



Joe Lombardo,  
Governor

# NEVADA HEALTH AUTHORITY

## NEVADA MEDICAID

4070 Silver Sage Drive  
Carson City, Nevada 89701

[NVHA.NV.GOV](http://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) #25-0035. This SPA amends Nevada's State Plan effective October 1, 2025. The specific changes being made are as follows:

The Division of Health Care Financing and Policy (DHCFP) has recently transitioned from the Department of Health and Human Services (DHHS) to the newly established Nevada Health Authority (NVHA). In addition, DHCFP has formally adopted its commonly used name, Nevada Medicaid. Accordingly, Attachment 3.1-I.1 for the 1915(i) Home and Community-Based Services (HCBS) – Adult Day Health Care (ADHC)/Habilitation is being revised to reflect these technical changes in agency name and structure throughout the document.

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

Sincerely,

Stacie Weeks, Director  
Nevada Health Authority

Enclosures

cc: Ann Jensen, Administrator, Division of Nevada Medicaid, Nevada Health Authority (NVHA),  
Kirsten Coulombe, Deputy Administrator, Division of Nevada Medicaid, NVHA  
Casey Angres, Agency Manager, Division of Nevada Medicaid, NVHA  
Mark Du, Heath Program Specialist II, Long Term Services and Support (LTSS), NVHA

<input type="checkbox"/>	<b>A program operated under §1932(a) of the Act.</b> <i>Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:</i>
<input type="checkbox"/>	<b>A program authorized under §1115 of the Act.</b> <i>Specify the program:</i>

3. **State Medicaid Agency (SMA) Line of Authority for Operating the State plan HCBS Benefit.** *(Select one):*

<input checked="" type="radio"/>	The State plan HCBS benefit is operated by the SMA. Specify the SMA division/unit that has line authority for the operation of the program <i>(select one)</i> :	
<input checked="" type="radio"/>	The Medical Assistance Unit <i>(name of unit)</i> :	Division of <del>Health Care Financing and Policy</del> Nevada Medicaid
<input type="radio"/>	Another division/unit within the SMA that is separate from the Medical Assistance Unit	
	<i>(name of division/unit)</i> <i>This includes administrations/divisions under the umbrella agency that have been identified as the Single State Medicaid Agency.</i>	
<input type="radio"/>	The State plan HCBS benefit is operated by <i>(name of agency)</i>	
	a separate agency of the state that is not a division/unit of the Medicaid agency. In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the State plan HCBS benefit and issues policies, rules and regulations related to the State plan HCBS benefit. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this delegation of authority is available through the Medicaid agency to CMS upon request.	

## Services

- **State plan HCBS.** (Complete the following table for each service. Copy table as needed):

<b>Service Specifications</b> (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):			
Service Title:		Adult Day Health Care	
Service Definition (Scope):			
Adult Day Health Care (ADHC) services provide assistance with the activities of daily living, medical equipment and medication administration. Services are generally furnished in four or more hours per day on a regularly scheduled basis, for one or more days per week, in a non-institutional, community-based setting. The schedule may be modified as specified in the plan of care. Services include care coordination, nursing services, nutritional assessment, assistance in activities of daily living or instrumental activities of daily living, social activities and meals ( <i>shall not constitute a "full nutritional regimen" (3 meals per day).</i>			
Additional needs-based criteria for receiving the service, if applicable ( <i>specify</i> ):			
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):			
<input checked="" type="checkbox"/>	Categorically needy ( <i>specify limits</i> ):		
	No more than 6 hours per day per recipient. If a recipient needs more than 6 hours of this service, the recipient or their AR will work with the HCC to develop an individualized back-up plan.		
<input type="checkbox"/>	Medically needy ( <i>specify limits</i> ):		
<b>Provider Qualifications</b> (For each type of provider. Copy rows as needed):			
Provider Type ( <i>Specify</i> ):	License ( <i>Specify</i> ):	Certification ( <i>Specify</i> ):	Another Standard ( <i>Specify</i> ):
Adult Day Health Care Center	Licensed by the Division of <del>Public and Behavioral Health</del> Purchasing and Compliance, Bureau of Health Care Quality and Compliance		Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual.  All staff and volunteers must complete annually a one-hour training on the HCBS Final Rule including recipient rights.

**Verification of Provider Qualifications** (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Adult Day Health Care Center	Nevada Medicaid Provider Enrollment Unit  Division of <del>Purchasing and Compliance</del> <del>Public and Behavioral Health</del> , Bureau of Health Care Quality and Compliance	Every five years.  Every six years, unless compliant circumstances warrant provider review.

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

☐ Participant-directed ☒ Provider managed

**Service Specifications** (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

Service Title: **Day Habilitation**

**Service Definition (Scope):**

This service is targeted to individuals with a Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). Day Habilitation services are regularly scheduled activities in a non-residential setting, separate from the recipient's private residence or other residential living arrangement. Services include assistance with the acquisition, retention, or improvement in self-help, socialization, and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living.

Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independent and personal choice. Services are identified in the recipient's POC according to recipient's need and individual choices. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

Day Habilitation services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the recipient's POC such as physical, occupational, or speech therapy.

**Additional needs-based criteria for receiving the service, if applicable (specify):**

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):

Limited to 6 hours per day. If a recipient needs more than 6 hours of this service, the recipient or their AR will work with the HCC to develop an individualized back-up plan.			
<input type="checkbox"/> Medically needy ( <i>specify limits</i> ): 			
<b>Provider Qualifications</b> ( <i>For each type of provider. Copy rows as needed</i> ):			
Provider Type ( <i>Specify</i> ):	License ( <i>Specify</i> ):	Certification ( <i>Specify</i> ):	Another Standard ( <i>Specify</i> ):
Day Habilitation Provider	Licensed as a Facility for the Care of Adults During the Day by the Bureau of Health Care Quality and Compliance within the Division of <del>Purchasing and Compliance</del> <del>Public and Behavioral Health</del>	At least one full-time employee with Certified Brian Injury Specialist (CBIS) Certification through Brian Injury Association of America (BIAA)	<p>Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual.</p> <p>All direct care staff must complete the Brain Injury Association of America (BIAA) Brain Injury Fundamentals Certification within six months of hire. In addition, all staff and volunteers must complete annually a one-hour training on the HCBS Final Rule including recipient rights.</p>
<b>Verification of Provider Qualifications</b> ( <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> ):	
Day Habilitation Provider	<p>Nevada Medicaid Provider Enrollment Unit</p> <p>Bureau of Health Care Quality and Compliance within the Division of <del>Purchasing and Compliance</del> <del>Public and Behavioral Health</del></p>	Every five years	
<b>Service Delivery Method.</b> ( <i>Check each that applies</i> ):			
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed		

<b>Service Specifications</b> ( <i>Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover</i> ):			
Service Title:		<b>Residential Habilitation</b>	
Service Definition (Scope):			
<p>This service is targeted to individuals with a Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). Residential Habilitation means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These services include adaptive skill development, assistance with activities of daily living, community inclusion, adult educational supports, social and leisure skill development, that assist the recipient to reside in the most integrated setting appropriate to his/her needs. Residential Habilitation also includes personal care and protective oversight and supervision.</p> <p>Payment for Room and Board is prohibited, including the cost of building maintenance, upkeep, and improvement. The method by which the costs of room and board are excluded from payment for residential habilitation is specified in the 4.19-b pages.</p>			
Additional needs-based criteria for receiving the service, if applicable ( <i>specify</i> ):			
<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 type="checkbox"/>	Categorically needy ( <i>specify limits</i> ):		
<input type="checkbox"/>	Medically needy ( <i>specify limits</i> ):		
<b>Provider Qualifications</b> ( <i>For each type of provider. Copy rows as needed</i> ):			
Provider Type ( <i>Specify</i> ):	License ( <i>Specify</i> ):	Certification ( <i>Specify</i> ):	Another Standard ( <i>Specify</i> ):
Residential Habilitation Provider	Licensed as a Residential Facility for Groups by the Bureau of Health Care Quality and Compliance within the Division of Purchasing and Compliance <del>Public and Behavioral Health</del>	At least one full-time employee with (CBIS) Certification through (BIAA)	<p>Must maintain a Medicaid Services Provider Agreement and comply with the criteria set forth in the Medicaid Services Manual.</p> <p>All direct care staff must complete the Brain Injury Association of America (BIAA) Brain Injury</p>

			Fundamentals Certification within six months of hire. In addition, all staff and volunteers must complete annually a one-hour training on the HCBS Final Rule including recipient rights.
<b>Verification of Provider Qualifications</b> (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):		Frequency of Verification (Specify):
Residential Habilitation Provider	Nevada Medicaid Provider Enrollment Unit  Bureau of Health Care Quality and Compliance within the Division of <del>Public and Behavioral Health,</del> <u>Purchasing and Compliance</u>		Every five years
<b>Service Delivery Method.</b> (Check each that applies):			
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed		

- ☐ **Policies Concerning Payment for State plan HCBS Furnished by Relatives, Legally Responsible Individuals, and Legal Guardians.** (By checking this box, the state assures that): There are policies pertaining to payment the state makes to qualified persons furnishing State plan HCBS, who are relatives of the individual. There are additional policies and controls if the state makes payment to qualified legally responsible individuals or legal guardians who provide State Plan HCBS. (Specify (a) who may be paid to provide State plan HCBS; (b) the specific State plan HCBS that can be provided; (c) how the state ensures that the provision of services by such persons is in the best interest of the individual; (d) the state's strategies for ongoing monitoring of services provided by such persons; (e) the controls to ensure that payments are made only for services rendered; and (f) if legally responsible individuals may provide personal care or similar services, the policies to determine and ensure that the services are extraordinary (over and above that which would ordinarily be provided by a legally responsible individual):

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<input checked="checked" type="checkbox"/>	Directly by the State Medicaid Agency
<input type="checkbox"/>	By Other ( <i>specify State agency or entity under contract with the State Medicaid agency</i> ):

2. **Qualifications of Individuals Performing Evaluation/Reevaluation.** The independent evaluation is performed by an agent that is independent and qualified. There are qualifications (that are reasonably related to performing evaluations) for the individual responsible for evaluation/reevaluation of needs-based eligibility for State plan HCBS. (*Specify qualifications*):

SMA Health Care Coordinator (HCC) or SMA designated representative (which include SMA Policy Specialists or SMA Program Supervisors), licensed as a Social Worker by the State of Nevada Board of Examiners for Social Workers; licensed as a Registered Nurse by the Nevada State Board of Nursing; or with a professional license or certificate in a medical specialty applicable to the assignment are qualified to perform the evaluation and reevaluation of 1915(i) eligibility. Additional Criteria includes valid driver's license to enable site and home visits, adhere to Health Insurance Portability and Accountability Act (HIPAA) requirements and FBI Criminal History Background Check (standard for all State employees).

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:

SMA Health Care Coordinator (HCC) or SMA designated representative conducts a face-to-face visit with a potential recipient to determine whether the needs-based criteria will be met. The face-to-face assessment may be performed by telemedicine, when the following conditions are met:

- The agent performing the assessment is independent and qualified and meets the provider qualifications defined by the State, including any additional qualifications or training requirements for the operation of required information technology;
- The individual receives appropriate support during the assessment, including the use of any necessary on-site support staff; and
- The individual provides informed consent for this type of assessment.

Prior to contacting the individual to schedule their assessment, the SMA verifies with the Division of ~~Welfare and Supportive~~ Social Services system that the individual meets Medicaid eligibility. The Health Care Coordinator or SMA designated representative uses the Comprehensive Social Health Assessment (CSHA) which is a tool to assess medical, social, and psychological condition of a potential recipient to determine if an individual meets the needs-based State Plan HCBS eligibility criteria. For the targeting criteria for Traumatic Brain Injury or Acquired Brain Injury, the SMA uses medical records to confirm the diagnosis.

The SMA uses a CHSA tool which asks the recipients multiple questions related to treatment needs, level of ability (independent, requires assistance, supervision or prompting) to perform the seven ADLS. The risk factors are determined from multiple questions asked during the evaluation from their living situation/housing, self-reported medical conditions and medical records to confirm chronic medical conditions and behaviors as well as other resource needs.