

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 22-0022**

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



---

October 7, 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) 22-0022

Dear Ms. Bierman

We have reviewed the proposed amendment to add section 7.4.A. 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) 22-0022. 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 22-0022 is approved effective January 1, 2023.

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

Please contact Peter Banks at (415) 744-3782 or by email at [Peter.Banks@cms.hhs.gov](mailto:Peter.Banks@cms.hhs.gov) if you have any questions about this approval.

Sincerely,

Alissa M.  
Deboy -S

 Digitally signed by Alissa  
M. Deboy -S  
Date: 2022.10.07  
08:31:26 -04'00'

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

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	1. TRANSMITTAL NUMBER <u>2 2 - 0 0 2 2</u>	2. STATE <u>NV</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of SSA	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>(4,040,713)</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7.4-A, Page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) N/A	

9. SUBJECT OF AMENDMENT  
Effective January 1, 2023, the agency rescinds the election at Section E.4 - Payments of section 7.4 (approved on 06/22/2022 in SPA Number 22-0010) of the state plan to allow the agency to make American Rescue Plan Act Section 9817 increases for home and community-based services by Provider Types 29, 30, 39 and 83.

10. 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:

12. TYPED NAME RICHARD WHITLEY	15. RETURN TO Sandie Ruybalid, Deputy Administrator DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED September 13, 2022	

**FOR CMS USE ONLY**

16. DATE RECEIVED 9/13/22	17. DATE APPROVED October 7, 2022
------------------------------	--------------------------------------

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/23	19. SIGNATURE OF APPROVING OFFICIAL Deboy -S <small>Digitally signed by Alissa M. Deboy -S Date: 2022.10.07 08:31:53 -04'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services

22. REMARKS

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

Effective January 1, 2023, the agency rescinds the election at Section E.4 - Payments of section 7.4 (approved on 06/22/2022 in SPA Number 22-0010) of the state plan to allow the agency to make American Rescue Plan Act Section 9817 increases for home and community-based services by Provider Types 29, 30, 39 and 83. The end-date for these payments is amended to 12/31/22.