

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 18-012**

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**

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November 21, 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) 18-012, which was submitted to CMS on September 28, 2018. The SPA removes restrictions on home health and private duty nursing services that are provided in a place of residence.

This SPA is approved effective July 1, 2018. Attached is a copy of the following pages to be incorporated into your State Plan:

- Attachment 3.1-A, Page 3a Continued and Page 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](mailto:Peter.Banks@cms.hhs.gov).

Sincerely,

/s/

Dzung Hoang  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Encls: Approval Package

cc: Marta Jensen: Acting Administrator, DHCFP

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

1. TRANSMITTAL NUMBER:

**18-012**

2. STATE:

**NEVADA**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID) SECTION 1927.**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

**July 1, 2018**

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 § 440.70 and 42 CFR § 440.80**

7. FEDERAL BUDGET IMPACT:

**a. FFY 2018 - \$0.00**

**b. FFY 2019 - \$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-A, Page 3a Continued and Page 3d**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

**Attachment 3.1-A, Page 3a Continued and Page 3d**

10. SUBJECT OF AMENDMENT:

**Updating the State Plan to ensure compliance with the Home Health Final Rule, removes of language  
restricting services to being provided to the recipient at place of residence.**

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

The Governor's Office does not  
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Marta Jensen**

14. TITLE:

**Administrator, Division of Health Care Financing  
and Policy**

15. DATE SUBMITTED:

*September 28, 2018*

16. RETURN TO:

**Lynne Foster, Chief of Division Compliance**

**DHCFP/Medicaid**

**1100 East William Street, Suite 101**

**Carson City, NV 89701**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 9/28/18

18. DATE APPROVED:

November 21, 2018

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/18

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME: Dzung Hoang

22. TITLE: Acting Associate Regional Administrator,  
Medicaid & Children's Health Operations

23. REMARKS:

- A) The following are non-covered services:
- a. Travel time.
  - b. Mileage.
  - c. Services related to hospital-acquired conditions or complications resulting from treatment provided in a hospital.
  - d. Emergency response; for recipients requiring emergency response, the EMS transport will be billed under the ambulance medical emergency code.
  - e. Duplication of services.
  - f. Personal care services.

7. Home health care services

Services: As regulated under 42 CFR 484, 42 CFR 440.70 and other applicable state and federal law or regulation.

Home health services are certified by a physician and provided under a physician approved Plan of Care. These services may be provided in any setting where normal life activities occur. The provider must be enrolled as a Medicare Certified Home Health Agency licensed and authorized by state and federal laws to provide health care services in the home. Home health services include the following services and items:

- a. Physical therapy.  
(Reference Section 11 “a” of Attachment 3.1-A)
- b. Occupational therapy.  
(Reference Section 11 “b” of Attachment 3.1-A)
- c. Speech therapy.  
(Reference Section 11 “c” of Attachment 3.1-A)

Provider Qualifications:

(Reference Section 7 “e” of Attachment 3.1-A)

- d. Skilled nursing services (RN/LPN visits)

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 may be provided in the recipient's home and other settings where normal life activities occur. 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)