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State/Territory Name: P gxcfc

State Plan Amendment (SPA) #: PX/43/222:

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

March 29, 2022

Suzanne Bierman
Medicaid Administrator
Division of Health Care Financing and Policy
Las Vegas Medicaid District Office
1210 S. Valley View, Suite 104
Las Vegas, NV 89102

Dear Ms. Bierman:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), NV-21-0008, submitted on June 30, 2021, has been approved. Through this SPA, Nevada has demonstrated compliance with section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. This SPA has an effective date of July 1, 2020, except as otherwise noted below.

Section 5022 of the SUPPORT Act added Section 2103(c)(5) to the Social Security Act (the Act) and requires child health and pregnancy related assistance to include coverage of services necessary to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders. As part of this SPA, effective November 1, 2021, Nevada made tobacco cessation a CHIP state plan benefit. The state previously made this benefit available to CHIP eligible children on an individual basis as medically necessary. Additionally, Section 2103(c)(5)(B) of the Act requires that these behavioral health services be delivered in a culturally and linguistically appropriate manner. Nevada demonstrates compliance by providing the necessary assurances and benefit descriptions that the state covers a range of behavioral health services in a culturally and linguistically appropriate manner.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
E-mail: Joyce.Jordan@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Division Director, Division of State Coverage Programs at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Amy Lutzky/

Amy Lutzky
Deputy Director

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

- 1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: 07/01/2020

Implementation Date: 06/30/2021

SPA #21-0008 Purpose of SPA: The Center for Medicaid and Medicare Services (CMS) released guidance related to Section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Communities and Patients Act, referred to as the SUPPORT Act. This provision expands access to services by making behavioral health coverage a mandatory benefit for Separate Children Health Insurance Programs (SCHIP). This requires states with Separate CHIPs on the actions necessary to implement the requirements of Section 5022 of the SUPPORT Act.
Proposed effective date:07/01/2020

Proposed implementation date: 06/30/2021

Sub Section 6.3.2.2- BH: Tobacco Cessation

Effective Date: 11/01/2021

Implementation Date: 11/01/2021

- 1.4- TC **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.
October 1, 2020
TN No: Approval Date Effective Date 07/01/2020

Section 2. General Background and Description of Approach to Children’s Health Insurance Coverage and Coordination

Guidance: The demographic information requested in 2.1. can be used for State planning and will be used strictly for informational purposes. **THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT.**

Factors that the State may consider in the provision of this information are age breakouts, income brackets, definitions of insurability, and geographic location, as well as race and ethnicity. The State should describe its information sources and the assumptions it uses for the development of its description.

- Population
- Number of uninsured
- Race demographics
- Age Demographics

following entities provide this information:

- State
- Managed Care entities
- Both
- Other

Guidance: If other is selected, please specify the entity.

6.2.7.2 – MHPAEA. Reason for any denial for reimbursement or payment for mental health or substance use disorder benefits must be made available to the enrollee by the health plan or the State. The state attests that the following entities provide denial information:

- State
- Managed Care entities
- Both
- Other

Guidance: If other is selected, please specify the entity.

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to the state’s CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

6.3.1- BH Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

6.3.1.1- BH The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

6.3.1.2- BH The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

The state requires that each provider utilize the American Academy of Pediatrics (AAP) 2019 Bright Futures “Recommendations for Pediatric Health Care” Periodicity Schedule as the periodicity schedule for EPSDT visits and services. They are also required to utilize the age-appropriate validated behavioral health screening tools that are recommended by the AAP/Bright Futures. All screenings must be completed and documented in the client’s medical record and be made available for review. The managed care organizations and their networks are contractually obligated to use the approved screening and assessment tools required by the state. The state provides Web Announcements for any updates to policy manuals or system changes. The state continues to collaborate across divisions within the Nevada Department of Health and Human Services, in the form of joint bulletins related to screening tools available for providers. As stated in the MCO contract “The MCOs must publish semi-annual newsletters for network providers. Topics may include practice guidelines, policy updates, quality management strategies, and other topics of provider interest.” Additionally, in the MCO contract “The MCOs must also conduct provider workshops in the geographic service area to accommodate each provider site. In addition to presenting education and training materials of interest to all providers, the workshops must provide sessions for each discrete class of providers whenever the volume of recent changes in policy or procedures in a provider area warrants such a session.”

6.3.2- BH Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Outpatient mental health services are covered under Nevada Check Up and include assessment and diagnosis, testing, basic medical and therapeutic services, crisis intervention, therapy, partial hospitalization and intensive outpatient programs, medication management and case management services.

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

6.3.2.1- BH Psychosocial treatment
Provided for: Mental Health Substance Use Disorder

Mental Health:
Mental health therapy is covered for individual, group and/or family therapy with the recipient present and for family therapy without the recipient present. Prior authorization

is required after service limitation have been exceeded based on the individual's intensity of needs.

Substance Use Disorder:

Substance use counseling is covered for individual and group with the recipient present and for family therapy without the recipient present. Utilizing the ASAM level of care, prior authorization is required based on the individual's intensity of needs.

6.3.2.2- BH Tobacco cessation
Provided for: Substance Use Disorder

Tobacco cessation services will be covered for all Nevada Check Up and Nevada Medicaid recipients by November 1, 2021. The state covers all FDA approved medications for tobacco cessation, including the following: Smoking cessation products, including patches, gums, lozenges and inhalers (based on the recipients' route of choice). These are subject to quantity limitations approved by the DUR Board. This will ensure coverage is available to all Nevada Medicaid recipients. This is in addition to current Medicaid policy for covering pregnant women, through the State Plan and Managed Care Organizations, and through Certified Community Behavioral Health Centers. To quit smoking. Smoking cessation lowers the risk of cancer and other serious health problems. Counseling, behavior therapy, medicines, and nicotine-containing products, such as nicotine patches, gum, lozenges, inhalers, and nasal sprays, may be used to help a person quit smoking.

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

6.3.2.3- BH Medication Assisted Treatment
Provided for: Substance Use Disorder

6.3.2.3.1- BH Opioid Use Disorder

Medication Assisted Treatment (MAT) is an evidence-based practice using methadone, naltrexone, buprenorphine, and all other forms of MAT approved under section 505 of the Federal Food, Drug, and Sometric Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) for the treatment of OUD. With respect to the provision of such drugs and biological products, MAT also includes the provision of counseling and behavioral therapy.

6.3.2.3.2- BH Alcohol Use Disorder

Medication Assisted Treatment services are covered under Nevada Check Up for individuals with Substance Use Disorder. The services are determined based on medical necessity and are recommended by a physician or other qualified health care professional.

6.3.2.3.3- BH Other

6.3.2.4- BH Peer Support
Provided for: Mental Health Substance Use Disorder

Mental Health:

Peer support services covered under Nevada Check Up are rehabilitative mental health interventions designed to reduce social and behavioral impairments and restore recipients to their highest level of functioning. Peer Supporters help the recipient live, work, learn and participate fully in their communities. Peer support services must be delivered directly to recipients and must directly contribute to the restoration of recipient's diagnosis mental and/or behavioral health condition. Peer support services require prior authorization from the QIO-like vendor.

Substance Use Disorder:

Peer support services covered under Nevada Check Up are rehabilitative mental health interventions designed to reduce social and behavioral impairments and restore recipients to their highest level of functioning. Peer Supporters help the recipient live, work, learn and participate fully in their communities. Peer support services must be delivered directly to recipients and must directly contribute to the restoration of recipient's diagnosis mental and/or behavioral health condition. Peer support services require prior authorization from the QIO-like vendor after up to 72 units/18 hours per calendar year.

6.3.2.5- BH Caregiver Support
Provided for: Mental Health Substance Use Disorder

6.3.2.6- BH Respite Care
Provided for: Mental Health Substance Use Disorder

6.3.2.7- BH Intensive in-home services
Provided for: Mental Health Substance Use Disorder

Intensive in-home services are not available in CHIP. Children in need of intensive in-home services can be assessed for Medicaid coverage under the state's 1915(i) HCBS state plan option.

6.3.2.8- BH Intensive outpatient
Provided for: Mental Health Substance Use Disorder

Intensive Outpatient services covered under Nevada Check Up are a comprehensive array of direct mental health and rehabilitative services which are expected to restore an

individual's condition and functioning level for prevention of relapse or hospitalization. These services are provided to individuals who meet the state's medical necessity criteria for the services. Intensive Outpatient services may exceed minimum hours when services are clinically indicated based on a patient centered approach. Intensive Outpatient services are direct services provided no less than three days a week, with a minimum of three hours a day and not to exceed six hours a day. Individuals needing services that exceed this time frame should be reevaluated for referral to a higher intensity/frequency of services. Utilization management must include on-going patient assessments, including intensity of needs determinations using ASAM/LOCUS/CASII, to evaluate patient's response to treatment interventions and to monitor progress toward treatment plan goals.

6.3.2.9- BH Psychosocial rehabilitation
Provided for: Mental Health Substance Use Disorder

Psychosocial rehabilitation services (PSR) are covered under Nevada Check Up and are interventions designed to reduce psychosocial dysfunction (i.e., interpersonal cognitive, behavioral development, etc.) and restore recipients to their highest level of functioning. PSR services target psychological functioning within a variety of social settings. Prior authorization is required for all PSR services based on medical necessity and the individual's intensity of needs.

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

6.3.3- BH Day Treatment
Provided for: Mental Health Substance Use Disorder

Day treatment services are offered through the Nevada Check Up. Day treatment services are 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 recipient's cycles of relapse and a relapse prevention plan. Services must be provided by a Qualified Mental Health Professional (QMHP) or by a Qualified Mental Health Associate (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. Services are available for at no more than three hours per day for children ages 3-6 and no more than 4 hours per day for ages 7-18. All service limitations may be exceeded with a prior authorization meeting medical necessity.

6.3.3.1- BH Partial Hospitalization

Provided for: Mental Health Substance Use Disorder

Partial Hospitalization services offered through Nevada Check Up are furnished in an outpatient setting, at a hospital or an enrolled federally qualified health center (FQHC) that assumes clinical liability and meets the criteria of a Certified Mental Health Clinic (CMHC). Partial hospitalization services encompass a variety of psychiatric treatment services designed for recipients who require a higher intensity of coordinated comprehensive and multidisciplinary treatment. These services are expected to restore the individual's condition and functional level and to prevent relapse or admission to a hospital. The services are intended to be an alternative to inpatient psychiatric care and are generally provided to recipients experiencing an exacerbation of a severe and persistent mental illness. Partial hospitalization services include active therapeutic treatment and must be targeted to meet the goals of alleviating impairments and restoring functioning. Partial hospitalization may exceed minimum hours when services are clinically indicated based on a patient centered approach. PHP services are direct services provided no less than five days a week, with a minimum of four hours a day and not to exceed 23 hours a day. Individuals needing services that exceed this time frame should be reevaluated for referral to a higher intensity/frequency of services.

6.3.4- BH Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))

Provided for: Mental Health Substance Use Disorder

Inpatient mental health services offered through Nevada Check Up are those services delivered in freestanding psychiatric hospitals or acute hospitals with a specialized psychiatric unit which include a secure, structured environment, 24-hour observation and supervision by mental health professionals and provide a multidisciplinary clinical approach to treatment. Inpatient mental health services include treatments or interventions provided to an individual who has an acute, clinically identifiable covered, current ICD psychiatric diagnosis to ameliorate or reduce symptoms for improved functioning and return to a less restrictive setting.

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

6.3.4.1- BH Residential Treatment

Provided for: Mental Health Substance Use Disorder

Residential Treatment Center (RTC) services offered through Nevada Check Up assist recipients who have behavioral, emotional, psychiatric and/or psychological disorders, or conditions, who are no longer at or appropriate for an acute level of care, or who cannot effectively receive services in a less restrictive setting and who meet medical necessity

and admission criteria for RTC services. RTCs are part of the mental health continuum of care and are an integral part of Nevada Medicaid's behavioral health system of care. Recipients who respond well to treatment in an RTC are anticipated to be discharged to a lower level of care, such as intensive home and community-based services, or to the care of a psychiatrist, psychologist or other qualified health care professional.

6.3.4.2- BH Detoxification
Provided for: Substance Use Disorder

Inpatient substance abuse services offered through Nevada Check Up are those services delivered in freestanding substance abuse treatment hospitals or acute hospitals with a specialized substance abuse treatment unit which includes a secure, structured environment, 24-hour observation and supervision by mental health substance abuse professionals and a structured multidisciplinary clinical approach to treatment. These hospitals provide medical detoxification and treatment services for individuals suffering from acute alcohol and substance abuse conditions.

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility based services in order to avoid inpatient hospitalization.

6.3.5- BH Emergency services
Provided for: Mental Health Substance Use Disorder

Emergency services offered through Nevada Check Up means, with respect to an individual enrolled with an organization, covered inpatient and outpatient services that are furnished by a provider qualified to furnish such services and are needed to evaluate or stabilize an emergency medical condition. Also included, 24-hour observation and supervision by mental health professionals and provide a multidisciplinary clinical approach to treatment.

6.3.5.1- BH Crisis Intervention and Stabilization
Provided for: Mental Health Substance Use Disorder

Mental Health and Substance Use Disorder:
Crisis Intervention (CI) services offered through Nevada Check Up are rehabilitative mental health interventions that target urgent situations where recipients are experiencing acute psychiatric and/or personal distress. The goal of CI services is to assess and stabilize situations (through brief and intense interventions) and provide appropriate mental and behavioral health service referrals. The objective of CI services is to reduce psychiatric and personal distress, restore recipients to their highest level of functioning and help prevent acute hospital admissions. CI interventions may be provided in a variety of settings, including but not limited to psychiatric emergency departments, emergency rooms, homes, foster homes, schools, homeless shelters, while in transit and telephonically. Recipients may receive a maximum of four hours per day over a three day period (one occurrence) without prior authorization. Recipients may receive a maximum of three occurrences over a 90-day period without prior authorization. Due to the extended length of time allowed as an occurrence, crisis stabilization is included in the occurrence.

6.3.6- BH Continuing care services
Provided for: Mental Health Substance Use Disorder

6.3.7- BH Care Coordination
Provided for: Mental Health Substance Use Disorder

Children under managed care receive care coordination services through the managed care entities.

6.3.7.1- BH Intensive wraparound
Provided for: Mental Health Substance Use Disorder

Performed by State and local county agencies, Division of Child and Family Services, Clark County Department of Family Services and Washoe County Human Services Agency.

Intensive care coordination includes assessment and service planning, accessing and arranging for services, coordinating multiple services, including access to crisis services. Assisting the child and family to meet basic needs, advocating for the child and family, and monitoring progress are also included. These are evidence-informed care coordination models. These services are reimbursed through targeted case management services as described below under Case Management. These target groups are: (1) children and adolescents who are Non-Severely Emotionally Disturbed (Non-SED) with a mental illness; (2) children and adolescents who are Severely Emotionally Disturbed (SED); (3) adults who are Non-Seriously Mentally Ill (Non-SMI) with a mental illness; (4) adults who are Seriously Mentally Ill (SMI); (5) persons with intellectual disabilities or related conditions; (6) developmentally delayed infants and toddlers under age three; (7) Juvenile Parole Population; (8) Juvenile Probation Services (JPS), and (9) Child Protective Services (CPS).

The wraparound approach is a form of intensive care coordination for children with significant mental health conditions. It is a team-based, collaborative process for developing and implementing individualized care plans for children and youth with complex needs and their families. This approach focuses on all life domains and includes clinical interventions and formal and informal supports. The wraparound “facilitator” is the intensive care coordinator who organizes, convenes, and coordinates this process. The wraparound approach is done by a child and family team for each youth that includes the child, family members, involved providers, and key members of the child’s formal and informal support network, including members from the child serving agencies. The child and family team develops, implements, and monitors the service plan. Care coordinators “work with and guide the team process, which includes and is driven by the needs of patients and families for services across the community.”

6.3.7.2- BH Care transition services
Provided for: Mental Health Substance Use Disorder

6.3.8- BH Case Management
Provided for: Mental Health Substance Use Disorder

Case Management services offered through Nevada Check Up assist recipients eligible in gaining access to needed medical, social, educational, and other support services including housing and transportation needs. Case management services do not include the direct delivery of medical, clinical or other direct services. Components of the service include assessment, care planning, referral/linkage and monitoring/follow-up. Case management services are provided to eligible recipients who are residing in a community setting or transitioning to a community setting following an institutional stay. There are nine target groups eligible to receive this service. These groups are: (1) children and adolescents who are Non-Severely Emotionally Disturbed (Non-SED) with a mental illness; (2) children and adolescents who are Severely Emotionally Disturbed (SED); (3) adults who are Non-Seriously Mentally Ill (Non-SMI) with a mental illness; (4) adults who are Seriously Mentally Ill (SMI); (5) persons with intellectual disabilities or related conditions; (6) developmentally delayed infants and toddlers under age three; (7) Juvenile Parole Population; (8) Juvenile Probation Services (JPS), and (9) Child Protective Services (CPS). The state will reimburse for case management outside of the target group criteria if determined medically necessary.

6.3.9- BH Other
Provided for: Mental Health Substance Use Disorder

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

- ASAM Criteria (American Society Addiction Medicine)
 Mental Health Substance Use Disorders
- InterQual
 Mental Health Substance Use Disorders
- MCG Care Guidelines
 Mental Health Substance Use Disorders
- CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
 Mental Health Substance Use Disorders
- CASII (Child and Adolescent Service Intensity Instrument)
 Mental Health Substance Use Disorders
- CANS (Child and Adolescent Needs and Strengths)
 Mental Health Substance Use Disorders
- Plan-specific criteria (please describe)

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Mental Health Substance Use Disorders

The managed care entities utilize InterQual and MCG Care Guidelines

- Other (please describe)
 Mental Health Substance Use Disorders
- No specific criteria or tools are required
 Mental Health Substance Use Disorders

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

6.4.2- BH Please describe the state's strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

The state requires the use of the Child and Adolescent Service Intensity Instrument (CASII) tool for children 6-18 years of age and requires the use of the Early Childhood Service Intensity Instrument (ECSII) through the Targeted Investments Program for the 0-5 population. The American Society of Addiction Medicine (ASAM) Criteria is required for adults and adolescents receiving behavioral health services, who have been identified as having a substance use disorder. The use of these instruments is outlined in the Medicaid Services Manual (MSM) Chapter 400. The use of these instruments is reimbursable to providers to support and encourage implementation. The information in MSM Ch. 400 pertains to the CHIP population. The MSMs are publicly available and when there is any update to policy, this follows the public notice and public hearing process within the state to engage providers in feedback of these updates. Any updates are disseminated through Web Announcements published on the Nevada Medicaid website. In addition to the public hearing process, the state engages the public through public workshops when new policies are being determined to gather as much feedback as possible.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral health benefits in CHIP:

- All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.
- The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.

6.2-DC Dental Coverage (CHIPRA # 7, SHO # #09-012 issued October 7, 2009) The State will provide dental coverage to children through one of the following. Please update Sections 9.10 and 10.3-DC when electing this option. Dental services provided to children eligible

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for dental-only supplemental services must receive the same dental services as provided to otherwise eligible CHIP children (Section 2103(a)(5)):