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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 17-019

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 1, 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) 17-019. The SPA adds language to Attachment 4.19-B to include a reimbursement methodology for medical nutritional therapy services provided by registered dietitians. The SPA was submitted to my office on December 21, 2017.

The approval is effective January 1, 2018. Attached is a copy of the following page to be incorporated into your State Plan:

- Attachment 4.19-B, Pg. 3a

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: 17-019	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 January 1, 2018	
5. TYPE OF PLAN MATERIAL (Check One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: State Plan Under Title XIX of the Social Security Act: 42 CFR 447		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2018 \$1,736,122 \$642,365	
		b. FFY 2019 \$2,382,362 \$881,474	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: pb Attachment 4.19-B, Page 1d (continued) Attachment 4.19-B, Page 3a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): pb Attachment 4.19-B, Page 1d (continued) Attachment 4.19-B, Page 3a	
10. SUBJECT OF AMENDMENT: During the 79 th Legislative Session (2017), Nevada Medicaid received approval to open services for Medical Nutrition Therapy (MNT) services. pb Attachment 4.19-B, Page 1d (continued): Language is being added to the Nevada Medicaid State Plan to include reimbursement methodology for medical nutrition therapy (MNT) services provided by Registered Dietitians who are licensed in the state of Nevada.			
11. GOVERNOR'S REVIEW (Check One):			
<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 wish to review the State Plan Amendment.	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
13. TYPED NAME: Julia Kotchevar		16. RETURN TO: Lynne Foster, Chief of Division Compliance DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701	
14. TITLE: Deputy Director, Department of Health and Human Services			
15. DATE SUBMITTED: 12/21/17			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/21/17		18. DATE APPROVED: March 1, 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/18		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>	
21. TYPED NAME: Henrietta Sam Louie		22. TITLE: Associate Regional Administrator	
23. REMARKS: Pen and Ink: Box 8 - Changed to read "Attachment 4.19-B, Page 3a". Box 9 Changed to read "Attachment 4.19-B, Page 3a". Box 10 - Deleted "Attachment 4.19-B, Page 1d (continued)". NV SPA 17-019 must be approved concurrently with NV SPA 17-021. Pen and Ink #2: Box 7 - Change "FFY 2018 \$1,736,122 and FFY 2019 \$2,382,362" to "FFY 2018 \$642,365 and FFY 2019 \$881,474"			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

Attachment 4.19-B
Page 3a

12. b. Dentures: lower of a) billed charge, or b) fixed fee per unit value. See also 10.
- c. Prosthetic devices: (1) hearing aids: wholesale cost plus fixed fee; (2) all others: retail charge less negotiated discount.
- d. 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. 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.
- 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, preventive and rehabilitative services. The Agency's fee schedule rates were set as of January 1, 2018 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/>