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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 26-0006

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 Page

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

May 14, 2026

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

Re: Nevada State Plan Amendment (SPA) NV-26-0006

Dear Administrator Jensen:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-26-0006. The purpose of this SPA is to expand adult dental coverage to include diagnostic, preventative, periodontal, and operative (fillings and crowns) services subject to a \$1,000 cap.

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-26-0006 was approved on May 14, 2026, with an effective date of July 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,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Jenifer Graham
Sarah Dearborn
Casey Angres
Cindy Kirste
El Hermansen
Evette Cullen
Kim Smalley
Jimmy Lau

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

1. TRANSMITTAL NUMBER <u>2 6 — 0 0 0 6</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 <u>July 1, 2026</u>
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5. FEDERAL STATUTE/REGULATION CITATION <u>Title XIX of the Social Security Act</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>0</u> b. FFY <u>2027</u> \$ <u>32,605,212</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-A, Page 4a.1</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-A, Page 4a.1</u>
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9. SUBJECT OF AMENDMENT
Updating adult dental benefit coverage with a new set of diagnostic, preventative, periodontal, and operative (fillings and crowns) benefits for Medicaid-eligible adults age 21 and older subject to a maximum of \$1,000 per calendar year. Additional clarification includes reference to expanded dental benefits for Medicaid-eligible pregnant adults listed in Section 3.1-A Page 8b of State Plan

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO Ann Jensen, Administrator NVHA/Nevada Medicaid 4070 Silver Sage Drive Carson City, NV 89701
12. TYPED NAME <u>ANN JENSEN</u>	
13. TITLE ADMINISTRATOR, NEVADA MEDICAID	
14. DATE SUBMITTED March 30, 2026	

FOR CMS USE ONLY

16. DATE RECEIVED <u>March 30, 2026</u>	17. DATE APPROVED <u>May 14, 2026</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2026</u>	19. SIGNATURE OF APPROVING OFFICIAL <u>[Redacted]</u>
20. TYPED NAME OF APPROVING OFFICIAL <u>Nicole McKnight</u>	21. TITLE OF APPROVING OFFICIAL <u>Acting Director, Division of Program Operations</u>

22. REMARKS

10. Dental services for Medicaid-eligible adults age 21 and older include the following dental services subject to a \$1,000 expenditure limit per calendar year: diagnostic; preventative; periodontal; and operative (fillings and crowns). Additional benefits for Medicaid-eligible adults age 21 and older, not subject to the expenditure limit, include emergency and palliative care. There is no adult benefit coverage for endodontics or non-emergency extractions. For those individuals referred for diagnosis/treatment under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program dental services are not so limited, and the full range of dental care is provided without authorization. Orthodontics through EPSDT require prior authorization. For expanded dental benefits for Medicaid-eligible pregnant adults, please refer to Attachment 3.1-A Page 8b of this Medicaid State Plan.