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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 23-0027

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

December 1, 2023

Stacie Weeks, Administrator
Department of Health and Human
Services
Division of Healthcare Financing
and Policy
1100 East Williams Street, Suite 101
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) NV-23-0027

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-23-0027. This amendment proposes to allow medically necessary cosmetic procedures for recipients who have been diagnosed with gender dysphoria or gender incongruence.

We 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-23-0027 was approved on December 1, 2023, with an effective date of July 01, 2023.

If you have any questions, please contact Cecilia Williams at 667-414-0674 or via email at Cecilia.Williams@cms.hhs.gov

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by James
G. Scott -S
Date: 2023.12.01 11:31:49
-06'00'

James G. Scott, Director
Division of Program Operations

cc: Casey Angres
Jenifer Graham

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 - 0 0 2 7</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 <p style="text-align: center;">July 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION <i>State Plan; Title XIX of the SSA; 42 CFR 447</i>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>9,879</u> b. FFY <u>2024</u> \$ <u>144,688</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <i>Attachment 3.1-A Page 2 and Page 2I</i>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <i>Attachment 3.1-A Page 2 and Page 2I</i>	

9. SUBJECT OF AMENDMENT
Allowing medically necessary cosmetic procedures for recipients who have been diagnosed with gender dysphoria or gender incongruence as a result of the passage of Senate Bill 163 during the 82nd Legislative session (2023).

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 Sandie Ruybalid, Deputy Administrator DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
12. TYPED NAME RICHARD WHITLEY	
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED July 27, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED July 27, 2023	17. DATE APPROVED December 1, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 01, 2023	19. SIGNATURE OF APPROVING OFFICIAL Digitally signed by James G. Scott -S Date: 2023.12.01 11:32:14 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

November 27, 2023 the state authorized a Pen and Ink change to Box 5.

State/Territory: Nevada

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

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations*

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

- 4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations With limitations*

- 4.d.1 Face-to-face tobacco cessation counseling services.

- 4.d.2 Face-to-face tobacco cessation counseling services for pregnant women.

1. Provided: (i) By or under supervision of a physician;
(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

2. Provided: No limitations With limitations*

Please describe any limitations

Benefits allow for 24 counseling sessions per 12-month period. These limitations can be exceeded if determined medically necessary by the state.

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations With limitations*

- 4.c. Family planning services are not covered for individuals whose age or physical condition prohibits reproduction. Sterilization procedures including tubal ligations and vasectomies to permanently prevent conception are covered in accordance with 42 CFR Part 441 Subpart F.
- 5.a. Physician Services are only covered when deemed medically necessary. Cosmetic surgery that does not meaningfully promote the proper function of the body; does not prevent or treat illness or disease and is primarily directed at improving the appearance of a person is not covered.
- 5.b. Medical and surgical services provided by a dentist are limited to providers who are a Doctor of Dental Medicine or dental surgery. Reference 42 CFR 440.50 (b) for further information