

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 25-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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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June 23, 2025

Stacie Weeks, Administrator  
Department of Health and Human Services  
Division of Healthcare Financing and Policy  
4070 Silver Sage Drive  
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) NV-25-0016

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-25-0016. This SPA adds an exception to the four walls requirement for clinic services provided by Indian Health Service (IHS) or Tribal facilities.

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-25-0016 was approved on June 23, 2025, with an effective date of January 1, 2025.

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,

Shantrina Roberts, Acting Director  
Division of Program Operations

Enclosures:

cc: Jenifer Graham  
Malinda Southard  
Michael Gorden  
Casey Angres  
El Hermansen  
Cindy Kirstie

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 5 — 0 0 1 6</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  
**January 1, 2025**

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 440.90

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2025 \$ 0  
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1-A Page 4a.1-Page 4a.8 (New)  
  
Supplement 3 Attachment 3.1-A pages 1-6\*

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT  
This state plan amendment will add an exemption for IHS/Tribal Health Clinics from the four walls limitation following the Center for Medicare & Medicaid Services' Final Rule to 42 CFR 440.90(c) on Medicaid Clinic Services Four Walls Exceptions.

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

12. TYPED NAME  
RICHARD WHITLEY

13. TITLE  
DIRECTOR, DHHS

14. DATE SUBMITTED  
March 28, 2025

15. RETURN TO  
Cynthia Leech, Compliance Agency Manager  
DHCFP/Medicaid  
4070 Silver Sage Drive  
Carson City, NV 89701

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>March 28, 2025</u>	17. DATE APPROVED <u>June 23, 2025</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2025</u>	19. SIGNATURE OF APPROVING OFFICIAL <u>[Redacted]</u>
20. TYPED NAME OF APPROVING OFFICIAL <u>Shantrina Roberts</u>	21. TITLE OF APPROVING OFFICIAL <u>Acting Director, Division of Program Operations</u>

22. REMARKS  
  
\* State authorized pen & ink change in box 7 on June 20, 2025.

**State Plan under Title XIX of the Social Security Act****State/Territory: Nevada****Section 1905(a)(9) Clinic Services**

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

**General Assurances****[Select all three checkboxes below.]**

- The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

**Types of Clinic Services and Limitations in Amount, Duration, or Scope**

**[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- Limitations apply to all services within the benefit category.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN#: 25-0016Approval Date: June 23, 2025Effective Date: January 1, 2025

Supersedes:

TN#: NEW

**State Plan under Title XIX of the Social Security Act****State/Territory: Nevada****Section 1905(a)(9) Clinic Services**

Types of Clinics and Services:

**[Select all that apply and describe below as applicable]**

- Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**

- Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- IHS and Tribal Clinics **[Select below if applicable.]:**

- Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

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Renal Dialysis Clinics **[Select below if applicable.]:**

Limitations apply only to this clinic type within the benefit category.  
**[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]:**

Cancer and Rare Disease Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORF), Community Health Clinic (CHC), Family Planning Clinic, Genetic Clinic, Human Immunodeficiency Virus (HIV) Clinic, Public Health Clinic, School Based Health Center (SBHC), Special Children's Clinic, Tuberculosis (TB) Clinic

Limitations apply only to this clinic type within the benefit category.  
**[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

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**State Plan under Title XIX of the Social Security Act****State/Territory: Nevada****Section 1905(a)(9) Clinic Services**

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**Four Walls Exceptions**

The state assures that the following services may be furnished outside of the clinic. **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**

- Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
- Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

- Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**

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**State Plan under Title XIX of the Social Security Act****State/Territory: Nevada****Section 1905(a)(9) Clinic Services**

Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:

A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:

A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:

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**State Plan under Title XIX of the Social Security Act****State/Territory: Nevada****Section 1905(a)(9) Clinic Services**

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

- The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
  - The population experiences issues accessing services due to lack of transportation;
  - The population experiences a historical mistrust of the health care system; and
  - The population experiences high rates of poor health outcomes and mortality.

**Additional Benefit Description (Optional)**

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**:

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