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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 23-0028

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 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 7, 2024

Stacie Weeks, Administrator
Department of Health and Human
Services
Division of Healthcare Financing
and Policy
1100 East Williams Street, Suite 101
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) NV-23-0028

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-23-0028. This amendment proposes to update the allowable providers who may supervise Community Health Workers (CHW).

We have conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Nevada Medicaid SPA NV-23-0028 was approved on February 6, 2024, with an effective date of July 01, 2023.

If you have any questions, please contact Cecilia Williams at 667-414-0674 or via email at Cecilia. Williams@cms.hhs.gov

Sincerely,

Digitally signed by James G.
Scott -S
Date: 2024.02.07 12:14:00
-06'00'

James G. Scott, Director

Division of Program Operations

cc: Casey Angres Jenifer Graham

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	$\frac{2}{3} - \frac{0}{0} \cdot \frac{0}{2} \cdot \frac{0}{8} = \frac{1}{10}$
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  July 1, 2023
5. FEDERAL STATUTE/REGULATION CITATION Some Classified XIX of the SSA: 42. CER 440 120	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2023 \$ 0 b FFY 2024 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Attechment 3.1-A page 3a and 3a cont.	OR ATTACHMENT (If Applicable) Attachment 3.1. A page 3a and 3a cont.
Attachment 4.19 B Page 3a & 3a (continued) Attachment 3.1 A Page 6a (Continued) and Page 6a (Continued 1).	Attachment 4.19-B Page 3a & 3a (continued) Attachment 3.1 A Page 6a (Continued)
9. SUBJECT OF AMENDMENT	
include Dentist, Licensed Clinical Social Worker, Licensed Marria passage of Senate Bill 117 during the 82nd Legislative session (2 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	
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	Sandie Ruybalid, Deputy Administrator DHCFP/Medicaid
12. TYPED NAME RICHARD WHITI FY	1100 East William Street, Suite 101 Carson City, NV 89701
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED	
September 27, 2023	JSE ONLY
16. DATE RECEIVED September 27, 2023	17. DATE APPROVED
PLAN APPROVED - Of	February 6, 2024
	19. SIGNATURE OF ARE OVING OFFICIAL Digitally signed by James G. Scott -S
July 1, 2023	Digitally signed by James G. Scott -S  Date: 2024.02.07 12:15:26 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REMARKS On 01/24/24, Nevada requested the Pen and Ink changes via email.	
Box 5: Please update to read "Title XIX of the SSA." 01/29/ Box 7: Please add Attach 4.19-B Page 3a & 3a (cont.).	/24: NV requested the Pen and Ink changes Box 7: Add Attachment 3.1 A Page 6a (Continued) and Page 6a (Continued 1). Box 8: Add Attachment 3.1 A Page 6a (Continued)
On 01/26/24, Nevada requested a Pen and Ink change via email.  Box 7: Remove Attach 3.1 A page 3 c and 3 c (cont.)  Box 8: Remove Attach 3.1 A page 3 c and 3 c (cont.)	

State: Nevada Attachment 3.1-A
Page 6a (Continued)

#### **Doula Services:**

A doula is a non-medically trained professional who provides education, emotional and physical support during pregnancy, labor/delivery, and postpartum period.

# Services:

The following doula services are covered beginning April 1, 2022:

- a. Emotional support, including bereavement support
- b. Physical comfort measures during peripartum (i.e. labor and delivery)
- c. Facilitates access to resources to improve health and birth-related outcomes
- d. Advocacy in informed decision making
- e. Evidence-based education and guidance

## Service Limitations:

Pursuant to 42 CFR Section 440.130(c), doula services are preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. Referral or prior authorization is not required.

Any services requiring medical or clinical licensure are not covered.

#### **Provider Qualifications:**

Approved certification from the Nevada Certification Board as a doula must be obtained prior to rendering services.

# **Community Health Worker (CHW) Services:**

Community Health Workers live in or otherwise have a connection to the community in which they provide services. They are trained by a provider of health care to provide certain services which do not require the CHW to be licensed. They provide services at the direction of a licensed provider of health care which may include outreach and the coordination of health care. All rendered services must be documented in a recipient's medical record.

# Services:

The following CHW services are covered:

- a. Guidance in attaining health care services.
- b. Identify recipient needs and provide education from preventive health services to chronic disease
- c. Providing information on health and community resources, including making referrals to appropriate health care services.
- d. Connect recipients to preventive health services or community services to improve health outcomes.
- e. Provide education including but not limited to, medication adherence, tobacco cessation, and nutrition.
- f. Promote health literacy, including oral health.

TN No.: 23-0028 Approval Date: February 6, 2024 Effective Date: July 1, 2023

Supersedes TN No.: 21-0012

State: Nevada Attachment 3.1-A
Page 6a (Continued 1)

## Service Limitations:

CHW services are recommended by a physician or other licensed practitioner of the healing arts within their scope of practice in accordance with state law. Services provided by a CHW are limited to four units (30 minutes per unit) in a 24-hour period, not to exceed 24 units per calendar month per recipient without prior authorization. If medically necessary, prior authorization can be requested for additional services.

## Provider Qualifications:

Approved certification from the Nevada Certification Board as a CHW must be obtained prior to rendering services.

## A. Rehabilitative Services:

#### 1. Mental Health Rehabilitation Services

Mental health rehabilitation assists individuals to restore and/or retain psychiatric stability, social integration skills, personal adjustment and/or independent living competencies in order to experience success and satisfaction in environments of their choice and to function as independently as possible. Interventions occur concurrently with clinical treatment and begin as soon as clinically appropriate.

The services must be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice and prescribed on an individualized treatment plan to achieve maximum reduction of a mental disability and restore the recipient to their optimal level of functioning.

TN No.: 23-0028 Approval Date: February 6, 2024 Effective Date: July 1, 2023

Supersedes TN No.: <u>NEW</u>

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada Attachment 4.19-B
Page 3a

12. a. Dentures: lower of a) billed charge, or b) fixed fee per unit value. See also 10.

- b. Prosthetic devices: (1) hearing aids: wholesale cost plus fixed fee; (2) all others: retail charge less negotiated discount.
- c. Eyeglasses: (1) frames: wholesale cost to a fixed maximum; (2) lenses: laboratory invoice cost; (3) material services: lower of a) billed charge, or b) fixed fee per Medicaid assigned unit value.

**Assurance:** State developed fee schedule rates are the same for both public and private providers for dentures, prosthetic devices and eyeglasses. The Agency's fee schedule rates were set as of January 1, 2017 and are effective for services provided on or after that date. All rates are published on the Agency's website at: <a href="http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/">http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/</a>

- 13. a. Other diagnostic services: lower of a) billed charges, or b) fixed fee per unit value.
  - b. Other screening services: lower of a) billed charges, or b) fixed fee per unit value.
  - c. Other preventive services: lower of a) billed charges, or b) fixed fee per unit value.
    - 1. Medical Nutrition Therapy

Payment for medical nutrition therapy services billed by a Licensed and Registered Dietician will be calculated using the January 1, 2014 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2014 Medicare Physicians Fee Schedule conversion factor. Payment for Medicine Codes 90000 – 99199 will be reimbursed the lower of billed charges or 63% of the Medicare non-facility rate.

2. Doula

Effective for dates of service on or after April 1, 2022, doula services provided during labor and delivery (includes antepartum and postpartum period) are reimbursed at the lower of billed charges or the amounts specified below:

- i. Codes 59409, 59514, 59612 and 59620; \$150.00
- ii. Code S9445; \$50.00
- 3. Community Health Worker (CHW):

Effective for dates of service on or after July 1, 2023, payment for services will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor or the first year the applicable code appears on the Medicare fee schedule, whichever is later. Payment will be the lower of billed charges, or the amounts specified below:

a. Medicine Codes 90000 – 99199 will be reimbursed at 60% of the Medicare non-facility rate.

TN No.:23-0028 Approval Date: February 6, 2024 Effective Date: July 1, 2023

Supersedes TN No.: 21-0012

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada Attachment 4.19-B
Page 3a (Continued)

### d. Other rehabilitative services: PROVIDED WITH LIMITATIONS

Assurance: State developed fee schedule rates are the same for both public and private providers for other diagnostic, screening, Medical Nutrition Therapy (MNT) services, Doula services and rehabilitative services. The Agency's fee schedule rates for MNT services were set as of January 1, 2018 and are effective for services provided on or after that date. The Agency's fee schedule rates for Doula services rates were set as of April 1, 2022 and are effective for services provided on or after that date. Community Health Worker rates were set as of July 1, 2023 and are effective for services provided on or after those dates. All rates are published on the Agency's website at: <a href="http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/">http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/</a>

TN No.:23-0028 Approval Date: February 6, 2024 Effective Date: July 1, 2023

Supersedes TN No.: 21-0012