

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 25-0026

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

November 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-25-0026

Dear Administrator Jensen:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-25-0026. The purpose of this SPA is to eliminate the sunset provision of September 30, 2025, and establish permanent mandatory medication-assisted treatment (MAT) benefits.

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-25-0026 was approved on November 20, 2025, with an effective date of October 1, 2025.

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

Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures:

cc: Jenifer Graham
Sarah Dearborn
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 2 6

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

October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

Section 201 of the Consolidated Appropriations Act, 2024 (CAA, 2024; Pub. L. 118-42) / section 1905(a)(29) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025\$ 0b. FFY 2026\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 2 to Attachment 3.1-A pages 1-11 12-13 (new)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Supplement 2 to Attachment 3.1-A pages 1-11

9. SUBJECT OF AMENDMENT

Remove the end date of "September 30, 2025" to make mandatory MAT benefits permanent.

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
STACIE WEEKS13. TITLE
DIRECTOR, NVHA14. DATE SUBMITTED
September 16, 2025

15. RETURN TO

Ann Jensen, Administrator
NVHA/Medicaid
4070 Silver Sage Drive
Carson City, NV 89701**FOR CMS USE ONLY**

16. DATE RECEIVED

October 16, 2025

17. DATE APPROVED

November 20, 2025**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

11/19/2025: Nevada concurred to P&I change (Box 7 in writing via email)

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

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-A Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

☒ 1905(a)(29) MAT as described and limited in Supplement 2 to Attachment 3.1-A.

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TN: 25-0026
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**State Plan under Title XIX of the Social Security Act
State/Territory: Nevada**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

[Select all three checkboxes below.]

☒ MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

☒ The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

☒ The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

From October 1, 2020, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. The chart below contains the services, service descriptions, practitioners, and qualifications for MAT.

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State/Territory: Nevada

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

See below:

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)

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**State Plan under Title XIX of the Social Security Act
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Section 1905(a)(29) Medication Assisted Treatment (MAT)

- 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 an approved certifying body through the Division of Public and Behavioral Health.

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.

- (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 Professional, Certified Professional, and 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

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

Section 1905(a)(29) Medication Assisted Treatment (MAT)

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. Calls or other electronic contacts, not inclusive of telehealth; and
5. Field trips or social or physical exercise activity groups.

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

Section 1905(a)(29) Medication Assisted Treatment (MAT)

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.

See below:

Individual Provider Qualifications Medication Assisted Treatment Services, Behavioral Health Components		
Service	Provider	Supervision Requirements
Behavioral Assessment for individuals entering MAT - A comprehensive evaluation of an individual's physical, mental, and emotional health in order to determine service needs and formulate recommendations for treatment.	• Licensed Professionals • Certified Professionals • Qualified Mental Health Providers (QMHPs)	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.
Treatment Plan Development for individuals with OUD- A written individualized plan that is developed jointly with the beneficiary, their family (in the case of legal minors) and/or their legal representative and licensed professional within the scope of their practice under state law. The treatment plan is based on a comprehensive assessment and includes: a. The strengths and needs of the recipients and their	• Licensed Professionals • Certified Professionals • Qualified Mental Health Providers (QMHPs)	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.
		Intentionally left blank

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State/Territory: Nevada**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

families (in the case of legal minors and when appropriate for an adult); b. Documentation supporting ASAM Criteria assessment dimensions and levels of care; c. Specific, measurable (observable), achievable, realistic and time-limited goals and objectives; d. Discharge criteria specific to each goal; and for e. High-risk recipients accessing multiple government-affiliated and/or private agencies/ evidence of care by those involved with the recipient's care.		
Individual and Group counseling for individuals with OUD	• Licensed Professionals • Certified Professionals • Qualified Mental Health Providers (QMHPs)	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.

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State/Territory: Nevada**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Family therapy for individuals with OUD - *When family therapy for individuals with OUD is provided the state assures the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.	• Licensed Professionals • Certified Professionals • 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.	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.
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State/Territory: Nevada**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Peer Support Services for individuals with OUD Peer support services provide scheduled activities that encourage recovery, self-advocacy, developments of natural supports, and maintenance of community living skills for individuals with OUD. They promote skills for self-determination, community inclusion/participation, independence, and productivity. Peer support services are for the direct benefit of the beneficiary and assist individuals with OUD and their families in the use of strategies for coping, resiliency, self-advocacy, symptom management, crisis support, and recovery.	•Certified Peer Support Specialist	Clinical Supervision is required by a licensed independent professional.
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Crisis Intervention for individuals with OUD 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.	• Licensed Professionals • Certified Professionals • Qualified Mental Health Providers (QMHPs)	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.
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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Individual Provider Qualifications

Medication Assisted Treatment Services, Medical and Drug Components

Provider of Services	Individual Provider Type
Medication-Assisted Treatment (MAT), office based opioid treatment (OBOT), drug dispensing and administration (excluding methadone)	• Physician • Advanced Practice Registered Nurse (APRN) • Physician's Assistant (PA) • Nurse Midwife • Pharmacist • Registered Nurse
Medication-Assisted Treatment (MAT), Opioid Treatment Program (OTP), drug dispensing and administration	• Physician • Advanced Practice Registered Nurse (APRN) • Physician's Assistant (PA) • Nurse Midwife • Pharmacist • Registered Nurse

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

[Select all applicable checkboxes below.]

- ☒ The state has drug utilization controls in place. (Check each of the following that apply)
- ☒ Generic first policy
 - ☒ Preferred drug lists
 - ☒ Clinical criteria
 - ☒ Quantity limits
- ☐ The state does not have drug utilization controls in place.

Limitations

[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]

See below:

There are no limitations on the amount, duration or scope of MAT drugs or biologicals.

There are service limitations for counseling and behavioral services that can be exceeded by medical necessity.

- Behavioral Assessment for individuals entering MAT does not require prior authorization.
- Treatment Plan Development for individuals with OUD does not require prior authorization.
- Individual, Family and Group counseling/therapy for individuals with OUD may receive up to 26 total sessions for children and adolescents and up to 18 total sessions for adults before prior authorization is required.
- Peer Support Services for individuals with OUD may receive 18 hours/72 units annually before prior authorization is required.
- Crisis intervention for individuals with OUD may receive a maximum of four hours per day over a three- day period (one occurrence) without prior authorization.

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Individuals with OUD may receive a maximum of three occurrences over a 90-day period without prior authorization.

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