

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 25-0035

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages



Medicaid and CHIP Operations Group

February 11, 2026

Stacie Weeks, Director
Nevada Health Authority
Nevada Medicaid
4070 Silver Sage Drive
Carson City, NV 89701

RE: Nevada 25-0035 Adult Day Health Care (ADHC)/Habilitation §1915(i) Home and Community-Based Services (HCBS) State Plan Amendment (SPA)

Dear Director Weeks:

The Centers for Medicare & Medicaid Services (CMS) approves the state's request to amend its 1915(i) state plan home and community-based services (HCBS) benefit, transmittal number NV 25-0035. The amendment takes effect on October 1, 2025. The state has transitioned from the Department of Health and Human Services (DHHS) to the Nevada Health Authority (NVHA), now commonly known as Nevada Medicaid.

Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 3.1-i.1, page 2, 6, 13-17

It is important to note that CMS approval of this change to the state's 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Kathleen Creggett at Kathleen.Creggett@cms.hhs.gov or (415) 744-3656.

Sincerely,

A solid black rectangular box redacting the signature of George P. Failla, Jr.

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

Enclosure

cc: Cecilia Williams, CMCS, CMS
Deanna Clark, CMCS, CMS
Cynthia Nanes, CMCS, CMS

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

1. TRANSMITTAL NUMBER
2 5 — 0 0 3 5

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
Section 1915(j) of Title XIX Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-i-1 page 2, 6, 13 through 17

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-i-1 page 2, 6, 13 through 17

9. SUBJECT OF AMENDMENT
This amendment reflects the transition of DHCFP from DHHS to the Nevada Health Authority (NVHA) and to adopt the agency's new division name, Nevada Medicaid.

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. NAME
STACIE WEEKS

13. TITLE
DIRECTOR, NVHA

14. DATE SUBMITTED
December 22, 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 12/22/2025

17. DATE APPROVED
2/11/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2025

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
George Failla, Jr.

21. TITLE OF APPROVING OFFICIAL
Director, Division of HCBS Operations and Oversight

22. REMARKS Changes made to Attachment 3.1-i-1 page 2, 6, 13 through 17.

<input type="checkbox"/>	A program operated under §1932(a) of the Act. <i>Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:</i>	
<input type="checkbox"/>	A program authorized under §1115 of the Act. <i>Specify the program:</i>	

3. State Medicaid Agency (SMA) Line of Authority for Operating the State plan HCBS Benefit. (Select one):

<input checked="" type="radio"/>	The State plan HCBS benefit is operated by the SMA. Specify the SMA division/unit that has line authority for the operation of the program <i>(select one)</i> :	
<input checked="" type="radio"/>	The Medical Assistance Unit <i>(name of unit)</i> :	Division of Nevada Medicaid
<input type="radio"/>	Another division/unit within the SMA that is separate from the Medical Assistance Unit	
	<i>(name of division/unit)</i> <i>This includes administrations/divisions under the umbrella agency that have been identified as the Single State Medicaid Agency.</i>	
<input type="radio"/>	The State plan HCBS benefit is operated by <i>(name of agency)</i>	
	a separate agency of the state that is not a division/unit of the Medicaid agency. In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the State plan HCBS benefit and issues policies, rules and regulations related to the State plan HCBS benefit. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this delegation of authority is available through the Medicaid agency to CMS upon request.	

<input checked="" type="checkbox"/>	Directly by the State Medicaid Agency
	By Other (<i>specify State agency or entity under contract with the State Medicaid agency</i>):

2. **Qualifications of Individuals Performing Evaluation/Reevaluation.** The independent evaluation is performed by an agent that is independent and qualified. There are qualifications (that are reasonably related to performing evaluations) for the individual responsible for evaluation/reevaluation of needs-based eligibility for State plan HCBS. (*Specify qualifications*):

SMA Health Care Coordinator (HCC) or SMA designated representative (which include SMA Policy Specialists or SMA Program Supervisors), licensed as a Social Worker by the State of Nevada Board of Examiners for Social Workers; licensed as a Registered Nurse by the Nevada State Board of Nursing; or with a professional license or certificate in a medical specialty applicable to the assignment are qualified to perform the evaluation and reevaluation of 1915(i) eligibility. Additional Criteria includes valid driver's license to enable site and home visits, adhere to Health Insurance Portability and Accountability Act (HIPAA) requirements and FBI Criminal History Background Check (standard for all State employees).

3. **Process for Performing Evaluation/Reevaluation.** Describe the process for evaluating whether individuals meet the needs-based State plan HCBS eligibility criteria and any instrument(s) used to make this determination. If the reevaluation process differs from the evaluation process, describe the differences:

SMA Health Care Coordinator (HCC) or SMA designated representative conducts a face-to-face visit with a potential recipient to determine whether the needs-based criteria will be met. The face-to-face assessment may be performed by telemedicine, when the following conditions are met:

- The agent performing the assessment is independent and qualified and meets the provider qualifications defined by the State, including any additional qualifications or training requirements for the operation of required information technology;
- The individual receives appropriate support during the assessment, including the use of any necessary on-site support staff; and
- The individual provides informed consent for this type of assessment.

Prior to contacting the individual to schedule their assessment, the SMA verifies with the Division of Social Services system that the individual meets Medicaid eligibility. The Health Care Coordinator or SMA designated representative uses the Comprehensive Social Health Assessment (CSHA) which is a tool to assess medical, social, and psychological condition of a potential recipient to determine if an individual meets the needs-based State Plan HCBS eligibility criteria. For the targeting criteria for Traumatic Brain Injury or Acquired Brain Injury, the SMA uses medical records to confirm the diagnosis.

The SMA uses a CHSA tool which asks the recipients multiple questions related to treatment needs, level of ability (independent, requires assistance, supervision or prompting) to perform the seven ADLs. The risk factors are determined from multiple questions asked during the evaluation from their living situation/housing, self-reported medical conditions and medical records to confirm chronic medical conditions and behaviors as well as other resource needs.

Services

- **State plan HCBS.** *(Complete the following table for each service. Copy table as needed):*

Service Specifications <i>(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):</i>			
Service Title:		Adult Day Health Care	
Service Definition (Scope):			
Adult Day Health Care (ADHC) services provide assistance with the activities of daily living, medical equipment and medication administration. Services are generally furnished in four or more hours per day on a regularly scheduled basis, for one or more days per week, in a non-institutional, community-based setting. The schedule may be modified as specified in the plan of care. Services include care coordination, nursing services, nutritional assessment, assistance in activities of daily living or instrumental activities of daily living, social activities and meals (<i>shall not constitute a "full nutritional regimen" (3 meals per day).</i>)			
Additional needs-based criteria for receiving the service, if applicable (specify):			
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. <i>(Choose each that applies):</i>			
<input checked="" type="checkbox"/>	Categorically needy (specify limits):		
	No more than 6 hours per day per recipient. If a recipient needs more than 6 hours of this service, the recipient or their AR will work with the HCC to develop an individualized back-up plan.		
<input type="checkbox"/>	Medically needy (specify limits):		
Provider Qualifications <i>(For each type of provider. Copy rows as needed):</i>			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Another Standard (Specify):
Adult Day Health Care Center	Licensed by the Division of Purchasing and Compliance, Bureau of Health Care Quality and Compliance		Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual. All staff and volunteers must complete annually a one-hour training on the HCBS Final Rule including recipient rights.

Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Adult Day Health Care Center	Nevada Medicaid Provider Enrollment Unit Division of Purchasing and Compliance, Bureau of Health Care Quality and Compliance	Every five years. Every six years, unless compliant circumstances warrant provider review.

Service Delivery Method. (Check each that applies):

Participant-directed Provider managed

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

Service Title: **Day Habilitation**

Service Definition (Scope):

This service is targeted to individuals with a Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). Day Habilitation services are regularly scheduled activities in a non-residential setting, separate from the recipient’s private residence or other residential living arrangement. Services include assistance with the acquisition, retention, or improvement in self-help, socialization, and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living.

Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independent and personal choice. Services are identified in the recipient’s POC according to recipient’s need and individual choices. Meals provided as part of these services shall not constitute a “full nutritional regimen” (3 meals per day).

Day Habilitation services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the recipient’s POC such as physical, occupational, or speech therapy.

Additional needs-based criteria for receiving the service, if applicable (specify):

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

Categorically needy (specify limits):

<p>Limited to 6 hours per day. If a recipient needs more than 6 hours of this service, the recipient or their AR will work with the HCC to develop an individualized back-up plan.</p>			
<p><input type="checkbox"/> Medically needy (<i>specify limits</i>):</p>			
<p>Provider Qualifications (<i>For each type of provider. Copy rows as needed</i>):</p>			
Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Another Standard (<i>Specify</i>):
Day Habilitation Provider	Licensed as a Facility for the Care of Adults During the Day by the Bureau of Health Care Quality and Compliance within the Division of Purchasing and Compliance	At least one full-time employee with Certified Brian Injury Specialist (CBIS) Certification through Brian Injury Association of America (BIAA)	<p>Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual.</p> <p>All direct care staff must complete the Brain Injury Association of America (BIAA) Brain Injury Fundamentals Certification within six months of hire. In addition, all staff and volunteers must complete annually a one-hour training on the HCBS Final Rule including recipient rights.</p>
<p>Verification of Provider Qualifications (<i>For each provider type listed above. Copy rows as needed</i>):</p>			
Provider Type (<i>Specify</i>):	Entity Responsible for Verification (<i>Specify</i>):	Frequency of Verification (<i>Specify</i>):	
Day Habilitation Provider	<p>Nevada Medicaid Provider Enrollment Unit</p> <p>Bureau of Health Care Quality and Compliance within the Division of Purchasing and Compliance</p>	Every five years	
<p>Service Delivery Method. (<i>Check each that applies</i>):</p>			
<p><input type="checkbox"/> Participant-directed</p>		<p><input checked="" type="checkbox"/> Provider managed</p>	

Service Specifications (<i>Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover</i>):			
Service Title:		Residential Habilitation	
Service Definition (Scope):			
<p>This service is targeted to individuals with a Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). Residential Habilitation means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These services include adaptive skill development, assistance with activities of daily living, community inclusion, adult educational supports, social and leisure skill development, that assist the recipient to reside in the most integrated setting appropriate to his/her needs. Residential Habilitation also includes personal care and protective oversight and supervision.</p> <p>Payment for Room and Board is prohibited, including the cost of building maintenance, upkeep, and improvement. The method by which the costs of room and board are excluded from payment for residential habilitation is specified in the 4.19-b pages.</p>			
Additional needs-based criteria for receiving the service, if applicable (<i>specify</i>):			
<p>Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.</p> <p>(Choose each that applies):</p>			
<input type="checkbox"/>	Categorically needy (<i>specify limits</i>):		
<input type="checkbox"/>	Medically needy (<i>specify limits</i>):		
Provider Qualifications (<i>For each type of provider. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Another Standard (<i>Specify</i>):
Residential Habilitation Provider	Licensed as a Residential Facility for Groups by the Bureau of Health Care Quality and Compliance within the Division of Purchasing and Compliance	At least one full-time employee with (CBIS) Certification through (BIAA)	<p>Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual.</p> <p>All direct care staff must complete the Brain Injury Association of America (BIAA) Brain Injury</p>

			Fundamentals Certification within six months of hire. In addition, all staff and volunteers must complete annually a one-hour training on the HCBS Final Rule including recipient rights.
Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):	
Residential Habilitation Provider	Nevada Medicaid Provider Enrollment Unit Bureau of Health Care Quality and Compliance within the Division of Purchasing and Compliance	Every five years	
Service Delivery Method. (Check each that applies):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

- Policies Concerning Payment for State plan HCBS Furnished by Relatives, Legally Responsible Individuals, and Legal Guardians.** (By checking this box, the state assures that): There are policies pertaining to payment the state makes to qualified persons furnishing State plan HCBS, who are relatives of the individual. There are additional policies and controls if the state makes payment to qualified legally responsible individuals or legal guardians who provide State Plan HCBS. (Specify (a) who may be paid to provide State plan HCBS; (b) the specific State plan HCBS that can be provided; (c) how the state ensures that the provision of services by such persons is in the best interest of the individual; (d) the state's strategies for ongoing monitoring of services provided by such persons; (e) the controls to ensure that payments are made only for services rendered; and (f) if legally responsible individuals may provide personal care or similar services, the policies to determine and ensure that the services are extraordinary (over and above that which would ordinarily be provided by a legally responsible individual):