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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 25-0033

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

March 11, 2026

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

Re: Nevada State Plan Amendment (SPA) NV-25-0033

Dear Administrator Jensen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-25-0033. The purpose of this SPA is to establish coverage and payment for a new psychiatric residential treatment service category titled "Rehabilitative Residential Mental Health Care," also referred to as "Community Residential Mental Health Services" under the rehabilitative services benefit.

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-25-0033 was approved on March 11, 2026, with an effective date of January 1, 2026.

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: Sarah Dearborn
Jeremy Hays
Jenifer Graham
Casey Angres
Cindy Kirste
El Hermansen

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

1. TRANSMITTAL NUMBER <u>2 5 — 0 0 3 3</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, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130(d)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 705,769
b. FFY 2027 \$ 1,295,083

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, ~~Item 14~~, Page 6b.5 - 6b.6
Attachment 4.19-B, Page 3k.1 (New)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A Page 6b.5 - 6b.6

9. SUBJECT OF AMENDMENT
Creation of new psychiatric residential treatment service of Rehabilitative Residential Mental Health Care, otherwise known as Community Residential Mental Health 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

12. TYPED NAME
STACIE WEEKS

13. TITLE
DIRECTOR, NVHA

14. DATE SUBMITTED
December 22, ~~2024~~ 2025

15. RETURN TO
Ann Jensen, Administrator
NVHA/Nevada Medicaid
4070 Silver Sage Drive
Carson City, NV 89701

FOR CMS USE ONLY

16. DATE RECEIVED
December 22, 2025

17. DATE APPROVED
March 11, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 01, 2026

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

02/23/2026: NV concurred to a P&I change (Box 7)
02/24/2026: NV concurred to a P&I change (Box 14)

14 *Rehabilitative Residential Mental Health Care Services:*

Service Definition (Scope) - Rehabilitative Residential Mental Health Care (RRMHC) otherwise known as Community Residential Mental Health Services (CRMHS) means community-based, medically monitored care provided in a residential setting that uses established rehabilitative principles to promote the recovery of the individual with a mental illness or other behavioral health condition and assist the individual in achieving psychiatric stability, personal and emotional adjustment, self-sufficiency and other skills necessary to transition to a more independent setting. The residential program provides a safe and stable 24-hour live-in setting staffed by treatment personnel who provide a planned and structured regimen of care to develop skills where skill restoration and psychotherapy services are provided on-site to the residents. The type and intensity of services is determined by the individual's needs and must be clinically appropriate and medically necessary through prior authorization. Services are eligible for both adults and children. Services must be age appropriate and children and adults should not be covered in the same setting.

Room and board are not reimbursable through Nevada Medicaid. A CRMHS provider may be up to 16 beds and not considered an institution for mental disease (IMD).

Covered RRMHC services include: Psychiatric and Psychological services including Psychosocial Rehabilitation and Basic Skills Training, individual, family and group psychotherapy, medication management and education, psychoeducation services, and family and natural supports services; services provided to family/natural supports are for the direct benefit of the recipient.

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

RESERVED FOR FUTURE USE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B

Page 3k.1

Rehabilitative Residential Mental Health Care 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 Rehabilitative Residential Mental Health Care (RRMHC) otherwise known as Community Residential Mental Health Services (CRMHS). The State agency will reimburse providers as defined in Attachment 3.1-A delivering CRMHS at a bundled daily rate. Any provider delivering CRMHS through a bundle will be paid through that bundle's payment rate and cannot bill separately for the individual rehabilitative services. Medicaid providers delivering separate services outside of the bundle may bill for those separate services in accordance with the state's Medicaid billing procedures. At least one service per day that aligns with the recipient's treatment plan goals must be provided in order to receive the bundled payment rate. If a provider delivering CRMHS is unable to provide the whole scope of CRMHS as defined in Attachment 3.1-A, providers cannot be reimbursed for a separate service. The State agency will periodically monitor the actual provision of CRMHS to ensure that individuals 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. The bundled daily rate does not include costs related to room and board or other unallowable facility costs, consistent with 42 CFR 440.2. The Division's rates are set as of January 1, 2026, and are effective for services on or after that date. All rates are published on the Provider Type 63 fee schedule at <https://www.nevadamedicaid.nv.gov/resources/rates/fee-schedules/>.