

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 15-006**

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 10, 2016

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) 15-006. The SPA adds Intensive Behavior Intervention (IBI) services for children with autism to Attachment 3.1-A of the State Plan. It was submitted to my office on November 9, 2015.

The approval is effective January 1, 2016. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 3.1-A Pages 2h-2l

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/

Kristin Dillon  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

cc: Marta Jensen, Acting Administrator, DHCFP

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

1. TRANSMITTAL NUMBER:

**15-006**

2. STATE:

**NEVADA**

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

4. PROPOSED EFFECTIVE DATE

**January 1, 2016**

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:

**42 CFR 440.40(b)**

7. FEDERAL BUDGET IMPACT:

**a. FFY 2016 \$14,206,060**

**b. FFY 2017 \$28,412,122**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-A, Pages 2h – 2l**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

**Attachment 3.1-A, Page 2h**

10. SUBJECT OF AMENDMENT:

**Early and Periodic Screening, Diagnosis & Treatment (EPSDT) coverage of Intensive Behavior Intervention.**

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:

**Richard Whitley**

14. TITLE:

**Director, Department of Health and Human Services**

15. DATE SUBMITTED: **November 9, 2015**

16. RETURN TO:

**Tammy Moffitt, Chief of Program Integrity**

**DHCFP/Medicaid**

**1100 East William Street, Suite 101**

**Carson City, NV 89701**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **11/09/2015**

18. DATE APPROVED: **3/10/16**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**January 1, 2016**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

**Kristin Dillon**

22. TITLE:

**Acting Associate Regional Administrator**

23. REMARKS:

A qualified audiologist has a master's or doctoral degree in audiology which meets State licensure requirements. Per NRS 637B.160 they are licensed by the Board of Examiners for Audiology and Speech Pathology.

I. Medical supplies, equipment, and appliance services furnished in the school environment.

Services: As regulated under 42 CFR §440.70 and other applicable state and federal law or regulation.

Durable Medical Equipment (DME) is defined as equipment which can withstand repeated use, and is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury and is appropriate for use in the home.

Disposable medical supplies are those items which are not reusable, and are primarily and customarily used to serve a medical purpose, and generally are not useful to a person in the absence of an illness or injury.

Service limitations:

Nevada Medicaid covers standard medical equipment that meets the basic medical need of the recipient. Deluxe equipment will not be authorized when it is determined a standard model will meet the basic medical needs of the recipient. Items classified as educational or rehabilitative by nature are not covered under this benefit. The DME provider is required to have documentation of physician's orders prior to the dispensing of any equipment or supplies.

Prior authorization and service limitations are applicable for some equipment and supplies. Specific limitations can be found in Chapter 1300 of the Medicaid Services Manual.

Provider Qualifications:

Providers dispensing durable medical equipment and medical supplies must be licensed with Medical Device Equipment and Gas through the Nevada Board of Pharmacy and be enrolled as a provider with the Division of Health Care Financing and Policy (DHCFP). Local Education Agency providers may dispense audiological supplies/equipment and medical supplies by their qualified practitioners acting within the scope of practice under state law.

Intensive Behavior Intervention

Services: As regulated under 42 CFR §440.60 and other applicable state and federal law or regulation

Services provided are for Medicaid eligible individuals under age 21 in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coverage authority. The intensive behavior intervention must be medically necessary to develop, maintain, or restore to the maximum extent practical the functions of an individual with a diagnosis of Autism Spectrum Disorder (ASD) or other condition for which intensive behavior intervention is recognized as medically necessary. All services must be provided under a treatment plan based on evidence-based assessment criteria and include realistic and obtainable treatment goals.

Service Limitations

Services provided will only be reimbursed for recipients under the age of 21 as a required component of the EPSDT benefit. Services must be rendered according to the written orders of the Physician, Physician's Assistant or an Advanced Practitioner Registered Nurse (APRN) and be directly related to the active treatment regimen designed by the healthcare professional that is clinically responsible for the treatment plan. Treatment services must be delivered by a qualified healthcare professional as defined in provider qualifications, and acting within their scope of licensure. The services are to be provided in the least restrictive, most normative setting possible and may be delivered in a medical professional clinic/office, within a community environment, or in the recipient's home.

Prior authorization and service limits are applicable for treatment services based on the individual's treatment needs as determined through and medical necessity in accordance with EPSDT. Service limits may be exceeded based upon medical necessity.

Medicaid does not reimburse for:

- a. Services which do not meet medical necessity requirements.
- b. Educational services being provided under an Individualized Education Program (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA).
- c. Custodial care, child care, and/or respite care services.
- d. Treatment whose purpose is vocational or recreational.
- e. Services, supplies, or procedures performed in a non-conventional setting including but not limited to: Resorts, Spa, and Camps.
- f. Care coordination and treatment planning.
- g. Duplicative services.

#### Provider Qualifications

To be recognized and reimbursed for intensive behavior intervention, the provider must be one of the following:

- a. Licensure as a Physician by the Nevada State Board of Medical Examiners and acting within their scope of practice.
- b. A doctoral degree in psychology obtained from an approved doctoral program in psychology accredited by the American Psychological Association (APA) or a doctoral program in psychology accredited individually or as part of an institutional accreditation by another private or governmental accrediting agency, when the association's or agency's standards and procedures have been approved by the Nevada State Board of Psychologist Examiners. Licensed in the state in which they perform the functions or actions, and acting within their scope of practice.

- c. A qualified Behavior Analyst (BCBA/D) is an individual who has earned a master's degree level and/or doctorate from an accredited college or university in a field of social science or special education and holds a current certification as a Board Certified Behavior Analyst by the Behavior Analyst Certification Board, Inc., and licensed by the Nevada State Board of Psychologist Examiners, and acting within their scope of practice as defined by state law.
- d. A qualified Assistant Behavior Analyst (BCaBA) is an individual who has earned a bachelor's degree from an accredited college or university in a field of social science or special education approved by the Board and holds a current certification as a Board Certified Assistant Behavior Analyst by the Behavior Analyst Certification Board, Inc., and licensed by the Nevada State Board of Psychologist Examiners, and acting within their scope of practice. All BCaBAs must practice under the supervision of a Licensed Psychologist or BCBA/D. The Physician, Psychologist, BCBA/D will be the billing provider (they are licensed) and the BCaBA and RBT will be the servicing provider on the claim.
- e. A Registered Behavior Technician (RBT) is an individual who has earned a high school diploma or equivalent, completed training and testing as approved and credentialed by the Behavior Analyst Certification Board, and acting within their scope of practice. All RBTs must practice under the supervision of a Licensed Psychologist, BCBA/D, or BCaBA. The Physician, Psychologist, BCBA/D will be the billing provider (they are licensed) and the BCaBA and RBT will be the servicing provider on the claim.

- 4.c. Family planning services are not covered for individuals whose age or physical condition precludes reproduction. Tubal ligations and vasectomies to permanently prevent conception are not covered for anyone under the age of 21 who is adjudged mentally incompetent or who is institutionalized.
- 5.b. Medical and surgical services provided by a dentist are limited to providers who are a doctor of dental medicine or dental surgery. Reference 42 CFR 440.50 (b) for further information.
- 6.a. Podiatrists' services are limited to individuals under the age of 21 and referred as a result of a Healthy Kids (EPSDT) screening.