight and supervision.</p> <p>Payment for Room and Board is prohibited.</p>			
Additional needs-based criteria for receiving the service, if applicable (specify):			
<p>Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.</p> <p>(Choose each that applies):</p>			
<input type="checkbox"/>	Categorically needy (specify limits):		

<input type="checkbox"/> Medically needy (<i>specify limits</i>):			
Provider Qualifications (<i>For each type of provider. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Another Standard (<i>Specify</i>):
Residential Habilitation Provider		At least one full-time employee with (CBIS) Certification through (BIAA)	Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual.
Verification of Provider Qualifications (<i>For each provider type listed above. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	Entity Responsible for Verification (<i>Specify</i>):		Frequency of Verification (<i>Specify</i>):
Residential Habilitation Provider	Nevada Medicaid Provider Enrollment Unit		Every five years
Service Delivery Method. (<i>Check each that applies</i>):			
<input type="checkbox"/> Participant-directed		<input checked="" type="checkbox"/> Provider managed	

- Policies Concerning Payment for State plan HCBS Furnished by Relatives, Legally Responsible Individuals, and Legal Guardians.** (*By checking this box, the state assures that*): There are policies pertaining to payment the state makes to qualified persons furnishing State plan HCBS, who are relatives of the individual. There are additional policies and controls if the state makes payment to qualified legally responsible individuals or legal guardians who provide State Plan HCBS. (*Specify (a) who may be paid to provide State plan HCBS; (b) the specific State plan HCBS that can be provided; (c) how the state ensures that the provision of services by such persons is in the best interest of the individual; (d) the state’s strategies for ongoing monitoring of services provided by such persons; (e) the controls to ensure that payments are made only for services rendered; and (f) if legally responsible individuals may provide personal care or similar services, the policies to determine and ensure that the services are extraordinary (over and above that which would ordinarily be provided by a legally responsible individual)*):