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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
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.

Sincerely,

James G. Scott, Director
Division of Program Operations
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
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)

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

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
☐ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

13. TYPED NAME
RICHARD WHITLEY

14. TITLE
DIRECTOR, DHHS

15. DATE SUBMITTED
January 29, 2020

FOR REGIONAL OFFICE USE ONLY

16. RETURN TO
Cody Phinney, Deputy Administrator
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

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 7a". Box 9: Please add "Attachment 3.1-A; Page 7a". 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.
   
   X Provided   ___ No limitations   X 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.
   
   X Provided   ___ No limitations   X With limitations*
   
   ___ Not provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.
   
   X Provided   X No limitations   ___ With limitations*
   
   ___ Not provided

17. Nurse-midwife services.
   
   X Provided   ___ No limitations   X With limitations*
   
   ___ Not provided

18. Hospice care (in accordance with Section 2302 of the Affordable Care Act).
   
   X Provided   X 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.