

Steve Sisolak
Governor



Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

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Suzanne Bierman,
JD MPH
Administrator

Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the State Plan for Medicaid Services

Public Hearing June 28, 2022 Summary

Date and Time of Meeting: June 28, 2022 at 10:00 AM

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

Place of Meeting: DHCFP
1100 E. William Street
First Floor Conference Room
Carson City, Nevada 89701

Teleconference and/or Microsoft Teams Attendees

(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

Suzanne Bierman, DHCFP	Marcia Tinberg, DHCFP
Dr. Antonina Capurro, Deputy Administrator, DHCFP	Ashley Cruz
Athanasia E. Dalacas Deputy Attorney General (DAG)	Michelyn Y. Domingo, Anthem
Casey Angres, DHCFP	Jennifer Crouse
Megan Quintana, DHCFP	Veronica Sheldon
Lisa Dyer, DHCFP	Angela Berg
Rianna White, Fidelis-Rx	Abigail Bailey, DHCFP
Ashley Barton DHCFP	Jacqueline Hernandez
Yvonne Vestal, DHCFP	Tessa Holcomb
Richard McFeely, DHCFP	Monica Schiffer, DHCFP
Ellen Frias-Wilcox, DHCFP	Becky Gonzales, ViiV Healthcare
Quynh Nhu Doan	Shawna Derosse
Kevin McBride	De
Kirsten Coulombe, DHCFP	Ellen Flowers, DHCFP
Erin Lynch, DHCFP	Casey Walker
Seth Wray	Sydney
Vanessa Dunn	Vimal Asokan, Anthem
Antonio Gudino-Vargas, DHCFP	Tyler Shaw, FRPA
David Olsen, DHCFP	Kristen Tjaden
Jerry Dubberly	Samantha Strong
Briza Virgen, DHCFP	Lawrence Henry, Fidelis-Rx
Theresa Carsten, DHCFP	Susana Angel, DHCFP

Brian Parrish
Kimberly Adams, DHC FP
Brandon Ford, Best Practices Nevada
Michael Murphy, American Pharmacists Association
Vasudha Gupta, Nevada Pharmacy Alliance
Krystle Daniels
Leela Tenneti, DHC FP
Evelyn Ortiz
Mary Wherry, Community Health Alliance
Maria Reyes, Fidelis-Rx
Jimmy Lau, Ferrari Public Affairs
rstokestransliving
Keibi Mejia
James Nitz
Sarah Hunt, University of Nevada, Las Vegas (UNLV)
Joan Hall, NRHP
Lilnetra Grady
Heather Lazarakis, DHC FP
Laurie Curfman, Liberty Dental Plan
Alma Spears
Sidney Cananea
Myesha Wilson

Stephanie Sadabseng, DHC FP
Emily Walsh, Pinyon Public Affairs
Lana
Mark Du, DHC FP
Maggie Sadler
John Kucera
Kaelyne Day, DHC FP
Tracy Carver
Angela Quinn
Abigail Hatefi, Department of Health and
Human Services (DHHS)
Melissa Boesen
Bonnie Weatherby
Shanna Cobb-Adams, DHC FP
Kyril Plaskon, DHC FP
Jeana C. Piroli
Helen Foley, First Med
Walter Walsh
Shirley Walsh
Steve Messinger, Nevada Primary Care
Association (NPCA)

Introduction:

Casey Angres, Manager of Division Compliance, DHC FP, opened the Public Hearing introducing herself, Dr. Antonina Capurro, Deputy Administrator of DHC FP and Athanasia E. Dalacas Deputy DAG.

Casey Angres – The notice for this public hearing was published on May 26, 2022, and revised on June 10, 2022, and June 21, 2022, in accordance with Nevada Statute 422.2369.

- 1. Public Comments:** No Comments.
- 2. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

Subject: State Plan Amendment (SPA) #22-0013 – Medicaid COVID American Rescue Plan Act (ARPA) SPA

Erin Lynch, Chief of the Medical Programs Unit, DHC FP, presented DHC FP is submitting for approval today the SPA to demonstrate compliance with the ARPA COVID-19 provisions. This ARPA SPA affects the Nevada Medicaid SPA, Section 7, Attachment 7.7a for COVID-19 vaccine and vaccine administration, Attachment 7.7b for COVID-19 testing, and Attachment 7.7c for COVID-19 treatment. These provisions require states to cover and provide reimbursement for COVID-19 treatment (including specialized equipment and therapies, preventive therapies, and conditions that may seriously complicate COVID-19 treatment), testing, vaccinations, and vaccine counseling for children under the age of 21 years old, without cost

sharing. The period for this requirement is from March 11, 2021 and ends on the last day of the first calendar quarter that begins one year after the last day of the COVID-19 public health emergency.

The Nevada Medicaid COVID-19 Disaster SPAs #20-0009 and #21-0003 will end on the date the COVID-19 public health emergency ends. The ARPA SPA attests that Nevada Medicaid will continue to cover COVID-19 treatment, testing, vaccinations, and vaccine counseling until the end of the ARPA period.

Additional Details within the SPA:

The COVID-19 Optional Group must also be covered for COVID-19 testing, vaccination, and treatment. However, coverage for this group will end on the last day of the Public Health Emergency. This is stated in the following attachments:

Attachment 7.7a, Page 1 Continued, states licensed dental hygienists are among other licensed practitioners. Benefits and dentists are part of the Physicians' Services Benefit, allowing these providers to vaccinate. Emergency Directive 011 allowed dentists and dental hygienists to vaccinate in their office. Even though Governor Sisolak ended Nevada's Declaration of Emergency on May 20, 2022, this ARPA SPA is retroactive March 11, 2021.

Attachment 7.7b, Page 1, allows for coverage of over-the-counter screening tests at eight tests per month per beneficiary.

Attachment 7.7b, Page 2, requests for COVID-19 laboratory testing reimbursement rate to go back down to the State Plan reimbursement methodology of 50% of Medicare starting June 1, 2022. COVID Disaster SPA #20-0009 allowed DHCFP to reimburse for laboratory tests at 100% of Medicare rates.

Attachment 7.7a, Page 3, provides the Current Procedural Terminology (CPT) codes for standalone COVID counseling for children under the age of 21 years old.

DHCFP is also submitting a 1135 Waiver of SPA submission requirements for SPA submission deadlines, public notice requirements, and tribal consultation.

The following Provider Types (PT) will potentially be affected by this change:

Hospital, Outpatient (PT 12); Family Planning (PT 17, Specialty 166); Public Health Clinics (PT 17, Specialty 174); School Based Health Center (PT 17, Specialty 179); Rural Health Clinic (PT 17, Specialty 180); Federally Qualified Health Center (PT 17, Specialty 181); Indian Health Services, Non-Tribal (PT 17, Specialty 182); Certified Community Behavioral Health Center (PT 17, Specialty 188); Community Health Clinic, State Health Division (PT 17, Specialty 195); HIV Clinic (PT 17, Specialty 198); Physician, M.D., Osteopath, D.O.(PT 20); Dentist (PT 22); Advanced Practice Registered Nurse (PT 24); Radiology and Non-Invasive Diagnostic Centers (PT 27); Pharmacy (PT 28); Community Paramedicine (PT 32, Specialty 249); Laboratory (PT 43); Indian Health Service and Tribal Clinic (PT 47); School Health Services (PT 62); Nurse Midwife (PT 74); Physician Assistant (PT 77).

An estimated increase in annual aggregate expenditures for Fee-For-Service (FFS):

SFY 2022: \$191,601,018

SFY 2023: \$193,622,398

The effective date of change is June 1, 2022, with a retroactive date of March 11, 2021, for the ARPA time period.

This SPA was posted for two weeks for public comment, of which non was received.

At the conclusion of Erin Lynch's presentation, Casey Angres asked Dr. Antonina Capurro and Athanasia Dalacas if they had any questions or comments, they had none.

Public Comments: There were none.

Casey Angres – Closed the Public Hearing for Medicaid COVID American Rescue Plan Act (ARPA) SPA.

3. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: SPA #22-0014 – Nevada Checkup COVID ARPA SPA

Erin Lynch, Chief of the Medical Programs Unit, DHCFP, presented the Division is submitting for approval a Nevada Checkup SPA to demonstrate compliance with the ARPA COVID-19 provisions. This ARPA SPA affects the Nevada Checkup State Plan, Section 1.4 General Description and Purpose, Section 1.4 TC Tribal Consultation, Section 2.1 General Background and Description, Section 6.2.27 Any other health care services or items specified, and Section 8 Cost Sharing and Payment. These provisions require states to cover and provide reimbursement for COVID-19 treatment (including specialized equipment and therapies, preventive therapies, and conditions that may seriously complicate COVID-19 treatment), testing, vaccinations, and vaccine counseling for children under the age of 21 years old, without cost sharing. The period for this requirement is from March 11, 2021 and ends on the last day of the first calendar quarter that begins one year after the last day of the COVID-19 public health emergency.

The Nevada Medicaid COVID-19 Disaster SPA's #20-0009 and #21-0003 will end on the date the COVID-19 public health emergency ends. This ARPA SPA attests that Nevada Medicaid will continue to cover COVID-19 treatment, testing, vaccinations, and vaccine counseling until the end of the ARPA period, as mentioned on the previous ARPA SPA.

Additional Details within SPA #22-0013 are the same for Nevada Checkup which includes dental hygienists, dentists, over-the-counter screening tests available, COVID-19 laboratory testing reimbursement and the standalone COVID counseling for children under the age of 21 years old.

The Division is also submitting a 1135 Waiver of SPA submission requirements for deadlines, public notice requirements, and tribal consultation.

The following PTs will potentially be affected by this change:

Hospital, Outpatient (PT 12); Family Planning (PT 17, Specialty 166); Public Health Clinics (PT 17, Specialty 174); School Based Health Center (PT 17, Specialty 179); Rural Health Clinic (PT 17, Specialty 180); Federally Qualified Health Center (PT 17, Specialty 181); Indian Health Services, Non-Tribal (PT 17, Specialty 182); Certified Community Behavioral Health Center (PT 17, Specialty 188); Community Health Clinic, State Health Division (PT 17, Specialty 195); HIV Clinic (PT 17, Specialty 198); Physician, M.D.,

Osteopath, D.O.(PT 20); Dentist (PT 22); Advanced Practice Registered Nurse (PT 24); Radiology and Non-Invasive Diagnostic Centers (PT 27); Pharmacy (PT 28); Community Paramedicine (PT 32, Specialty 249); Laboratory (PT 43); Indian Health Service and Tribal Clinic (PT 47); School Health Services (PT 62); Nurse Midwife (PT 74); Physician Assistant (PT 77).

An estimated increase in annual aggregate expenditures for FFS:

SFY 2022: \$119,567

SFY 2023: \$114,362

The effective date of change is June 1, 2022, with a retroactive date of March 11, 2021, for the ARPA time period.

This SPA was posted for two weeks for public comment, of which none was received.

At the conclusion of Erin Lynch's presentation, Casey Angres asked Dr. Antonina Capurro and Athanasia Dalacas if they had any questions or comments, they had none.

Public Comments:

Emily Walsh, Pinyon Public Affairs, asked if written comments could be submitted and asked for the correct email address for written submissions.

Jenifer Graham, DHCFP, advised written comments can be sent to her at jenifer.graham@dhcp.nv.gov.

Brandon Ford sent a chat asking if Marriage and Family Therapists (MFT) and Clinical Professional Counselors (CPC) are the same Board of Licensing. He also wanted clarification if the policy will allow both credentials for Federally Qualified Health Centers (FQHC) and is there a consideration for Licensed Clinical Alcohol and Drug Counselors (LCADC).

Erin Lynch responded she did not think this was part of the SPA she just presented.

Briza Virgen advised she will answer the question at the next agenda item.

Casey Angres – Closed the Public Hearing for SPA #22-0014 – Nevada Checkup COVID ARPA SPA.

4. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Withdrawal of Rural Health Clinic Services (RHC) and Federally Qualified Health Center Services (FQHC)

Susie Angel, Social Services Program Specialist in the Medical Programs Unit, DHCFP, advised upon further discussion with Centers for Medicare and Medicaid Services (CMS) it was determined that the addition of PTs within the SPA Attachment 3.1A for Rural Health Clinics (RHC) and FQHC are not required, thus no submission is needed at this time.

At the conclusion of Susie Angel's presentation, Casey Angres asked Dr. Antonina Capurro and Athanasia Dalacas if they had any questions or comments, they had none.

Public Comments:

Briza Virgen answered Brandon Ford’s previous chat. She advised Medicaid Services Manual (MSM) Chapter 2900 will be discussed in the next portion of the Public Hearing following the SPA Public Hearing, in which it is being proposed to add Licensed Marriage and Family Therapists (LMFT). However, at this time these are the only expanded behavioral health providers that are being added in the MSM. However, DHCFP will consider the CPCs and LDACS in the future.

Mary Wherry, Community Health Alliance, asked if the withdrawal of the SPA is specific to the Community Health Workers (CHW), Pharmacists, Doulas and others.

Briza Virgen responded yes that is correct. The SPA that was going to be submitted was including the Doulas, CHWs, LMFTs, and licensed pharmacists. Upon further conversation with CMS, it was determined the existing language under RHC and FQHCs in the State Plan, has language stating Other Ambulatory Services, resulting in CMS stating a SPA does not need to be submitted in order to add additional providers under the two service models. It must show the addition of the providers within the MSMs.

Mary Wherry asked what the effective date to be reimbursed for the work of the four PTs.

Briza Virgen responded the effective date for the LMFTs, and the licensed pharmacists will be read during the next public hearing covering MSM 2900. Doulas and CHWs effective dates were when they were taken to public hearing. Doulas effective date is April 1, 2022, and CHWs is effective February 23, 2022.

Casey Angres – Closed the Public Hearing for withdrawal on the SPA Rural Health Clinic Service and Federally Qualified Health Center Services.

5. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Payment Date Extension for SPA 22-0010 15% Supplemental Payments for Home or Community Based Services (HCBS)

Lisa Dyer, Rate Analysis and Development Unit, DHCFP, advised the SPA Extension amends Nevada’s State Plan to allow the 15% supplemental payments to continue after the Public Health Emergency (PHE) ends through December 31, 2022. The specific changes being made are as follows:

Under the America Rescue Plan Act (ARPA) Section 9817, DHCFP is proposing to continue the supplemental payment to the following PTs: Home Health Agency (Includes Private Duty Nursing) (PT 29); Personal Care Aide-Provider Agency (PT 30); Adult Day Health Care (PT 39); and Personal Care Aide-Intermediary Service Organization (PT 83) by the specified percent increase from the current Medicaid reimbursement rate; 15% for Home Health Care, 15% for Personal Care (with an additional Rural Rate Differential of 14%), 15% for Adult Day and Adult Day Health Care made on a quarterly basis beginning one day after the PHE ends through December 31, 2022.

The following PTs will potentially be affected by this change:

Home Health Agency (Includes Private Duty Nursing) (PT 29); Personal Care Aide-Provider Agency (PT 30); Adult Day Health Care (PT 39); and Personal Care Aide-Intermediary Service Organization (PT 83).

This represents an estimated increase in annual aggregate expenditures:

SFY 2022:	\$4,061,146.43
SFY 2023:	\$2,315,526.52

At the conclusion of Lisa Dyer's presentation, Casey Angres asked Dr. Antonina Capurro and Athanasia Dalacas if they had any questions or comments, they had none.

Public Comments:

Helen Foley, First Med, commented on the last Item regarding MFTs being allowed to provide services and receive Medicaid reimbursement at the FQHC level. She stated she was confused regarding whether that was removed from the agenda. She asked to have that explained again.

Dr. Antonina Capurro advised it would have an effective date of May 1, 2022. Those changes must still be included in the policy and that is what is being included.

Helen Foley advised First Med strongly supports that. She said from October and through the pandemic they have provided some very valuable mental health services to southern Nevada and since that time they have taken care of the foster children in southern Nevada with mental health services.

Walter Walsh spoke regarding his quadriplegic daughter who has been a quadriplegic for the past 22 years. She is on Medicare and Medicaid. Her in-home care is the major concern. Her caregiver passed away in December and it has been a nightmare ever since to find placement. Medicaid will pay a care agency \$11.10 an hour. There are no agencies in Reno, that accept Medicaid clients as a caregiver, to cover his daughter's hours. She needs independent care and someone with quadriplegic experience, which makes the search even more difficult. He and his wife, Shirley, have contacted Catholic Charities, Nevada Legal Services, placed ads in the newspaper, and every outlet they could think of. Their daughter's total monthly income from SSI and SSD is \$803. Her portion of the rent under Section 8 Housing is \$677. He asked how anyone can survive on the remainder and be expected to pay out-of-pocket for care. Her status with Medicaid allows her to hire an independent contractor as a caregiver. The process in the past was under the Waiver 58 program. The process and application are confusing, lengthy and costly. This process should be expediated. Her case manager was only able to offer her sympathy. A quadriplegic needs care to survive. It is a life and death issue. She wants to remain in her home, which she has been doing for the last 20 plus years. She has a very helpful landlord who is making it happen, but in her case the system has failed her. She has become depressed, discouraged, and suicidal. She is a full quadriplegic with limited mobility in arms and no legs. He said what they are looking for is direction. He thinks the increase to a care agency to \$11.10 is admirable. However, it is still going to be very difficult to replace their client-to-care attendant. One can go to McDonalds and make \$15 to \$18 an hour. This is really not competitive. Walter and Shirley Walsh stated there is a severe lack of caregivers. Walter reiterated they have contacted many outlets trying to find a caregiver with no success. They receive sympathy but no answers. Walter asked where they go next. In the meantime, Shirley has been the care provider since December. He says that cannot go on. Shirley will be 79 next month and this cannot go on much longer. It is tearing down her ability to have a normal life.

Dr. Antonina Capurro addressed Walter Walsh's comments. She advised that if Walter and Shirley Walsh would provide DHCFP with their information, one of the healthcare coordinators will follow up and provide assistance.

Casey Angres – Closed the Public Hearing for Payment Date Extension for SPA 22-0010.

6. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Supplemental Payment for Inpatient Hospitals

Shanna Cobb-Adams, Manager of the Supplemental Reimbursement Unit, DHCFP, presented DHCFP is proposing an amendment to the Nevada Medicaid State Plan that would allow the continuation of the Hospital Indigent Fund (HIF), also known as the Indigent Accident Fund (IAF). This is a supplemental payment program based on inpatient hospital utilization in order to preserve access to inpatient acute services through SFY 2023. This amendment will decrease the supplemental payments from \$70,660,110.92 in SFY 2022 to \$65,772,207.65 in SFY 2023, which results in a decrease in annual aggregate expenditures of (\$4,887,903.27).

The following PT will potentially be affected by this change:

Hospital, Inpatient (PT 11).

The effective date of this change will be July 1, 2022.

At the conclusion of Shanna Cobb-Adams' presentation, Casey Angres asked Dr. Antonina Capurro and Athanasia Dalacas if they had any questions or comments, they had none.

Public Comments: There were none.

Casey Angres – Closed the Public Hearing for Supplemental Payment for Inpatient Hospitals.

7. Adjournment

There were no further comments and Casey Angres closed the public hearing at 10:34 AM.

****An Audio (CD) version of this meeting is available through the DHCFP Compliance office. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Jenifer Graham at jenifer.graham@dncfp.nv.gov with any questions.***

June 28th, 2022

Suzanne Bierman, JD, MPH
Administrator
State of Nevada Department of Health and Human Services (DHHS)
Division of Health Care Financing and Policy (DHCFP)
1100 E. William Street
First Floor Conference Room
Carson City, Nevada 89701

Re: Public Comment on Amendments to the State Plan for Medicaid Services

Dear Administrator Bierman:

My name is Veronica Charles and I am the Director of Government Affairs at Maxim Healthcare Services, Inc. (“Maxim”). Maxim is a national provider of home healthcare, homecare, and additional in-home service options. We provide over 3,200 hours of care to 76 Nevada patients via 2 offices employing just shy of 70 caregivers and 150 clinical nurses, where we primarily offer private duty nursing (PDN) services. Private duty nursing is continuous skilled nursing care provided in the home for medically-complex and vulnerable pediatric and adult patient populations under Medicaid, many of whom require assistive technology such as ventilators and tracheostomies to sustain life.

Our nurses serve the most medically fragile individuals in the state—including children with special healthcare needs (CSHCN) and children with complex chronic conditions (CCC) along with adult patients who require similar services. These individuals require skilled nursing services performed in the home by a registered nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN from between 4 to 24 hours per day every day in order to manage their chronic condition and keep them safe in their homes and communities. Our goal is to keep these individuals in the setting that promotes their highest quality of life and allow them the opportunity to engage in their communities.

Maxim is grateful for the state’s thoughtful spending of the Section 9817 dollars from the American Rescue Plan Act of 2021 (ARPA) and thankful that the state incorporated some of Maxim’s feedback in an effort to bolster home and community based services (HCBS). We wanted to take the opportunity to provide continued feedback on the ways in which the current funding streams have impacted the fragile patient and critical nursing population we serve, and opportunities for improvement.

The current ARPA funding provided to providers has allowed providers like Maxim to:

- *Create recruitment bonuses to new nurses and caregivers who have signed on this year; and*
- *Establish bonuses for all clinicians and caregivers who have been continuously employed with Maxim*

Unfortunately, the lack of ongoing funding from the state has not allowed Maxim to invest in critical resources that will improve access to qualified clinicians, like:

- *Enhanced training resources*
- *Increased hourly reimbursement*

Many Nevada children with special healthcare needs are either not receiving enough nursing services in the home or not able to access these lifesaving services due to the lack of available nurses – stemming in part from low Medicaid reimbursement rates from Medicaid and managed care organizations (MCOs) and importantly, insufficient forward-looking recruitment and retention strategies. This has been especially true during the COVID-19 public health emergency (PHE). The pandemic has made the delivery of PDN services more difficult for nurses and costly for agencies, and while the state has made valiant attempts to assist PDN providers and patients, neither our agencies nor our clinicians have received enough financial support from the state to offset hardships associated with the PHE.

The PDN industry did not receive funding from the first or second round of Coronavirus Aid, Relief, and Economic Security (CARES) Act in Nevada. This means that agencies such as Maxim and other PDN providers were not given any funding for personal protective equipment (PPE) or funding for bonuses/retention strategies that nurses in other industries were provided. This has created an even more critical workforce shortage as PDN nurses are being forced to move to other clinical environments like hospitals, skilled-nursing facilities, travel programs, etc. As an individual agency, Maxim has worked to compete with these industries by utilizing ARPA funding to institute sign on bonuses and retention bonuses – just as we had done prior to receiving any funding from the state. However, these changes are still not enough to compete with these more lucrative environments that do not solely work with the Medicaid population.

While we are grateful to the state for the funding to create the improvements that we have offered, it does not address the larger lack of funding that impacts supply and demand of nurses throughout the state nor has it allowed for us to care for the new patients coming into the state. Medicaid providers have been on the front lines of the pandemic but the lack of an enhanced reimbursement rate have jeopardized providers ability to plan for future outbreaks and continue to provide necessary healthcare services. PDN services are critical to the population we serve, and they are a cornerstone of maintaining Nevada's commitment to care for the elderly and medically fragile population.

In addition to providing children and adults with complex healthcare needs care in the most comfortable setting, it is also important to note that the cost of 16 hours of in-home PDN services is approximately one-third the cost of a day in the hospital. Through the resulting reductions in avoidable hospital utilization, homecare providers are able keep people in their homes and communities—where they overwhelmingly prefer to be—and with appropriate skilled care support. This provides cost savings by rebalancing the state's long-term care financing toward home and community-based services (HCBS) rather than more costly facilities or institutional settings – none of which are suitable environments for caring for our fragile pediatric patient population.

Lastly, it is important to note that not extending the 15% rate enhancement is inadvertently creating a wage cliff that could like to a significant decline in private duty nurses once all ARPA

funding has been depleted. In order to protect patients from losing their lifelong nurses and in an effort to help support the ongoing workforce shortage, we ask that the state utilize remaining ARPA funding and ongoing state dollars to maintain a 15% rate enhancement for PDN Medicaid FFS claims.

Thank you for your consideration of home health and private duty nursing services across the state. We hope that DHHS and DHCFP will consider our requests to improve patient access to PDN services and better invest federal dollars. We want to work with you to promote a better lifestyle for older adults and children with complex healthcare needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Veronica Charles".

Veronica Charles, MPA
Director of Government Affairs
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