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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 23-0016

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

April 11, 2024

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

Re: Nevada State Plan Amendment (SPA) NV-23-0016

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NV- 23-0016. This amendment proposes to increase reimbursement rates for Doula providers and an additional 10% increase for services provided to rural recipients.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations under Section 1905(a)(13)(c). This letter informs you that Nevada's Medicaid SPA (TN) NV-23-0016 was approved on April 10, 2024, with an effective date of October 01, 2023.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Nevada State Plan.

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

Sincerely,


Ruth

Hughes -S

Ruth A. Hughes, Acting Director
Division of Program Operations

Digitally signed by Ruth
Hughes -S
Date: 2024.04.11
12:03:24 -05'00'

cc: Evette Cullen
Sean Linehan
Jenifer Graham
Kimberly Adam
Theresa Carsten
Casey Angres

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 6</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 October 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION State Plan Under Title XIX of the Social Security Act under 1905(a)(13)(c)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>76,397</u> b. FFY <u>2025</u> \$ <u>81,711</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Nevada Medicaid State Plan Attachment 4.19-B page 3a & 3a cont Attachment 3.1 A Page 6a (Continued)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Nevada Medicaid State Plan Attachment 4.19-B page 3a & 3a cont Attachment 3.1 A Page 6a (Continued)	
9. SUBJECT OF AMENDMENT This proposed amendment will increase reimbursement rates for Doula providers and an additional 10% increase for services provided to rural recipients.		
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED:		
11. SIGNATURE OF STATE 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 27, 2023	17. DATE APPROVED April 10, 2024	
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL October 01, 2023	19. SIGNATURE OF APPROVING OFFICIAL Ruth Hughes -S <small>Digitally signed by Ruth Hughes -S Date: 2024.04.11 12:03:58 -05'00'</small>	
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS 10/17/23: State concurred with pen and ink change to Box 5 via email. 03/08/24: State concurred with pen and ink changes to Boxes 7 and 8 via email.		

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.

Doula services for the same recipient and pregnancy are limited to a maximum of the following:

- a. Four visits during the prenatal/antepartum and/or postpartum period (up to 90 days postpartum).
- b. One visit at the time of labor and delivery.

Prior authorization may be submitted for any additional Doula services after the initial service limits are exhausted.

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.

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:

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

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 October 1, 2023, 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; \$900.00

ii. Code S9445; \$100.00

iii. A 10 percent increase to rates identified in i.-ii. will be provided for services rendered to recipients residing outside of urban Washoe and urban Clark counties.

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:

TN No.: 23-0016

Approval Date: April 10, 2024

Effective Date: October 1, 2023

Supersedes

TN No.: 23-0028

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

Attachment 4.19-B
Page 3a (Continued)

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

- 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 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:

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