



**NOTICE OF PUBLIC MEETING TO SOLICIT COMMENTS ON AMENDMENTS TO THE STATE PLAN FOR
MEDICAID SERVICES FEE SCHEDULE ADJUSTMENTS**

REVISED AGENDA

Date of Publication: July 29, 2020
Date of Revision: August 7, 2020
Date of 2nd Revision: August 11, 2020

Date and Time of Meeting: August 13, 2020 at 9:00 a.m.

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

Place of Meeting: Please use the teleconference/WebEx options provided below. If accommodations are requested, please advise using the information at the end of this agenda. Out of deference to Declaration of Emergency Directive 006 (<https://nvhealthresponse.nv.gov/wp-content/uploads/2020/03/Declaration-of-Emergency-Directive-006-re-OML.3-21-20.pdf>) from the State of Nevada Executive Department signed by Governor Sisolak on March 22, 2020 as well as Emergency Directive 003 (<https://nvhealthresponse.nv.gov/wp-content/uploads/2020/03/2020-03-20.Declaration-of-Emergency-Directive-003.pdf>) signed March 20, 2020, a physical location will not be open to the public for attendance at this time.

Note: *If at any time during the meeting an individual who has been named on the agenda or has an item specifically regarding them included on the agenda is unable to participate because of technical or other difficulties, please email Jenifer Graham at jenifer.graham@dhcfp.nv.gov and note at what time the difficulty started so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.*

Webinar:

<https://dhcfp.webex.com/dhcfp/onstage/g.php?MTID=e0866bf340f08107efb9b433aa2fb291c>

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AGENDA

1. **Introductory Remarks from DHCFP**

As a result of the 31st (2020) Special Session of the Nevada Legislature, which began on July 8, 2020 and adjourned sine die on July 19, 2020, Fee-for-Service (“FFS”) rates for Nevada Medicaid providers must be reduced by 6% to address the budget shortfall as a result of the COVID-19 pandemic and subsequent economic impact. The following agenda items are proposed changes allowing the DHCFP to fulfill the terms of Assembly Bill 3 of the aforementioned Special Session.

~~1.2.~~ General Public Comments (Because of time considerations, the period for public comment by each speaker or organization is limited to three minutes and speakers are urged to avoid repetition of comments made by previous speakers. Speakers are welcome to submit written comments for the record as well.)

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

Subject: Inpatient Hospital Services 6% Rate Reduction; Reversal of Medical/Surgical Rate Increase

The DHCFP is proposing an amendment to the Nevada Medicaid State Plan (SPA), Attachment 4.19-A, pages 1 through 9a, 10 and 14 through 15a to amend the reimbursement methodology for inpatient hospital services. The proposed changes will reverse a 2.5% increase to Medical/Surgical/ICU services that was approved during the 2019 Legislative Session. Additionally, the proposed change will enact a 6% decrease for all services within this category, including Medical/Surgical/ICU Services. In order to achieve the 6% rate reductions, a factor of 0.94 was multiplied by the rates in effect upon publication of this agenda.

This change will affect Provider Type 11 (Inpatient Hospital).

The estimated decrease in SFY 21 aggregate expenditures for Inpatient Hospital Services is broken down as follows:

Medical/Surgical (Acute Care) Services	(\$11,530,696)
PT 11 Inpatient Hospital 6% Rate Reduction Impact	<u>(\$76,162,850)</u>
SFY 2021 Total Computable Fiscal Impact	(\$87,693,546)

The effective date of this change is **August 15, 2020**.

~~2.4.~~ **Discussion and Possible Action:** Proposed Amendments to the State Plan for Medicaid Services and solicitation of public comment

Subject: FFS 6% rate reductions affecting all Medicaid-enrolled providers delivering services under the following provider types

The DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, pages 1, 1a, 1c, 1d, 1d (Continued), 2b, 2c, 2d, 3a, and 5 to amend the reimbursement methodologies for the following provider types:

a. ~~Subject: **Fee For Service (FFS) Provider Rate Reimbursement Reductions**~~

~~As a result of the 31st (2020) Special Session of the Nevada Legislature, which began on July 8, 2020 and adjourned *sine die* on July 19, 2020, Fee for Service (“FFS”) rates for Nevada Medicaid providers will be reduced by 6% to address the budget shortfall as a result of the COVID-19 pandemic and subsequent economic impact. These FFS rate reductions will impact various sections of State Plan Page Attachments 4.19-A, 4.19-B, and 4.19-D.~~

~~The proposed FFS rate reductions affect all Medicaid-enrolled providers delivering services under the following provider types:~~

- PT 10 Outpatient Surgery, Hospital Based;
- ~~PT 11 Inpatient Hospital;~~
- PT 12 Outpatient Hospital;
- ~~PT 14 Behavioral Health Outpatient Treatment;~~
- PT 15 Registered Dietician and Medical Nutrition Therapy;
- PT 17 Special Clinics:
 - Specialty 166 Family Planning;
 - Specialty 167 Genetics;
 - Specialty 169 Obstetrical Care Clinic, Birthing Centers;
 - Specialty 171 Methadone;
 - Specialty 174 Public Health;
 - Specialty 179 School Based Health Centers (SBHC);
 - Specialty 183 Comprehensive Outpatient Rehab Facilities;
 - Specialty 195 Community Health;
 - Specialty 196 Early Intervention;
 - Specialty 198 HIV; and
 - Specialty 215 Substance Abuse Agency Model (SAAM);
- PT 20 Physician, M.D., Osteopath, D.O.;
- PT 21 Podiatrist;
- ~~PT 22 Dentist;~~
- PT 23 Hearing Aid Dispenser & Supplies;
- PT 24 Advanced Practice Registered Nurse (APRN);
- PT 25 Optometrist;
- ~~PT 26 Psychologist;~~
- PT 27 Radiology;
- ~~PT 29 Home Health Agency;~~
- ~~PT 32, Specialty 932 Ambulance, Air or Ground;~~
- ~~PT 33 Durable Medical Equipment, Prosthetics, Orthotics & Supplies;~~
- PT 34 Therapy;
- PT 36 Chiropractor;
- ~~PT 39 Adult Day Health Care;~~
- PT 41 Optician, Optical Business;
- PT 43 Laboratory, Pathology Clinical;
- ~~PT 44 Swing Bed, Acute Hospital;~~
- ~~PT 45 End Stage Renal Disease (ESRD) Facility;~~
- PT 46 Ambulatory Surgical Centers (ASC);
- ~~PT 48 Home and Community Based Waiver for the Frail Elderly;~~
- ~~PT 55 Day and Residential Habilitation Services;~~
- ~~PT 57 Home and Community Based Waiver for the Frail Elderly (Elderly in Residential Care);~~
- ~~PT 58 Home and Community Based Waiver for Persons with Physical Disabilities (PD);~~

- ~~PT 59 Home and Community Based Waiver for the Frail Elderly (Augmented Personal Care Services);~~
- ~~PT 64 Hospice;~~
- ~~PT 65 Hospice, Long Term Care;~~
- ~~PT 72 Nurse Anesthetist;~~
- PT 74 Nurse Midwife;
- PT 76 Audiologist;
- PT 77 Physician's Assistant;
- ~~PT 81 Hospital Based End Stage Renal Disease (ESRD) Provider;~~
- ~~PT 82 Behavioral Health Rehabilitative Treatment; and~~
- ~~PT 85 Applied Behavior Analysis (ABA)~~

Methodology - In order to achieve the 6% rate reductions, the percentages of reimbursement based on the different ranges of CPT codes listed in the State Plan pages was reduced by 6%. For example, 4.19-B, pg 1c, Item a. Surgical Codes previously reimbursed at 95% of the Medicare facility rate will now be reimbursed at 90% of the Medicare facility rate (.95 x 0.94 = .90) *

**Calculated percentages were rounded up to the nearest whole percentage point to ensure the cuts do not exceed 6% as authorized in the Legislatively approved bill. Due to rounding, some of the percentages resulted in a less than 6% rate cut when applied to the individual codes.*

An estimated **decrease** in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$75,819,058)~~(\$199,135,611)~~

The effective date of these rate reductions is August 15, 2020.

~~Public Comment Related to This Agenda Item (limited to up to three minutes per speaker or organization)~~

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following provider types.

The DHCFP is proposing an amendment to the Nevada SPA, Attachment 4.19-B, Pages 3b-3j to amend the reimbursement methodologies for the following provider types. The proposed changes will apply to services performed by non-governmental entities or governmental entities that do not undergo Medicaid cost identification and reporting procedures.

- PT 14 Behavioral Health Outpatient Treatment
- PT 82 Behavioral Health Rehabilitative Treatment

Methodology – Rates for these provider types are market based, using a model to reflect service definitions, provider requirements, operational service delivery and administrative considerations. In order to achieve the 6% rate reductions, a factor of 0.94 was multiplied by the rates in effect upon publication of this agenda.

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$18,242,287)

The effective date of these rate reductions is **August 15, 2020**.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following provider types

The DHCFP is proposing an amendment to the Nevada SPA, Attachment 4.19-B, Page 4 (Addendum) and Page 4 (Continued) to amend the reimbursement methodologies for the following provider types:

- PT 30 Personal Care Services – Provider Agency
- PT 64 Hospice
- PT 65 Hospice, Long Term Care
- PT 83 Personal Care Services – Intermediary Service Organization

Methodology

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- For PT 30 Personal Care Services – Provider Agency and PT 83 Personal Care Services – Intermediary Service Organization, the increase in the base rate of 1.033 was reduced to 0.97 in order to achieve the 6% rate reductions.
- For PT 65 Hospice, Long Term Care the percentage of the Medicare Fee Schedule specified in the State Plan was reduced by 6% by multiplying a factor of 0.94 times the previous percentage ($0.95 \times 0.94 = 0.90$, rounded up to the nearest whole percent to ensure the effective percent decrease did not exceed 6%).
- For PT 64, services performed on or after August 15, 2020 the rate established by 42 CFR 418 will be reduced by 6%

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$8,707,573)

The effective date of these rate reductions is **August 15, 2020**.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under PT 32, Specialty 932 Ambulance, Air or Ground

The DHCFP is proposing an amendment to the Nevada SPA, Attachment 4.19-B, Page 4 to amend the reimbursement methodologies for PT 32, Specialty 932 Ambulance, Air or Ground.

Methodology - In order to achieve the 6% rate reductions, the calculated base payment will be reduced by multiplying the base rate by 0.94.

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$3,356,660)

The effective date of these rate reductions is **August 15, 2020**.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following provider types

The DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, Pages 2 and 2 (Continued) to amend the reimbursement methodologies for the following provider types:

- PT 29 Home Health Agency - rates that are active in the system as of August 15, 2020 and rates calculated after this date will be reduced by 6%.
- PT 33 Durable Medical Equipment, Prosthetics, Orthotics & Supplies.

Methodology –

- For PT 29 Home Health Agency = rates will be recalculated effective August 15 in order to achieve the 6% rate reductions.
- For PT 33 DMEPOS will be calculated using the 2016 Nevada-specific non-rural fee schedule issued by the Centers for Medicare and Medicaid Services (CMS). Reimbursement rates will be reduced to 94% of the Nevada-specific rates.

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$12,697,441)

The effective date of these rate reductions is **August 15, 2020**.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following provider types

The DHCFP is proposing an amendment to the Nevada Medicaid SPA, 1915(i) State plan HCBS, Attachment 4.19-B, pages 14–14g to amend the reimbursement methodologies for the following provider types:

- PT 39 Adult Day Health Care
- PT 55 Day and Residential Habilitation Services

Methodology - In order to achieve the 6% rate reductions rates that are active in the system as of August 15, 2020 and rates calculated after this date will be reduced by 6%.

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$1,450,880)

The effective date of these rate reductions is **August 15, 2020**.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under PT 44 Swing Bed, Acute Hospital

The DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-D, Page 14 to amend the reimbursement methodologies for PT 44 Swing Bed, Acute Hospitals.

Methodology - In order to achieve the 6% rate reductions, the average statewide weighted per diem payments for all nursing facility routine services (excluding ICF/IID) will be calculated and then multiplied by a factor of 0.94.

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$2,376)

The effective date of these rate reductions is **August 15, 2020**.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following provider types:

- PT 45 End Stage Renal Disease (ESRD) Facility
- PT 81 Hospital Based End Stage Renal Disease (ESRD) Provider

The DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, Page 10 to amend the reimbursement methodologies for PT 45 PT 81.

Methodology - In order to achieve the 6% rate reductions, the calculated base payment will be reduced by multiplying the base rate by 0.94.

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$3,096,422)

The effective date of these rate reductions is **August 15, 2020**.

12. Discussion of proposed Amendments to the 1915(c) Home and Community Based Services Waiver for the Frail Elderly and solicitation of public comments

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following provider types:

- PT 48 Home and Community Based Waiver for the Frail Elderly
- PT 57 Home and Community Based Waiver for the Frail Elderly (Elderly in Residential Care)
- PT 59 Home and Community Based Waiver for the Frail Elderly (Augmented Personal Care Services)

Methodology - In order to achieve the 6% rate reductions rates that are active in the system as of August 15, 2020 and rates calculated after this date will be reduced by 6%.

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$862,904)

The effective date of these rate reductions is **August 15, 2020.**

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under PT 22 Dentists

The DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, Page 2c to amend the reimbursement methodology for PT 22 Dentists.

Methodology - In order to achieve the 6% rate reductions, the following methodologies will be applied:

Section I Standard Dental Services – The conversion factor of \$20.50 will be reduced by 6% ($\$20.50 \times 0.94 = \19.27). percentages of reimbursement based on the different ranges of CPT codes listed in the State Plan pages was reduced by 6%. For example, 4.19-B, Page 2c Medical/Surgical codes previously reimbursed at 95% of the Medicare facility rate will now be reimbursed at 90% of the Medicare facility rate ($0.95 \times 0.94 = 0.90$).

Section II Medical/Surgical Procedures Related to Dental Services – the percentages of reimbursement based on the different ranges of CPT codes listed in the State Plan pages was reduced by 6%. For example, 4.19-B, Page 2c Medical/Surgical codes previously reimbursed at 95% of the Medicare facility rate will now be reimbursed at 90% of the Medicare facility rate ($0.95 \times 0.94 = 0.90$).

**Calculated percentages were rounded up to the nearest whole percentage point to ensure the cuts do not exceed 6% as authorized in the Legislatively approved bill. Due to rounding, some of the percentages resulted in a less than 6% rate cut when applied to the individual codes.*

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$6,235,409)

The effective date of these rate reductions is **August 15, 2020.**

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under PT 58 Home and Community Based Waiver for Persons with Physical Disabilities (PD)

The DHCFP is proposing an amendment to the 1915(c) Home and Community Based Services Waiver for Persons with Physical Disabilities to amend the reimbursement methodologies for PT 58 Home and Community Based Waiver for Persons with Physical Disabilities (PD).

Methodology - In order to achieve the 6% rate reductions rates that are active in the system as of August 15, 2020 and rates calculated after this date will be reduced by 6%.

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$304,870)

The effective date of these rate reductions is **August 15, 2020**.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under PT 60 School Based Services

The DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, Pages 1b and 1b(b) to amend the reimbursement methodologies for PT 60 School Based Services.

Methodology - In order to achieve the 6% rate reductions, the calculated base payment will be reduced by multiplying the base rate by 0.94.*

**Calculated percentages were rounded up to the nearest whole percentage point to ensure the cuts do not exceed 6% as authorized in the Legislatively approved bill. Due to rounding, some of the percentages resulted in a less than 6% rate cut when applied to the individual codes.*

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$860,127)

The effective date of these rate reductions is **August 15, 2020**.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under PT 85 Applied Behavior Analysis (ABA)

The DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, Pages 1b (Continued) and 1b (Continued p.1) to amend the reimbursement methodologies for PT 85 Applied Behavior Analysis (ABA).

Methodology - In order to achieve the 6% rate reductions, the following adjustments were made:

- Licensed Physician (MD/DO), Board-Certified Behavior Analyst (BCBA), or Psychologist: Percentage of the Medicare Fee Schedule specified in the State Plan was reduced by 6% by multiplying a factor of 0.94 times the previous percentage ($0.65 \times 0.94 = 0.60$, rounded up to the nearest whole percent to ensure the effective percent decrease did not exceed 6%).
- Board-Certified Assistant Behavior Analyst (BCaBA): BCaBA rates are based on a percentage of the BCBA rate; as such, lowering the rate as described above will effectively reduce these rates by the same percentage.
- Registered Behavioral Technicians (RBT): RBT rates are market based. The model in operation reflects provider requirements, operational service delivery, recruitment, credentialing, ongoing training/certification and administrative considerations. In order to achieve the 6% rate reduction, a factor of 0.94 was multiplied by the rates in effect upon publication of this agenda.

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$790,981)

The effective date of these rate reductions is **August 15, 2020**.

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

This agenda item will be for discussion only as Nevada Medicaid SPA, Attachment 4.19-B, Page 1e is currently under review with the Centers for Medicare and Medicaid Services (CMS) for a Technical Correction. If the DHCFP does not receive an approval of this Technical Correction prior to the August 13, 2020 Public Hearing date, the proposed rate cuts affecting the provider types below will be heard at the next Public Hearing, currently scheduled for August 25, 2020.

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following provider types:

The DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, Page 1e to amend the reimbursement methodologies for the following provider types:

- PT 32 ambulance, Specialty 249 Community Paramedicine
- PT 26 Psychologist
- PT 72 Nurse Anesthetist

Methodology - In order to achieve the 6% rate reductions, the percentages of reimbursement based on the different ranges of CPT codes listed in the State Plan pages was reduced by 6%. For example, 4.19-B, page 1e, section e., item 2: Surgical codes previously reimbursed at 59% of the Medicare facility rate will now be reimbursed at 56% of the Medicare facility rate ($0.59 \times 0.94 = 0.56$).

**Calculated percentages were rounded up to the nearest whole percentage point to ensure the cuts do not exceed 6% as authorized in the Legislatively approved bill. Due to rounding, some of the percentages resulted in a less than 6% rate cut when applied to the individual codes.*

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$603,667)

The effective date of these rate reductions is **August 15, 2020**.

~~3. Discussion and Possible Action: Proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments~~

~~a. Subject: **PT 11 Inpatient Hospital NICU & Medical/Surgical Rate Increase Reversals**~~

~~In addition to the 6% FFS rate reductions for Nevada Medicaid providers and as a result of the 31st (2020) Special Session of the Nevada Legislature, which began on July 8, 2020 and adjourned *sine die* on July 19, 2020, an amendment to the Nevada Medicaid State Plan (SPA), Attachment 4.19-A, Page 5 and Page 6 is required to update the reimbursement methodology for Specialized Neonatal Services. The proposed changes will impact Revenue Codes 0172, 0173, and 0174 for Inpatient Hospital providers. This amendment will *reverse* the 25% rate increase for these services as approved by the Nevada Legislature during the 2019 Legislative Session.~~

~~An estimated decrease in annual aggregate expenditures for Specialized Neonatal Services is:~~

~~SFY 2021: (\$14,794,062)~~

~~In addition to the 6% FFS rate reductions for Nevada Medicaid providers and as a result of the 31st (2020) Special Session of the Nevada Legislature, which began on July 8, 2020 and adjourned *sine die* on July 19, 2020, an amendment to the Nevada Medicaid State Plan (SPA), Attachment 4.19-A, Page 8a is required to update the reimbursement methodology for Inpatient Medical/Surgical Revenue Codes. This amendment will reverse the 2.5% increase for acute care per diem reimbursement rates, excluding neonatal and pediatric intensive care units, previously approved in Senate Bill 528 of the 2019 Nevada Legislative Session.~~

~~An estimated decrease in annual aggregate expenditures for Specialized Neonatal Services is:~~

~~SFY 2021: (\$19,972,656)~~

~~The effective date of these rate reductions is August 15, 2020.~~

~~b. Public Comment Related to This Agenda Item (limited to up to three minutes per speaker or organization)~~

4.18. Adjournment

Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

PLEASE NOTE: Items may be taken out of order. Items may be pulled or removed from the agenda at any time. All public comment is limited to three minutes as reflected herein.

The DHCFP is exempt from Chapter 233B according to NRS 233B.039 and is not required to comply with the open meeting law in this process.

This notice and agenda have been posted at <http://dhcfp.nv.gov/> and <https://notice.nv.gov/>.

Notice of this meeting and draft copies of the changes will be available on or after the date of this notice at the DHCFP website <http://dhcfp.nv.gov/>. The agenda posting of this meeting can be viewed at the following locations:

1100 East William Street, Suite 111, Carson City, NV 89701 Carson City Central Office;
1210 S. Valley View, Suite 104, Las Vegas, NV 89102 Las Vegas District Office;
745 W. Moana Lane, Suite 200, Reno, NV 89509 Reno District Office and
1010 Ruby Vista Drive, Suite 103, Elko, NV 89801 Elko District Office

and may be reviewed during normal business hours.

If requested in writing, a draft copy of the changes will be mailed to you. Requests and/or written comments on the proposed changes may be sent to Jenifer Graham at the Division of Health Care Financing and Policy, 1100 E. William Street, Suite 101, Carson City, Nevada 89701.

All persons that have requested in writing to receive the public hearing agendas have been duly notified by mail or e-mail.

We are pleased to make accommodations for members of the public who have disabilities and wish to attend the meeting and/or participate. If special arrangements are necessary, notify the Division of Health

Care Financing and Policy as soon as possible and at least ten days in advance of the meeting, by e-mail at: jenifer.graham@dhcp.nv.gov in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701.
