



## **Disabled & Elderly Health Programs Group**

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July 9, 2015

Laurie Squartsoff  
Administrator, Division of Health Care Financing and Policy  
Nevada Department of Health and Human Services  
1100 East William Street, Suite 101  
Carson City, NV 89710

Dear Ms. Squartsoff,

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Nevada's Statewide Transition Plan (STP) to bring state standards and settings into compliance with new federal home and community-based settings requirements. Nevada submitted this Plan to CMS on March 18, 2015. In conducting a basic element review, CMS noted the following:

### **Public Notice**

- Although Nevada did not include evidence of two forms of public notice, the reviewers found copies of two workshop notices on the state website. Please add the documents from the state website into the STP to verify that public notice was sufficient.
- The URL listed in the STP is incomplete. Please amend to the correct URL:  
<https://dhcfp.nv.gov/hcbs.htm>
- Nevada has included four sets of notes from the public workshops. However, these notes do not appear to reflect a summary of all public comments received or the information included in Appendices F, G, J, and K of the STP. Please provide a summary that includes all issues of significance raised by the commenters and the state's responses to those issues, what, if anything, was changed in the plan as a result of public comment, what issues raised were not incorporated and the state's reason for doing so.

### **Remedial Actions**

- **Milestones.** There are a few milestones currently in the plan (e.g., Medicaid Service Manual Revisions); however the state should add more specific milestones (an action and corresponding date or timeframe) to the remediation plan that correspond to the specific action items already included in the Plan. For example, the state should provide a listing of specific milestones for remediation; and include any milestones with timelines specific to settings presumed not to be home and community-based.

## **Setting Assessment**

- In reviewing your waiver renewal application 0152.RO6.00, language was noted that was not included in the STP regarding settings that may require heightened scrutiny. The waiver application identifies,

*Augmented Personal Care is provided in residential group homes. The state is currently in the process of completing in-person reviews of these providers to verify they are compliant with the new HCBS rules. Based on partial completion of the reviews, the state has identified a potential issue—one residential group home located in a rural community is on the same campus as a nursing facility. This is the only residential group home available within this community and serves many HCBS waiver recipients. The State is considering requesting an exception for this setting due to the remote, rural location and the potential displacement of the individuals to a community that is not their own.”*

There is no reference to this in the STP, unless the following portion from the section on pp. 6-7, *State Specific Analysis, Group Homes and Supported Living Arrangements*, refers to the same setting, “The State has one group home setting, and minimal supported living arrangements that are located on a campus with an institution, or provide inpatient services.” If these two statements refer to the same setting, insert the language from the waiver into the STP for consistency. If they are not the same, please clarify that there are two settings identified with issues regarding a presumption of institutional qualities. In addition, please include information as to whether the aforementioned nursing facility is privately or publically owned. Include any comments and responses that you received from the public regarding the setting identified in 0152.RO6.00 in the STP.

## **Heightened Scrutiny**

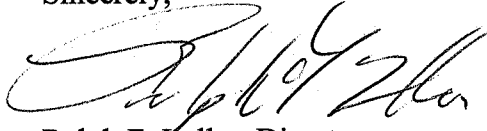
CMS must clearly understand the state process for identifying settings that are presumed to be institutional in nature. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit information on settings meeting the scenarios described in the regulation, the presumption will stand and the state must describe the process for informing and transitioning the individuals involved into compliant settings or to non-Medicaid funding streams.

These settings include the following:

- Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- Settings in a building on the grounds of, or immediately adjacent to, a public institution;
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Please submit the revised STP within 30 days from the date of receipt of this letter. CMS will coordinate with the state to schedule future meetings, if necessary, to discuss the results of CMS' review and how the State should proceed with making revisions. Please contact Amanda Hill of my staff at [Amanda.Hill@cms.hhs.gov](mailto:Amanda.Hill@cms.hhs.gov) with any questions related to this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "R. F. Lollar". The signature is fluid and cursive, with a large initial "R" and "L".

Ralph F. Lollar, Director  
Division of Long Term Services and Supports

cc. Jackie Glaze,