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# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

*Helping people. It's who we are and what we do.*



Stacie Weeks,  
JD MPH  
Administrator

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## Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the State Plan for Medicaid Services

### Public Hearing September 26, 2023

#### Summary

Date and Time of Meeting: September 26, 2023, at 10:00 AM

Name of Organization: State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: DHCFP  
1100 E. William Street  
First Floor Conference Room  
Carson City, Nevada 89701

#### Teleconference and/or Microsoft Teams Attendees

**(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)**

Malinda Southard, Deputy Administrator, DHCFP	Cheri Glockner, Silver Summit Health Plan (SSH)
Karen Griffin, Senior Deputy Attorney General	De
Gabriel D. Lither, Senior Deputy Attorney General	Dominic Gaon, Anthem (ANT)
Casey Angres, DHCFP	Don
Alex Tanchek, Silver State Government Relations	Edwing Rangel
Alexandra Garcia, DHCFP	Elizabeth Scott, DHCFP
Alicia Roman, DHCFP	Ellen Flowers, DHCFP
Allyson Hoover, SSH	Elyse Monroy-Marsala
Amy Shrogen, Black & Wadhams	Evette Cullen, DHCFP
Angel-Leigh, Fischer	Gabriele McGregor
April Caughron, DHCFP	Gina Callister
Areli Alarcon	Jared Davies, DHCFP
Ashley Heffernan	Jueana Piroli
Blayne Osborn, Nevada Rural Health Partners (NRHP)	Jeanette Verdin, Washoe Schools
Bob Gordon	Jeffrey Stroup, DHCFP
Brian Evans	Jennifer Atlas
Candace McClain-Williams, DHCFP	Jennifer Frischmann
Carin Hennessey, DHCFP	Jennifer Ripley
Casey Walker	Jessican Mandoki, DHCFP

Jessica Vannucci, DHCFP  
John Ezell  
Joseph Filippi  
Kaelyne Day, DHCFP  
Kashona Varew  
Keith Benson, DHCFP  
Keri Kelley, SSH  
Kimberly Adams, DHCFP  
Kyle Davis  
Linda Anderson  
Lisa Dyer, DHCFP  
Lisa Kunz, Touro  
Lori Follett, DHCFP  
Lucille Wroldsen, DHCFP  
Lynnette Aaron, DHCFP  
Mandy Coscarat, DHCFP  
Maria Reyes, Fidelis-Rx  
Mark Rosenberg, Fidelis-Rx  
Mary Gilbertson  
Meghan Sharp

Melissa Madera, DHCFP  
Rachael Devine, DHCFP  
Rianna White, Fidelis-Rx  
Rocio de la O Pena  
Rogie Arellano, DHCFP  
S. Goldstein  
Sarah Dearborn, DHCFP  
Sean Linehan, DHCFP  
Serene Pack, DHCFP  
Seth Wray, Health Plan of Nevada (HPN)  
Shirish S. Limaye, SSH  
Stephanie Sadasbeng, DHCFP  
Steve Messenger, Nevada Primary Care Association  
Susana Angel, DHCFP  
Thomas Fletcher, DHCFP  
Trey Delap  
Yatsive Robinson  
Yissel del Rio

### **Introduction:**

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Malinda Southard, Deputy Administrator, DHCFP, and Karen Griffin, Senior Deputy Attorney General.

Casey Angres – The notice for this public hearing was published on August 24, 2023, and revised on August 25, 2023, and September 19, 2023, in accordance with Nevada Statute 422.2369.

- 1. Public Comments:** There were none.
- 2. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

**Subject: Rate Increases for Applied Behavior Analysis Services Rendered by a Board-Certified Behavior Analyst, Board-Certified Assistant Behavior Analyst, or Registered Behavior Technician**

Kimberly Adams, Management Analyst in the Rate Analysis and Development (RAD) Unit, DHCFP, presented the proposed amendment to the Nevada State Plan – Attachment 4.19.

During the 2021 Nevada Legislative Session, Senate Bill (SB) 96 was passed and signed into law and is now codified under Nevada Revised Statutes (NRS) 422.27497. This statute requires the Division to amend rates for Board Certified Behavior Analysts (BCBA), Board Certified Assistant Behavior Analysts (BCaBA), and Registered Behavior Technicians (RBT) on a biennial basis. Fee-for-service (FFS) rates for BCBA, BCaBA, and RBTs must be established at an amount “comparable to rates of reimbursement paid by Medicaid programs in other states for the services of those providers.” Based on DHCFP’s research, aligning the Nevada Medicaid rates for BCBA, BCaBA, and RBTs would result in increases to reimbursement rates for some services and decreases to reimbursement rates for other services.

During the 2023 Nevada Legislative Session, the Division included a fiscal projection of the anticipated impact from NRS 422.27497 as part of the agency’s budget. Legislators expressed concern with decreasing reimbursement rates for some services. As a result, the Division received legislative approval to align reimbursement rates for the specialties listed above only when the alignment would result in an increase to reimbursement rates. For any service that showed a median out-of-state reimbursement rate lower than the current Nevada Medicaid rate, there will not be a change made to the current payment amounts.

This State Plan Amendment (SPA) is anticipated to impact some providers of Applied Behavior Analysis services. These provider types (PT) include, but are not limited to, Applied Behavior Analysis (PT 85) and School Health Services (PT 60).

A proposed fee schedule has been posted under the “Attachments” for this Public Hearing on the DHCFP website.

These changes are expected to increase the annual aggregate expenditure in State Fiscal Year (SFY) 2024 by \$204,579 and 2025 by \$217,606.

The effective date of the change is July 1, 2023, subject to CMS Approval.

At the conclusion of Kimberly Adam’s presentation, Casey Angres asked Malinda Southard and Karen Griffin if they had any questions or comments, they had none.

**Public Comments:** There were none.

Casey Angres – closed the Public Hearing for Attachment 4.19-B, rate increases for BCBA’s, BCaBA’s, and RBT’s.

**3. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

**Subject: Rate Increases for Doula Services to Include an Additional 10% Increase for Services Rendered for Rural Recipients**

Sean Linehan, Management Analyst in the RAD Unit, DHCFP, presented the proposed amendments for rate increases for Doula services to include an additional 10% increase for services renders to rural recipients.

DHCFP intends to submit a Medicaid SPA in order to provide an increase to Doula rates to include an enhancement for services provided in rural regions. These changes are being made to Attachment 4.19-B, Pages 3a and 3a continued, Paragraph 13.c.2 and Paragraph 13.d. Nevada Medicaid was asked by a doula group prior to the 2023 Nevada Legislation regarding the possibility of funding a rate increase through the legislative session. This doula group was able to work with a legislator in order to put forth a bill that would increase the reimbursement rates for services provided by a doula.

This change is the result from the passage of Assembly Bill (AB) 283 which was passed during the 2023 Nevada Legislative Session. This SPA for Doula rate increases was initiated through legislative action driven by providers.

The change to the following Current Procedural Terminology (CPT) codes reimbursement rate are as follows:

- Delivery Codes: 59409, 59514, 59612, and 59620 will be changed from \$150 to \$900.
- Visit Code: S9445 will be changed from \$50 to \$100 per visit for a maximum of six visits.
- Total Reimbursement would be \$1,500.
- Rural (Outside of Urban Clark and Urban Washoe) services would receive a 10% increase on the previously stated rate increases which amount to \$990 for delivery codes and \$110 per visit at a maximum of six visits. Total reimbursement for Rural services would be \$1,650.

This SPA is anticipated to impact some providers of Doula Services (PT 90).

These changes are expected to increase the annual aggregate expenditures in SFY 2024 by \$435,026 and 2025 by \$581,470.

The effective date of this change is October 1, 2023.

At the conclusion of Sean Linehan's presentation, Casey Angres asked Malinda Southard and Karen Griffin if they had any questions or comments, they had none.

**Public Comments:** Trey Delap asked if the rate increases will carry over to the expansion of Medicaid Managed Care Organizations (MCO). Kimberly Adams responded that the Division would double check with MCO staff before giving an answer. Casey Angres encouraged Trey Dunlap to email the Document Control inbox with contact information so the Division can give a definitive answer. Trey thanked everyone and had no further comments or questions.

Steve Messinger, Nevada Primary Care Association, asked how this policy change will affect reimbursement in Federally Qualified Health Center (FQHC) offerings such as where they are operating rural clinics. Kimberly Adams answered and stated that the rural adjustment that was mentioned in agenda item three is for Doula services only. Steve specified that Doula services are approved services in FQHC and asked if the reimbursement for those services would change under this new policy. Kimberly Adams stated the Division would have to circle back on that question, and Steve said they would send an email to the Document Control inbox.

There were no further questions or comments.

Casey Angres – closed the Public Hearing for Attachment 4.19-B, rate increases for Doula services.

#### 4. **Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

##### **Subject: Hospitals Serving Low-Income Patients Disproportionate Share Hospitals (DSH)**

Melissa Madera, Management Analyst in the Supplemental Reimbursement Unit (SRU), DHCFP, presented DHCFP intends to submit a Medicaid SPA in order to allow the continuation of the DSH distribution in SFY 2024. These changes are reflected in Nevada Medicaid's State Plan Attachment 4.19-A, Page 22 and 23.

This proposed change affects all Medicaid-enrolled providers delivering hospital services. Those PTs include, but are not limited to: Outpatient Surgery, Hospital Based (PT 10); Hospital, Inpatient (PT 11); Hospital, Outpatient (PT 12); Behavioral Health Outpatient Treatment (PT 14); Special Clinics (PT 17); Nursing Facility (PT 19); Physician, M.D., Osteopath, D.O. (PT 20); Pharmacy (PT 28); Ambulance, Air or Ground (PT 32); Therapy (PT 34); Swing-bed, Acute Hospital (PT 44); Critical Access Hospital (CAH), Inpatient (PT 75); Hospital Based ESRD Provider (PT 81).

This amendment will also increase the allotment amount from \$18,317,765.95 in SFY 2023 to \$22,432,159.05 in SFY 2024 which results in an annual aggregate increase of \$4,114,393.10.

The effective date of this change is July 1, 2023.

At the conclusion of Melissa Madera's presentation, Casey Angres asked Malinda Southard and Karen Griffin if they had any questions or comments, they had none.

**Public Comments:** There were none.

Casey Angres – closed the Public Hearing for Attachment 4.19-B, Disproportionate Share Hospitals.

**5. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

**Subject: Supplemental Payment for Inpatient Hospitals, Indigent Accident Fund (IAF)**

Melissa Madera, Management Analyst, SRU, DHCFP, presented DHCFP is proposing an amendment to the Nevada Medicaid State Plan that would allow the continuation of the Hospital Indigent Fund (HIF), also known as the Indigent Accident Fund (IAF), supplemental payment program based on inpatient hospital utilization to preserve access to inpatient acute services through SFY 2024. These changes are reflected in Nevada Medicaid's State Plan Attachment 4.19-A, Page 32b.

The following PTs will potentially be affected by this change includes but is not limited to: Inpatient Hospitals (PT 11), Critical Access Hospitals (CAH) (PT 75), Psychiatric Inpatient Hospitals (PT 13), Rehabilitation, Specialty, or Long-Term Acute Care (LTAC) (PT 56).

This amendment will decrease the supplemental payments from \$78,105,149.82 in SFY 2023 to \$70,196,969.02 in SFY 2024, which results in a decrease in annual aggregate expenditures of \$7,908,180.80.

The effective date of this change is October 1, 2023.

At the conclusion of Melissa Madera's presentation, Casey Angres asked Malinda Southard and Karen Griffin if they had any questions or comments, they had none.

**Public Comments:** There were none.

Casey Angres – closed the Public Hearing for Attachment 4.19-B, Indigent Accident Fund (IAF).

6. **Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

**Subject: Community Health Workers (CHW) Supervision**

Susana Angel, Social Services Program Specialist in the Medical and Dental Programs Unit, DHCFP, presented pursuant to the passing of SB 117 during the 82<sup>nd</sup> (2023) Legislative Session, Nevada Medicaid State Plan Attachment 3.1-A Page 3a and 3a continued, are being revised to update the allowable providers who may supervise CHWs. Additional providers are to include Dentist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Clinical Professional Counselor (CPC), Nurse Anesthetist, and Nurse Midwife are being proposed to be allowed to supervise CHWs.

This proposed policy update may affect the following PTs but are not limited to: Dentist (PT 22), LCSW (PT 14, Specialty 302), LMFT (PT 14, Specialty 306), CPC (PT 14, Specialty 307), Nurse Midwife (PT 74), and Nurse Anesthetist (PT 72).

The estimated change in expenditure has been combined in a Fiscal SPA to be presented later this year.

The effective date of this new policy is July 1, 2023, pending CMS approval of the SPA. DHCFP will notify the providers via Web Announcement and direct email once that approval is obtained.

At the conclusion of Susana Angel's presentation, Casey Angres asked Malinda Southard and Karen Griffin if they had any questions or comments, they had none.

**Public Comments:** There were none.

Casey Angres – closed the Public Hearing for Attachment 3.1A, Community Health Workers (CHW).

7. **Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

**Subject: Gender Dysphoria/Gender Incongruence**

Kaelyne Day, Social Services Program Specialist in the Medical and Dental Programs Unit, DHCFP, presented a Nevada Medicaid SPA is being proposed to State Plan Attachment 3.1-A Page 2 and 2I as a result of the passage of SB 163 during the 82<sup>nd</sup> Legislative session. The proposed amendment is to add language indicating cosmetic surgery, gender-affirming, gender transition, or procedures for individuals diagnosed with Gender Dysphoria or Gender Incongruence must meet medical necessity as described under state law and further outlined in the Nevada Medicaid Services Manual under Chapter 103.1.

This proposed change affects the following Medicaid PTs, but are not limited to: Outpatient Surgery, Hospital Based (PT 10); Hospital Inpatient (PT 11); Hospital Outpatient (PT 12); Psychiatric Hospital, Inpatient (PT 13); Behavioral Health Outpatient Treatment (PT 14); Special Clinics (PT 17); Physician, M.D., Osteopath, D.O. (PT 20); Advanced Practice Registered Nurse (PT 24); Psychologist (PT 26); Radiology & Noninvasive Diagnostic Centers (PT 27); Pharmacy (PT 28); Therapy (PT 34); Laboratory (PT 43); Ambulatory Surgical Centers (PT 46); Indian Health Services, Inpatient, Tribal (PT 51); Indian Health Services Hospital Tribal Outpatient (PT 52); School Based (PT 60); Nurse Anesthetist (PT 72); Nurse

Midwife (PT 74); Physician Assistant (PT 77); Indian Health Services, Non-Tribal, Inpatient (PT 78); Indian Health Services, Non-Tribal, Outpatient (PT 79); and Behavioral Health Rehabilitative Treatment (PT 81).

An estimated increase in annual aggregate expenditures for SFY 24 is \$1,239,126 and for SFY 25 is \$1,250,143.

The effective date of this new policy is July 1, 2023, pending CMS approval.

For the record, the policy outlining medically necessary services for cosmetic surgery, gender-affirming, gender transition, or procedures for individuals diagnosed with Gender Dysphoria or Gender Incongruence will be presented at a future public hearing.

At the conclusion of Kaelyne Day's presentation, Casey Angres asked Malinda Southard and Karen Griffin if they had any questions or comments, they had none.

**Public Comments:** There were none.

Casey Angres – closed the Public Hearing for Attachment 3.1A, Community Health Workers (CHW).

## **8. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

### **Subject: Rare Disease Clinics**

Kaelyne Day, Social Services Program Specialist in the Medical and Dental Programs Unit, DHCFP, presented a proposal to the Nevada SPA to add language to Attachment 3.1-A Page 4a as a result of the passage of SB 221 during the 82<sup>nd</sup> Legislative session. The addition under Clinic services outlines the addition of Cancer and Rare Disease Clinics for services provided to children with cancer and/or other rare diseases.

Clinics eligible for this enrollment must screen, evaluate, diagnose, and treat pediatric patients with cancer, hemophilia, or another known rare disease. Nevada DHCFP allows reimbursement of such services in a clinic setting when medically appropriate to the setting and medically necessary for the patient. For a clinic to meet criteria and be enrolled into this specialty, 85% of its population must be children under the age of 21, diagnosed and/or treated with cancer, hemophilia, or another known rare disease.

This proposed change affects the following Medicaid PTs, but are not limited to: Outpatient Surgery, Hospital Based (PT 10); Hospital , Inpatient (PT 11); Hospital, Outpatient (PT 12); Psychiatric Hospital, Inpatient (PT 13); Behavioral Health, Outpatient Treatment (PT 14); Registered Dietitian (PT 15); Special Clinics (PT 17); Physician, M.D., Osteopath, D.O. (PT 20); Podiatrist (PT 21); Hearing Aid Dispenser and Related Supplies (PT 23); Advanced Practice Registered Nurse (PT 24); Optometrist (PT 25); Psychologist (PT 26); Radiology & Noninvasive Diagnostic Centers (PT 27); Pharmacy (PT 28); DMEPOS (PT 33); Therapy (PT 34); Chiropractor (PT 36); Laboratory (PT 43); End Stage Renal Disease Facility (PT 45); Ambulatory Surgical Centers (PT 46); Indian Health Services, Inpatient, Tribal (PT 51); Indian Health Services Hospital, Tribal, Outpatient (PT 52); School Based (PT 60); Nurse Anesthetist (PT 72); Nurse Midwife (PT 74); Audiologist (PT 76); Physician Assistant (PT 77); Indian Health Services, Non-Tribal, Inpatient (PT 78); Indian Health Services, Non-Tribal, Outpatient (PT 79); Behavioral Health Rehabilitative Treatment (PT 81); and Applied Behavior Analysis (PT 85).

The estimated change in expenditure will be noted on the reimbursement SPA to be presented at a Public Hearing later this year.

The effective date of this new policy is July 1, 2023, pending CMS approval.

At the conclusion of Kaelyne Day's presentation, Casey Angres asked Malinda Southard and Karen Griffin if they had any questions or comments, they had none.

**Public Comments:** There were none.

Casey Angres – closed the Public Hearing for Attachment 3.1-A, Rare Disease Special Clinics.

## 9. **Adjournment**

There were no further comments and Casey Angres closed the Public Hearing at 10:26 AM.

***\*An Audio (CD) version of this meeting is available through the DHCFP Compliance office. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Jenifer Graham at [documentcontrol@dncfp.nv.gov](mailto:documentcontrol@dncfp.nv.gov) with any questions.***