

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 22-0013-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



October 26, 2022

Suzanne Bierman, Administrator
Department of Health and Human Services
Division of Health Care Financing and Policy
1100 East William Street, Suite 101
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) 22-0013-A

Dear Ms. Bierman

We have reviewed the proposed amendment to add section 7.4.A., page 2: Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to Nevada's Medicaid state plan, as submitted under transmittal number (TN) 22-0013-A. This amendment proposes to rescind temporary policies in section 7.4. Medicaid Disaster Relief for the National Emergency.


We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 22-0013-A is approved effective June 1, 2022.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Brian Zolynas at (415) 744-3601 or by email at Brian.Zolynas@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M.
Deboy -S

 Digitally signed by Alissa
M. Deboy -S
Date: 2022.10.26
07:44:46 -0400

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>22 - 0013A</u>	2. STATE <u>NV</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT (X) XIX () XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>June 1, 2022</u>	
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>(3944.54)</u> b. FFY <u>2023</u> \$ <u>(1,132,916)</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 95 and 96. <u>Attachment 7.4-A, Page 2 Section</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	

9. SUBJECT OF AMENDMENT
Ending the COVID laboratory testing reimbursement rate at 100% of Medicare.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. NAME OF ATTENDING OFFICIAL <u>Richard Whitley</u>	15. RETURN TO Sandie Ruybalid, Deputy Administrator DHCFC/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
12. TYPED NAME RICHARD WHITLEY	
13. TITLE DIRECTOR, DHS	
14. DATE SUBMITTED October 12, 2022 <u>June 29, 2022</u>	

FOR CMS USE ONLY

16. DATE RECEIVED June 29, 2022	17. DATE APPROVED October 26, 2022
------------------------------------	---------------------------------------

18. EFFECTIVE DATE OF APPROVED MATERIAL June 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL <u>Alissa M. Deboy -S</u> Digitally signed by Alissa M. Deboy -S Date: 2022.10.26 07:45:15 -0400
---	---

20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL On Behalf of Arlene Marie Costello, Deputy Director Center for Medicaid and CHIP Services
---	---

22. REMARKS
Box 7: State authorized pen and ink change on 10/17/2022.

7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective June 1, 2022, the State rescinds the election at Section E-Payments, Subsection 2 (approved on June 18, 2020 in SPA Number 20-0009) of the Nevada Medicaid State Plan to reimburse providers for COVID-19 diagnostic and serology laboratory testing at 100% of Medicare rates.