**Nevada Division of Health Care Financing and Policy**
**COVID-19 Unwind of 1135 Flexibilities**
**As of 6/21/2022**

| Item | Authority Path | Description | Disposition | Start - End Dates |
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| 1 | 1135, 1915c Appendix K | Medicaid Authorizations: Require fee-for-service providers to extend pre-existing authorizations through which a beneficiary has previously received prior authorization through the termination of the emergency declaration. | Terminate | 3/1/2020 to end of Public Health Emergency (PHE) |
| 2 | 1135 | Long Term Services and Supports: Suspend pre-admission screening and annual resident review (PASRR) Level I and Level II Assessments for 30 days. | Terminate | 3/1/2020 to end of PHE |
| 3 | 1135, Medicare Blanket Waiver | Long Term Services and Supports: Extend minimum data set authorizations for nursing facility and skilled nursing facility (SNF) residents. | Terminate | 3/1/2020 to end of PHE |
| 4 | 1135 | Fair Hearings: Allow managed care enrollees to proceed almost immediately to a state fair hearing without having a managed care plan resolve the appeal first by permitting the state to modify the timeline for managed care plans to resolve appeals to one day so the impacted appeals satisfy the exhaustion requirements. | Terminate | 3/1/2020 to end of PHE |
| 5 | 1135 | Fair Hearings: Give enrollees more than 120 days (if a managed care appeal) or more than 90 days (if an eligibility for fee-for-service appeal) to request a state fair hearing by permitting extensions of the deadline for filing those appeals by a set number of days (e.g., an additional 120 days). | Terminate | 3/1/2020 to end of PHE |
| 6 | 1135, 1915c Appendix K | Provider Enrollment: Waive criminal background checks associated with temporarily enrolling providers. | Terminate | 3/1/2020 to end of PHE |
| 7 | 1135, 1915c Appendix K | Provider Enrollment: Waive site visits to temporarily enroll a provider. | Terminate | 3/1/2020 to end of PHE |
| 8 | 1135 | Provider Enrollment:<br>Permit providers located out-of-state/territory to provide care to an emergency State's Medicaid enrollee and be reimbursed for that service. | Terminate | 3/1/2020 to end of PHE |
| 9 | 1135, 1915c Appendix K | Provider Enrollment: Streamline provider enrollment requirements when enrolling providers. | Terminate | 3/1/2020 to end of PHE |
| 10 | 1135, 1915c Appendix K | Provider Enrollment: Postpone deadlines for revalidation of providers who are located in the state or otherwise directly impacted by the emergency. | Terminated 9/2020 | This process ended 09/2020. Already Terminated |
| 11 | 1135 | Provider Enrollment: Waive requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have equivalent licensing in another state. | Terminate | 3/1/2020 to end of PHE |
| 12 | 1135 | Provider Enrollment: Waive conditions of participation or conditions for coverage for existing providers for facilities for providing services in alternative settings, including using an unlicensed facility, if the provider's licensed facility has been evacuated. | Terminate | 3/1/2020 to end of PHE |

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| 13 | Medicare Blanket Waiver | Reporting and Oversight: Modify deadlines for OASIS and Minimum Data Set (MDS) assessments and transmission. | Terminate | 3/1/2020 to end of PHE |
| 14 | Medicare Blanket Waiver | Reporting and Oversight: Suspend 2-week aide supervision requirement by a registered nurse for home health agencies. | Terminate | 3/1/2020 to end of PHE |
| 15 | Medicare Blanket Waiver | Reporting and Oversight: Suspend supervision of hospice aides by a registered nurse every 14 days' requirement for hospice agencies. | Terminate | 3/1/2020 to end of PHE |
| 16 | 1135 | The State of Nevada is requesting a waiver of public notice and tribal consultations. Public notice for state plan amendments (SPAs) are required under 42 C.F.R 447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. 447.57 for changes to premiums and cost sharing and 42 C.F.R. 440.386 for changes to Alternative Benefit Plans (ABPs). This is to ensure that the impacted public has reasonable opportunity to comment on such SPAs. The State is requesting flexibility in modifying their tribal consultation timeframe, including shortening the number of days before submission or conducting consultation after submission of the SPA. | Applying to keep through ARPA 1135 Waiver. | Current 1135 Waiver = 3/1/2020 to end of PHE.<br><br>In process of submitting to CMS for approval. If CMS approves ARPA 1135 waiver, the approved time period would be 3/11/2021 to the last day of the first calendar quarter that begins one year after the last day of the public health emergency. |
| 17 | 1135 | Waive prior authorization requirements related to COVID-19 testing or treatment in fee-for-service programs or at the Directors discretion under 42 CFR 440.230(b) and section 1135 (b)(1)(c). | Terminate | 3/1/2020 to end of PHE |
| 18 | 1135 | Allow for time periods of pre-approved Prior Authorizations at the discretion of the Director to be extended to 60 days past the termination of the National Emergency under 42 CFR 440.230(b) and section 1135 (b)(1)(c). | Terminate | 3/1/2020 to end of PHE |
| 19 | Medicare Blanket Waiver | Waive Section 1812 (f) of the Social Security Act, qualifying 3-day hospital stay for Skilled Nursing Facility (SNF) coverage. | Terminate | 3/1/2020 to end of PHE |
| 20 | Medicare Blanket Waiver | Waive Section 1812 (f) of the Social Security Act, extend the Minimum Data Set (MDS) authorizations (42 CFR 483.20) for nursing facilities and SNF residents. | Terminate | 3/1/2020 to end of PHE |
| 21 | Medicare Blanket Waiver | Waive the requirement to allow acute care hospitals to house acute care patients in excluded distinct part units, where the distance part unit's beds are appropriate for acute care inpatient. The Inpatient Prospective Payment System (IPPS) hospital should bill for the care and annotate the patient's record to indicate the patient is an acute care inpatient being housed in the excluded unit because of capacity issues related to the disaster or emergency. | Terminate | 3/1/2020 to end of PHE |

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| 22 | Medicare Blanket Waiver | Waive Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) if lost, irreparably damaged, or otherwise rendered unusable, so that contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required. Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced in regards to this emergency and are reminded to maintain documentation indicating that the DMEPOS was lost, irreparably damaged or otherwise rendered unusable or unavailable as a result. | Terminate | 3/1/2020 to end of PHE |
| 23 | Medicare Blanket Waiver | Waiver to allow acute care hospitals with excluded distinct part inpatient psychiatric units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part psychiatric unit to an acute care bed and unit. The hospital should continue to bill for inpatient psychiatric services under the Inpatient Psychiatric Facility Prospective Payment System for such patients and annotate the medical record to indicate the patient is a psychiatric inpatient being cared for in an acute care bed because of capacity or other exigent circumstances. This waiver may be utilized where the hospital's acute care beds are appropriate for psychiatric patients and the staff and environment are conducive to safe care. For psychiatric patients, this includes assessment of the acute care bed and unit location to ensure those patients at risk of harm to self and others are safely cared for. | Terminate | 3/1/2020 to end of PHE |
| 24 | Medicare Blanket Waiver | Waive requirements to allow acute care hospitals with excluded distinct part inpatient Rehabilitation units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part rehabilitation unit to an acute care bed and unit. The hospital should continue to bill for inpatient rehabilitation services under the inpatient rehabilitation facility prospective payment system for such patients and annotate the medical record to indicate the patient is a rehabilitation inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the disaster or emergency. This waiver may be utilized where the hospital's acute care beds are appropriate for providing care to rehabilitation patients and such patients continue to receive intensive rehabilitation services. | Terminate | 3/1/2020 to end of PHE |
| 25 | Disaster SPA | Allow for 100 percent Medicaid reimbursement in accordance with Medicare reimbursement for COVID-19 test for the following codes U0001, U0002 and 87635. | Terminate | Disaster SPA 20-0009,<br>3/1/2020 to last day of the PHE |
| 26 | Medicare Blanket Waiver | Allows a long-term care hospital (LTCH) to exclude patient stays where an LTCH admits or discharges patients in order to meet the demands of the emergency from the 25-day average length of stay requirement which allows these facilities to be paid as LTCHs. | Terminate | 3/1/2020 to end of PHE |

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| 27 | Medicare Blanket Waiver, Medicaid Disaster Relief SPA (mobile testing) | Allow for additional medical facilities to be utilized as defined by Nevada Revised Statute 449.0151 as such: NRS 449.0151 "Medical facility" includes: A surgical center for ambulatory patients; an obstetric center; an independent center for emergency medical care; an agency to provide nursing in the home; a facility for intermediate care; a facility for skilled nursing; a facility for hospice care; a hospital; a psychiatric hospital; a facility for the treatment of irreversible renal disease; a rural clinic; a nursing pool; a facility for modified medical detoxification; .a facility for refractive surgery; a mobile unit; and a community triage center. | Terminate | 3/1/2020 to end of PHE |
| 28 | BLANK | Allow for Emergency Medicaid – deem testing for COVID-19 to be covered under emergency Medicaid and upon a positive test, cover all treatment under emergency Medicaid. | NA | Not approved by CMS |
| 29 | Medicare Blanket Waiver | Allow for telephonic reimbursement within use of telehealth for at risk populations and the designation of home as an originating site. Expand telehealth to including telephonic consultations for services appropriate for telehealth, excluding services defined in policy or at the discretion of the Director. This would only be utilized during the period of the 1135 waiver. | Applying to keep permanently through Medicaid State Plan Amendment (SPA). | Current 1135 Waiver = 3/1/2020 to end of PHE.<br><br>State Plan Amendment (SPA) #22-0012 was submitted to CMS on 6/1/2022 for approval. If CMS approves this SPA, telehealth will be permanently expanded starting 6/1/2022 to include telephonic platforms. |
| 30 | Concurrence Letter See Row #5 | Hearings: In accordance with 42 CFR 431.244(f)(4)(I)(B), we seek to be allowed to take final administrative action outside the timelines set in regulation due to the possible unavailability of large numbers of staff and participants. The State will seek to prioritize those hearings requested by beneficiaries who stand to suffer the most harm from delay, including those who meet the standard for an expedited hearing. As a matter of practice, the State will maintain records on the reasons for delay. 42 CFR 438.408 (f)(2) for Managed Care and 42 CFR 431.221(d) for Fee-for Service, and for the continuance of current benefits, pending hearing outcomes under 42 CFR 431.230. | | |