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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 23-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 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 18, 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) 23-0009

Dear Stacie Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0009. This amendment adds local county agencies as qualified providers to deliver Targeted Case Management (TCM) services to adults with serious mental illness.

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 23-0009 was approved on August 18, 2023, with an effective date of April 1, 2023.

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



Nicole McKnight, Acting Director
Division of Program Operations

Enclosures

cc: Casey Angres
Jenifer Graham
Sandie Ruybalid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 - 0 0 0 9</u>	2. STATE <u>NV</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">April 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 431.51/1915(g) of the SSA Title XIX of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2023</u> \$ <u>1,825,183</u> b FFY <u>2024</u> \$ <u>3,424,439</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Nevada State Plan Supplement 1 to Attachment 3.1-A Targeted Case Management (Page 8) Pages 7-11	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Nevada State Plan Supplement 1 to Attachment 3.1-A Targeted Case Management (Page 8) Pages 7-11	

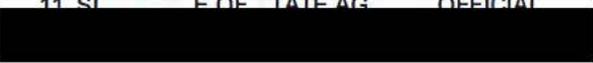
9. SUBJECT OF AMENDMENT
TCM - Add local county agencies as qualified providers to deliver TCM to adults with serious mental illness.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Sandie Ruybalid, Deputy Administrator DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
12. TYPED NAME RICHARD WHITLEY	
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED June 7, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED June 7, 2023	17. DATE APPROVED August 18, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Nicole McKnight	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS
Boxes 5, 7, and 8: State authorized pen and ink changes on 08/15/2023.

State Plan under Title XIX of the Social Security Act
State/Territory: Nevada

TARGETED CASE MANAGEMENT SERVICES
[Adults with a Serious Mental Illness (SMI)]

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Nevada Medicaid eligible adults with SMI, 18 years of age and older, who:

1. Currently, or at any time during the past year (continuous 12-month period):
 - a. Have a diagnosable mental, behavioral, or emotional disorder that meets the coding and definition criteria specified within the current ICD, excluding substance abuse or addictive disorders, irreversible dementias as well as intellectual disabilities, unless they co-occur with another serious mental illness that meets current ICD criteria;
 - b. That resulted in functional impairment which substantially interferes with or limits one or more major life activities; and
2. Have a functional impairment addressing the ability to function successfully in several areas such as psychological, social, occupational, or educational. It is seen on a hypothetical continuum of mental health-illness and is viewed from the individual's perspective within the environmental context. Functional impairment is defined as difficulties that substantially interfere with or limit an adult from achieving or maintaining housing, employment, education, relationships, or safety.

___ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to ___ consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State
 Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
 Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services. Targeted Case Management includes the following assistance:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and

- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

*Assessment and/or periodic reassessment to be conducted at a minimum of once annually to determine if an individual's needs, conditions, and/or preferences have changed.

2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual.
3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
4. Monitoring and follow-up activities:
 - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan.
 Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Monitoring and follow-up; activities include activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual and may be with the individual, family members, service provider or other entities or individuals. The monitoring should be conducted as frequently as necessary, and include at least one annual monitoring, to help determine whether the following conditions are met:

- a. Services are being furnished in accordance with the individual's care plan.
- b. Services in the care plan are adequate.
- c. There are changes in the needs or status of the eligible recipient.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. Monitoring may involve either face-to-face or telephone contact, at least

annually.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback and alerting case managers to changes in the eligible individual's needs.

(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

In accordance with §1915(g), these providers are limited based upon the target group of Chronic Mental Illness (CMI).

- a. Employee or contractor of a state agency, local county agency, or Nevada University Health System and one of the following:
1. Bachelor's degree in a health-related field,
 2. Registered nurse (RN),
 3. Licensed Clinical Social Worker,
 4. Licensed Marriage and Family Therapist,
 5. Advanced Practitioner of Nursing (APN) – mental health,
 6. Psychologist,
 7. Mental health professional who works under the direct supervision of a person listed above.
 8. Limitations of targeted case management for CMI to the above listed professionals ensures needed services are received as they possess the knowledge and skills to fulfill the required elements of targeted case management, assessment and information gathering. These individuals also meet the education, work experience, training, and licensure and certification required to provide these comprehensive services to this target group. The individual is familiar with the general needs of the population and the programs that serve them.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- a. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
- b. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

The target group consists of eligible individuals with Serious Mental Illness. Providers of case management services through this state plan amendment can only be provided by qualified providers enrolled in Medicaid under a state or local county agency and its employees or contractors or an organization affiliated with the Nevada University Health System. The client's freedom of choice of providers is not, however, restricted to any particular agency and

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Supersedes

TN No: 08-006

they may seek case management services from any state or local county agency that serves their target group within the state. Limitation of case management to State and local county agencies ensures that providers are screened through an established Medicaid process and have the credentials and qualifications to serve recipients with Serious Mental Illness.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

Service: Targeted Case Management in accordance with 1915(g) of the Act.

1. Target Group: Persons with Intellectual Disabilities and Related Conditions
 - a. Persons with intellectual disabilities are persons who:
 - I. Are of significantly sub-average general intellectual functioning (IQ of 70 or below) and with concurrent related limitations in two or more adaptive skill areas, such as communication, self-care, social skills, community use, self-direction, health and safety, functional academics, leisure, and work activities.
 - b. Persons with related conditions to intellectual disabilities are persons who have a severe, chronic disability that is attributable to cerebral palsy or epilepsy; or any other condition, other than mental illness, found to be closely related to intellectual disabilities because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons. It is manifested before the person reaches age 22. It is likely to continue indefinitely. It results in substantial functional limitations in three or more of the following areas of major life activity:
 - I. Taking care of oneself;
 - II. Understanding and use of language;
 - III. Learning;
 - IV. Mobility;
 - V. Self-direction;
 - VI. Capacity for independent living.
2. Geographic area to be serviced:
 - Statewide
 - Limited geographic area
3. Service:

Services are not comparable in amount, duration, and scope.

Targeted case management services are services furnished to assist individuals, eligible under the State plan that reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services. The assistance provided through this service are: