

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 23-0031**

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

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January 22, 2024

Stacie Weeks, Administrator  
Department of Health and Human  
Services  
Division of Healthcare Financing  
and Policy  
1100 East Williams Street, Suite 101  
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) NV-23-0031

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-23-0031. This SPA proposes to add Pharmacists as allowable providers to perform Medication-Assisted Treatment for Opioid Use Disorder.

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 NV-23-0031 was approved on January 22, 2024, with an effective date of January 01, 2024.

If you have any questions, please contact Cecilia Williams at 667-414-0674 or via email at [Cecilia.Williams@cms.hhs.gov](mailto:Cecilia.Williams@cms.hhs.gov)

Sincerely,

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

Digitally signed by  
James G. Scott -5  
Date: 2024.01.22  
17:40:53 -06'00'

James G. Scott, Director  
Division of Program Operations

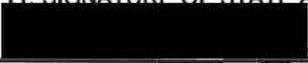
cc: Casey Angres  
Jenifer Graham

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 3 1</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 <b>January 1, 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION <del>SUPPORT Act HR 6, Section 1006(b), 1905(a)(20) SSA</del> Title XIX of SSA	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>315</u> b. FFY <u>2025</u> \$ <u>578</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A pages 3, 4, and 8	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 3.1-A pages 3, 4, and 8	

9. SUBJECT OF AMENDMENT  
Add Pharmacists as allowable providers to perform Medication-Assisted Treatment for Opioid Use Disorder

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  315022-13	15. RETURN TO Cynthia Leech, Compliance Agency Manager DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
12. TYPED NAME RICHARD WHITLEY	
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED November 29, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED November 29, 2023	17. DATE APPROVED January 22, 2024
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.01.22 17:41:19 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS  
  
January 18, 2024 the state authorized a Pen and Ink change to Box 5

**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), nurse midwife, or pharmacist 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)

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.

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

- (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 - a physician's assistant (PA), advanced practice registered Nurse (APRN), nurse midwife, or pharmacist 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.

State of Nevada

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

**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> <li>• Pharmacist</li> </ul>
<p>Medication-Assisted Treatment (MAT), Opioid Treatment Program (OTP), drug dispensing and administration</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> <li>• Pharmacist</li> </ul>