Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 22-0013-A

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 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850

CENTERS FOR MEDICAID & CHIP SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

October 26, 2022

Suzanne Bierman, Administrator Department of Health and Human Services Division of Health Care Financing and Policy 1100 East William Street, Suite 101 Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) 22-0013-A

Dear Ms. Bierman

We have reviewed the proposed amendment to add section 7.4.A., page 2: Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to Nevada's Medicaid state plan, as submitted under transmittal number (TN) 22-0013-A. This amendment proposes to rescind temporary policies in section 7.4. Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 22-0013-A is approved effective June 1, 2022.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Brian Zolynas at (415) 744-3601 or by email at Brian.Zolynas@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M. Deboy -S Digitally signed by Alissa M. Deboy -S Date: 2022.10 26 07:44:46 -04'00'

Alissa Mooney DeBoy On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE
	2 2 <u>00 1 3 A</u> NV
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
	SECURITY ACT (XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	June 1, 2022
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
Title XIX of the Social Security Act	a FFY 2022 \$ (394,454) b. FFY 2023 \$ (1,132,916)
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 95 and 96.	OR ATTACHMENT (II Applicable)
Attachment 7.4—A, Page 2 Section	
9. SUBJECT OF AMENDMENT	
Ending the COVID laboratory testing reimbursement rate at 100% of Medicare.	
Ending the COVID laboratory testing reinibulsement rate at 1007	of Medicare.
10. GOVERNOR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, ASSPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
-	15. RETURN TO
	Sandie Ruybalid, Deputy Administrator
1 1 1 1 1 1 1 1 1	DHCFP/Medicaid 1100 East William Street, Suite 101
RICHARD WHITLEY	Carson City, NV 89701
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED	
October 12, 2022 June 29, 2022	
FOR CMS USE ONLY	
16. DATE RECEIVED June 29, 2022	17. DATE APPROVED
PLAN APPROVED - O	October 26, 2022
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SONAS OREIOF AFROWING OFFICIAL
June 1, 2022	Deboy -S Date: 2022.10.26 07:45:15-04'00'
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Alissa Mooney DeBoy	On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services
22. REMARKS	Center for Medicaid and Criff Services
Box 7: State authorized pen and ink change on 10/17/2022.	

State/Territory: Nevada Page 2

7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective June 1, 2022, the State rescinds the election at Section E-Payments, Subsection 2 (approved on June 18, 2020 in SPA Number 20-0009) of the Nevada Medicaid State Plan to reimburse providers for COVID-19 diagnostic and serology laboratory testing at 100% of Medicare rates.

TN: 22-0013-A Approval Date: October 26, 2022
Supersedes TN: NEW Effective Date: June 1, 2022