

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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February 26, 2016

Marta Jensen, Acting Administrator  
Nevada Division of Health Care Financing & Policy  
Department of Health & Human Services  
1101 East William Street, Suite 101  
Carson City, NV 89701

Dear Ms. Jensen:

I am pleased to inform you that your request to renew Nevada's Section 1915(c) Frail Elderly (FE) Home and Community-Based Services Waiver has been approved. The renewal has been assigned Control Number 0152.R06.00 and is approved with an effective date of July 1, 2015.

With this five-year renewal, the waiver continues to provide case management, homemaker, respite care, chore services, personal emergency response systems, companion services, adult day care services, and augmented personal care. Additionally, this renewal includes updates to the provider qualifications for all services and a consolidated review process. The state will consolidate the quality review activities of this waiver with the Persons with Physical Disabilities 1915(c) Waiver.

The following estimates of unduplicated participants and average per capita costs are approved:

	<b>Unduplicated Recipients (Factor C)</b>	<b>Community Costs (Factor D+D')</b>	<b>Institutional Costs (Factor G+G)</b>	<b>Total Waiver Costs (Factor C x Factor D)</b>
<b>Year 1</b>	<b>2296</b>	<b>10,268.00</b>	<b>77,125.00</b>	<b>12,076,960.00</b>
<b>Year 2</b>	<b>2333</b>	<b>10,381.46</b>	<b>79,803.00</b>	<b>13,564,062.00</b>
<b>Year 3</b>	<b>2371</b>	<b>10,872.94</b>	<b>82,593.00</b>	<b>16,373,354.74</b>
<b>Year 4</b>	<b>2410</b>	<b>11,944.56</b>	<b>85,501.00</b>	<b>20,486,349.60</b>
<b>Year 5</b>	<b>2449</b>	<b>13,756.86</b>	<b>88,533.00</b>	<b>26,368,040.14</b>

Marta Jensen, Acting Administrator  
Page two of two

If the state wishes to modify the waiver program, an amendment request must be submitted to CMS via the HCBS web-based application portal. We appreciate the cooperation of your staff during the renewal review process. If you or your staff have questions about this waiver renewal, please contact Kathleen Creggett at (415) 744-3656 or by email at [Kathleen.Creggett@cms.hhs.gov](mailto:Kathleen.Creggett@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Kristin Dillon". The signature is written in a cursive style with a large initial "K" and a long horizontal stroke extending to the right.

Kristin Dillon  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Jennifer Frischmann, Chief, Long Term Support Services, DHCFP  
Crystal Wren, HCBS Supervisor Long Term Support Services, DHCFP  
Amanda Hill, CMS, CMCS