Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 25-0034

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

July 31, 2026

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

Re: Nevada State Plan Amendment (SPA) NV-25-0034

Dear Administrator Ann Jensen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-25-0034. The purpose of this SPA is to establish reimbursement authority for Nevada-accredited university training clinics as eligible Medicaid providers of behavioral health 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-25-0034 was approved on July 31, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Nevada State Plan.

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

Sincerely,

[redacted]

Nicole McKnight, Acting Director
Division of Program Operations

Enclosures
cc: Sarah Dearborn
Jenifer Graham
Casey Angres
Cindy Kirste
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: 25-0034

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
October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
State Plan Under Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ ~~1,122,554~~ 1,010,298
b. FFY 2027 $ ~~2,075,497~~ 1,867,947

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B pages 3k.2 (NEW)
Attachment 3.1-A page 6a.7
Attachment 3.1-A page 6a.7.a (new)
~~Attachment 3.1-A page 6b.7 - 6b.8~~

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A page 6a.7
~~Attachment 3.1-A page 6b.7 - 6b.8~~

9. SUBJECT OF AMENDMENT
The Division will reimburse Nevada accredited University training clinics at a per diem rate for providing behavioral health services, including screening and assessment, psychotherapy, and evaluation and management services as required by Senate Bill 353 during the 83rd Legislative Session (2025).

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
STACIE WEEKS

13. TITLE
DIRECTOR, NVHA

14. DATE SUBMITTED
Decmber 17, 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 19, 2025

17. DATE APPROVED
July 31, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

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

22. REMARKS
03/03/2026: NV concurred to P&I changes to Box 7&8 in writing.
03/05/2026: NV concurred to P&I changes to Box 6 in writing.

Qualifying Individual with a bachelor's degree in a Human Services field Qualifying Individual with associate degree in a human services Field and Four (4) Years Verified Enrollment as a Qualified Behavioral Aide (QBA) Qualifying Individual with Bachelor's degree in a Field Other Than Human Services and Four (4) Years Demonstrated Experience in Outpatient Treatment Services, Rehabilitative Treatment Services, Case File Documentation	• Mental Health Screen • Intensive Crisis Stabilization Services • Crisis Intervention Services • Partial Hospitalization • Intensive Outpatient • Day Treatment • Psychosocial Rehabilitation • Basic Skills Training	• Must be enrolled under a Behavioral Health entity/agency/group and supervised by a licensed professional as listed above. May provide Direct Supervision of Rehabilitative Mental Health Services under Clinical Supervision of an independently Licensed Professional

Qualified Behavioral Aide (QBA)		
Provider Type/Qualifications	**Services Provided**	**Other Information**
Individual with a High School Diploma or GED Equivalent QBAs are required to participate in periodic and continuing in service and educational training as defined by the state.	• Basic Skills Training • Intensive Crisis Stabilization Services • Crisis Intervention Services • Day Treatment Services • Partial Hospitalization • Intensive Outpatient	• Must be enrolled under a Behavioral Health entity/agency/group and supervised by a licensed professional as listed above.

Behavioral Health Trainee		
Provider Type/Qualifications	**Services Provided**	**Other Information**
• Hold a bachelor's degree • Seeking licensure, certification, or registration as a mental or behavioral health	• Behavioral Health Assessments • Individual Therapy • Group Therapy • Family Therapy	• Must be enrolled under a university accredited Behavioral Health entity/agency/group and supervised by a licensed

professional • Engaging in supervised practice required to obtain such licensure, certification or registration • An individual who is either a. A student enrolled in an accredited mental or behavioral health program to obtain a graduate degree who is participating in a supervised practicum or internship; or b. A person who has completed the academic requirements for licensure, certification or registration and is obtaining hours of supervised practice required by law or regulation for licensure, certification or registration.	• Evaluation and Management Services	professional as listed above.

Mental Health Services provided by Nevada Accredited Universities

The Medicaid program will provide reimbursement to Nevada accredited Universities using per diem rates for providing mental health services, including behavioral screening and assessment, individual therapy, group therapy, case management, psychotherapy, and evaluation and management services. The State agency will reimburse rehabilitative service providers as defined in Attachment 3.1-A delivering Behavioral Services provided by Nevada Accredited Universities. 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. The Medical Per Diem includes payment for behavioral health assessment and psychotherapy with medical services and evaluation and management services. The Non-Medical Per Diem includes payment for behavioral health assessments, diagnostic, testing, individual, group and family psychotherapy. Any provider delivering rehabilitative services through the bundle will be paid through the bundle's payment rate and cannot bill separately for the individual rehabilitative services. The State agency will periodically monitor the actual provision of the medical and non-medical reimbursement rates by the Nevada accredited universities to ensure the 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 which are actually provided as part of the per diem for medical and non-medical services. The per diem rates do not include costs related to room and board or other unallowable facility costs, consistent with 42 CFR 440.2. Payment for private and public providers is the same, unless otherwise stated in the state plan. The Division's rates are set as of October 1, 2025, and are effective for services on or after that date. All rates are published on the Provider Type 14 fee schedule at https://nevadamedicaid.nv.gov/resources/rates/fee-schedules.