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State/Territory Name: NV

State Plan Amendment (SPA) #: 25-0013

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

Financial Management Group

February 4, 2026

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

RE: TN 25-0013

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-25-0013 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 13, 2025. This SPA increases the rates for certain rehabilitative services and adds clarifying language for Psychologist services offered under 1905(a)(6) of the Social Security Act.

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 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,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0013

2. STATE: NV

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
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
State Plan Under Title XIX of the Social Security Act 1902(a)(6), 1902(a)(13)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ 37,499,912 6,594,272
b. FFY 2026 $ 60,296,961 9,891,408

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Pages 1e-1e (Con't), 2b (Con't), 3b-3b.1 (New) and 3g-3j ,3a.i, and 3b-3b.i, 3g-3k

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-B, Pages 1e-1e (Con't), 2b (Con't), 3b-3 (cont) and 3g-3j , 3a (Continued), and 3b, 3g-3k

9. SUBJECT OF AMENDMENT
Increase reimbursement rates for Provider Types 14 – Behavioral Health Outpatient Treatment, 17-215 – Substance Abuse Agency Model (SAAM), 26 – Psychologist, 82 – Rehabilitative Behavioral Health, 86 – Specialized Foster Care and, 93 – Substance Use Treatment.

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
March 13, 2025

15. RETURN TO
Cynthia Leech, Compliance Agency Manager
DHCFP/Medicaid
4070 Silver Sage Drive
Carson City, NV 89701

FOR CMS USE ONLY

16. DATE RECEIVED
March 13, 2025

17. DATE APPROVED
February 4, 2026

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
5/28/25: State concurs with pen and ink change to Box 5 (adding 1905(a)(13))and Box 6.
7/31/25: State concurs with additional pen and ink change to Box 5 (adding 1905(a)(6)) and Boxes 7 and 8.
12/8/25: State concurs with additional pen and ink changes to Boxes 7 and 8.(Note Page 3a (Continued) is having its pagination updated to 3a.i.

Instructions on Back

e. Payment for community paramedicine services will be the lower of billed charges or the amounts specified below:
   1. The following Medicine codes and Evaluation and Management codes will be reimbursed at 63% of the Medicare non-facility rate: 90460, 90471-90474, 99341-99345, 99347-99350. The Medicare non-facility rate 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.

f. Payment for services billed by a Nurse Anesthetist will be 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. Payment will be the lower of billed charges or the amounts specified below:
   1. Anesthesia Codes 00100 – 01999 will be reimbursed based on the Centers for Medicare and Medicaid Services (CMS) 2009 base units for anesthesia. Payment is determined by adding the base units plus time units and multiplying the result by the CMS 2013 anesthesia conversion factor of $22.57. Anesthesia Codes 01967 – 01969 are occurrence-based codes that are paid a flat rate. Anesthesia Codes 99100 – 99140 are not covered.
   1. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 59% of the Medicare facility rate.
   2. Medicine Codes 90000 – 99199 and Evaluation and Management Codes 99201 – 99499 will be reimbursed at 63% of the Medicare non-facility rate.
   3. Vaccine Products require a National Drug Code (NDC) and will be reimbursed according to the drug reimbursement algorithm set forth on Page 3 of Attachment 4.19-B.

g. Payment for services billed by 1905(a)(6) Psychologist will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:
   1. Medicine Codes 90000 – 99199 will be reimbursed at 85% of the Medicare non-facility-based rate.
   2. Vaccine Products require a NDC and will be reimbursed according to the drug reimbursement algorithm set forth on Page 3 of Attachment 4.19-B.
   3. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 90% of the Medicare non-facility-based rate.

h. Licensed Pharmacist

   Effective for dates of service on or after July 1, 2022, payment for 1905(a)(6) services billed by a Licensed Pharmacist will be calculated using the January 1, 2014 unit values for Nevada specific resource based relative value scale (RBRVS) and the 2014 Medicare Physicians 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 amount specified below:
      a. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 63% of the Medicare non-facility rate.
      b. Laboratory codes 80000-89999 will be paid:
         1. The lower of billed charges not to exceed 50% of the rate allowed by the 2014 Medicare Clinical Diagnostic

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

d. Other rehabilitative services: PROVIDED WITH LIMITATIONS

Assurance: Except as otherwise noted in the plan, 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 October 1, 2023 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:
https://dhcfp.nv.gov/Resources/Rates/FeeSchedules/

Rehabilitative Mental Health services: PROVIDED WITH LIMITATIONS:

1. Providers of Rehabilitative Mental Health services as described in 3.1-A:
   A. Payment for Providers of Rehabilitative Mental Health services who do not undergo the Medicaid cost described in Section B below is the rate specified in the Nevada Medicaid Fee Schedule (Fee Schedule). The Division's Rehabilitative Mental Health services rates were set as of January 1, 2025 and are effective for services on or after that date. All rates can be found on the official Website of the Division of Health Care Financing and Policy at https://dhcfp.nv.gov/Resources/Rates/FeeSchedules/ .
      i. Providers for Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) are reimbursed according to the market-based model developed to reflect service definitions, provider requirements, operational service delivery and administrative considerations. The following elements are used to determine the rate :
         1. Base Inputs
            a. Wage Assumptions: Hourly wages are sourced from the U.S. Bureau of Labor Statistics (BLS), using occupations deemed comparable to services delivered under this program. Nevada-specific wage data from May 2004 is used and inflated to reflect costs as of June 2006.
            b. Employee-Related Expenses (ERE): A flat 27% is added to wages to account for benefits including paid leave, health/life insurance, disability, workers' compensation, and mandatory payroll taxes. This percentage was derived from input by Task Force members and Medicaid staff.
         2. Operation Adjustments
            a. Productivity Adjustment: Accounts for non-billable time (e.g., documentation, no-shows, travel).
            b. Program Support: Includes administrative assistance costs (estimated at 4 hours/day).
            c. Supervision: Reflects the cost of clinical oversight for service delivery.
            d. Capital Costs: Covers facility-related expenses (rent, utilities, equipment leasing) not included in administrative overhead.
         3. Administrative Overhead
            a. A 10% overhead rate is applied to the adjusted service cost. This accounts for management, admin staff, office supplies, and general operations. It excludes capital expenses and staff training.
         4. Rate Calculation Steps
            a. Base Wage: Start with the hourly wage based on May 2004 Nevada BLS data, inflated to June 2006.

b. Loaded Wage: Add 27% for Employee-Related Expenses (ERE) to determine total compensation
c. Effective Hourly Rate: Apply the productivity adjustment to the loaded wage to account for non-billable time.
d. Per-Individual Rate: Divide the effective hourly rate by the assumed staffing ratio to get the cost per individual served.
e. Adjusted Rate: Add allocations for program support, supervision, and capital costs to the per-individual rate.
f. Final Hourly Rate: Apply a 10% administrative overhead to the adjusted rate.

ii. Residential Substance Use Disorder Services:

1. The Medicaid program will provide coverage for a bundle of medically necessary rehabilitative services provided by practitioners employed by, or associated with, provider entities delivering services known as Residential SUD Services. The State agency will reimburse providers as defined in Attachment 3.1-A delivering Residential SUD Services a bundled daily rate. Any provider delivering Residential SUD Services through a bundle will be paid through that bundle's payment rate and cannot bill separately for the individual rehabilitative services. At least one service must be provided in order to receive the bundled payment rate. If a provider delivering Residential SUD Services is unable to provide the whole scope of Residential SUD Services as defined in Attachment 3.1-A, providers can be reimbursed for a separate service. The State agency will periodically monitor the actual provision of Residential SUD Services to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.
2. The rate does not include costs related to room and board or other unallowable facility costs, if the rate is paid in residential settings.
3. The Division's rates were set as of July 31, 2024 and are effective for services on or after that date. All rates can be found on the official Website of the Division of Health Care Financing and Policy at https://dhcfp.nv.gov/Resources/Rates/FeeSchedules/.

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