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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 19-005

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
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



Regional Operations Group

October 24, 2019

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) 19-005. The SPA adds language to allow for EPSDT services provided in school based settings. This SPA is approved effective September 1, 2019.

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

- Attachment 3.1-A: Pages 2a – 2h
- Attachment 4.19-B: Pages 1b and 1b(b)

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,

A solid black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen
Director
Western Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 9 - 0 0 5</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 September 1, 2019
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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 42 CFR 440.40(b)	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ <u>1,735,718.00</u> b. FFY 2020 \$ <u>2,773,974.00</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 2a Attachment 3.1-A Pages 2a-2h Attachment 4.19-B Pages 1b and 1b(b)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 2a Attachment 3.1-A Pages 2a-2h Attachment 4.19-B Pages 1b
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10. SUBJECT OF AMENDMENT

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services

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 	16. RETURN TO Tammy Moffitt, Chief of Operations DH 1100 East Street, Suite 101 Carson City, NV 89701
13. TYPED NAME SOFIA MEDICAL	
14. TITLE GOVERNOR, STATE OF NEVADA	
15. DATE SUBMITTED 7/31/19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 7/31/19	18. DATE APPROVED October 24, 2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 9/1/19	20. SIGN 
21. TYPED NAME Richard Allen	22. TITLE Director, Regional Operations Group

23. REMARKS Pen and Ink Request: 1. Box 8: Please change "Attachment 3.1-A Page 2a" to "Attachment 3.1-A Pages 2a-2h / Attachment 4.19-B Pages 1b and 1b(b)". 2. Box 9: Please change "Attachment 3.1-A Page 2a" to "Attachment 3.1-A Pages 2a-2h / Attachment 4.19-B Page 1b". 3. Box 15: Please add "7/31/19".

- 4.a. Nursing facility services require prior authorization from the Nevada Medicaid Office.
- 4.b. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services as defined in 42 CFR 440.40(b). All medically necessary diagnostic and treatment services will be provided to EPSDT recipients to treat conditions detected by periodic and interperiodic screening services, even if the services are not included in the "State Plan."

Services in a school-based setting must be performed by qualified providers as set forth in the State Plan for the services they are providing and shall meet applicable qualifications under 42 CFR Part 440.

State: Nevada

Attachment 3.1-A
Page 2b

RESERVED

TN No. 19-005
Supersedes
TN No. 08-009

Approval Date: October 24, 2019

Effective Date: September 1, 2019

RESERVED

State: Nevada

Attachment 3.1-A

Page 2d

RESERVED

TN No. 19-005

Approval Date: October 24, 2019

Effective Date: September 1, 2019

Supersedes

TN No. 08-009

RESERVED

RESERVED

State: Nevada

Attachment 3.1-A

Page 2g

RESERVED

TN No. 19-005

Approval Date: October 24, 2019

Effective Date: September 1, 2019

Supersedes

TN No. 08-009

RESERVED

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B

Page 1b

4. EPSDT and Family Planning

A. Early and periodic screening, diagnosis and treatment (EPSDT) services, including School Health Services (SHS), will be reimbursed the lower of a) billed charge, or b) fixed fee per unit as indicated for specific services listed elsewhere in this attachment.

B. SHS – Reimbursement Methodology

SHS described in Attachment 3.1-A, Page 2a of the Nevada State Plan will be reimbursed the lower of: a) billed charges; or b) a fixed fee schedule.

School Health Services (SHS) delivered by Local Education Agencies (LEAs) and provided to children. Services include:

1. Physician's services,
2. Physician's assistant services,
3. Nursing services including registered nurses, licensed practical nurses and advanced nurse practitioners,
4. Psychological services,
5. Physical therapy services,
6. Speech therapy, language disorders and audiology services,
7. Occupational therapy services,
8. Applied Behavior Analysis (ABA),
9. Personal Care Services (PCS),
10. Home health care services,
11. Case management,
12. EPSDT preventative screenings,
13. Dental services,
14. Optometry services,
15. Non-Residential mental health rehabilitative services,
16. Outpatient alcohol and substance abuse services,
17. Medical supplies, equipment and appliance services – Assistive Communication Devices, audiological supplies and other Durable Medical Equipment (DME), and
18. Services provided by telehealth.

All costs described within this methodology are for Medicaid services provided by qualified practitioners that have been approved under Attachment 3.1-A of the Medicaid state plan.

All providers and services are paid the same as providers and services outside of the school based setting (with the same fee schedules as the rest of the state).

A fixed fee schedule: as indicated for specific services listed elsewhere in this attachment. All rates are published on the agency's website:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Attachment 4.19-B

Page 1b(b)

<http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of SHS listed above.