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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 17-015

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

JAN 19 2018

Richard Whitley, Director
Chief Deputy Director, Health Care Programs
Nevada Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, NV 89706

RE: Nevada State Plan Amendment 17-015

Dear Mr. Whitley:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 17-015. Effective October 1st, 2017, this State plan amendment (SPA) increases rates for freestanding Skilled Nursing Facilities and Swing Beds by 10%.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 17-015 is approved effective October 1st, 2017. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Blake Holt at (415) 744-3754.

Sincerely,

A black rectangular redaction box covering the signature of Kristin Fan. A blue ink mark is visible to the right of the box.

Kristin Fan
Director

Enclosures

**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:

17-015

2. STATE:

NEVADA

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

4. PROPOSED EFFECTIVE DATE

October 1
~~July 1, 2017~~

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:

\$ 7,944,124

a. FFY ~~2017 (3 Mo.)~~ 2019

~~\$ 1,933,127~~

b. FFY 2018

\$ 7,909,202

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Page 5i, Page 10d and Page 10g

~~Attachment 4.19-D, Page 10d~~

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-D, Page 10d and 5i.

10. SUBJECT OF AMENDMENT:

As approved by Nevada State Legislature, language will be added to the Nevada Medicaid Sate Plan to document the 10% rate increase for Nursing Facility and Swing Bed Rates.

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:

10/26/17

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:

18. DATE APPROVED:

JAN 19 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCT 01 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Kristin FAN

22. TITLE:

Director, FMCO

23. REMARKS:

Pen and ink changes made to Boxes 4, 7, 8 and 9 with state concurrence.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Attachment 4.19-D

Page 5i

- h. **Budget Adjustment Factor** – In the event that the reimbursement system described in this section would result in anticipated payments to nursing facility providers being greater or less than the funding appropriated by the Nevada legislature, proportional increases or decreases will be made to the rates so that anticipated payments will equal legislative appropriations. This adjustment to rates will be made as a percentage increase or decrease in each provider's rate. The percentage will be determined in accordance with the following fraction: (Legislative appropriations / (The Sum of Each Facility's Calculated Rate Multiplied by Each Facility's Proportional Share of the Anticipated (Budgeted) Case Load for All Freestanding Nursing Facilities)). Medicaid days from the cost reports used in rate setting will be the basis for the proportional allocation of anticipated case load across all freestanding facilities.
- i. Effective October 1, 2017, The Weighted Average Budget Neutral Per Diem is \$128.33.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-D
Page 10d

the Centers for Medicare and Medicaid Services as Special Focus Facilities are not eligible for the quality component of the supplemental payments. Special Focus Facilities are nursing homes that have a history of persistent poor quality of care. These nursing homes have been selected for more frequent inspections and monitoring. A current list of Special Focus Facilities is available at the CMS Certification and Compliance website.

5. Facilities that do not have MDS or MDS Accuracy data available have MDS accuracy and quality component payments calculated using the average component points of all facilities receiving Supplemental Payments for which data is available. Facilities that are not enrolled as Medicaid providers are not eligible for payments of the MDS accuracy or quality components or any other components of this supplemental payment for the quarter.

C. Calculation of the Component of the Supplemental Payments Based on Acuity

1. Nursing facility standard per diem reimbursement is calculated for each Medicaid provider quarterly based on methodology described in the Medicaid State Plan, Attachment 4.19-D, Pages 5a through 5i. The per diem rate is adjusted for acuity and fair rental value. Fifty percent of the funds available for Supplemental Payments plus the Federal matching funds is paid under this acuity component as described below.

Calculation of the Supplemental Payment Portion Based on Acuity

The weighted average total amount of reimbursement based on acuity per Medicaid nursing and LTC hospice bed day is calculated by dividing the total for amount available for the acuity component of Supplemental Payments by the total nursing and LTC hospice bed days in the Base Quarter. This is added to the weighted average budget neutral per diem for all facilities to determine the total amount of reimbursement that will be based on acuity. Effective October 1, 2017, the weighted average budget neutral per diem is increased by 10%.

| | |
|-------------------|---|
| | Total Available for Supplement Payments |
| <i>Times</i> | 50% |
| <i>Equals</i> | Total Available for Supplemental Payments Based on Acuity |
| | Total Available Supplemental Payments Based on Acuity |
| <i>Divided by</i> | Total Medicaid Nursing and LTC Hospice Days |
| <i>Equals</i> | Weighted Average Acuity Supplemental Payment Per Medicaid Day |
| | Weighted Average Budget Neutral Per Diem |
| <i>Plus</i> | Weighted Average Acuity Supplemental Payment Per Medicaid Day |
| <i>Equals</i> | Weighted Average Portion of Reimbursement Based on Acuity |

The full rate per diem is calculated by dividing the number of Medicaid nursing and LTC

TN No.: 17-015

Approval Date: JAN 19 2018

Effective Date: October 1, 2017

Supersedes

TN No.: 11-012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-D

Page 10g

The state will make a one-time supplemental payment to each freestanding nursing facility that is not a state-owned or operated (SGO) or non-state government owned or operated (NSGO) for the quarter ending December 31, 2017. This payment will be equal to the difference between the individual facility's budget neutral per diem in effect for the quarter ending September 30, 2017 and what the individual facility's budget neutral per diem would have been with a 10% increase to the state's weighted average budget neutral per diem, multiplied by the facility's number of Medicaid Fee-for-Service days in the same quarter ending September 30, 2017.

TN No.: 17-015

Approval Date: JAN 19 2018

Effective Date: October 1, 2017

Supersedes

TN No.: NEW