

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 26-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/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 5, 2026

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

Re: Nevada State Plan Amendment (SPA) NV-26-0001

Dear Administrator Jensen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-26-0001. This SPA carves out Non-Emergency Medical Transportation (NEMT) services from Nevada's Managed Care Organizations to an alternative delivery model, effective January 1, 2026, while maintaining beneficiary access and federal compliance.

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-26-0001 was approved on March 5, 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](mailto:Cecilia.Williams@cms.hhs.gov).

Sincerely,

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

Enclosures

cc: Stacie Weeks  
Kirsten Coulombe  
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 6 — 0 0 0 1</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 431.53

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-A Pages 9a-9j (9j NEW)~~  
Attachment 3.1-A Pages 9a-9i

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 3.1-A Pages 9a-9i

9. SUBJECT OF AMENDMENT  
Updates made for the Statewide Managed Care implementation, including the MCO NEMT carve-out effective January 1, 2026. Revisions clarify other services provided by Nevada Medicaid Transportation and aim to improve service coordination, access, and efficiency, with additional formatting and language.

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  
January 13, 2026

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
January 13, 2026

17. DATE APPROVED  
March 5, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 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  
  
02/18/2026: Nevada concurred to P&I changes to Box 7 in writing via email

24.a.1. **Transportation**

**A. General Transportation Operations and Requirements**

Nevada Medicaid provides three types of transportation services.

1. Emergency Transportation Services
2. Non-Emergency Secure Behavioral Health Transport (NESBHT) Services as optional medical services without a broker.
3. Non-Emergency Medical Transportation (NEMT) services utilize the broker authority at 42 CFR 440.170(a)(4) for:

All Medicaid transportation services must be:

1. Medically necessary;
2. Only to and from Nevada Medicaid covered services;
3. Provided by the least expensive means available which is in accordance with the recipient's medical condition and needs;
4. To the nearest appropriate Medicaid health care provider or medical facility.

**B. Emergency Medical Transportation Services**

Emergency medical transportation services are covered to the nearest appropriate Medicaid-enrolled health care provider or appropriate medical facility capable of meeting the recipient's medical needs, in an emergent situation, when other methods of transportation are contraindicated.

Emergency medical transportation may be provided by ground ambulance or air ambulance (rotary or fixed wing) transport. These services do not require prior authorization.

Medicaid does not reimburse the following for emergency transportation:

1. Transportation to non-covered medical services;
2. Ambulance charges for waiting time, stairs, plane loadings;
3. Unloaded miles (an empty trip to or from a destination);
4. Emergency transportation for recipients who are ineligible or whose eligibility is pending at the time of transport.
5. Response with non-transport.

**C. Non-Emergency Secure Behavioral Health Transport (NESBHT) Services**

Non-emergency secure behavioral health transport (NESBHT) services involve the use of a motor vehicle, other than an ambulance or other emergency response vehicle, that is specifically designed, equipped and staffed by an accredited provider to safely transport a person alleged to be in a mental health crisis or other behavioral health condition, including those placed on a legal hold.

All Nevada Medicaid recipients who meet the aforementioned criteria are eligible for non-emergency secure behavioral health transports. These services do not require prior authorization.

1. NESBHT Service Provider Licensure:  
NESBHT service providers must meet all applicable state law.
2. Required NESBHT Service Provider Staff Training:

Before an employee of a NESBHT provider may serve on a vehicle that transports patients or provide direct supportive services to patients, the employee must complete the following training requirements:

- a. De-Escalation Training
  - i. Completion of four hours of evidence-based training concerning de-escalation of conflicts.
  - ii. Biennial recertification in de-escalation of conflicts.
- b. Behavioral Health Training

Completion of eight hours of evidence-based training concerning behavioral health which includes, without limitation, training concerning:

- 1) Suicide prevention and intervention;
- 2) The manner in which to respond when a person has overdosed on opioids; and
- 3) Awareness of issues relating to mental health and substance use.

In addition to the required training above, each employee must be currently certified in the techniques of administering cardiopulmonary resuscitation (CPR).

3. NESBHT Service Provider Vehicle Requirements:  
Vehicles used for non-emergency secure behavioral health transports must include:
  - a. A driver's compartment that is separated from the passenger compartment in a manner that:
    - i. Allows the driver and passenger to communicate and
    - ii. Prohibits the passenger from accessing the driver or any control for operating the vehicle.
  - b. The passenger compartment must have:
    - i. Two or more traditional vehicle seats with appropriate seat belt restraints,
    - ii. Is free from exposed sharp edges,
    - iii. Equipped with doors that automatically lock and are not capable of opening while the vehicle is in motion, and

- iv. Has space for a gurney or stretcher that is capable of being lifted to the comfort level of a patient.

4. NESBHT Covered Service:

Non-emergency secure behavioral health transports may be used for the following transports:

- a. Facility-to-facility transport from a mental health facility or medical facility to another mental health facility or medical facility;
- b. Transport to and from a facility arranged by individuals authorized by Nevada law to arrange for transportation; or
- c. Transport of an individual seeking voluntary admission pursuant to Nevada law to a public or private mental health facility.

Recipients must be transported to the nearest, most appropriate Medicaid health care provider or medical facility. Family members or other unaccredited agents are not allowed to ride in the non-emergency secure behavioral health transport vehicle with the recipient.

24.a.2. **Brokered Transportation**

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

(1) The State will operate the broker program without the requirements of the following paragraphs of Section 1902(a);

- (1) state-wideness (indicate areas of State that are covered)
- (10)(B) comparability (indicate participating beneficiary groups)
- (23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

- wheelchair van
- taxi
- stretcher car
- bus passes
- tickets
- secured transportation
- other transportation (if checked describe below other transportation).

In addition to the modes described above, NEMT may also be provided by the following modes of transportation, excluding non-emergency secure behavioral health transports:

1. Ground ambulance;
  2. Commercial air flight;
  3. Gas Mileage Reimbursement
  4. Paratransit- Public;
  5. Transportation Network Companies; and
  6. Private vehicles
- (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:
  - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:
  - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
  - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

The State of Nevada assures that the NEMT broker itself is not a provider of transportation. The NEMT broker may not hold ownership in any NEMT provider with whom the broker subcontracts or arranges NEMT through a non-contractual relationship. This prohibition applies to the corporation, if the broker is incorporated and to the owners, officers or employees of the broker.

The State of Nevada assures the availability of medically necessary transportation to and from medical providers for eligible Medicaid recipients in the following ways:

1. Eligible Medicaid program recipients are informed verbally and in writing of the availability of non-emergency medical transportation services by the Nevada Medicaid contracted transportation broker.
2. NEMT is contracted by a broker to provide transportation to medically necessary covered services: statewide, 24 hours a day, seven days per week, including weekends and holidays. The NEMT broker operates within all applicable Federal, State and local laws.

3. All NEMT services require prior authorization by the NEMT broker with the exception of NEMT services provided by Indian Health Services (IHS) clinics. The NEMT broker is required to authorize the least expensive alternative conveyance available consistent with the recipient's medical condition and needs.
4. The NEMT broker will facilitate rides for recipients requiring door-to-door transport (Paratransit) through the Regional Transportation Commission (RTC). The Division of Nevada Medicaid will reimburse the Regional Transportation Commission (RTC) directly for any costs incurred for these services.
5. Eligible recipients may be reimbursed the cost of meals and lodging en route to and from medical care for long distance medical appointments.
6. An attendant's cost may be covered if an attendant is required to ensure the recipient receives the required medical services.

The following are not covered under NEMT services:

1. Transportation to and from non-covered services;
  2. Travel to visit a recipient in an inpatient treatment facility except in the case of parents visiting a newborn that is in a facility;
  3. Transportation between hospitals for outpatient or inpatient care or services;
  4. Unloaded miles (an empty trip to or from a destination);
  5. The cost of renting an automobile for private vehicle transport;
  6. Wages or salary for attendants;
  7. Charges for waiting time, stairs, plane loading, no shows;
  8. Routine or special supplies including oxygen;
  9. Recipients requiring any medical care or supervision during transport;
  10. Transportation of a recipient in a personal care attendant's private vehicle;
  11. Transportation from a Nursing Facility (NF) to an outpatient medical appointment. NEMT is the responsibility of the NF as NEMT is included in the NF all-inclusive per diem rates.
  12. When multiple recipients make the same trip in a private vehicle, reimbursement is made for only one recipient; and
  13. Basic life support (BLS), and advanced life support (ALS) transports.
- (4) The broker contract will provide transportation to the following categorically needy mandatory populations:
- Low-income families with children (Section 1931)
  - Deemed AFCD-related eligibles
  - Poverty-level related pregnant women

- Poverty-level infants
- Poverty-level children 1 through 5
- Poverty-level children 6 – 18
- Qualified pregnant women AFDC – related
- Qualified children AFDC – related
- IV-E foster care and adoption assistance children
- TMA recipients (due to employment) (Section 1925)
- TMA recipients (due to child support)
- SSI recipients

(5) The broker contract will provide transportation to the following categorically needy optional populations:

- Optional poverty-level - related pregnant women
- Optional poverty-level - related infants
- Optional targeted low-income children
- Non-IV-E children who are under State adoption assistance agreements
- Non-IV-E independent foster care adolescents who were in foster care on their 18<sup>th</sup> birthday
- Individuals who meet income and resource requirements of AFDC or SSI
- Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- Children aged 15-20 who meet AFDC income and resource requirements
- Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- Individuals infected with TB
- Individuals screened for breast or cervical cancer by CDC program
- Individuals receiving COBRA continuation benefit
- Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- Individuals receiving home and community-based waiver services who would only be eligible under State plan if in a medical institution
- Individuals terminally ill if in a medical institution and will receive hospice care
- Individuals aged or disabled with income not above 100% FPL
- Individuals receiving only an optional State supplement in a 209(b) State
- Individuals working disabled who buy into Medicaid (BBA working disabled group)
- Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
- Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

(6) Payment Methodology

- (A) The State will pay the contracted broker by the following method:
- (i) risk capitation
  - (ii) non-risk capitation
  - (iii) other (e.g., brokerage fee and direct payment to providers) (If checked describe any other payment methodology)

- (B) Who will pay the transportation provider?
- (i) Broker
  - (ii) State
  - (iii) Other (if checked describe who will pay the transportation provider)

- (C) What is the source of the non-Federal share of the transportation payments?

Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

- (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). For instance, the NEMT broker will facilitate rides for recipients requiring door-to-door transport (Paratransit) through the Regional Transportation Commission (RTC). The Division of Nevada Medicaid will reimburse the Regional Transportation Commission (RTC) directly for any costs incurred for these services. This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

- (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provide to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

- (7) The broker is a non-governmental entity:

- The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited

financial relationship as described at 45 CFR 440.170(4)(ii).

- The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship; and
  - Transportation is provided in a rural area as defined at 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
  - Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
  - The availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.
- (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:
- Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
  - Document that with respect to each individual beneficiary’s specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
  - Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the rate charged to other State human services agencies for the same service.
- (9) Please describe below how the NEMT brokerage program operates. Include the services that will be provided by the broker. If applicable, describe any services that will not be provided by the broker and name the entity that will provide these services.

NEMT broker who provides transportation to and from medically necessary Medicaid covered services for certain recipients: Transportation is provided by the least expensive means available which is in accordance with the recipient’s medical condition and needs and to the nearest appropriate Medicaid health care provider or medical facility. NEMT is available to all eligible Medicaid recipients with limitations.

At the time of the transportation request the NEMT broker must:

1. Verify the recipient’s eligibility and
2. Verify the appointment is to an existing Medicaid covered service.

3. Screen recipient for the most appropriate transportation mode.
  - a. Recipients who use the system frequently or require high cost transportation may be further assessed by the Division of Nevada Medicaid to ensure appropriate utilization.
4. Authorize and schedule the rides with transportation providers.
5. Determine efficient routes.

Recipients traveling out-of-area may have the cost of meals and lodging en route to and from medical care, and while receiving medical care reimbursed if certain conditions are met. Recipients must receive prior authorization from the NEMT broker for any transport to out-of-area medical services. An attendant's costs may be covered if an attendant is medically necessary.

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.