

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 17-013

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

January 19, 2018

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

Dear Mr. Whitley:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 17-013. The SPA updates the definition of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) to align with the CMS definition. The SPA was submitted to my office on October 31, 2017.

The approval is effective October 1, 2017. Attached are copies of the following pages to be incorporated into your approved state plan:

- Attachment 3.1-A Pgs. 2h, 3, 3c, and 3d

If you have any questions, please contact Peter Banks by phone at (415) 744-3782 or by email at Peter.Banks@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Marta Jensen: Acting Administrator, DHCFP

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

17-013

2. STATE:

NEVADA

FOR: HEALTH CARE FINANCING ADMINISTRATION

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 ^{PB}
~~July 1, 2017~~ October 1, 2017

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440, Subpart B, Sections 1902(a), 1902(e), 1905(p),
1915, 1920 and 1925

7. FEDERAL BUDGET IMPACT:

a. FFY 2018 ^{PB} \$4,763,935 \$1,350,587
b. FFY 2019 \$5,668,300 \$904,365

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A pages 2h, 3, 3c and 3d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A pages 2h, 3, 3c and 3d

10. SUBJECT OF AMENDMENT:

CMS updated definition of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 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:

Richard Whitley

Lynne Foster, Chief of Division Compliance
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

14. TITLE:

Director, Department of Health and Human Services

15. DATE SUBMITTED:

10/31/17

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 10/31/17

18. DATE APPROVED:
January 19, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/1/17

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Henrietta Sam Louie

22. TITLE: Associate Regional Administrator

23. REMARKS: Pen and Ink Requests: 1. Box 4: Update language from July 1, 2017 to October 1, 2017. 2. Box 7: Update FY18 from \$4,763,935 to \$1,350,587 and update FY19 from \$5,668,300 to \$904,365.

A qualified audiologist has a master's or doctoral degree in audiology which meets State licensure requirements. Per NRS 637B.160 they are licensed by the Board of Examiners for Audiology and Speech Pathology.

I. Medical supplies, equipment and appliance services furnished in the school environment.

Services:

As regulated under 42 CFR §440.70 and other applicable state and federal law or regulation.

Equipment and appliances are defined as items which are primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of disability, illness or injury, can withstand repeated use and can be reusable and removable.

Medical supplies are those health care related items which are consumable or disposable, or cannot withstand repeated use by more than one individual, that are required to address an individual medical disability, illness or injury.

Service limitations:

Nevada Medicaid covers standard medical equipment that meets the basic medical need of the recipient. Deluxe equipment will not be authorized when it is determined a standard model will meet the basic medical needs of the recipient. Items classified as educational or rehabilitative by nature are not covered under this benefit. The DME provider is required to have documentation of physician's orders prior to the dispensing of any equipment or supplies.

Prior authorization and service limitations are applicable for some equipment and supplies. Specific limitations can be found in Chapter 1300 of the Medicaid Services Manual.

Provider Qualifications:

Providers dispensing durable medical equipment and medical supplies must be licensed with Medical Device Equipment and Gas through the Nevada Board of Pharmacy and be enrolled as a provider with the Division of Health Care Financing and Policy (DHCFP). Local Education Agency providers may dispense audiological supplies/equipment and medical supplies by their qualified practitioners acting within the scope of practice under state law.

State/Territory: Nevada

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

XX Provided: ___ No limitations X With limitations*

___ Not provided.

c. Chiropractors' services.

XX Provided: ___ No limitations X With limitations*

___ Not provided.

d. Other practitioners' services.

XX Provided: Identified on attached sheet with description of limitations, if any.

___ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: ___ No limitations X With limitations*

b. Home health aide services provided by a home health agency.

Provided: ___ No limitations X With limitations*

c. Medical supplies, equipment, and appliances.

___ Provided: ___ No limitations X With limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

XX Provided: ___ No limitations X With limitations*

___ Not Provided.

8. Private duty nursing services.

XX Provided: ___ No limitations X With limitations*

___ Not Provided.

*Description provided on Attachment 3a.

6. Monitoring of vital signs
7. Reporting of changes in recipient condition and needs
8. Any task allowed under NRS 632 and directed in the physician's approved plan of care.

Provider Qualifications:

A person who:

- has successfully completed a state-established or other training program that meets the requirements of 42 CFR 484.36(a); and
- a competency evaluation program or state licensure program that meets the requirements of 42 CFR 484.36(b), or
- a competency evaluation program or state licensure program that meets the requirements of 42 CFR 484.36(b) or (e).

An individual is not considered to have completed a training and competency evaluation program, or a competency evaluation program if, since the individuals most recent completion of this program(s), there has been a continuous period of 24 consecutive months during none of which the individual furnished services described in 42 CFR 409.40 for compensation.

- g. Medical supplies, equipment and appliances.

Services:

Equipment and appliances are defined as items which are primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of disability, illness or injury, can withstand repeated use and can be reusable and removable.

Medical supplies are those health care related items which are consumable or disposable or cannot withstand repeated use by more than one individual, that are required to address an individual medical disability, illness or injury.

Service limitations:

Nevada Medicaid covers standard medical equipment that meets the basic medical need of the recipient. Deluxe equipment will not be authorized when it is determined a standard model will meet the basic medical needs of the recipient. Items classified as educational or rehabilitative by nature are not covered under this benefit. The DME provider is required to have documentation of physician's orders prior to the dispensing of any equipment or supplies.

DME services are typically not covered under this program benefit for recipients in an inpatient setting. Customized seating systems may be covered under this benefit to a recipient in a nursing facility if the item is unique to their medical needs. Disposable services are not covered in an inpatient setting under this benefit.

TN No.: 17-013

Approval Date: January 19, 2018

Effective Date: October 1, 2017

Supersedes

TN No.: 09-008

Prior authorization and service limitations are applicable for some equipment and supplies. Specific limitations can be found in Chapter 1300 of the Medicaid Services Manual.

Provider Qualifications:

Providers are required to have a Medical Device Equipment and Gas licensure from the Nevada Board of Pharmacy

8. Private duty nursing services

Private duty nursing services means nursing services provided by a registered nurse or licensed practical nurse under the direction of the recipient's physician. These services are provided in the recipient's home. To qualify for these services, a recipient must require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or skilled nursing facility. These services are provided in accordance with 42 CFR 440.80 and other applicable state and federal law or regulation. These services are offered through a home health provider that is enrolled as a Medicare Certified Home Health Agency licensed and authorized by state and federal laws to provide health care services in the home.

Provider Qualifications:

(Reference Section 7 "e" of Attachment 3.1-A)