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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 21-0016

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

February 10, 2022

Suzanne Bierman, Administrator
Department of Health and Human Services
Division of Health Care Financing and Policy
1100 East William Street, Suite 101
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) 21-0016

Dear Ms. Bierman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0016. This amendment proposes to provide tobacco cessation services to all Nevada Medicaid beneficiaries.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1905(4)(D) of the Social Security Act. This letter is to inform you that Nevada Medicaid SPA 21-0016 was approved on February 10, 2022, with an effective date of December 1, 2021.

If you have any questions, please contact Peter Banks at (415) 722-3782 or via email at Peter.Banks@cms.hhs.gov

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A blue ink scribble is visible below the redaction.

Digitally signed by James
G. Scott -S
Date: 2022.02.10 11:36:28
-06'00'

James G. Scott, Director
Division of Program Operations

cc:

- Suzanne Bierman
- Jenifer Graham

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>21-0016</u>	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SSA (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 1, 2021
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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 1905(4)(D) of the SSA	7. FEDERAL BUDGET IMPACT a. FFY 2022 \$ 13,025 b. FFY 2023 \$ 24,754
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 2
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10. SUBJECT OF AMENDMENT

Tobacco Cessation to be provided to entire Nevada Medicaid population

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Sandie Ruybalid, Deputy Administrator DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
13. TYPED NAME RICHARD WHITLEY	
14. TITLE DIRECTOR, DHHS	
15. DATE SUBMITTED November 30, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 11/30/21	18. DATE APPROVED February 10, 2022
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL December 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL Digitally signed by James G. Scott -S Date: 2022.02.10 11:59:12 -06'00'
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

State/Territory: Nevada

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

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations*

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations With limitations*

4.d.1 Face-to-face tobacco cessation counseling services.

4.d.2 Face-to-face tobacco cessation counseling services for pregnant women.

1. Provided: (i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

2. Provided: No limitations With limitations*

Please describe any limitations

Benefits allow for 24 counseling sessions per 12-month period. These limitations can be exceeded if determined medically necessary by the state.

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations With limitations*