Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 24-0023

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
Services 601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

October 23, 2024

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

Re: Nevada State Plan Amendment (SPA) NV-24-0023

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-24-0023. This SPA proposes to define residential services for substance use treatment and expand the type of providers who can render services.

We have 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-24-0023 was approved on October 23, 2024, with an effective date of July 31, 2024.

If you have any questions, please contact Cecilia Williams at 667-414-0674 or via email at Cecilia.Williams@cms.hhs.gov.

Sincerely,

[redacted]

Digitally signed by James G. Scott -S
Date: 2024.10.23 17:42:02 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Jenifer Graham
Theresa Carston
Sarah Dearborn
Casey Angres
Cindy Kirstie
El Hermansen

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 24 — 0023

2. STATE: NV

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 31, 2024

5. FEDERAL STATUTE/REGULATION CITATION
State Plan Under Title XIX of the Social Security Act 1905(a) (13)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 ~~3~~ 4 $ ~~164,000~~ $2768
b. FFY 2026 ~~4~~ 5 $ ~~163,000~~ $164,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A page 6b.4 (continued),
Attachment 3.1-A Page 6b.4 (continued page 1),
Attachment 3.1-A Page 6b.4 (continued page 2), NEW
Attachment 4.19B page 3k

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A page 6b.4 (continued),
Attachment 3.1-A Page 6b.4 (continued page 1),
Attachment 4.19B page 3k

9. SUBJECT OF AMENDMENT
To define residential services for substance use treatment and expand the type of providers who can render services.

10. GOVERNOR'S REVIEW *(Check One)*
(●) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
( ) OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
RICHARD WHITLEY

13. TITLE
DIRECTOR, DHHS

14. DATE SUBMITTED
July 31, 2024

15. RETURN TO
Cynthia Leech, Agency Manager of Compliance
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

FOR CMS USE ONLY

16. DATE RECEIVED
July 31, 2024

17. DATE APPROVED
October 23, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 31, 2024

[redacted]OVING OFFICIAL
Digitally signed by James G. Scott -S
Date: 2024.10.23 17:42:25 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS
On October 15, 2024: NV concurred with pen and ink changes to boxes 5,6, & 7 in writing via email

Instructions on Back

Intensive outpatient services may include:

- Individual counseling and psychotherapy
- Group counseling and psychotherapy
- Medication management
- Drug Testing
- Family therapy
- Behavioral Health Assessment
- Basic Skills Training
- Psychosocial Rehabilitation
- Peer-to-Peer Support Services
- Crisis Services

Service Limitations – Intensive Outpatient services are clinically indicated using a patient centered approach and must be prior authorized. Patient need and intensity is determined using a standard assessment tool of either the ASAM/LOCUS/CASII. as well as to evaluate patient's response to treatment interventions and to monitor progress toward treatment plan goals. On-going patient assessments must be completed at regularly scheduled intervals and whenever clinically indicated. Patient assessments must document the individual patient's response to the treatment plan, progress towards goals, changes in identified goals and objectives based on progress and substantiate continued stay at the current intensity/frequency of services, or of response to the treatment plan and resolution of issues necessitates transfer to a higher or lower intensity/frequency of services or discharge from treatment as no longer meeting medical necessity at any level. Transfer and discharge planning must reflect best practices recognized by professional and advocacy organizations that ensure coordination of needed services, follow-up care and recovery supports.

12. *Partial Hospitalization Services:*

Service Definition (Scope) - Services furnished in an outpatient setting, at a hospital or an enrolled federally qualified health center (FQHC) that assumes clinical liability and meets the criteria of a Certified Mental Health Clinic (CMHC). Partial hospitalization services encompass a variety of psychiatric treatment services designed for recipients who require a higher intensity of coordinated, comprehensive and multidisciplinary treatment. These services are expected to restore the individual's condition and functional level and to prevent relapse or admission to a hospital. The services are intended to be an alternative to inpatient psychiatric care and are generally provided to recipients experiencing an

exacerbation of a severe and persistent mental illness. Partial hospitalization services include active therapeutic treatment and must be targeted to meet the goals of alleviating impairments and restoring functioning.

Partial hospitalization services may include:

- Individual counseling and psychotherapy
- Group counseling and psychotherapy
- Medication management

- Drug Testing
- Family therapy
- Behavioral Health Assessment
- Basic Skills Training
- Psychosocial Rehabilitation
- Peer-to-Peer Support Services
- Crisis Services

Direct services are face-to-face interactive services spent with licensed staff. Interns and assistants enrolled as a QMHP can provide partial hospitalization services while under the direct and clinical supervision of a licensed clinician. Direct supervision requires the licensed clinical supervisor to be onsite where services are rendered.

Service Limitations – Partial hospitalization services are clinically indicated using a patient centered approach and must be prior authorized. Patient need and intensity is determined using a standard assessment tool of either the ASAM/LOCUS/CASII, as well as to evaluate patient's response to treatment interventions and to monitor progress toward treatment plan goals On-going patient assessments must be completed at regularly scheduled intervals and whenever clinically indicated. Patient assessments must document the individual patient response to the treatment plan, progress towards goals, changes in identified goals and objectives based on progress and substantiate continued stay at the current intensity/frequency of services, or of response to the treatment plan and resolution of issues necessitates transfer to a higher or lower intensity/frequency of services or discharge from treatment as no longer meeting medically necessity at any level. Transfer and discharge planning must reflect best practices recognized by professional and advocacy organizations that ensure coordination of needed services, follow-up care and recovery supports.

13 *Residential Substance Use Disorder Services:*

Service Definition (Scope) - Residential SUD programs provide individuals in recovery from SUD and co-occurring disorders a safe and stable 24- hour live-in setting staffed by designated addiction treatment personnel who provide a planned and structured regimen of care in order to develop recovery skills where skill restoration and counseling services are provided on-site to the residents. The type and intensity of services is determined by the patient's need and must be clinically appropriate and medically necessary through prior authorization.

Room and board are not reimbursable services through DHCFP.

Covered Residential Substance Use treatment services include: Medical and psychiatric consultations available within 24 hours, by telephone or in person, within a time frame appropriate to the severity and urgency of the consultation; 24-hour crisis intervention services, face to face or telephonically, available seven days per week; Medication management; Behavioral Health/Substance Use Covered Screens; Comprehensive assessment; Individual and group counseling; Individual, group, and family psychotherapy; Peer Support Services; psychoeducation services; and Drug testing. The intensity of services must be clinically appropriate and medically necessary as determined by prior authorization.

Service Limitations - Prior authorization for Residential Substance Use Treatment services may be requested as often as needed. Utilization management must include ongoing patient assessment, indicating intensity of needs determination using the American Society of Addiction Medicine (ASAM) assessment.

The Practitioners and Qualifications Chart is listed on Attachment 3.1-A page 6a.1-6a.7 at the beginning of 13D. Rehabilitative Services.

The following steps are used to determine the rates:

1. The State will use Nevada-specific hourly wages from the Bureau of Labor Statistics as of May 2004 inflated to June 2006.
2. The hourly amount is increased by the 27% ERE.
3. A productivity factor is applied to the hourly compensation calculated in Item 2 to equal the hourly rate.
4. The hourly rate per individual is the hourly rate (Item 3) divided by the number of individuals based on staffing ratio assumption.
5. The adjusted hourly rate per individual is the hourly rate per individual (Item 4) increased by the program support costs per hour per individual, allowance for supervisory time and capital costs per hours.
6. Administrative overhead 10% is applied to the adjusted hourly rate per individual (Item 5).
7. Total hourly rate is the sum of the adjusted hourly rate per individual before administrative overhead (Item 5) and the administrative overhead (Item 6).
8. Total hourly rate is scaled to the proper unit based on the billable unit of service.

These rates have been compared to other private sector Fee-for-Service rates. Documentation of the assumptions used, rate development methodology and fee schedule payment rates will be maintained by the DHCFP.

The agency's rates were set as of January 1, 2006 and are effective for services on or after January 1, 2006. All rates are published on the agency's website at: http://dhcfp.nv.gov

Residential Substance Use Disorder Services:

The Medicaid program will provide coverage for a bundle of medically necessary rehabilitative services provided by practitioners employed by, or associated with, provider entities delivering services known as Residential SUD Services. The State agency will reimburse providers as defined in Attachment 3.1-A delivering Residential SUD Services a bundled daily rate. Any provider delivering Residential SUD Services through a bundle will be paid through that bundle's payment rate and cannot bill separately for the individual rehabilitative services. At least one service must be provided in order to receive the bundled payment rate. If a provider delivering Residential SUD Services is unable to provide the whole scope of Residential SUD Services as defined in Attachment 3.1-A, providers can be reimbursed for a separate service. The State agency will periodically monitor the actual provision of Residential SUD Services to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

Room and board are not reimbursable services through DHCFP.

The Division's rates were set as of July 31, 2024 and are effective for services on or after that date. All rates can be found on the official Website of the Division of Health Care Financing and Policy at http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/.