

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 15-0007

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

December 3, 2015

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) 15-0007. This SPA proposes to change references to ICD-9 Clinical Modification and DSM IV to the new ICD-10 Clinical Modification classifications for three targeted populations with mental illnesses. It was submitted to my office on September 30, 2015.

The approval is effective October 1, 2015. Attached are copies of the following pages to be incorporated into your State Plan:

- Supplement 1 to Attachment 3.1-A Pgs. 2, 4, and 7

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,

/s/

Henrietta Sam-Louie
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Marta Jensen, Administrator, DHCFP

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <div style="text-align: center;">15-007</div>	2. STATE: <div style="text-align: center;">NEVADA</div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE <div style="text-align: right;">October 1, 2015</div>		
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div> <div style="text-align: center; margin-top: 5px;"> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i> </div>		
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center;"> Section 1915(g)(2) of the Social Security Act 42 CFR Parts 431, 440 & 441 </div>	7. FEDERAL BUDGET IMPACT: <div style="display: flex; justify-content: space-between;"> <div>a. FFY 2015</div> <div>\$0</div> </div> <div style="display: flex; justify-content: space-between;"> <div>b. FFY 2016</div> <div>\$0</div> </div>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;"><u>Supplement 1 to Attachment 3.1-A Pages 2, 4, and 7</u></div>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : <div style="text-align: center;"><u>Supplement 1 to Attachment 3.1-A Pages 2, 4, and 7</u></div>	
10. SUBJECT OF AMENDMENT: With the federal implementation of International Classification of Diseases (ICD)-10 beginning October 15, 2015 the Division of Health Care Financing and Policy (DHCFFP) is removing verbiage from the State Plan that refers to ICD-9, which will be obsolete.		
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 35%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor's Office does not wish to review the State Plan Amendment. </div> </div>		
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; height: 20px; width: 100%;"></div>	16. RETURN TO: Tammy Moffitt, Chief of Program Integrity DHCFFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701	
13. TYPED NAME: Richard Whitley	14. TITLE: Director, Department of Health and Human Services	
15. DATE SUBMITTED: September 30, 2015		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 9/30/2015	18. DATE APPROVED: <div style="text-align: center;">December 3, 2015</div>	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">10/1/15</div>	20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; height: 20px; width: 100%;"></div>	
21. TYPED NAME: Henrietta Sam-Louie	22. TITLE: Associate Regional Administrator (Acting)	
23. REMARKS:		

- A. Targeted case management activities that are an integral component of another covered Medicaid service.
- B. The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- C. Activities integral to the administration of foster care programs.
- D. Activities, for which an individual may be eligible, that are integral to the administration of another non-medical program, except for targeted case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.

Service: Targeted Case Management in accordance with 1915(g) of the Act.

1. Target Group: Non SED/Non SMI

- A. Children, Adolescents and Adults who are Non SED/SMI are persons who are not seriously mentally ill or severely emotionally disturbed, have a significant life stressor, and:
 - i. A current International Classification of Diseases (ICD) diagnosis, diagnosis from the current Mental, Behavioral, Neurodevelopmental Disorders section including Z codes 55-65, R45.850 and R45.851, which does not meet Seriously Mentally Ill or Severely Emotionally Disturbed criteria.
 - ii. A Locus score of Level I or II, or
 - iii. A CASII Level of 0, 1, 2, or above.

2. Geographic area to be serviced:

- ☒ Statewide
- ☐ Limited geographic area

3. Service:

Services are not comparable in amount, duration and scope.

Targeted case management services are services furnished to assist individuals, eligible under the State plan that reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services. The assistance provided through this service are:

- A. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services.
- B. Development (and periodic revision) of a specific care plan based on the information collected through the assessment; specifies goals and actions to address services needed; activities insuring active participation of the individual and others in developing goals; and identifies a course of action to respond to the needs of the individual.
- C. Referral and related activities to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

Service: Targeted Case Management in accordance with 1915(g) of the Act.

1. Target Group: Children with a Severe Emotional Disturbance (SED)

- A. Children with SED are persons up to 18 years of age who currently or at any time during the past year (continuous 12 month period) have a:
- i. Diagnosable mental or behavioral disorder or diagnostic criteria that meets the coding and definition criteria specified in the current ICD (excluding substance abuse or addictive disorders, irreversible dementias, mental retardation, developmental disorders, and Z codes, unless they co-occur with a serious mental disorder that meets current ICD criteria); and have a:
 - ii. Functional impairment which substantially interferes with or limits the child from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skill. Functional impairments of episodic, recurrent, and persistent features are included, however may vary in terms of severity and disabling effects unless they are temporary and an expected response to stressful events in the environment. Children who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition.

2. Geographic area to be serviced:

- ☒ Statewide
- ☐ Limited geographic area

3. Service:

Services are not comparable in amount, duration, and scope.

Targeted case management services are services furnished to assist individuals, eligible under the State plan that reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services. The assistance provided through this service are:

- A. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services.
- B. Development (and periodic revision) of a specific care plan based on the information collected through the assessment;

Service: Targeted Case Management in accordance with 1915(g) of the Act.

1. Target Group: Adults with a Serious Mental Illness (SMI)
 - A. Adults with SMI are persons:
 - i. 18 years of age and older, and
 - ii. Who currently, or at any time during the past year (continuous 12 month period);
 - a. Have a diagnosable mental, behavioral or emotional disorder that meets the coding and definition criteria specified within the current ICD, excluding substance abuse or addictive disorders, irreversible dementias as well as mental retardation, unless they co-occur with another serious mental illness that meets current ICD criteria;
 - b. That resulted in functional impairment which substantially interferes with or limits one or more major life activities; and
 - iii. Have a functional impairment addressing the ability to function successfully in several areas such as psychological, social, occupational or educational. It is seen on a hypothetical continuum of mental health-illness and is viewed from the individual's perspective within the environmental context. Functional impairment is defined as difficulties that substantially interfere with or limit an adult from achieving or maintaining housing, employment, education, relationships or safety.

2. Geographic area to be serviced:

- ☒ Statewide
- ☐ Limited geographic area

3. Service:

Services are not comparable in amount, duration, and scope.

Targeted case management services are services furnished to assist individuals, eligible under the State plan that reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services. The assistance provided through this service are:

- A. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services.
- B. Development (and periodic revision) of a specific care plan based on the information collected through the assessment; specifies goals and actions to address services needed; activities insuring active participation of the individual and others in development goals; and identifies a course of action to respond to the needs of the individual.
- C. Referral and related activities to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and educational