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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 15-009

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 10, 2016

Richard Whitley, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, NV 89706

Dear Mr. Whitley:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 15-0009. The SPA adds a reimbursement methodology for Intensive Behavior Intervention (IBI) services for children with autism. It was submitted to my office on November 9, 2015.

The approval is effective January 1, 2016. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 4.19-B 1b, 1b (Continued), and 1b (Continued p. 1)

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

Sincerely,

/s/

Kristin Dillon
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Marta Jensen, Acting Administrator, DHCFP

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

15-009

2. STATE:

NEVADA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 1, 2016

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 Social Security Act: 42 CFR 447

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 \$ 6,965,513.97

b. FFY 2017 \$18,625,666.70

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Pgs. 1b, 1b (Continued), 1b
(Continued p.1)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, Pg 1b

10. SUBJECT OF AMENDMENT:

Nevada is adding Applied Behavioral Analysis (ABA) Services for children with autism and adding a rate methodology to provide reimbursement for those services.

11. 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:

The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Richard Whitley

14. TITLE:

Director, Department of Health and Human Services

15. DATE SUBMITTED:

November 9, 2015

16. RETURN TO:

Tammy Moffitt, Chief of Program Integrity
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

11/9/15

18. DATE APPROVED:

3/10/16

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/16

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Kristin Dillon

22. TITLE:

Acting Assistant Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B
Page 1b

4. EPSDT and Family Planning

I. Early and periodic screening, diagnosis and treatment (EPSDT) services will be reimbursed the lower of a) billed charge, or b) fixed fee per unit as indicated for specific services listed elsewhere in this attachment.

A. School Based Child Health Services (SBCHS) delivered by school districts and provided to children with disabilities in accordance with the Individuals with Disabilities Act (IDEA). Services include:

1. Physician's services,
2. Physician's assistant services,
3. Nursing services including registered nurses, licensed practical nurses and advanced nurse practitioners,
4. Psychological services,
5. Physical therapy services,
6. Speech therapy, language disorders and audiology services,
7. Occupational therapy services, and
8. Medical supplies, equipment and appliance services – Assistive Communication Devices, audiological supplies and other Durable Medical Equipment (DME).

B. SBCHS – Reimbursement Methodology

SBCHS described in Attachment 3.1-A, Page 2a-2h of the Nevada State Plan and provided by an enrolled school district are reimbursed the lower of: a) billed charges; or b) a fixed fee schedule.

A fixed fee schedule: as indicated for specific services listed elsewhere in this attachment e.g., psychologist services, nursing services, and therapy services. All rates are published on the agency's website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>

The Agency's rates are set as of July 1, 2009 and are effective for services on or after July 1, 2009.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of SBCHS and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Attachment 4.19-B
Page 1b (Continued)

- C. Intensive Behavior Intervention services as stated in Nevada State Plan Attachment 3.1-A, Intensive Behavior Intervention.

Intensive Behavior Intervention Services (IBI) Reimbursement Methodology

IBI Services described in Attachment 3.1-A, Page 2i-2k of the Nevada State Plan and provided by an enrolled qualified medical professional according to IBI requirements listed in Attachment 3.1-A, Page 2j and 2k, are reimbursed the lower of: a) billed charges; or b) a fixed fee schedule.

A fixed fee schedule: as indicated for specific services listed elsewhere in this attachment e.g., Intensive Behavior Intervention. All rates are published on the agency's website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>

The Agency's rates are set as of January 1, 2016 and are effective for services on or after January 1, 2016.

Payments for services billed by IBI Qualified Medical Professionals will be reimbursed based on provider qualifications and procedure codes.

- i. Nevada Licensed Physician (MD) or Board Certified Behavior Analyst (BCBA) or Psychologist with a specialty in Behavior Intervention (PhD) will be reimbursed at 65% of Medicare rates as published in the Federal Register on July 14, 2014. 42 CFR 411, 412, 416, *et al.*
- ii. Board Certified Assistant Behavior Analyst (BCaBA) will be reimbursed at 60% of the IBI Physician rate as shown above in (i).
- iii. Registered Behavioral Technicians (RBT) rate methodology:
 - a. The rates are based on several factors used to determine the cost associated with performing the applicable services. This model was developed to reflect provider requirements, operational service delivery, recruitment, credentialing, ongoing training/certification and administrative considerations. The following elements were used to determine the rates:
 1. Wage Information – The wage is based on similarly qualified occupations (required education and training) identified by Medicaid staff as comparable.

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Attachment 4.19-B
Page 1b (Continued p.1)

2. Employee Related Expenses (ERE) – ERE includes paid vacation, sick leave, holiday, health/life insurance, disability, workers compensation, payroll taxes, Medicare and Federal Income taxes.
3. Productivity Adjustment Factor – Costs include non-billable services that are required for normal business operations such as staff meetings, personnel requirements, travel time and mileage. This also includes non-billable time spent by staff to include required case documentation and record keeping and time associated with missed/cancelled appointments.
4. Allowances for Supervisory Time – Costs for the time spent supervising the field staff, which is not reimbursable under separate billing codes, as required by regulations.
5. Certification/Training Expenses – Costs include initial and ongoing certification and training costs required to maintain provider qualifications.
6. Administrative Overhead (10% Cap) – This includes costs associated with non-direct care activities required for normal business operations, such as building rent/utility costs, program support staff and office supplies, etc.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for governmental and private providers of Intensive Behavior Intervention (IBI) services and the related fee schedule is published on the agency's website:
<http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>

II. Family planning services and supplies: as indicated for specific services listed elsewhere in this attachment, e.g., physician services, prescribed drugs