

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 21-0004**

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



Medicaid and CHIP Operations Group

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May 26, 2021

Suzanne Bierman, Administrator  
Department of Health and Human Services  
Division of Health Care Financing and Policy  
1100 East William Street, Suite 101  
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) 21-0004

Dear Ms. Bierman:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0004. This amendment proposes to add a Supplement 2 to Attachment 3.1-A for Medication-Assisted Treatment (MAT) as required within section 1905(a)(29) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018.

Section 1006(b) of the SUPPORT for Patients and Communities Act (SUPPORT Act), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Act to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of “medical assistance” and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 16, 2021 allowing Nevada to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 16, 2021 allowing Nevada to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on February 4, 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Nevada's Medicaid SPA Transmittal Number 21-0004 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

If you have any questions, please contact Peter Banks at (415)744-3782 or via email at [Peter.Banks@cms.hhs.gov](mailto:Peter.Banks@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. There are faint blue ink marks above and below the redaction.

Digitally signed by James G.  
cott -S  
ate: 2021.05.26 13:59:27  
05'00'

James G. Scott, Director  
Division of Program Operations

cc:

- Suzanne Bierman
- Cody Phinney
- DuAne Young

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 1 - 00 0 4</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 October 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 1905(a)(29) SSA	7. FEDERAL BUDGET IMPACT a. FFY 2021 _____ \$ 0 b. FFY 2022 _____ \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Supplement 2 to Attachment 3.1-A Pgs. 1-11 Attachment 4.19 B Pg. 11	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT  Attachment 4.19 B Pg. 11
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10. SUBJECT OF AMENDMENT

Medication-assisted Treatment for individuals with OUD in compliance with the SUPPORT Act

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 F ST ENC ICIAL 	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 March 1, 2021	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED March 1, 2021	18. DATE APPROVED May 26, 2021
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL Digitally signed by James G. Scott -S Date: 2021.05.26 14:00:30 -05'00'
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

Pen and Ink Request: Box 6: Remove "SUPPORT Act HR 6, Section 1006 (b)". Box 7: Replace "N/A" for FY21 and FY22 with "\$0". Box 8: Update to read: "Supplement 2 to Attachment 3.1-A Pgs 1-11 / Attachment 4.19-B Pg 11". Box 9: Update to read: "Attachment 4.19-B Pg 11".

Enclosure \_\_\_\_

Supplement 2 to Attachment 3.1-A

Page 1

**State of Nevada**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)**

**1905(a)(29) X MAT as described and limited in Supplement 2 to Attachment 3.1-A.**

**ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.**

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TN#: 21-0004

Approval Date: May 26, 2021

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**State of Nevada**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)**

**i. General Assurance**

**MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020 and ending September 30, 2025.**

**ii. Assurances**

**a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).**

**b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.**

**c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).**

**iii. Service Package**

**The state covers the following counseling services and behavioral health therapies as part of MAT.**

**a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.**

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

The chart below contains the services, service descriptions, practitioners, and qualifications for MAT.

**State of Nevada**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)**

**b) Please include each practitioner and provider entity that furnishes each service and component service.**

Eligible Providers:

(1) Office-Based Opioid Treatment (OBOT) provider:

- (a) physician contracted with the State to provide MAT services in OBOT settings, who are licensed and in good standing in the State, maintain a federal waiver to dispense and administer narcotics, and maintain state registration to dispense dangerous drugs; or
- (b) a physician's assistant (PA), advanced practice registered nurse (APRN), or nurse midwife contracted with the State to provide MAT services, licensed and in good standing, and supervised as required by law.

OBOT providers must have capacity to provide directly or by referral all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder, including for maintenance, overdose reversal, and relapse prevention. OBOT providers must have capacity to provide directly or by referral appropriate counseling and behavioral therapy. OBOT providers are limited to the drugs allowed by law to be prescribed and/or administered in a setting that is not an Opioid Treatment Program.

(2) Opioid Treatment Program (OTP):

- Licensed as an OTP by the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Registered by the Drug Enforcement Agency (DEA)
- Licensed by the Nevada State Board of Pharmacy
- National Accreditation from a SAMHSA approved body such as Joint Commission or CARF
- Certified as an OTP by the Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency (SAPTA)

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**State of Nevada****1905(a)(29) Medication-Assisted Treatment (MAT)****Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)**

OTPs are engaged in the opioid treatment of individuals by use of an opioid agonist treatment medication, including methadone, and contracted with the State. An OTP must have the capacity to provide the full range of services included in the definition of MAT and must document both medication dosing and supporting behavioral health services.

- (a) OTP MAT Provider - a licensed physician in good standing, maintaining a current federal waiver to prescribe drugs and biological products for the treatment of opioid- use disorder, and maintaining a current State registration to dispense dangerous medications; or
- (b) OTP Exempt MAT Provider - (PA), Advanced Practice Registered Nurse (APRN), or Nurse Midwife in good standing A licensed Physician Assistant supervised, when required, by a physician described in (2)(a) above, and exempt from federal regulatory requirements for OTPs.
- (c) OTP Behavioral Health Services Providers – Licensed Clinical Alcohol and Drug Counselor (LCADC), Licensed Alcohol and Drug Counselor (LADC), Certified Alcohol and Drug Counselor (CADC), Qualified Mental Health Professional (QMHP) - Practitioners acting in the QMHP capacity must practice within the scope of their license. Interns or those not licensed independently must be supervised by a licensed clinician appropriate to their scope/board in accordance with State regulations, and Peer Supporter - A qualified individual currently or previously diagnosed with a mental health disorder who has the skills and abilities to work collaboratively with and under the direction of a licensed clinician. All behavioral health services are overseen by the licensed Clinical Supervisor.

The following services are excluded from coverage:

- 1. Components that are not provided to or exclusively for the treatment of the eligible individual;
- 2. Services or components of services of which the basic nature is to supplant housekeeping or basic services for the convenience of a person receiving covered services;
- 3. Room and board;
- 4. Telephone calls or other electronic contacts, not inclusive of telehealth; and
- 5. Field trips or social or physical exercise activity groups.

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**State of Nevada**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)**

Individual Provider Qualifications  
Medication Assisted Treatment Services, Behavioral Health Components

Service	Provider	Supervision Requirements
Behavioral Assessment for individuals entering MAT - A comprehensive evaluation of an individual's physical, mental, and emotional health in order to determine service needs and formulate recommendations for treatment.	<ul style="list-style-type: none"> <li>•Licensed Clinical Alcohol and Drug Counselor (LCADC)</li> <li>•Licensed Alcohol and Drug Counselor (LADC)</li> <li>•Certified Alcohol and Drug Counselor (CADC)</li> <li>•Qualified Mental Health Professional (QMHP)</li> </ul>	Clinical Supervision is required by a licensed independent professional. Services must be within the scope of the providers licensure. The supervising licensed clinician assumes responsibility for licensed intern supervisees.
Treatment Plan Development for individuals with OUD- A written individualized plan that is developed jointly with the beneficiary, their family (in the case of legal minors) and/or their legal representative and licensed professional within the scope of their practice under state law. The treatment plan is based on a comprehensive assessment and includes: a. The strengths and needs of the recipients and their families (in the case of legal minors and when appropriate for an adult); b. Documentation supporting ASAM Criteria	<ul style="list-style-type: none"> <li>•Licensed Clinical Alcohol and Drug Counselor (LCADC)</li> <li>•Licensed Alcohol and Drug Counselor (LADC)</li> <li>•Certified Alcohol and Drug Counselor (CADC)</li> <li>•Qualified Mental Health Professional (QMHP)</li> </ul>	Clinical Supervision is required by a licensed independent professional. Services must be within the scope of the providers licensure. The supervising licensed clinician assumes responsibility for licensed intern supervisees.

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<p>assessment dimensions and levels of care;                  c. Specific, measurable (observable), achievable, realistic and time-limited goals and objectives;                  d. Discharge criteria specific to each goal; and for                  e. High-risk recipients accessing multiple government-affiliated and/or private agencies/ evidence of care by those involved with the recipient's care.</p>		
<p>Individual and Group counseling for individuals with OUD</p>	<ul style="list-style-type: none"> <li>•Licensed Clinical Alcohol and Drug Counselor (LCADC)</li> <li>•Licensed Alcohol and Drug Counselor (LADC)</li> <li>•Certified Alcohol and Drug Counselor (CADC)</li> <li>•Qualified Mental Health Professional (QMHP)</li> </ul>	<p>Clinical Supervision is required by a licensed independent professional. Services must be within the scope of the providers licensure. The supervising licensed clinician assumes responsibility for licensed intern supervisees.</p>
<p>Family therapy for individuals with OUD -                   *When family therapy for individuals with OUD is provided the state assures the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual</p>	<ul style="list-style-type: none"> <li>•Qualified Mental Health Professional (QMHP) - Practitioners acting in the QMHP capacity must practice within the scope of their license. Interns or those not licensed independently must be supervised by a licensed clinician appropriate to their scope/board in accordance with State regulations.</li> </ul>	<p>Clinical Supervision is required by a licensed independent professional. Services must be within the scope of the providers licensure. The supervising licensed clinician assumes responsibility for licensed intern supervisees.</p>

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<p>needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.</p>		
<p>Peer Support Services for individuals with OUD</p> <p>Peer support services provide scheduled activities that encourage recovery, self-advocacy, developments of natural supports, and maintenance of community living skills for individuals with OUD. They promote skills for self-determination, community inclusion/participation, independence, and productivity. Peer support services are for the direct benefit of the beneficiary and assist individuals with OUD and their families in the use of strategies for coping, resiliency, self-advocacy, symptom management, crisis support, and recovery.</p>	<ul style="list-style-type: none"> <li>•Peer supporter</li> </ul>	<p>Clinical Supervision is required by a licensed independent professional.</p>

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**Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)**

<p>Crisis Intervention for individuals with OUD</p> <p>Crisis Intervention (CI) services are interventions that target urgent situations where individuals with OUD are experiencing acute psychiatric and/or personal distress preventing continued MAT. The goal of CI services is to assess and stabilize situations (through brief and intense interventions) and provide appropriate mental and behavioral health support for the individual to continue with MAT or refer to a higher level of care.</p>	<ul style="list-style-type: none"> <li>•Licensed Clinical Alcohol and Drug Counselor (LCADC)</li> <li>•Licensed Alcohol and Drug Counselor (LADC)</li> <li>•Certified Alcohol and Drug Counselor (CADC)</li> <li>•Qualified Mental Health Professional (QMHP)</li> </ul>	<p>Clinical Supervision is required by a licensed independent professional. Services must be within the scope of the providers licensure. The supervising licensed clinician assumes responsibility for licensed intern supervisees.</p>
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**c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.**

Individual Provider Qualifications

Medication Assisted Treatment Services, Medical and Drug Components

Provider of Services	Individual Provider Type
<p>Medication-Assisted Treatment (MAT), office based opioid treatment (OBOT), drug dispensing and administration (excluding methadone)</p>	<ul style="list-style-type: none"> <li>• Physician</li> <li>• Advanced Practice Registered Nurse (APRN)</li> <li>• Physician’s Assistant (PA)</li> <li>• Nurse Midwife</li> </ul>

**State of Nevada**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)**

Medication-Assisted Treatment (MAT), Opioid Treatment Program (OTP), drug dispensing and administration	<ul style="list-style-type: none"> <li>• Physician</li> <li>• Advanced Practice Registered Nurse (APRN)</li> <li>• Physician’s Assistant (PA)</li> <li>• Nurse Midwife</li> </ul>
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**iv. Utilization Controls**

**The state has drug utilization controls in place. (Check each of the following that apply)**

- Generic first policy**
- Preferred drug lists**
- Clinical criteria**
- Quantity limits**

**The state does not have drug utilization controls in place.**

**v. Limitations**

**Describe the state’s limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.**

There are no limitations on the amount, duration or scope of MAT drugs or biologicals.

There are service limitations for counseling and behavioral services that can be exceeded by medical necessity.

- Behavioral Assessment for individuals entering MAT does not require prior authorization.
- Treatment Plan Development for individuals with OUD does not require prior authorization.

**State of Nevada**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)**

- Individual, Family and Group counseling/therapy for individuals with OUD may receive up to 26 total sessions for children and adolescents and up to 18 total sessions for adults before prior authorization is required.
- Peer Support Services for individuals with OUD may receive 18 hours/72 units annually before prior authorization is required.
- Crisis intervention for individuals with OUD may receive a maximum of four hours per day over a three- day period (one occurrence) without prior authorization. Individuals with OUD may receive a maximum of three occurrences over a 90-day period without prior authorization.

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## State of Nevada

**1905(a)(29) Medication-Assisted Treatment (MAT)****Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)**

**PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.**

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B  
Page 11

29. Medication-Assisted Treatment (MAT) as described in Supplement to Attachment 3.1-A(29) are reimbursed as follows:
- A. Counseling services and behavioral health therapies as part of the 1905(a)(29) mandatory MAT benefit for the treatment of OUD shall be reimbursed using the same methodology as described in Attachment 4.19-B page 3a(13)(d), 3g, 3h, 3i, and 3i (continued), and 3j(c) for covered outpatient services. Payment for codes 9000-99199 when billed as a 1905(a)(29) MAT service for treatment of OUD will be paid at the lower of billed charges or 63% of the 2014 Medicare non-facility rate.
  - B. Unbundled prescribed drugs dispensed or administered for MAT shall be reimbursed using the same methodology as described in Attachment 4.19-B page 3 and page 3 (continued) for covered outpatient drugs.