

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 16-016**

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**

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December 13, 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) 16-016. The SPA revises the reimbursement rate for home health care services. The SPA was submitted to my office on September 30, 2016.

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

- Attachment 4.19-B, Page 2 - Page 2 (continued)

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,

/s/

Henrietta Sam Louie  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Marta Jensen: Acting Administrator, DHCFP

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

1. TRANSMITTAL NUMBER:

16-016

2. STATE:

NEVADA

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

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

4. PROPOSED EFFECTIVE DATE

July 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 440.70 <sup>PS</sup>

7. FEDERAL BUDGET IMPACT:

a. FFY 2016

\$ 0,002,53,959 <sup>PS</sup>

b. FFY 2017

\$5,977,612.00 723,001

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 2 - Page 2 (continued) <sup>PS</sup>

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-B, Page 2 - Page 2 (continued) <sup>PS</sup>

10. SUBJECT OF AMENDMENT:

The proposed amendment updates the home health agency fee schedule.

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:

9/30/16

16. RETURN TO:

Lynne Foster, Chief of Division Compliance

DHCFP/Medicaid

1100 East William Street, Suite 101

Carson City, NV 89701

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

9/30/16

18. DATE APPROVED:

December 13, 2016

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/16

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Henrietta Sam Louie

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Pen and Ink Request: Change Box 6 to read "42 CFR 440.70"

Pen and Ink Request: Update Box 7 to read "a. FFY 2016 \$253,959 b. FFY 2018 \$723,001"

Pen and Ink Request: Update Box 8 and Box 9 to read "Page 2 - Page 2 (continued)"

RECEIVED

SEP 30 2016

DHCFP

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B

Page 2

7. Home Health Care Services:

a. Home health care services include the following services and items:

1. physical therapy – 1 unit per 15 minutes,
2. occupational therapy – 1 unit per 15 minutes,
3. speech therapy – 1 unit per 15 minutes,
4. family planning education – 1 unit per visit,
5. skilled nursing services (RN/LPN visits) 1 unit per 60 minutes or 1 unit per 15 minutes for brief visits or 1 unit per 15 minutes for extended visits (after 1st hour),
6. home health aide services – 1 unit per 60 minutes or 1 unit per 30 minutes for extended visits (after 1<sup>st</sup> hour),
7. durable medical equipment, prosthetics, orthotics, and
8. disposable medical supplies.

b. Reimbursements for Home Health Care services, listed above in a.1. through a.6, provided by Home Health Agencies (HHA) are the lower of a) billed charges, or b) a fixed fee schedule which includes the rate for each of the home health services and a rate for “mileage” as an add-on. The agency's reimbursement rates were set as of July 1, 2016 and are effective for services provided on or after that date. All rates can be found on the official Web site of the Division of Health Care Financing and Policy at

<http://dhcfnv.gov/Resources/Rates/RatesCostContainmentMain/>.

A pediatric enhancement for services listed above in a.1, 2, and 3, is effective for services on or after July 1, 2009.

Effective July1, 2016 pediatric enhancement rates do not apply for services listed above in a.5.

c. Durable Medical Equipment, Prosthetics and Orthotics

1. Reimbursement for purchase of Durable Medical Equipment, Prosthetics and Orthotics is the lower of: a) usual and customary charge, or b) a fixed fee schedule.
2. Reimbursement for rental of Durable Medical Equipment, Prosthetics and Orthotics is the lower of: a) usual and customary charge, or b) a fixed fee schedule.

The agency's rates were set as of August 1, 2011 and are effective for services on or after August 1, 2011.

d. Disposable supplies:

1. If a supply item is billed through point of sale (POS), using a National Drug Code (NDC) number, reimbursement is the lower of: a) usual and customary charge, or b) gross amount due or c) Wholesale Acquisition Cost (WAC) + 8% as indicated on the current national drug data base utilized in Point-of-Sale plus a handling fee. For drugs without a WAC acquisition cost will be reimbursed plus a handling fee.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B  
Page 2 (Continued)

2. All other supplies billed outside POS, using Healthcare Common Procedure Coding System (HCPCS) codes and/or Current Procedural Terminology (CPT) codes are reimbursed the lower of: a) billed charge, or b) fixed fee schedule. The Agency's rates were set as of August 1, 2011 and are effective for services on or after August 1, 2011.

Assurance: State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on our website: <http://www.dhcfp.nv.gov>