

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 19-0013**

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 East 12th Street, Suite 0300  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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March 10, 2020

Suzanne Bierman, Administrator  
Nevada Division of Health Care Financing and Policy  
1210 S. Valley View, Suite 104  
Las Vegas, NV 89702

Dear Ms. Bierman:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 19-013. The SPA consolidates the supervision of the Peer Supporter under the Clinical Supervisor with the Behavioral Health Community Network (BHCN) and removes the requirement of medical supervision for the provider. This SPA is approved effective January 1, 2020.

Attached is a copy of the following approved pages to be incorporated into your state plan:

- Attachment 3.1-A, Page 6b.4

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,



James Scott, Director  
Division of Program Operations

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>19 - 013</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 January 1, 2020	

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 440.130 <del>Section 3.0 Services: General Provisions</del>	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 0.00 b. FFY 2021 \$ 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <del>Section 3.1: Amount, Duration, and Scope of Services</del> <del>Attachment 3.1-A: Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy</del> <del>Page 6b.4</del> Attachment 3.1-A, Page 6b.4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <del>TN No: 07-009</del> <del>Supersedes</del> <del>TN No: 08-017</del> Attachment 3.1-A, Page 6b.4

10. SUBJECT OF AMENDMENT  
Peer to Peer Support Services

~~Peer to Peer Support Services: contractual affiliation with BHCN for Clinical Supervision.~~

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 REGIONAL OFFICIAL 	16. RETURN TO Tammy Moffitt, Chief of Operations DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
13. TYPED NAME STEVE SISOLAK	
14. TITLE GOVERNOR, STATE OF NEVADA	
15. DATE SUBMITTED 9/25/19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 9/25/19	18. DATE APPROVED March 10, 2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/20	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James Scott	22. TITLE Director, Division of Program Operations

23. REMARKS  
Pen and Ink Request: Box 6: Update to read "42 CFR 440.130". Box 8: Update to read "Attachment 3.1-A, Page 6b.4". Box 9: Update to read "Attachment 3.1-A, Page 6b.4". Box 10: Update to read "Peer to Peer Support Services".

Mental health therapy and day treatment cannot be billed for the same time period. This service is consistent with intensive integrated outpatient services. These services require utilization review according to the individual intensity of need and are time limited.

10. *Peer-to-Peer Support Services:*

These services provide scheduled activities that encourage recovery, self-advocacy, developments of natural supports, and maintenance of community living skills. They promote skills for self-determination, community inclusion/participation, independence, and productivity. Peer Supporters model skills to help individuals meet their rehabilitative goals. Peer-to-Peer Support Services are for the direct benefit of the beneficiary and assist individuals and their families in the use of strategies for coping, resiliency, self-advocacy, symptom management, crisis support, and recovery.

**Service Limitations** – Services may be provided in an individual or group (requires five or more individuals) setting. The services are identified in the recipient’s treatment plan and must be provided by a Peer Supporter working collaboratively with the case manager or child and family team/interdisciplinary team. The selection of a Peer Supporter is based on the best interest of the recipient. A Peer Supporter cannot be the legal guardian or spouse of the recipient. Services are offered based on the intensity/frequency of needs and are time limited. Additional hours may be granted when services are clinically indicated based on a recipient-centered approach and when determined medically necessary by the state.

11. *Intensive Outpatient Services:*

**Service Definition (Scope)** – 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 group sizes are required to be within four to 15 recipients. Intensive outpatient services require the availability of 24/7 psychiatric and psychological services.