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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 22-0020

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 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 1, 2023

Stacie Weeks, 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) 22-0020

Dear Ms. Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0020. This amendment updates the Alternative Benefit Plan authority for adult day health care and habilitation services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Nevada Medicaid SPA 22-0020 was approved on August 1, 2023, with an effective date of July 1, 2022.

Should you have any questions concerning this letter please contact Brian Zolynas at (415) 744-3601 or via email at Brian.Zolynas@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by

James G. Scott -5

Date: 2023.08.01

James G. Scott, Director
Division of Program Operations

cc: Casey Angres
Jenifer Graham

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Nevada

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

NV-22-0020

Proposed Effective Date

07/01/2022 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1915(i) of Title XIX of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2022	\$ 0.00
Second Year	2023	\$ 0.00

Subject of Amendment

Updated Adult Day Health Care and separation of Home Based Habilitation into two different services of Day Habilitation and Residential Habilitation Services.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Signature of State Agency Official

Submitted By: Jenifer Graham
 Last Revision Date: Jul 25, 2023
 Submit Date: Jun 27, 2019



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NV - 22 - 0020

Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Federal Employees Health Benefit Plan BCBS Basic/Standard Option 2012 Benefit Plan

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary Approved

■ 1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Physician Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	n/a	
Scope Limit:		
Within state licensing requirements		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
n/a		

Benefit Provided:	Source:	Remove
Hospice care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Initial increment six months. Re-evaluate every three months.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
n/a		

Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Amount Limit:	Duration Limit:	
None	n/a	
Scope Limit:		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Physician order and plan of care determine tx hours

Benefit Provided:

Family Planning Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Must be FDA approved

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Benefit Provided:

Personal Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Reassessment process

Scope Limit:

PCS include a range of human assistance provided to a person with disabilities and chronic conditions of all ages. Assistance with IADLs and ADLs.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The assessment is conducted by licensed physical and/or occupational therapist. Authorizations are dependent upon assessment process and will not exceed one year. Reassessments are required 30 days prior to expiration of authorization.

Benefit Provided:

Private Duty Nursing

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

The intent of private duty nursing is to assist the non-institutionalized recipient with complex direct skilled nursing care, to develop caregiver competencies through training and education, and to optimize recipient health status and outcomes.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Hourly service limitations are dependent upon diagnosis, caregiver availability, age and medical necessity. Hourly services may be exceeded with authorization.

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

n/a

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services require authorization dependent upon service being provided. Services provided include emergency room, radiology, laboratory, diagnostic, therapy, ambulatory surgery and observation.

Benefit Provided:

Clinics (1905 Clinics Under the Direction of Phys)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Within licensure requirements

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services provided under the direction of a physician.

Benefit Provided:

Podiatry

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

n/a

Scope Limit:

Within state licensing requirements

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Benefit Provided:

OLP - Licensed Pharmacist

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

n/a

Scope Limit:

Services of a licensed Pharmacist within their scope of practice according to state law.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

N/A

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Clinic: Urgent Care Clinics	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	n/a	
Scope Limit:		
Within state licensing requirements		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
n/a		

Benefit Provided:	Source:	Remove
Outpatient Hospital: Emergency Room Coverage	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	n/a	
Scope Limit:		
Within state licensing requirements		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
n/a		

Benefit Provided:	Source:	Remove
Transportation: Emergency	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Emergent transports requiring "911" to acute facility and scheduled specialty care transports for hospital-to-		

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hospital transports of a critically ill or ill recipient by a ground or air ambulance vehicle needing medically necessary supplies and services at a level beyond scope of EMT-intermediate or paramedic.

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:	Source:	Remove
Inpatient hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Med/surg tx; diagnostic testing; psychiatric/substance abuse/detox in a general acute care hospital; trauma; ICU medical rehab.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Admission, concurrent and retrospective authorization requirements. Medicare certified.		

Benefit Provided:	Source:	Remove
Inpatient Hospital: psychiatric	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Dependent upon concurrent authorization	Dependent upon authorization and recipient age	
Scope Limit:		
Free-standing psychiatric hospital, or general med/surg hospital with a dedicated psychiatric unit. Services not covered for recipient ages 22-64 in a free-standing psychiatric hospital due to Institute of Mental Disease (IMD) exclusion regulation.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
n/a		

Benefit Provided:	Source:	Remove
Inpatient Hospital: Substance Abuse (detox/tx)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Detox 5 days Treatment 21 hospital days	Unlimited lifetime admissions	
Scope Limit:		
Free-standing substance abuse tx hospitals or general hospital with a specialized substance abuse tx unit		



Alternative Benefit Plan

which includes a secure, structured environment, 24 hr observation and supervision by mental health substance abuse professionals

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

All ages require results of urine drug screen or blood alcohol test at the time of the request for authorization. May exceed limits with authorization. Services not covered for recipients ages 22-64 in a free-standing psychiatric hospital due to Institute for Mental Disease (IMD) exclusion regulations.

Benefit Provided:

Inpatient hospital: Transplants

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered adult transplants: bone marrow/stem cell, corneal, kidney and liver

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Admission, concurrent and retrospective authorization requirements. Medicare certified.

Benefit Provided:

Inpatient hospital: Skill/Admin Days

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Provides for ongoing hospital svcs for those who don't require acute care but can't be discharged due to waiting for alternate placement. Not for convenience of caregiver. Must be due to medical intervention.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Admission, concurrent and retrospective authorization requirements. Medicare certified.

Benefit Provided:

RTC: Psychiatric Residential Treatment Facility

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Psychiatric, medical-model facility accredited by Joint Commission, CARF, COA for recipients under age 21. providing active treatment, psychiatric services, psychological services therapeutic and behavioral modification, therapy & nursing services.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Dependent upon concurrent authorization.

Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Free Standing Birthing Centers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Labor, delivery, postpartum care	Labor, delivery, postpartum care only	
Scope Limit:		
Natural childbirth procedures for labor, delivery, postpartum care and immediate newborn care.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Uncomplicated low-risk prenatal course is reasonably expected to result in a normal uncomplicated vaginal birth.		

Benefit Provided:	Source:	Remove
Physician: Maternity Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Obstetric/maternity/family planning procedures at time of delivery; newborn/neonatal/pediatric/postpartum		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
No authorization required for less than 48 hour normal vaginal delivery and/or 96 hour cesarean section delivery. C-section less than 39 weeks gestation and elective C-sections require prior authorization.		

Benefit Provided:	Source:	Remove
Inpatient hospital-maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Obstetric/maternity/family planning procedures at time of delivery, newborn/neonatal pediatric		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Admission, concurrent and retrospective authorization requirements. Medicare certified. No authorization		

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required for less than 48 hour vaginal delivery and/or 96 hour cesarean section delivery. C-section less than 39 weeks gestation and elective C-section requires prior authorization. Inpatient and physician maternity services.

Add



Alternative Benefit Plan

5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment

Collapse All

The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Benefit Provided:	Source:	Remove
Partial Hospitalization (BH/SA): PHP 1905(a)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Dependent upon authorization and intensity of need	None	
Scope Limit:		
Medical model by a hospital, in an outpatient setting which encompasses a variety of psychiatric modalities to coordinate intensive, comprehensive and multidisciplinary tx not generally provided in an outpatient setting.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Mental health rehab service based upon the assessed needs of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement system specific to children and adults.		

Benefit Provided:	Source:	Remove
Intensive Outpatient Program (BH/SA): IOP 1905(a)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Dependent upon authorization and intensity of need	None	
Scope Limit:		
Comprehensive interdisciplinary program of array of direct mental health/substance abuse & rehabilitative services which are expected to improve or maintain an individual's condition and functioning level for prevention of relapse or hospitalization.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Mental health rehab services based upon the assessed need of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement system specific to children and adults.		

Benefit Provided:	Source:	Remove
BH/SA Outpatient Services: Rehab (1905)	State Plan 1905(a)	



Alternative Benefit Plan

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services recommended by physician/licensed practitioner of the healing arts, within their scope of practice under State law for the maximum reduction of a physical or mental disability and to restore the individual to the best function level.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Add



Alternative Benefit Plan

■ 6. Essential Health Benefit: Prescription drugs

- The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

Follows all requirements under Section 1927 of the Social Security Act. Implementing the Nevada Medicaid State Plan Pharmacy Coverage 3.1a in its entirety. Nevada ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided:	Source:	Remove
Physical Therapy and Related Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
n/a		

Benefit Provided:	Source:	Remove
Maintenance Therapy:Physical Therapy & Related Svs	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	Ten visits every three years	
Scope Limit:		
Design or establish a maintenance plan, assure patient safety, train the patient, family members and/or unskilled personnel and make infrequent but periodic reevaluations of the plan.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Service cannot be exceeded through prior authorization. The goals of a maintenance program are to maintain functional status at a level consistent with the patient's physical or mental limitations or to prevent decline in function.		

Benefit Provided:	Source:	Remove
Durable Medical Equipment : Home Health Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	



Alternative Benefit Plan

Amount Limit:

Authorization dependent upon the service

Duration Limit:

Dependent upon the service

Scope Limit:

Items must have received approval by FDA and be consistent with approved use. Products for experimental or investigational purposes are non-covered. Consideration may be given to items classified by FDA as Humanitarian Device Exemptions (HDE).

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Benefit Provided:

Medical Supplies: Home Health Care

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Quantity limitation dependent upon service

Duration Limit:

Lifetime limit dependent upon service

Scope Limit:

Items must have received approval by FDA and be consistent with approved use. Product for experimental or investigational purposes are non-covered. Consideration may be given to items classified by FDA as Humanitarian Device Exemptions (HDE).

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Benefit Provided:

Orthotics and Prosthetics: Prosthetic Devices

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Authorization dependent upon the service

Duration Limit:

Lifetime limit dependent on service

Scope Limit:

Items must have received approval by FDA and be consistent with approved use. Product for experimental or investigational purposes are non-covered. Consideration may be given to items classified by FDA as Humanitarian Device Exemptions (HDE).

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a



Alternative Benefit Plan

Benefit Provided: Ocular - hardware : eyeglasses	Source: State Plan 1905(a)	Remove
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: 1/12 months	Duration Limit: n/a	
Scope Limit: Change in refractive error must exceed plus or minus 0.5 diopter or 10 degrees in axis deviation in order to qualify within 12 mo limitation or EPSDT.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a		
Benefit Provided: Occupational Therapy-Physical Therapy &Related Svs	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: n/a	
Scope Limit: Medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a		
Benefit Provided: Speech, hearing and language -Physical Therapy & R	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: n/a	
Scope Limit: Medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:	Source:	Remove
Laboratory and x-ray services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
These services include, but not limited to microbiology, serology, immunohematology, cytology, histology, chemical, hematology, toxicology, or other methods of "in-vitro" exam of tissues, secretions, excretions or other human body parts.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Gentotype and phenotype are covered and require PA. Clinic and facility based services.		

Benefit Provided:	Source:	Remove
Laboratory and X-ray services: diagnostics	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
X-ray and diagnostic testing		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Medically necessary services for diagnosis and treatment of a specific illness, symptom, complaint or injury or to improve the function of a malformed body part. The investigational use for any radiological test is not covered. Clinic and facility based services.		

Add



Alternative Benefit Plan

9. Essential Health Benefit: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:	Source:	Remove
Preventive Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
U.S. Preventive Services Task Force A & B recommendations, ACIP and Bright Future, and IOM Women's Health		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Nevada State Plan Preventive services are exclusive to the USPSTF/ACIP/Bright Futures/IOM EHB requirements.		

Benefit Provided:	Source:	Remove
Medical Nutrition Therapy	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Four hours - 1st year; two hours - subsequent year	None	
Scope Limit:		
Medical nutrition therapy (MNT) is provided for recipients with nutritionally related chronic disease states. MNT can only be provided by registered dietitians working under state licensing requirements.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<div style="border: 1px solid black; height: 20px;"></div>		

Add



Alternative Benefit Plan

10. Essential Health Benefit: Pediatric services including oral and vision care

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medically Necessary services for children under the age of 21

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

n/a

Add



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

12. Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All

Base Benchmark Benefit that was Substituted:

Heart, heart/lung transplant adults

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted for (hospital) Residential Treatment Center benefit for adolescents 19-20, up to 22 if in facility on birthday and Skilled Inpatient Administrative Days are mapped to EBH3

Base Benchmark Benefit that was Substituted:

pancreas, pancreas/liver transplant adults

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted for (hospital) Residential Treatment Center benefit for adolescents 19-20, up to 22 if in facility on birthday and Skilled Inpatient Administrative Days are mapped to EHB3

Base Benchmark Benefit that was Substituted:

Fertility, Acupuncture, Chiropractic

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substituted for personal care services and Private Duty Nursing Services are mapped to EHB1.

Base Benchmark Benefit that was Substituted:

Physicians and other healthcare professionals

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Nevada Medicaid State Plan as EHB 1 (physician, family planning, clinic benefit, licensed pharmacist). Base benchmark: covers services by physicians and other health care professionals determined to be medically necessary. Services include consultations, second surgical opinions, clinic visits, office visits, home visits, initial exam of newborns, and nutritional counseling. No service limitation.

Base Benchmark Benefit that was Substituted:

Lab, X-ray, and other diagnostic services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Nevada Medicaid State Plan as EHB 8 (lab and x-ray benefit). Services ordered by a physician. Billed, by physician, independent laboratory, and/or outpatient hospital department. Base benchmark does not cover genetic screening, requires cancer diagnosis for BRCA testing. No service limitations.



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Base Benchmark Benefit that was Substituted: Preventive care, adult	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Nevada Medicaid State Plan as EHB9. Base benchmark: Services recommended under PPACA. Services have quantity limitations, one per year. FDA approved immunizations. Group counseling not covered.		
Base Benchmark Benefit that was Substituted: Preventive care, children	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Nevada Medicaid State Plan as EHB9 (preventive benefit). Nevada Medicaid does not limit STI. Base benchmark: Services recommended under the PPACA and AAP. Newborn visits and screens, lab tests, hearing and vision screenings, FDA approved immunizations, screenings for STI, HPV, HIV, STI limited to one per year.		
Base Benchmark Benefit that was Substituted: Maternity Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Nevada Medicaid State Plan as EHB4 (free-standing birth centers, physician-maternity, inpatient-maternity benefit), and EHB5 (BH/SA Outpatient Services benefit). Base benchmark : Prenatal care, tocolytic therapy, delivery postpartum care, surgery, anesthesia, and mental health tx for postpartum depression. No service limitations.		
Base Benchmark Benefit that was Substituted: Family Planning	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Nevada Medicaid State Plan as EHB6 (prescription benefit), EHB1 (physician, family planning, clinic, urgent care, outpatient hospital, emergency room benefit), EHB7 (HH: medical supplies). Base benchmark: Contraceptive counseling, contraceptive supplies (oral, injectable, implants, transdermal, condoms), fitting, insertion, implantation, or removal of the contraception, voluntary sterilization. Non-covered reversal of voluntary sterilization. No service limitations		
Base Benchmark Benefit that was Substituted: Allergy care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physician services, clinics benefit). Base benchmark: no service limitations.		



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Base Benchmark Benefit that was Substituted:

Treatment Therapies

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physicians, clinics, outpatient hospital benefit) and EHB8 (laboratory/x-ray benefits). Base benchmark : no service limitations.

Base Benchmark Benefit that was Substituted:

PT, ST, OT, Cognitive therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB7 (physical therapy & related services; PT/ST/OT/Cognitive therapy benefit) EHB1 (Outpatient Hospital benefit), EHB5 (BH/SA Outpatient Services benefit). Nevada Medicaid State Plan provides a greater benefit for therapy services due to a lesser service limitations. Cognitive therapy covered under both medical and behavioral therapy. Base benchmark: covers licensed therapist or physician. Non-covers; Maintenance, recreation, education, exercise, and hippotherapy non-covered. Limited to 50 visits per calendar year for, combination of PT, OT, ST.

Base Benchmark Benefit that was Substituted:

Hearing svcs (testing, tx, supplies)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physicians, clinics benefit), EHB7 (physical therapy & related services benefit, orthotics and prosthetics: prosthetic devices), EHB8 (laboratory, x-ray benefit). Nevada Medicaid State Plan provides a greater benefit for Hearing Aid services due to no annual expenditure limit. Base benchmark: Annual expenditure amount on hearing aids.

Base Benchmark Benefit that was Substituted:

Vision services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physician services and clinic benefits) EHB 7 (ocular-hardware: eyeglasses benefit). Nevada Medicaid State Plan provides for all medically necessary conditions. Service limitation exceeded through EPSDT. Base benchmark: covers exam related to amblyopia and strabismus for children under age 18. non-covered-routine eye exam and hardware.

Base Benchmark Benefit that was Substituted:

Orthopedic and prosthetic devices

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB7 (orthotics and prosthetic: prosthetic

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device benefit). Nevada Medicaid State Plan provides coverage of orthotics and prosthetics by licensed and Medicare certified/bonded providers. Base benchmark: lifetime limit on wigs as a result of cancer. non-cover over-the-counter orthotics, shoes, arch supports, heal pads/supports.

Base Benchmark Benefit that was Substituted:

Durable medical equipment (DME)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB7 (Durable medical equipment: home health care benefit). Nevada Medicaid State Plan provides a greater benefit for DME services due to coverage of bathroom equipment. Providers must be licensed, bonded and Medicare Certified. base benchmark: Annual expenditure amounts on SGD, non-cover bathroom equipment.

Base Benchmark Benefit that was Substituted:

Medical Supplies

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB7 (medical supplies: home health care benefit). Base benchmark: no limitation.

Base Benchmark Benefit that was Substituted:

Home health services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (home health care benefit). Nevada Medicaid State Plan provides a greater benefit for Home health services due to coverage of PT, OT, ST, RT services under home health benefits and lesser service limitations. Base benchmark: service limitations up to 25 visits per calendar year, provider qualifications of RN/LPN, and skilled visit coverage only.

Base Benchmark Benefit that was Substituted:

Educational classes and programs

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physician and clinic benefits) and EHB9 (Preventive benefit) as physician services and other practitioners as preventive services, smoking and tobacco cessation, diabetic education, medical nutritional therapy. Base benchmark: non-cover educational classes not listed above.

Base Benchmark Benefit that was Substituted:

Surgical Procedures

Source:

Base Benchmark

Remove



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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital, inpatient hospital: transplant benefit), EHB 1 (physician services, outpatient hospital services, 1905 clinics: under the direction of benefit) and EHB2 (outpatient hospital emergency room services and urgent care clinics benefit). Base benchmark: non covers reversal of voluntary sterilization, standby physician, routine tx of conditions of foot, cosmetic surgery and refractive surgery.

Base Benchmark Benefit that was Substituted:

Reconstructive surgery

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital, inpatient hospital: transplant benefit), EHB1 (physician services, outpatient hospital services, 1905 clinics: under the direction of benefit) and EHB2 (outpatient hospital emergency room services and urgent care clinics benefit). Base benchmark: non-covered: cosmetic surgery unless in the case of post mastectomy due to cancer and surgery to correct sexual dysfunction and/or inadequacy.

Base Benchmark Benefit that was Substituted:

Oral and maxillofacial surgery

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital), EHB1 (physician services, outpatient hospital services, 1905 clinics: under the direction of benefit) and EHB2 (outpatient hospital emergency room services and urgent care clinics benefit). Covered in physician office, hospital, hospital outpatient, SNF, ASC center. Base benchmark: dental/orthodontic care only covered for accidental injuries.

Base Benchmark Benefit that was Substituted:

Anesthesia

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital, inpatient hospital: transplant benefit) EHB1 (physician services, outpatient hospital services, 1905 clinics: under the direction of benefit) and EHB2 (outpatient hospital emergency room services benefit). Base benchmark: Covered by qualified healthcare professionals in hospital (inpatient, outpatient), skilled nursing facility, ambulatory surgical center and office. No service limitations.

Base Benchmark Benefit that was Substituted:

Inpatient hospital

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital, inpatient hospital: transplant, inpatient hospital: skilled/admin days benefit) and EHB4 (inpatient hospital: maternity

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and free-standing birthing center benefit) as inpatient hospital services. Base benchmark services covers operating, recover, maternity, and other treatment rooms. Prescribed drugs, Diagnostic studies, radiology, lab, pathology and supplies. : non-covered - nursing homes, extended care facilities, schools, residential treatment centers, private duty nursing.

Base Benchmark Benefit that was Substituted:

Outpatient hospital and ambulatory surgical center

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (Outpatient hospital services benefit) ambulatory services and EHB4 (free-standing birthing center benefit) maternity/newborn care. Base benchmark services covers operating, recovery, and other treatment rooms, free-standing birthing centers, pre-surgical testing performed within one day of surgery. Observation, radiology, diagnostic, supplies, therapies, treatment therapies, and free-standing ASC services. No service limitations.

Base Benchmark Benefit that was Substituted:

Hospice Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (hospice benefit) ambulatory and EHB3 (inpatient hospital benefit) hospitalization. Base benchmark covers home and facility services. Service limited to seven consecutive days for home and 30 consecutive days in facility. Episodes may be reauthorized. Non-covered- homemaker, home health aide.

Base Benchmark Benefit that was Substituted:

Ambulance-Emergency

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB2 (transportation: emergency benefit) emergency services. Base benchmark covers emergency transport/ambulance with covered hospital inpatient care related to medical emergency and/or covered hospice care. Non-covered: non-emergency transport.

Base Benchmark Benefit that was Substituted:

Accidental injury (ER) Medical emergency

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB2 (outpatient hospital: emergency room benefit) emergency services. Base benchmark covers inpatient and physician benefits under emergency services. No limitations.

Base Benchmark Benefit that was Substituted:

MH/SA professional services

Source:

Base Benchmark

Remove



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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physician services benefit) EHB5 (MH/SA: partial hospitalization; Intensive outpatient program; outpatient services benefit). Nevada Medicaid State Plan provides a greater benefit for MH/SA rehab services including, day treatment (medical model), BST, PSR and peer support. Base benchmark covers professional services for individual, group therapy, office visits, pharmacotherapy, and psychological testing. Covered in outpatient hospital dept. and inpatient visit. Must be licensed professional. Non-covered: non-licensed professional, marital, family, educational or other counseling services, testing and tx for learning disabilities and mental retardation, applied behavior analysis (ABA) or ABA therapy, services performed or billed by residential treatment centers, schools, halfway houses, residential camps, and light boxes.

Base Benchmark Benefit that was Substituted:

MH/SA inpatient hospital or other covered facility

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (MH/SA inpatient hospital: substance abuse, inpatient hospital: psychiatric, inpatient hospital: Skilled/Admin days, RTC/Psychiatric Residential Treatment Facilities benefit). Services for individuals age 22-64 are non-covered by Nevada Medicaid in an IMD. Base benchmark covers MH/SA inpatient services. Non-covered: non-licensed professionals, marital, family, educational or other counseling/training services, testing and tx for learning disabilities and mental retardation, applied behavior analysis (ABA) or ABA therapy, services performed or billed by residential treatment centers, schools, halfway houses, residential camps, and light boxes.

Base Benchmark Benefit that was Substituted:

MH/SA outpatient hospital or covered facility

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB5 (MH/SA: partial hospitalization; intensive outpatient program; outpatient services benefit). Services for individuals age 22-64 are noncovered by Nevada Medicaid in an IMD. Base benchmark covers outpatient hospital, partial hospitalization, facility-based intensive outpatient treatment, diagnostic testing, and psychological testing. Non-covered: non-licensed professionals, marital, family, educational or other counseling/training services, testing and tx for learning disabilities and mental retardation, applied behavior analysis (ABA) or ABA therapy, services performed or billed by residential treatment centers, schools, halfway houses, residential camps, and light boxes.

Base Benchmark Benefit that was Substituted:

Prescribed drug benefits

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Nevada Medicaid State Plan as EHB6 (prescription drug benefit) Pharmacy services. Nevada Medicaid is required to comply with all regulatory requirements of Section 1927 of the Social Security Act. Base benchmark covers a four-tier system to categorize their payment levels for drugs; Tier 1: generic drugs, Tier 2: Preferred brand-name drugs, Tier 3: non-preferred brand-name drugs, and Tier 4: specialty drugs.

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Base Benchmark Benefit that was Substituted: Dental benefits	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Nevada Medicaid State Plan as EHB10 (EPSDT benefit) Pediatric oral services. Nevada Medicaid covers under EPSDT and Dental services. Base benchmark: covers eval, xray, preventive, palliative and extractions. Service limitations- preventive (1/yr), xray (1/3yr)		
Base Benchmark Benefit that was Substituted: Transplant benefits	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Nevada Medicaid State Plan as EHB2 (hospitalization benefits) and EHB1 (ambulatory benefit). Base benchmark covers bone marrow, stem cell, liver, cornea transplants. Reference Substitution section for additional transplants.		
Base Benchmark Benefit that was Substituted: Podiatry	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under the Nevada State Medicaid Plan as EHB1 (podiatry).		
		Add



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13. Other Base Benchmark Benefits Not Covered Collapse All

<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <input type="text" value="Adult Dental"/>	<p>Source:</p> <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
<p>Explain why the state/territory chose not to include this benefit:</p> <input type="text" value="Adult dental benefit from the base benchmark plan (FEHBP) will not be covered in the ABP."/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

Targeted Case Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 hours per month

Duration Limit:

n/a

Scope Limit:

Seven covered target groups. Seriously Mentally Ill, Emotional Disturbance, Axis I (non SED non SMI), Juvenile Protective Services, Child Welfare, Developmentally Delayed ages 0-3, Mental Retardation and Related Conditions.

Other:

n/a

Other 1937 Benefit Provided:

Inst. Facility for Individuals w/Intellectual w/D

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Based upon authorization determination

Duration Limit:

None

Scope Limit:

Must be certified and comply with all Federal Cond of Participation in 8 areas, including mngt, client protections, facility staffing, active tx services, client behavior and facility practices, healthcare services, physical enviro & dietetic svcs.

Other:

Institutional Facility for Individuals with Intellectual with Disabilities
Formally ICF/MR

Other 1937 Benefit Provided:

Transportation (non-emergency)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Dependent upon services

Duration Limit:

None



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Scope Limit:

NET includes: commercial air flight, ground ambulance, stretcher car, wheelchair van, bus (local and out-of-town), paratransit (public), gas mileage reimbursement, taxi, transportation network company, and private vehicle.

Other:

Non-emergency secure behavioral health transport services means the use of a motor vehicle, other than an ambulance or other emergency response vehicle, that is specifically designed, equipped and staffed by an accredited agent to transport a person alleged to be in a mental health crisis or other behavioral health condition, including those individuals placed on a legal hold. Non-emergency secure behavioral health transports do not require prior authorization. For a more comprehensive description of the transportation services provided, please refer to language in Attachment 3.1-A and Attachment 3.1-D.

Other 1937 Benefit Provided:

Dental

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

Individuals under the age of 21 Medicaid-eligible for EPSDT benefits receive comprehensive dental care such as periodic and routine dental services needed for restoration of teeth, prevention, and maintenance of dental health.

Other:

Individuals over age 21, Dental services for Medicaid-eligible adults who qualify for full benefits receive emergency extractions, palliative care, and may also be eligible to receive prosthetic care (dentures/partials) under certain guidelines and limitations.

Other 1937 Benefit Provided:

Nursing Facility

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Based upon level of care screens

Duration Limit:

n/a

Scope Limit:

Level of Care assessment to determine appropriateness of NF placement. Options include; NF standard, NF ventilator dependent, Pediatric specialty I/II, and Behaviorally Complex, PASRR I/II screens completed for behavioral health rule out procedures.

Other:

Provide health related care and services on a 24-hour basis to individuals, due to medical disorders, injuries, developmental disabilities, and/or related cognitive and behavioral impairments, exhibit the need for medical, nursing, rehab, psychosocial, management.

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Other 1937 Benefit Provided:		Source:	Remove
Optometrist		Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:		
Authorization required in excess of limitation	Medicaid State Plan		
Amount Limit:	Duration Limit:		
One exam per 12 months	n/a		
Scope Limit:			
n/a			
Other:			
Ophthalmologist no limit for medical condition, no PA under physician visit. Ocular exam for medical exam by optometrist do not require PA, ICD9 required. (glaucoma, diabetes, follow up from cataract surgery, EPSDT referral)			
Other 1937 Benefit Provided:		Source:	Remove
Peer Support Services: Rehab (1905)		Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:		
Authorization required in excess of limitation	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Rehab interventions to restore recipient to highest level of functioning through peer supporters.			
Other:			
Mental health rehab service based upon an the assessed needs of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement system specific to children and adults.			
Other 1937 Benefit Provided:		Source:	Remove
Basic Skills/Psychosocial Rehab: Rehab (1905)		Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:		
Authorization required in excess of limitation	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
BST services help recipients acquire (learn) constructive cognitive and behavioral skills through positive reinforcement modeling, operant condition and other techniques. PSR target psychological functioning within a variety of social settings.			



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Other:

Mental health rehab services based upon an the assessed needs of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement system specific to children and adults.

Other 1937 Benefit Provided:

Respiratory Therapy

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.

Other:

n/a

Other 1937 Benefit Provided:

Tobacco-cessation for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided according to the USPSTF.

Other:

No prior authorization required.

Other 1937 Benefit Provided:

OLP - Community Paramedicine

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Community paramedicine services are delivered according to a recipient-specific plan of care under the supervision of a Nevada-licensed primary care provider's care plan.

Other:

No prior authorization required.

Other 1937 Benefit Provided:

Doula Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

During pregnancy, labor, delivery and postpartum

Duration Limit:

During pregnancy, labor, delivery and postpartum

Scope Limit:

Education, emotional and physical support during pregnancy, labor, delivery and postpartum.

Other:

No prior authorization required.

Other 1937 Benefit Provided:

OLP - Community Health Worker

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Not to exceed 24 units in a calendar month

Duration Limit:

None

Scope Limit:

Community health workers are public health educators providing culturally and linguistically appropriate health education for disease prevention and chronic disease management.

Other:

No prior authorization required.

Other 1937 Benefit Provided:

Qualifying Clinical Trials

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Source:

Remove

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

N/A

Scope Limit:

Services within licensing requirements according to state law.

Other:

See applicable Attachment 3.1-A & Attachment 4.19-B for coverage and reimbursement of Routine Costs in Qualifying Clinical Trials in Nevada's Medicaid State Plan.

Other 1937 Benefit Provided:

Adult Day Health Care - 1915(i)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

12 months/Re-assessment process

Scope Limit:

Services include health and social services needed to ensure the optimal functioning of the recipient. Services are generally furnished within four or more hours per day on a regularly scheduled basis. Recipient must be at least 18 years of age.

Other:

Recipient must meet the needs-based criteria for eligibility.

Other 1937 Benefit Provided:

Day Habilitation - 1915(i)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No more than 6 hours per day, per week.

Duration Limit:

12 months/Re-assessment process

Scope Limit:

Targeted to individuals who have a TBI (Traumatic Brain Injury) or ABI (Acquired Brain Injury) as diagnosed by a physician.



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Other:

18 years of age.
Meet the needs-based criteria for eligibility.
To assist in acquiring, retaining, and improving the self-help socialization and adaptive skills necessary to reside successfully in a home and community setting.

Other 1937 Benefit Provided:

Residential Habilitation - 1915(i)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

12-months/Re-assessment process

Scope Limit:

Targeted to individuals who have a TBI (Traumatic Brain Injury) or ABI (Acquired Brain Injury) as diagnosed by a physician.

Other:

Services are individually tailored supports that assist with the acquiring, retaining, and improving skills related to living in the community. These services include adaptive skill development, assistance with ADL, community inclusion, adult educational supports, social and leisure skill development that assist the recipient to reside in the most integrated setting appropriate to his/her needs.
Services are provided 24/7 which includes personal care, protective oversight, and supervision.

Add



Alternative Benefit Plan

15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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