

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: NV 23-0023**

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 AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

March 26, 2024

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

RE: Nevada State Plan Amendment (SPA) 23-0023

Dear Director Weeks:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 23-0023. This amendment proposes to increase reimbursement rates for Nursing Facilities.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 23-0019 is approved effective January 1, 2024. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Diana Dinh at [Diana.Dinh@cms.hhs.gov](mailto:Diana.Dinh@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Rory Howe  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 2 3</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 <b>January 1, 2024</b>	
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 <u>2024</u> \$ <u>18,405,907</u> b. FFY <u>2025</u> \$ <u>27,617,286</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Nevada Medicaid State Plan Attachment 4.19-D, page 5i and page 9	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Nevada Medicaid State Plan Attachment 4.19-D, page 5i and page 9	

9. SUBJECT OF AMENDMENT  
The proposed amendment will increase reimbursement rates for Nursing Facilities.

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. REFERENCE TO OFFICIAL [REDACTED]	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 November 1, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED November 1, 2023	17. DATE APPROVED March 26, 2024
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL [REDACTED]
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	21. TITLE OF APPROVING OFFICIAL FMG, Director

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-D

Page 5i

- a. **Budget Adjustment Factor** – In the event that the reimbursement system described in this section would result in anticipated payments to nursing facility providers being greater or less than the funding appropriated by the Nevada legislature, proportional increases or decreases will be made to the rates so that anticipated payments will equal legislative appropriations. This adjustment to rates will be made as a percentage increase or decrease in each provider's rate. The percentage will be determined in accordance with the following fraction:  $(\text{Legislative appropriations} / (\text{The Sum of Each Facility's Calculated Rate Multiplied by Each Facility's Proportional Share of the Anticipated (Budgeted) Case Load for All Freestanding Nursing Facilities}))$ . Medicaid days from the cost reports used in rate setting will be the basis for the proportional allocation of anticipated case load across all freestanding facilities.
- b. Effective January 1, 2024, The Weighted Average Budget Neutral Per Diem is \$159.77.

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TN No.: 23-0023

Approval Date: March 26, 2024

Effective Date: January 1, 2024

Supersedes

TN No.: 17-015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-D  
Page 9

E. Special Care Rates:

1. The Division of Health Care Financing and Policy shall establish special care rates for recipients ages 21 and over that are ventilator dependent, or behaviorally complex, and pediatric recipients less than 21 years of age with special high cost care needs and/or who are ventilator dependent. These special care rates will be all-inclusive per diem rates based on the costs of providing services to recipients.
  - a. Effective January 1, 2024 the per diem rate for recipients ages 21 and over that are ventilator dependent is the facility-specific fair rental value per diem, as computed under Section B.3.c. of this attachment, plus an add-on of \$616.28.
  - b. The per diem rate for behaviorally complex individuals is the facility-specific per diem rate plus an add-on rate for each of the following three tier categories. Tier definitions can be found in the Division of Health Care Financing and Policy Medicaid Services Manual Section 503.10, Page 15, as that section reads as of January 28, 2016.

Tier I.	\$111.23
Tier II.	\$222.45
Tier III.	\$326.26
  - c. The per diem rate for recipients less than 21 years of age with special high cost care needs that meet the Level of Care requirements for Pediatric Level I as defined, effective January 1, 2024, in the Medicaid Services Manual is \$790.58.
  - d. The per diem rate for recipients less than 21 years of age that meet the Level of Care requirements for Pediatric Level II as defined, effective January 1, 2024, in the Medicaid Services Manual is \$865.28.
2. The Division of Health Care Financing and Policy shall establish negotiated facility specific all-inclusive per diem rates for Medicaid recipients with unique high cost care needs. Nursing facilities may not bill the Medicaid program for special care recipients other than on a per diem basis using the established negotiated rate. Rates will address the following client care issues:
  - a. Patient's acuity
  - b. Availability of beds
  - c. Patient's freedom of choice

When special care rates are required or when multiple facilities are equally acceptable under E.2. above, the nursing facility with the lowest per diem rate will be selected. The per diem rate will not exceed the facility's usual and customary rate for similar services.