HCBS Payments to Restore AB3 Special Session Cuts Provider Types 48, 57, 58 and 59

During a 2020 special session, the Nevada legislature enacted Assembly Bill 3 which reduced Medicaid reimbursement rates by 6 percent. This reduction impacted two of Nevada’s 1915(c) HCBS Waivers - both the Frail Elderly Waiver and the Physical Disability Waiver. With the enhanced funding opportunity through Section 9817, the Division is utilizing ARPA funding to offset the reduced waiver rates that occurred from December 1, 2020, through June 30, 2021.

How will the Supplemental Payment be made to Providers?

- **Eligibility** – Enrolled Medicaid Provider Types 48, 57, 58 and 59 who are in good standing.
- **What** - One-time payments calculated based on paid fee-for-service claims beginning December 1, 2020, through June 30, 2021.
- **When** - In March 2022 a one-time payment was made to qualifying providers.
- **Distribution** – This supplemental payment will show on an eligible providers’ Remittance Advice.
- **What if I am not paid?** - Providers must be enrolled and in good standing to receive the supplemental payments. If you feel that you should have received this supplemental payment and did not, please email AmericanRescuePlan@dhcfp.nv.gov.

Background

Under the American Rescue Plan Act (ARPA) Section 9817 Enhanced Funding Opportunity, Nevada Medicaid is implementing short-term supplemental payment that will be paid quarterly to qualified Home and Community Based Service (HCBS) providers. These payments are the result of feedback received from stakeholders centered around current Medicaid reimbursement rates and the associated challenges for providers to recruit and retain a qualified workforce.

Where can I find additional information?

Nevada Medicaid American Rescue Plan web page: [https://dhcfp.nv.gov/Pgms/LTSS/AmericanRescuePlan/](https://dhcfp.nv.gov/Pgms/LTSS/AmericanRescuePlan/)

Questions can be directed to AmericanRescuePlan@dhcfp.nv.gov