

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

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1. Net allowable costs are the sum of the net allowable direct costs (Item 2) and indirect costs (Item 3).
  2. The cost-based rate is the net allowable costs (from Item 4) divided by the total forecasted transportation service utilization.
15. a. Services of Religious non-medical Healthcare Institution nurses: NOT PROVIDED.
- b. Services in Religious non-medical Healthcare Institutions sanatoria: NOT PROVIDED.
- c. Hospice Services: Reimbursed at the established annual Medicaid rate regardless of billed charges. The agency's rates were set as of October 1, 2008 and are effective for services on or after that date. Rates are adjusted annually each year thereafter in accordance with 42CFR 418. ~~For Hospice Services performed on or after August 15 2020 94% of the rate established in accordance with 42CFR 418.~~
- d. Hospice provided in a long-term care facility: Reimbursed ~~90%~~**95%** of the nursing facility daily rate for room and board provided by the nursing facility or long-term care facility.
16. Emergency hospital services out-of-state: lower of: a) billed charges, or b) local Medicaid maximums. The agency's rates were set as of July 1, 2005 and are effective for services on or after that date.
17. Personal care services in recipients' home and setting outside the home: fixed hourly rate established by the State of Nevada legislative body.

For personal care services performed on or after ~~August 15~~**January 1**, 2020, fixed hourly rate will be determined by multiplying a factor of ~~1.0330.97~~ (equal to ~~973.3%~~) times the July 1, 2009 rate.

~~The Agency's rates for personal care services will be updated on January 1, 2020 to reflect the rate increase, as specified above.~~ All rates are published on the Agency's website at <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>.

18. RESERVED

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TN No.: ~~19-01820-0013~~

Approval Date: ~~December 2, 2019~~

Effective Date: ~~January 1,~~

~~2020~~**August 15, 2020**

Supersedes

TN No.: ~~12-0319-018~~

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All Targeted Case Management groups will be reimbursed using the following methodologies effective as of July 1, 2009.

23. Targeted Case Management (TCM) services will be reimbursed as follows:

Prior to the beginning of each rate year, each of the governmental providers providing TCM services must select one the reimbursement methodologies described below for reimbursement. For example, by April 30, 2009, governmental providers must select a methodology for the rate year beginning July 1, 2009. Once a selected methodology is determined for a rate year, governmental providers will not be able to change the selected methodology until the following rate year.

- A. Reimbursement Methodology for Targeted Case Management Services provided by a non-governmental entity and governmental entities who do not undergo the Medicaid cost identification and reporting procedures:
- I. TCM: One unit per 15 minutes.
  - II. TCM services provided by a private/non-governmental entity and governmental entities that do not undergo the Medicaid cost identification and reporting procedures will be reimbursed the lower of a) billed charges, or b) a fixed quarter hour rate.
  - III. The quarterly hour rate is a market-based model. This model reflects service definitions, provider requirements, operational service delivery and administrative considerations. The following elements are used to determine the rate:
    1. Wage Information is taken from the Bureau of Labor Statistics (BLS). The wage is based on similar occupations reported by BLS and identified by Medicaid staff as comparable to CM and TCM services.
    2. Employee rated expenses (ERE) percentage of 27% was based on input from the Provider Rates Task Force members and Medicaid Staff. It includes paid vacation, paid sick leave, holiday pay, health insurance, life insurance, disability, workers compensation and legally required payroll taxes.
    3. Productivity adjustment factor which accounts for the amount of non-billable time spent by staff. This includes the time staff needs to complete required documentation and record keeping, time associated with missed appointments and average travel time by the provider.
    4. Allowance for supervisory time – costs for the time directly spent in supervising the professional providing this CM and/or TCM service.
    5. Allowance for capital costs – the costs are not included in the administrative overhead. It includes the average hourly expense, for building rental and maintenance, equipment leasing and utility expenses.
    6. Allowance for mileage – the average costs related to the miles to travel to clients.