

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

Attachment 4.19-B
Page 4 (Addendum)

1. Net allowable costs are the sum of the net allowable direct costs (Item 2) and indirect costs (Item 3).
 2. The cost-based rate is the net allowable costs (from Item 4) divided by the total forecasted transportation service utilization.
15. a. Services of Religious non-medical Healthcare Institution nurses: NOT PROVIDED.
- b. Services in Religious non-medical Healthcare Institutions sanatoria: NOT PROVIDED.
- c. Hospice Services: Reimbursed at the established annual Medicaid rate regardless of billed charges. The agency's rates were set as of October 1, 2008 and are effective for services on or after that date. Rates are adjusted annually each year thereafter in accordance with 42CFR 418.
- d. Hospice provided in a long-term care facility: Reimbursed 95% of the nursing facility daily rate for room and board provided by the nursing facility or long-term care facility.
16. Emergency hospital services out-of-state: lower of: a) billed charges, or b) local Medicaid maximums. The agency's rates were set as of July 1, 2005 and are effective for services on or after that date.
17. Personal care services in recipients' home and setting outside the home: fixed hourly rate established by the State of Nevada legislative body. The agency's rates were set as of July 1, 2009 and are effective for services on or after that date.

For personal care services performed on or after January 1, 2020, fixed hourly rate will be determined by multiplying a factor of 1.033 (equal to 3.3%) times the July 1, 2009 rate.

The Agency's rates were set as of January 1, 2020, and are effective for services on or after January 1, 2020. All rates are published on the Agency's website at <http://dhcfp.nv.gov/>.

18. RESERVED