



Joe Lombardo,
Governor

NEVADA HEALTH AUTHORITY

NEVADA MEDICAID

4070 Silver Sage Drive
Carson City, Nevada 89701

NVHA.NV.GOV



Stacie Weeks, JD MPH,
Director

Ann Jensen
Administrator

December 22, 2025

Courtney Miller
Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Director Miller:

Enclosed please find Nevada's State Plan Amendment (SPA) #25-0032. This SPA amends Nevada's State Plan effective January 1, 2026. The specific changes being made are as follows: Technical revisions have been made to Attachment 3.1-I.2 of the 1915(i) Home and Community-Based Services (HCBS) State Plan Amendment for Specialized Foster Care (SFC). These updates reflect the replacement of legacy agency references with the NV Medicaid designation throughout the documents. Additionally, the service previously titled Crisis Stabilization Services (CSS) is being renamed to Family Stabilization Services (FSS). The definition of FSS has been revised to more accurately reflect the habilitative intent of the service, which is designed to support at-risk youth enrolled in Specialized Foster Care. NV Medicaid proposes replacing the term, Qualified Mental Health Professional (QMHP), to Licensed Professionals and QMHPS, throughout the document, as NVHA is phasing out the use of the term QMHP for all Licensed Professionals.

If you have any policy questions regarding this SPA, please contact Casey Angres, Agency Manager at (775) 684-3667 or cangres@NVHA.nv.gov.

Sincerely,

Stacie Weeks, Director
Nevada Health Authority

Enclosures

cc: Ann Jensen, Administrator, Nevada Health Authority (NVHA), Nevada Medicaid
Casey Angres, Agency Manager, NVHA, Nevada Medicaid

1915(i) State plan Home and Community-Based Services

The state implements the optional 1915(i) State plan Home and Community-Based Services (HCBS) benefit for at risk youth as set forth below.

1. **Services.** (Specify the state's service title(s) for the HCBS defined under "Services" and listed in Attachment 4.19-B):

1. Intensive In-Home Services and Supports
2. ~~Crisis Family~~ Stabilization ~~Supports~~Services

2. **Concurrent Operation with Other Programs.** (Indicate whether this benefit will operate concurrently with another Medicaid authority):

Select one:

<input checked="" type="checkbox"/>	Not applicable	
<input type="checkbox"/>	Applicable	
Check the applicable authority or authorities:		
<input type="checkbox"/>	Services furnished under the provisions of §1915(a)(1)(a) of the Act. The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of 1915(i) State plan HCBS. Participants may <i>voluntarily</i> elect to receive <i>waiver</i> and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. <i>Specify:</i> <i>(a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1);</i> <i>(b) the geographic areas served by these plans;</i> <i>(c) the specific 1915(i) State plan HCBS furnished by these plans;</i> <i>(d) how payments are made to the health plans; and</i> <i>(e) whether the 1915(a) contract has been submitted or previously approved.</i>	
<input type="checkbox"/>	Waiver(s) authorized under §1915(b) of the Act. <i>Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:</i>	
Specify the §1915(b) authorities under which this program operates (<i>check each that applies</i>):		
<input type="checkbox"/>	§1915(b)(1) (mandated enrollment to managed care)	<input type="checkbox"/> §1915(b)(3) (employ cost savings to furnish additional services)

TN# ~~25-0001~~25-0032
~~2025~~January 1, 2026

Approval Date: ~~June 30, 2025~~

Effective Date: ~~July 1,~~

Supersedes:

TN# ~~23-0007~~25-0001

Acronym	Name	Entity	Entity Type
DHCF NVHA	Division of Health Care Financing Policy Nevada Health Authority	State	State Medicaid Agency (SMA)
DCFS	Division of Child and Family Services	State	State Operating Agency
FAC	Fiscal Agent Contractor	Private	Contracted Entity
CCFS	Clark County Family Services	County	Local Non-State Entity
WCHSA	Washoe County Human Services Agency	County	Local Non-State Entity
CCJJS	Clark County Juvenile Justice Services	County	Local Non-State Entity

Function 1: ~~DHCF~~NVHA/ SMA will provide oversight of DCFS and the Local Non-State Entities as they perform the Individual State Plan HCBS Enrollment.

Function 2: NVHA~~DHCF~~/ SMA will provide oversight of DCFS and the Local Non-State Entities performing Initial and re-evaluation of eligibility.

Function 3: NVHA~~DHCF~~/ SMA will provide oversight of DCFS and Local Non-State Entities who review Participant's Service Plans.

Function 4: NVHA~~DHCF~~/SMA or their FAC will be responsible for Prior Authorization (PA) activities.

Function 5: NVHA~~DHCF~~/SMA or their FAC will perform Utilization Management

Function 6: NVHA~~DHCF~~/SMA, FAC, Operating Agency and Local Non-State Entities are responsible for qualified Medicaid provider enrollment.

Function 7: NVHA~~DHCF~~/ SMA and FAC are responsible for execution of Medicaid Provider Agreement

Function 8: NVHA~~DHCF~~/ SMA is responsible for establishment of consistent rate methodology for each State Plan HCBS.

Function 9: NVHA~~DHCF~~/ SMA and DCFS are responsible for developing rules, policies, procedures, and information governing each State Plan HCBS benefit.

Function 10: NVHA~~DHCF~~/SMA, DCFS, FAC, and Local Non-State Entities perform quality assurance and quality improvement activities.

TN# ~~25-000125-0032~~
2025January 1, 2026

Approval Date: ~~June 30, 2025~~

Effective Date: ~~July 1,~~

Supersedes

TN# ~~23-000725-0001~~

The Care Coordinator is the individual responsible for performing evaluation/reevaluation of eligibility who must be independent and have one of the following qualifications:

Qualified Mental Health Associate (QMHA)

A person who meets the following documented minimum qualifications:

- a. Licensure as a Registered Nurse (RN) in the State of Nevada or holds a bachelor's degree from an accredited college or university in a human, social services or behavioral field with additional understanding of Rehabilitative Mental Health (RMH) treatment services and case file documentation requirements; or
- b. Holds an associate degree from an accredited college or university in a human, social services or behavioral field with additional understanding of RMH treatment services, and case file documentation and has four years of relevant professional experience of providing direct services to participants with mental health disorders; or
- c. An equivalent combination of education and experience as listed in 1-2 above; and
- d. Whose education and experience demonstrate the competency under clinical supervision to:
 - i. Direct and provide professional therapeutic interventions within the scope of their practice and limits of their expertise.
 - ii. Identify presenting problem(s);
 - iii. Participate in treatment plan development and implementation.
 - iv. Coordinate treatment.
 - v. Provide parenting skills training.
 - vi. Facilitate discharge plans; and
 - vii. Effectively provide verbal and written communication on behalf of the recipient to all ~~involved~~ parties ~~involved~~.
- e. Has a Federal Bureau of Investigation (FBI) background check in accordance with the Qualified Behavioral Aides (QBA) provider qualifications listed under Section 403.6A of the Nevada MSM.

Qualified Mental Health Professional (QMHP)

~~A Physician, Physician's Assistant or a person who meets the definition of a QMHA and meets the following documented minimum qualifications:~~

- ~~1. Holds any of the following educational degrees and licensure:~~
 - ~~a. Doctorate degree in psychology and license.~~
 - ~~b. Bachelor's degree in nursing and Advanced Practitioners of Nursing (APN) (psychiatry);~~
 - ~~c. Independent Nurse Practitioner; Graduate degree in social work and clinical license; professional counselor; or~~
 - ~~d. Graduate degree in counseling and licensed as a marriage and family therapist or clinical professional counselor; or~~

~~2. Who is employed and determined by a state mental health agency to meet established class specification qualifications of a Mental Health Counselor; and~~

~~3. Whose education and experience demonstrate the competency to identify precipitating events, conduct a comprehensive mental health assessment, diagnose a mental or emotional disorder and document a current ICD diagnosis, determine intensity of service's needs, establish measurable goals, objectives and discharge criteria, write and supervise a treatment plan and provide direct therapeutic treatment within the scope and limits of their expertise.~~

Qualified Mental Health Professionals (QMHP) Interns/ Assistants:

- a. Clinical Social Worker Interns meet the requirements under a program of internship and are licensed as an intern pursuant to the State of Nevada, Board of Examiners for Social Workers (Nevada Administrative Code (NAC) 641B).
- b. Marriage and Family Therapist and Clinical Professional Counselor Interns who meet the requirements under a program of internship and are licensed as an intern pursuant to the State of Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors.
- c. Psychological Assistants who hold a doctorate degree in psychology, is registered with the State of Nevada Board of Psychological Examiners (NAC 641.151) and is an applicant for licensure as a Licensed Clinical Psychologist who has not yet completed the required supervised postdoctoral experience approved by the Board.
- d. Psychological Interns registered through the Psychological Board of Examiners defined in NAC 641.165. Interns must be supervised in accordance with state regulations and may only provide services within the scope of their licensure.
- e. Psychological Trainees registered through the Nevada Board of Psychological Examiners and has a designated licensed Psychologist through the Board of Psychological Examiners may render and their supervisor may bill for their services pursuant to NRS and NAC 641.

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:

~~The evaluation/reevaluation process includes the assessments and eligibility determination.~~

Care Coordinators utilize a comprehensive biopsychosocial assessment and the level of care decision support tools, the Early Childhood Service Intensity Instrument (ESCII) for recipients ages 0-5, the Child and Adolescent Services Intensity Instrument (CASII) for recipients ages 6-17, or the Level of Care Utilization System (LOCUS) for recipients ages 18-19 to evaluate an individual's eligibility for ~~this-these~~ 1915(i) benefits. The Care Coordinator also reviews clinical indicators of impaired functioning: Prior psychological assessment record, prior placement history, and prior treatment history. ~~These assessments are conducted under the supervision of a Licensed Professional or QMHP.~~

TN# ~~25-000125-0032~~
2025 January 1, 2026

Approval Date: ~~June 30, 2025~~

Effective Date: ~~July 1,~~

Supersedes:

TN# ~~23-000725-0001~~

- b. Execute signing of releases of information and all necessary consents
- c. And facilitate the family sharing their story

The CFT team, which includes the recipient and informal/formal supports will determine the family vision. The planning process will determine the specific services and supports required in order to achieve the goals identified in the service plan/PCSP. The Team will review and update the service plan/PCSP at least every 12 months, when the individual's circumstances or needs change significantly, and at the request of the recipient and/or legal guardian.

The service plan/PCSP must also address the methods used to ensure the active participation of the recipient and/or the legally responsible person and others to develop such goals and to identify the steps or actions each CFT member will take to respond to the assessed service needs of the recipient. This will be demonstrated by all CFT members signing and dating the service plan/PCSP within the first 60 days of initial CFT meeting, at least annually, and upon any updates made to the service plan/PCSP as needed.

7. **Informed Choice of Providers.** *(Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the 1915(i) services in the person-centered service plan):*

Services and providers are discussed during the CFT team meeting to develop the Participant Service Plan/ PCSP.

All recipients and/or legal guardians review and sign the Participant Service Plan/ PCSP at least annually or as needed. The signed plan indicates that the recipient and/ or their legal guardian acknowledge that they have been provided with a choice of services and providers.

Provider enrollment into the program will not be limited; an ongoing enrollment of providers will promote choice and accessibility.

8. **Process for Making Person-Centered Service Plan Subject to the Approval of the Medicaid Agency.** *(Describe the process by which the person-centered service plan is made subject to the approval of the Medicaid agency):*

~~DHCFPNVHA~~, through collaboration with DCFS, delegates the responsibility of the development and implementation of the Participant Service Plan/ PCSP to the Operating Agency and the Local Non-State Entities using the person-centered service planning process.

The Operating Agency and the Local Non-State Entities internally approve their Participant Service Plan/ PCSP. ~~DHCFPNVHA~~ reviews 10% of the approved plans to ensure the health, welfare and safety of the recipients and that all addressed needs are met.

9. **Maintenance of Person-Centered Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §74.53. Service plans are maintained by the following *(check each that applies)*:

TN# ~~25-000125-0032~~
2025January 1, 2026

Approval Date: ~~June 30, 2025~~

Effective Date: ~~July 1,~~

Supersedes:

TN# ~~23-000725-0001~~

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):

The amount, frequency and duration of this service is based on the recipients' assessed needs and documented in the approved participant service plan/PCSP. Eligible setting includes the recipients' home.

Service Limitations: Intensive In-Home Services and Supports Without Coaching – Provided in-home by the treatment foster parent(s). Maximum of two hours per day, seven days a week.

Service Limitations: Intensive In-Home Services and Supports with Coaching – Provided in-home by a trained coach supporting the treatment foster parent(s) to deliver evidence-based interventions to fidelity. Maximum of one hour per week.

☐ Medically needy (specify limits):

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

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Intensive Home-based provider/recipient	Meet licensure requirements pursuant to DHCFPNVHA Medicaid Services Manual.	Service to be provided at a minimum by a Qualified Behavioral Aide (QBA) Certified in State evidence-based model.	Meet all requirements to enroll and maintain status as an approved Medicaid provider, pursuant to DHCFPNVHA Medicaid Services Manual, Chapter 100. Meet all Conditions of Participation in Medicaid Services Manual 102.1.
Specialized Foster Care Agency	Pursuant to NAC 424, an application for a license to operate a foster care agency must be in a form prescribed by the Division and submitted to the appropriate licensing authority.	Service to be provided at a minimum by a Qualified Behavioral Aide (QBA). Certified in State evidence-based model.	Meet all requirements to enroll and maintain status as an approved Medicaid provider, pursuant to DHCFPNVHA Medicaid Services Manual, Chapter 100. Meet all Conditions of Participation in Medicaid Services Manual 102.1. Agencies must meet all applicable standards listed in NAC 424.

TN No.: ~~25-0001~~25-0032

Approval Date: June 30, 2025 Effective Date: ~~July 1, 2025~~January 1, 2026

Supersedes

TN No.: ~~23-0007~~25-0001

Verification of Provider Qualifications <i>(For each provider type listed above. Copy rows as needed):</i>		
Provider Type <i>(Specify):</i>	Entity Responsible for Verification <i>(Specify):</i>	Frequency of Verification <i>(Specify):</i>
Intensive Home-based provider	State Medicaid Agency — Nevada Health Authority Division of Health Care Financing and Policy	Provider contract is effective for 60 months from enrollment date of its issuance and may be renewed upon expiration date.
Specialized Foster Care Agency	Operating Agency – Division of Child and Family Services	Pursuant to NAC 424, an application for a license to operate a foster care agency must be in a form prescribed by the Division and submitted to the appropriate licensing authority. Such a license is effective for two years after the date of its issuance and may be renewed upon expiration.

Service Delivery Method. *(Check each that applies):*

<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed
---	--

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:	Crisis-Family Stabilization Services
Service Definition (Scope):	
<p>Crisis-Family Stabilization sServices (FSS) are short-term, outcome-oriented, and of higher intensity than other behavioral services. interventions that are designed to provide interventions focused on developing effective behavioral management strategies to secure recipient and family/caregiver's health and safety following a crisis. FSS are identified on the Person-Centered Service Plan (PCSP) which outlines goals and services for recipients learning new skills following experiences in traumatic environments. The recipients' home of origin lacked the provision of effective coping strategies, leaving them without the necessary skills to manage their emotions and distressing experiences. FSS is focused on developing effective behavioral methods prior to, during, and following a crisis. These services may only be delivered in an individual, one-to-one sessions with the individual, foster family by a trained Qualified Mental Health Associate (QMHA), Licensed Professional, or Qualified Mental Health Professional (QMHP). Services can be rendered and are available in the recipients' home and community and designed to achieve family stabilization. The service is short-term designed to achieve community stabilization through psychoeducation, crisis stabilization, and crisis resolution support. The service is of high intensity with the intent The intent of the service is to develop effective behavioral strategies-methods that will can be maintained and help the recipient to sustained the behavioral strategies long-term.</p>	

TN No.: ~~25-0001~~25-0032Approval Date: June 30, 2025 Effective Date: ~~July 1, 2025~~January 1, 2026

Supersedes

TN No.: ~~23-0007~~25-0001

<p>Family Stabilization Services (FSS) may be furnished to children in foster care living arrangements, but only to the extent that this service supplements maintenance and supervision services furnished in such living arrangements, and the service is necessary to meet the identified needs of the child. Pursuant to 42 CFR § Subpart D, 1915(i) funds are not available to pay for maintenance (including room and board) and supervision of children who are under the state's custody, regardless of whether the child is eligible for funding under Title IV-E of the Act. The state assures that the claim for Family Financial Participation (FFP) for FSS does not include costs that are properly charged as Title IV-E administrative expenses. To ensure compliance with federal requirements, the state affirms that 1915(i) services do not include funds available under Title IV-E of the Social Security Act.</p>			
Additional needs-based criteria for receiving the service, if applicable (<i>specify</i>):			
N/A			
<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 checked="" type="checkbox"/>	Categorically needy (<i>specify limits</i>):		
	<p>The amount, frequency and duration of this service is based on the recipients' assessed needs and documented in the approved participant service plan/PCSP.</p> <p>Crisis-Family Stabilization sServices may only beare delivered in an individual, one-to-one sessions by a QMHA under the direction of a Licensed Professional, or QMHP trained by a certified Specialized Foster Care Agency. These services are available in the youth's home and community. The maximum number of service hours per day is 4 hours, with a limit of up to 40 hours per month. A Prior Authorization request is required for services exceeding 40 hours per month. Additional units of service may be authorized by Nevada Health Authority (NVHA), or their designee upon post-authorization review.and are available in the recipients' home.</p> <p>The maximum number of service hours per day is 4 hours for up to 40 hours per month. Post authorization request required beyond 40 hours. Additional units of services maybe authorized by DHCFP or designee on post authorization review.</p>		
<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>):	Other Standard (<i>Specify</i>):

Specialized Foster Care Agency	Pursuant to NRS 424, an application for a license to operate a foster care agency must be in a form prescribed by the Division and submitted to the appropriate licensing authority.	QMHA under the direction of a QMHP; or QMHP	<p>Foster Care Agency providers must be enrolled as a Foster Care Provider Agency through DHCFP's NVHA's fiscal agent and meet all required standards listed in the DHCFP-NVHA Medicaid Services Manual.</p> <p>Agencies must meet all applicable standards listed in NAC 424 and NRS 424.</p>
Verification of Provider Qualifications <i>(For each provider type listed above. Copy rows as needed):</i>			

	<i>(Source of Data & sample size)</i>	
	Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA BH Unit, Operating Agency, Local Non-State Entities
	Frequency	Annually
Remediation		
	Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	Operating Agency and SMA will remediate any issue of noncompliance within 30 days.
	Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement		5. The SMA retains authority and responsibility for program operations and oversight.
Discovery		
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of Program Analytics report(s) received from HHS Analytics Team. N= Number of reports received by SMA. D= Total Number of Utilization Reports	
Discovery Activity <i>(Source of Data & sample size)</i>	Reports are provided to the SMA BHBC Unit by the HHS Analytics. The purpose of this report is to review the utilization and spend of coverage for services for the Specialized Foster Care (SFC) population associated with a 1915(i) State Plan Option, including Intensive In-Home Supports and Services and Crisis-Family Stabilization Services	
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA BH Unit; HHS Analytics Team	
Frequency	Quarterly	

Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	<p>SMA BH Unit; Operating Agency</p> <p>The SMA will review the aggregate report due by HHS Analytics. HHS Analytics aggregates data provided by DCFS/Operating Agency for 1915(i) HCBS Services. SMA will review report with Operating Agency and will remediate any discrepancies and/or issue of noncompliance within 60 days of receipt of report.</p> <p>The purpose of this report is to review the utilization and spend of coverage for services for the Specialized Foster Care (SFC) population associated with a 1915(i) State Plan Option, including Intensive In-Home Supports and Services and Crisis Family Stabilization Services.</p>
Frequency <i>(of Analysis and Aggregation)</i>	Quarterly, Annually

Requirement	
6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.	
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Number and percent of claims paid to 1915(i) service providers who are qualified to furnish 1915(i) services to 1915(i) participants.</p> <p>N: Number of claims paid to 1915(i) service providers who are qualified to furnish 1915(i) services to 1915(i) participants.</p> <p>D: Number of claims submitted during the review period.</p>
Discovery Activity <i>(Source of Data & sample size)</i>	Remote Desktop Financial Record Reviews for 10% of all paid claims during review period within a randomized month for selected participants.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA Quality Assurance
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and</i>	<p>The SMA QA will provide issues and discrepancies found within the randomly selected month's billings to the SMA's Surveillance and Utilization Review (SUR) unit to review and determine extent of issue.</p>