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State/Territory Name: NV

State Plan Amendment (SPA) #: 23-0015

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

November 8, 2023

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

RE: TN 23-0015

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-23-0015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 28, 2023. This SPA updates the payment methodology for certain providers of Applied Behavioral Analysis.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. 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 1 5</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 July 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION <i>State Plan Under Title XIX of the Social Security Act</i> 1905(a)(4)(B)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>29,094</u> b. FFY <u>2024</u> \$ <u>126,872</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Nevada Medicaid State Plan Attachment 4.19-B 1b (continued p.1 and p.2)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Nevada Medicaid State Plan Attachment 4.19-B 1b (continued p.1)	

9. SUBJECT OF AMENDMENT
This proposed amendment will increase reimbursement rates for some providers and services under Applied Behavior Analysis to an amount commensurate with reimbursement rates paid by other states' Medicaid programs.

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 	15. RETURN TO Sandie Ruybalid, Deputy Administrator DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
12. TYPED NAME RICHARD WHITLEY	
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED September 27, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED September 28, 2023	17. DATE APPROVED November 8, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023	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
10/16/23: State concurs with pen and ink change to Box 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 1b (Continued p.1)

2. Employee Related Expenses (ERE) – ERE includes paid vacation, sick leave, holiday, health/life insurance, disability, worker’s compensation, payroll taxes, Medicare and Federal Income taxes.
 3. Productivity Adjustment Factor – Costs include non-billable services that are required for normal business operations such as staff meetings, personnel requirements, travel time and mileage. This also includes non-billable time spent by staff to include required case documentation and record keeping and time associated with missed/cancelled appointments.
 4. Allowances for Supervisory Time – Costs for the time spent supervising the field staff, which is not reimbursable under separate billing codes, as required by regulations.
 5. Certification/Training Expenses – Costs include initial and ongoing certification and training costs required to maintain provider qualifications.
 6. Administrative Overhead (10% Cap) – This includes costs associated with non-direct care activities required for normal business operations, such as building rent/utility costs, program support staff and office supplies, etc.
- iv. For services performed by a Board Certified Behavior Analyst, Board Certified Assistant Behavior Analyst, or Registered Behavior Technician on or after July 1, 2023:
- a. The Agency will determine reimbursement rates paid by other states’ Medicaid programs for each affected specialty and procedure and calculate the median out-of-state rate.
 - b. The median out-of-state rate will be compared to the current Nevada Medicaid reimbursement rates determined in sections (i-iii) above.
 1. If the median out-of-state rate exceeds the current Nevada Medicaid reimbursement rate, the Agency will set the reimbursement rate for that specialty and service at an amount comparable to the rates paid by other states.
 2. If the median out-of-state rate is lower than the rates described in (i-iii) above, the reimbursement rates will remain unchanged and will follow the methodology described in (i-iii).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
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Except as otherwise noted in the plan, state developed fee schedule rates are the same for governmental and private providers of ABA services and the related fee schedule is published on the agency's website:

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

- II. Family planning services and supplies: as indicated for specific services listed elsewhere in this attachment, e.g., physician services, prescribed drugs.