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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 26-0014

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

August 27, 2026

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

Re: Nevada State Plan Amendment (SPA) – 26-0014

Dear Administrator Jensen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0014. This amendment proposes to revise outdated terminology including removal of reference to transportation (mileage) since it is not a reimbursable activity and to eliminate obsolete references to Independent Contractors.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act (SSA) and implementing regulations in accordance with 42 CFR 440.167. This letter informs you that Nevada's Medicaid SPA TN 26-0014 was approved on August 27, 2026, with an effective date of July 1, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the 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]

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Stacie Weeks
Kirsten Coulombe
Casey Angres
Jenifer Graham
Kim Smalley
Cindy Kirste

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: 26 — 0014

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
July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.167

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, Page 10 and Page 10a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A, Page 10 and Page 10a

9. SUBJECT OF AMENDMENT
The proposed revisions include grammatical improvements, removal of language regarding transportation and elimination of obsolete references for Independent Contractors. ~~Furthermore, the definition of the Self-Directed Skilled Service option was added in accordance with Nevada Revised Statute 629.091~~.

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
ANN JENSEN

13. TITLE
ADMINISTRATOR, NEVADA MEDICAID

14. DATE SUBMITTED
June 5, 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
June 5, 2026

17. DATE APPROVED
August 27, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2026

19. SIGNATURE OF APPROVING OF
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

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

22. REMARKS
08/14/2026: NV concurred to P&I change via email (Box 9)

Instructions on Back

State: NEVADA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

___ Provided _X_ Not Provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for Individuals with Intellectual Disabilities (ICF/IID), or institution for mental disease that are: (1) authorized for an individual in accordance with a service plan approved by the State; (2) provided by an individual who is qualified to provide such services and who is not a member of the individual's family; and (3) furnished in a home or other location.

___X___ Provided: ___X___ State Approved (Not Physician Service Plan Allowed)

_____ Not Provided: ___X___ Services Outside the Home Also Allowed

___X___ Limitations Described on Attachment

26a. PERSONAL CARE SERVICES (PCS)

Nevada Medicaid Personal Care Services (PCS) are provided in accordance with 42 CFR 440.167. PCS assist, support, and maintain recipients living independently in their homes and in other community settings outside the home. These services are to be provided when appropriate, medically necessary, and consistent with program utilization control procedures. PCS may be an alternative to institutionalization. Services and hours are established based on medical necessity and must be prior authorized by Medicaid's fiscal agent. and established using a Medicaid defined functional assessment. PCS hours cannot exceed those determined by a functional assessment conducted by State Medicaid staff or their designee. Services may be reassessed annually or when a significant change in condition or circumstance occurs, as specified in policy. PCS can be provided on a continuing basis or on episodic occasions.

Scope of Services

PCS include a range of human assistance for people with disabilities and chronic conditions of all ages, enabling them to accomplish tasks they would normally do for themselves if they did not have a disability or chronic condition. Assistance can behands-on (performing a task for the person) or cueing (prompting the person to perform the task themselves).

These services include:

- **Activities of Daily Living (ADLs):** Eating, bathing, dressing, toileting, transferring, and maintaining continence.
- **Instrumental Activities of Daily Living (IADLs):** Light housework, laundry, meal preparation, and grocery shopping.

Skilled services that may be performed only by a health professional are not considered personal care services.

Provider Qualifications

PCS may be provided by any willing and qualified provider through a Provider Agency (PA), or an Intermediary Service Organization (ISO).

All providers must meet established qualifications of 16 hours of basic training, background checks, and TB testing. Legally responsible individuals (e.g. spouse, legal guardian, parent of minor child, legally responsible stepparent, or foster parent) may not be reimbursed for providing personal care services.