

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 19-018**

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  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



## **Regional Operations Group**

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December 2, 2019

Suzanne Bierman, Administrator  
Nevada Division of Health Care Financing and Policy  
1210 S. Valley View, Suite 104  
Las Vegas, NV 89702

Dear Ms. Bierman:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 19-018. The SPA updates the reimbursement methodology for personal care services. This SPA is approved effective January 1, 2020. Attached is a copy of the following page to be incorporated into your state plan:

- Attachment 4.19-B, Pg. 4 (Addendum)

If you have any questions, please contact Peter Banks by phone at (415) 744-3782 or by email at [Peter.Banks@cms.hhs.gov](mailto:Peter.Banks@cms.hhs.gov).

Sincerely,



Richard C. Allen  
Director  
Western Regional Operations Group

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

1. TRANSMITTAL NUMBER  
1 9 — 0 1 8

2. STATE  
NEVADA

3. PROGRAM IDENTIFICATION:  
TITLE XIX OF THE SSA (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2020

5. TYPE OF PLAN MATERIAL (Check One)  
 NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  
State Plan Under title XIX of the SSA: 42 CFR 447

7. FEDERAL BUDGET IMPACT  
a. FFY 2020 \$ 1,280,312.31  
b. FFY 2021 \$ 2,645,421.89

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19-B, Page 4 (Addendum)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 4.19-B, Page 4 (Addendum)

10. SUBJECT OF AMENDMENT  
A 3.3% rate increase for Personal Care Services.

~~As a result of funding appropriations during the 2019 Legislative Session, a 3.3% rate increase will be applied~~

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL  


13. TYPED NAME  
RICHARD WHITLEY

14. TITLE  
DIRECTOR, DHHS

15. DATE SUBMITTED  
10/30/19

16. RETURN TO  
Tammy Moffitt, Chief of Operations  
DHCFP/Medicaid  
1100 East William Street, Suite 101  
Carson City, NV 89701

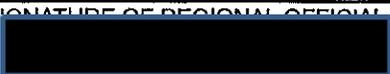
**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
10/30/19

18. DATE APPROVED  
December 2, 2019

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
1/1/20

20. SIGNATURE OF REGIONAL OFFICIAL  


21. TYPED NAME  
Richard Allen

22. TITLE  
Director, Western Regional Operations Group

23. REMARKS Pen and Ink Request: Box 10 - Update to read "A 3.3% rate increase for Personal Care Services".

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

Attachment 4.19-B  
Page 4 (Addendum)

1. Net allowable costs are the sum of the net allowable direct costs (Item 2) and indirect costs (Item 3).
  2. The cost-based rate is the net allowable costs (from Item 4) divided by the total forecasted transportation service utilization.
15. a. Services of Religious non-medical Healthcare Institution nurses: NOT PROVIDED.
- b. Services in Religious non-medical Healthcare Institutions sanatoria: NOT PROVIDED.
- c. Hospice Services: Reimbursed at the established annual Medicaid rate regardless of billed charges. The agency's rates were set as of October 1, 2008 and are effective for services on or after that date. Rates are adjusted annually each year thereafter in accordance with 42CFR 418.
- d. Hospice provided in a long-term care facility: Reimbursed 95% of the nursing facility daily rate for room and board provided by the nursing facility or long-term care facility.
16. Emergency hospital services out-of-state: lower of: a) billed charges, or b) local Medicaid maximums. The agency's rates were set as of July 1, 2005 and are effective for services on or after that date.
17. Personal care services in recipients' home and setting outside the home: fixed hourly rate established by the State of Nevada legislative body.  
For personal care services performed on or after January 1, 2020, fixed hourly rate will be determined by multiplying a factor of 1.033 (equal to 3.3%) times the July 1, 2009 rate.
- The Agency's rates for personal care services will be updated on January 1, 2020 to reflect the rate increase, as specified above. All rates are published on the Agency's website at <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>.
18. RESERVED