

## **Table of Contents**

**State/Territory Name: NV**

**State Plan Amendment (SPA) #: 24-0030**

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  
230 South Dearborn Street  
Chicago, Illinois 60604



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**Financial Management Group**

January 6, 2025

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

RE: TN 24-0030

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Nevada state plan amendment (SPA) to Attachment 4.19-B NV-24-0030, which was submitted to CMS on October 30, 2024. This plan amendment updates the payment methodology for certain occupational therapy services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Blake Holt at

303-844-6218 or via email at [blake.holt@cms.hhs.gov](mailto: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 4 — 0 0 3 0</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, 2025**

5. FEDERAL STATUTE/REGULATION CITATION  
State Plan Under Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2025 \$ 1,131,076  
b. FFY 2026 \$ 2,376,341

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Nevada Medicaid State Plan Attachment 4.19 B Pages 2, 2(Con't), and 2d

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Nevada Medicaid State Plan Attachment 4.19 B Pages 2, 2 (Con't), and 2d

9. SUBJECT OF AMENDMENT  
The proposed amendment will increase the rate for Occupational Therapy services.

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME  
RICHARD WHITLEY

13. TITLE  
DIRECTOR, DHHS

14. DATE SUBMITTED  
October 29, 2024

15. RETURN TO  
Cynthia Leech, Compliance Agency Manager  
DHCFCP/Medicaid  
1100 East William Street, Suite 101  
Carson City, NV 89701

**FOR CMS USE ONLY**

16. DATE RECEIVED October 30, 2024	17. DATE APPROVED January 6, 2025
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS  
12/16/24: State concurs with pen and ink change to Boxes 7 and 8.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B  
Page 2d

11. Physical therapy, respiratory therapy and audiology services for individuals with speech, hearing and language disorders will be reimbursed the lower of a) billed charges, or b) fee schedule rate which is 77% of the Medicare non-facility rate. The Medicare non-facility rate is calculated using the January 1, 2014 unit values for the Nevada-specific resource based relative value scale (RBRVS) and the 2014 Medicare Physician Fee Schedule conversion factor.

Occupational therapy rates are paid using the fee schedule below.

**Assurance:** State developed fee schedule rates are the same for both public and private providers of the service. The agency's physical, respiratory, and audiology therapy fee schedule rates were set as of January 1, 2017 and are effective for services provided on or after that date. Additionally, occupational therapy fee schedule rates were set as of January 1, 2025 and are effective for services provided on or after that date. All rates are published on our website:

<http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>