

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 17-020

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

February 13, 2018

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) 17-020. The SPA removes limitations on podiatry services. The SPA was submitted to my office on December 21, 2017.

The approval is effective January 1, 2018. Attached are copies of the following pages to be incorporated into your approved state plan:

- Attachment 3.1-A Page 2 (continued) and Page 21

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

cc: Marta Jensen: Acting Administrator, DHCFP

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

17-020

2. STATE:

NEVADA

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

4. PROPOSED EFFECTIVE DATE

January 1, 2018

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

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:

State Plan Under Title XIX of the Social Security Act: 42 CFR 447

7. FEDERAL BUDGET IMPACT:

a. FFY 2018 \$198,174

b. FFY 2019 \$272,026

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1A Page 2 (continued) and
Attachment 3.1A page 21**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

**Attachment 3.1A Page 2 (continued) and
Attachment 3.1A page 21**

10. SUBJECT OF AMENDMENT:

Amending coverage for podiatry services.

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:

Julie Kotchevar

14. TITLE:

Deputy Director, Department of Health and Human Services

15. DATE SUBMITTED:

12/21/17

16. RETURN TO:

Lynne Foster, Chief of Division Compliance

DHCFP/Medicaid

1100 East William Street, Suite 101

Carson City, NV 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **12/21/17**

18. DATE APPROVED:

February 13, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **1/1/18**

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME: **Henrietta Sam Louie**

22. TITLE: **Associate Regional Administrator**

23. REMARKS:

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ☐ No limitations ☒ With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services are available for all eligible recipients.

Provided: ☒ No limitations ☐ With limitations*

*Description provided on Attachment.

- 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.