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State/Territory Name: NV

State Plan Amendment (SPA) #: 23-0024

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

January 11, 2024

Stacie Weeks, Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 105
Las Vegas, NV 89702

RE: TN 23-0024

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-23-0024, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 01, 2023. This SPA updates the payment methodology for personal care services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

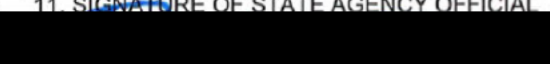
Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 2 4</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 January 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 447</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>21,314,469</u> b. FFY <u>2025</u> \$ <u>30,396,593</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>State Plan Attachment 4.19-B, Page 4 (Addendum)</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>State Plan Attachment 4.19-B, Page 4 (Addendum)</u>	

9. SUBJECT OF AMENDMENT
Increase the rate to \$25 hr for PCS services for PT 30 & 83, (previous rate \$17.56 hr) per Approved State Budget

10. GOVERNOR'S REVIEW (Check One)

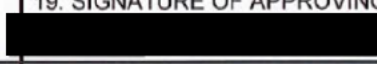
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Sandie Ruybalid, Deputy Administrator DHCFFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
12. TYPED NAME RICHARD WHITLEY	
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED November 1, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED November 1, 2023	17. DATE APPROVED January 11, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

Attachment 4.19-B
Page 4 (Addendum)

1. Net allowable costs are the sum of the net allowable direct costs (Item 2) and indirect costs (Item 3).
 2. The cost-based rate is the net allowable costs (from Item 4) divided by the total forecasted transportation service utilization.
15.
 - a. Services of Religious non-medical Healthcare Institution nurses: NOT PROVIDED.
 - b. Services in Religious non-medical Healthcare Institutions sanatoria: NOT PROVIDED.
 - c. Hospice Services: Reimbursed at the established annual Medicaid rate regardless of billed charges. The agency's rates were set as of October 1, 2008 and are effective for services on or after that date. Rates are adjusted annually each year thereafter in accordance with 42CFR 418.
 - d. Hospice provided in a long-term care facility: Reimbursed 95% of the nursing facility daily rate for room and board provided by the nursing facility or long-term care facility.
 16. Emergency hospital services out-of-state: lower of: a) billed charges, or b) local Medicaid maximums. The agency's rates were set as of July 1, 2005 and are effective for services on or after that date.
 17. Personal care services in recipients' home and setting outside the home: fixed hourly rate established by the State of Nevada legislative body.

For personal care services performed on or after January 1, 2024, fixed hourly rate will be determined by multiplying a factor of 1.4237 (equal to 42.37%) times the July 1, 2020 rate. Providers must pay direct home care workers a minimum hourly wage of at least \$16.00 per hour as a condition of receiving the \$25.00 per hour rate for personal care services eligible for reimbursement under this section. Providers who fail to pay direct care home workers at least \$16.00 per hour will be reimbursed at the previous rates in effect December 31, 2023. This reduced rate will remain in effect until the provider complies with the wage requirement above.

The Agency's rates for personal care services will be updated on January 1, 2024 to reflect the rate increase, as specified above. All rates are published on the Agency's website at <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>.

18. RESERVED