

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 20-0002**

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 13, 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) 20-0002. The state plan amendment updates Services for Individuals Age 65 or Older in IMDs and Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age in order to align certain timeframes related to prior authorization. This SPA is approved effective February 1, 2020.

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

- Attachment 3.1-A, Page 6d, 7, and 7a

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 G. 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>20-002</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 February 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 <del>Title XIX of the SSA: 42 CFR 447</del> 42 CFR 440.140 and 42 CFR 440.160	7. FEDERAL BUDGET IMPACT a. FFY 2020      \$ 0 b. FFY 2021      \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A; Page 6d Attachment 3.1-A; Page 7a Attachment 3.1-A; Page 7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A; Page 6d Attachment 3.1-A; Page 7a Attachment 3.1-A; Page 7

10. SUBJECT OF AMENDMENT      Updates to Services for Individuals Age 65 or Older in IMDs and Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age.

~~Emergency admit PAs to be 5 business days for submission and 7 days for length. 6d matches 7a now too.~~

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. NATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Cody Phinney, Deputy Administrator DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
13. TYPED NAME RICHARD WHITLEY	
14. TITLE DIRECTOR, DHHS	
15. DATE SUBMITTED January 29, 2020	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 1/29/20	18. DATE APPROVED March 13, 2020

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 2/1/20	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

Pen and Ink Request: Box 6: Please update to "42 CFR 440.140 and 42 CFR 440.160". Box 8: Please add "Attachment 3.1-A; Page 7". Box 9: Please add "Attachment 3.1-A; Page 7". Box 10: Please update to "Updates to Services for Individuals Age 65 or Older in IMDs and Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age".

14. Services for individuals age 65 or older in institutions for mental diseases

- A. Inpatient hospital services are limited to recipients 65 and older if the admission is prior authorized by Medicaid's Peer Review Organization (PRO). The only exception for the recipient to be admitted without a prior authorization would be in the event of an emergency in which the PRO must be notified for certification purposes within five business days after the admission.

Inpatient psychiatric services are limited to seven days. Additional services may be authorized if accompanied by daily documentation from the attending physician and determined medically necessary by the state.

An emergency psychiatric admission must meet at least one of the following three criteria:

1. Active suicidal ideation accompanied by a documented suicide attempt or documented history of a suicide attempt(s) within the past 90 days; or
  2. Active suicidal ideation accompanied by physical evidence (e.g., a note) or means to carry out the suicide threat (e.g., gun, knife or another deadly weapon); or
  3. Documented aggression within the 72-hour period before admission:
    - a. Which resulted in harm to self, others, or property;
    - b. Which manifests that control cannot be maintained outside inpatient hospitalization; and
    - c. Which is expected to continue if no treatment is provided.
- B. Nursing facility services require prior authorization from the Medicaid office on Form NMO-49.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services for MR (other than such services as in an institution for mental diseases) for persons determined, in accordance with Section 1902(a)(31)(A) of the Act, to be in need of such care.
- Provided       No limitations       With limitations\*  
 Not provided
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- Provided       No limitations       With limitations\*  
 Not provided
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- Provided       No limitations       With limitations\*  
 Not provided
17. Nurse-midwife services.
- Provided       No limitations       With limitations\*  
 Not provided
18. Hospice care (in accordance with Section 2302 of the Affordable Care Act).
- Provided       No limitations       With limitations\*  
 Not provided

\*Description provided on Attachment.

15. a. Intermediate care facility services require prior authorization from the Institutional Care Unit on Form NMO-49.
16. Intentionally left blank.
17. Nurse-midwife services are limited to the same extent as are physicians' services.