

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 14-008

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
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 4, 2015

Romaine Gilliland, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, NV 89706

Dear Mr. Gilliland:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 14-008. This SPA was submitted to my office on December 30, 2014 requesting to amend Attachment 4.19-B, Page 7a to increase the number of face-to-face encounters/visits included in the all-inclusive rate paid to Indian Health Service and Tribal 638 facilities from three to five. The SPA also expands the list of health care professionals eligible for reimbursement to include all healthcare professionals approved under the State Plan.

The approval is effective January 1, 2015. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 4.19-B, Page 7a

If you have any questions, please contact Brian Zolynas by phone at (415) 744-3601 or by email at Brian.Zolynas@cms.hhs.gov.


Sincerely,

/s/

Hye Sun Lee, MPH
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Laurie Squartsoff, Administrator, DHCFP

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 14-008	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2015	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: State Plan Under Title XIX of the Social Security Act; 42 CFR 447	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$24,963,605 b. FFY 2016 \$27,995,898	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 4.19-B, Page 7a</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <u>Attachment 4.19-B, Page 7a</u>	
10. SUBJECT OF AMENDMENT: This amendment is to increase the number of face-to-face encounter/visits per recipient per day allowed for services from three to five. In addition, the encounter/visits will be expanded to include all healthcare professionals as approved under the Nevada Medicaid State Plan.		
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME: Romaine Gilliland 	Tammy Moffitt, Chief of Program Integrity DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701	
14. TITLE: Director, Department of Health and Human Services		
15. DATE SUBMITTED: December 30, 2014		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: December 30, 2014	18. DATE APPROVED: March 4, 2015	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Hye Sun Lee, MPH	22. TITLE: Associate Regional Administrator	
23. REMARKS:		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NEVADA

Attachment 4.19-B
Page 7a

REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL 638 HEALTH FACILITIES

Effective January 1, 2015, Nevada Medicaid will reimburse Indian Health Services facilities and Tribal 638 facilities in accordance with the most recent published Federal Register notice.

The published, all inclusive, rate is paid for up to five (5) face-to-face encounters/visits per recipient per day. Encounters/visits are limited to healthcare professionals as approved under the Nevada Medicaid State Plan.