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State/Territory Name: NV

State Plan Amendment (SPA) #: 25-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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 20, 2025

Ann Jensen, Administrator
Nevada Health Authority
Nevada Medicaid
4070 Silver Sage Drive
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) NV-25-0017

Dear Administrator Jensen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-25-0017. The purpose of this State Plan Amendment (SPA) is to enhance the Nursing Facility Services sections for both the Nursing Facility and IMD over 65 benefits by adding clarifying language to the authorization process. The SPA also removes obsolete language and adds language for both the Nursing Facility and IMD over 65 benefits (including IMD over 65 inpatient hospital services) to update terminology and demonstrate adherence to federal and state requirements.

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-25-0017 was approved on August 19, 2025, with an effective date of July 01, 2025.

If you have any questions, please contact Cecilia Williams at 410-786-2539 or via email at Cecilia.Williams@cms.hhs.gov.

Sincerely,

Nicole McKnight, Acting Director
Division of Program Operations

Enclosures

cc: Jenifer Graham
Kirsten Coulombe
Malinda Southard
Casey Angres
Cindy Kirste
El Hermansen

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 7

2. STATE

NV3. 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 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 483

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Page 2a, 6d and 9i of the Medicaid State Plan, Attachment 3.1 A,
Amount, Duration and Scope of Medical and Remedial Care and
Services Provided to the Categorically Needy~~

Attachment 3.1 A, Pages 2a, 6d, and 9i

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, Page 2a, 6d and 9i

9. SUBJECT OF AMENDMENT

Added language defining Nursing Facility (NF) Services, including medical necessity criteria. Revised language for the Nursing Facility prior authorization process to remove obsolete references and added language to include federal and state authorization requirements.

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 WHITLEY13. TITLE
DIRECTOR, DHHS14. DATE SUBMITTED
June 25, 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
June 25, 2025

17. DATE APPROVED

August 19, 2025

PLAN APPROVED - ONE COPY ATTACHED18. EFFECTIVE DATE OF APPROVED MATERIAL
July 01, 2025

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

08/13/2025: NV concurred to P&I change to Box 7 via email.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 3.1-A
Page 2a

4.a. Nursing Facility (NF) Services

Nursing facility (NF) services require prior authorization from the QIO-like vendor.

Prior authorization includes submission of Preadmission Screening and Resident Review (PASRR). In accordance with 42 CFR § 483 Subpart C, the PASRR process applies to all individuals applying to or residing in a Medicaid-certified NF. This includes both preadmission screenings and, when applicable, post-admission resident reviews to ensure appropriate placement and services for individuals with serious mental illness, intellectual disability, or related conditions.

Prior authorization process also includes submission of a Level of Care (LOC) assessment and order by a physician that NF services are medically necessary.

Upon admission all NF services are provided in accordance with 42 CFR § 440.40(a)(1)(iii).

4.b. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services as defined in 42 CFR 440.40(b). All medically necessary diagnostic and treatment services will be provided to EPSDT recipients to treat conditions detected by periodic and interperiodic screening services, even if the services are not included in the "State Plan."

Services in a school-based setting must be performed by qualified providers as set forth in the State Plan for the services they are providing and operating under their scope of practice and licensure as set forth by their appropriate licensing agency or board and shall meet applicable qualifications under 42 CFR Part 440.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 3.1-A
Page 6d

14. Services for individuals age 65 or older in institutions for mental diseases

- A. Inpatient hospital services are limited to recipients 65 and older if the admission is prior authorized by the QIO-like vendor. The only exception for the recipient to be admitted without prior authorization would be in the event of an emergency in which the QIO-like vendor must be notified for certification purposes within five business days after the admission.

Inpatient psychiatric services are limited to seven days. Additional services may be authorized if accompanied by daily documentation from the attending physician and determined medically necessary by the state.

An emergency psychiatric admission must meet at least one of the following three criteria:

1. Active suicidal ideation accompanied by a documented suicide attempt or documented history of a suicide attempt(s) within the past 90 days; or
2. Active suicidal ideation accompanied by physical evidence (e.g., a note) or means to carry out the suicide threat (e.g., gun, knife or another deadly weapon); or
3. Documented aggression within the 72-hour period before admission:
 - a. Which resulted in harm to self, others, or property;
 - b. Which manifests that control cannot be maintained outside inpatient hospitalization; and
 - c. Which is expected to continue if no treatment is provided.

- B. Nursing facility services require prior authorization from the QIO-like vendor.

Prior authorization includes submission of Preadmission Screening and Resident Review (PASRR). In accordance with 42 CFR § 483 Subpart C, the PASRR process applies to all individuals applying to or residing in a Medicaid-certified NF. This includes both preadmission screenings and, when applicable, post-admission resident reviews to ensure appropriate placement and services for individuals with serious mental illness, intellectual disability, or related conditions.

Prior authorization process also includes submission of a Level of Care (LOC) assessment and order by a physician that NF services are medically necessary.

Upon admission all NF services are provided in accordance with 42 CFR §440.40(a)(1)(iii).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

Attachment 3.1-A
Page 9i
OMB No.: 0938-

The NEMT broker provides NEMT both statewide and out of state. Recipients traveling out of state may have the cost of meals and lodging en route to and from medical care, and while receiving medical care reimbursed. An attendant's costs may be covered if an attendant is required to ensure the recipient receives required medical services.

Medicaid does not reimburse the costs of non-emergency travel which had not been prior authorized or transportation to non-covered medical services. Ambulance charges for waiting time, stairs, plane loadings and in-town mileage and No shows, where a ride does not occur are also not reimbursable.

Full benefit dual eligible recipients may receive NEMT services to Access Medicaid only services.

Provider Qualifications

To be a NEMT provider, a vendor must have a current provider agreement with Nevada Medicaid NEMT broker, a State issued exemption from TSA regulation, proof of a liability insurance policy, pursuant to NRS 706.291 for a similar situated motor carrier, a criminal background check and an alcohol and substance abuse testing program in place for the drivers, and vehicles adequately maintained to meet the requirements of the contract. Vehicles shall comply with the Americans with Disabilities Act (ADA) regulations.

- 24.d. Nursing facility services for recipients under 21 years of age require prior authorization from the QIO-like vendor.

Prior authorization includes submission of Preadmission Screening and Resident Review (PASRR). In accordance with 42 CFR § 483 Subpart C, the PASRR process applies to all individuals applying to or residing in a Medicaid-certified NF. This includes both preadmission screenings and, when applicable, post-admission resident reviews to ensure appropriate placement and services for individuals with serious mental illness, intellectual disability, or related conditions.

Prior authorization process also includes submission of a Level of Care (LOC) assessment and order by a physician that NF services are medically necessary.

Upon admission all NF services are provided in accordance with 42 CFR § 440.40(a)(1)(iii).

- 24.f. Personal care services covered under Item 26, Page 10a.