

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NEVADA

Assurances - 4.19D

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A. State Assurances. The State makes the following additional assurances:

1. For ~~N~~nursing ~~F~~facilities and ~~Intermediate Care Facilities/Individuals With Intellectual Disabilities~~ ICFs/~~MR~~IID

a. 447.253(d)(1) - When there has been a sale or transfer of the assets of a NF or ICF/~~MR~~IID on or after July 18, 1984, but before October 1, 1985, the State's methods and standards provide that payment rates can reasonably be expected not to increase in the aggregate, solely as a result of a change in ownership, more than payments would increase under Medicare under 42 CFR 413.130, 413.134, 413.153 and 413.157 insofar as these sections affect payment for depreciation, interest on capital indebtedness, return on equity (if applicable), acquisition costs for which payments were previously made to prior owners, and the recapture of depreciation.

b. 447.253(d)(2) - When there has been a sale or transfer of the assets of a NF or ICF/~~MR~~IID on or after October 1, 1985, the State's methods and standards provide that the valuation of capital assets for purposes of determining payment rates will not increase (as measured from the date of acquisition by the seller to the date of the change of ownership) solely as a result of a change of ownership, by more than the lesser of:

(i) 1/2 of the percentage increase (as measured from the date of acquisition by the seller to the date of the change of ownership) in the Dodge construction index applied in the aggregate with respect to those facilities that have undergone a change of ownership during the fiscal year; or

(ii) 1/2 of the percentage increase (as measured from the date of acquisition by the seller to the date of the change of ownership) in the Consumer Price Index for All Urban Consumers (CPI-U) United State city average) applied in the aggregate with respect to those facilities that have undergone a change of ownership during the fiscal year.

c. 447.253(e) - The State provides for an appeals or exception procedure that allows individual providers an opportunity to submit additional evidence and receive prompt administrative review, with respect to such issues as the State determines appropriate, of payment rates. ~~The Medicaid rate appeal process provides that an individual provider may seek an appeal of its Medicaid fee-for-service reimbursement rate from the state. An appeal can be granted only if the provider is able to show 1) the provider's costs for Medicaid services are not fully compensated by aggregate Medicaid payments received by the provider, including the Medicaid services pertaining to the appealed rate and all other Medicaid services furnished by the provider; 2) the provider has unique circumstances of services provided to Medicaid recipients relative to other like providers which result in higher costs not adequately or appropriately considered in the development of the existing rate;~~

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Supersedes

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