

Joe Lombardo  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## DIVISION OF HEALTH CARE FINANCING AND POLICY

*Helping people. It's who we are and what we do.*



Stacie Weeks,  
JD MPH  
Administrator

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### **Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the Medicaid Services Manual (MSM)**

#### **Public Hearing May 27, 2025 Summary**

Date and Time of Meeting: May 27, 2025, at 10:01 AM

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

Place of Meeting: Division of Health Care Financing and Policy  
1919 College Parkway, Suite #120  
Carson City, Nevada 89706

#### **Teleconference and/or Microsoft Teams Attendees**

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

Kimberly Smalley, DHCFT	Malinda Southard, DHCFT
Casey Angres, DHCFT	Bonnie Palomino, DHCFT
Lauren M. Driscoll, Deputy Attorney General (DAG)	Erica McAllister, DHCFT
Cloris Barrientos, DHCFT	Matthew Mowbray, DHCFT
Joleen Walker, DHCFT	Tara Burfoot, DHCFT
Kaelyne Day, DHCFT	Nahayvee Flores-Rosiles, DHCFT
Amber Cronn, DHCFT	Todd Rich, DHCFT
Casey Walker	Monica Schiffer, DHCFT
Mandy Coscarart, DHCFT	Nhobelyn Kho, DHCFT
Skyler Basanez	Amy Hilton, Public Consulting Group, (PCGUS)
Naomi Driggs	Olivia Neiworth, PCGUS
Krisann Taylor, DHCFT	Karen Mertz
Jameca Williams, Carelon	Bobbi Shanks
Lindsey Bondiek, DHCFT	Lori Baumann, Clark County School District (CCSD)
Tonya Wolf, DHCFT	Melissa Pagarigan, CCSD
Regina C. De Rosa, Anthem	Nancy Brooks, CCSD
Patricia Schille, DHCFT	Sherron L. Dickenson, CCSD
Tina Bowman, DHCFT	Sara Knight, DHCFT
Dominic Gaon, Anthem	Kevin Meagher, Washoe Schools
De Yates	Jill Amasya, PCGUS
Catherine Vairo, DHCFT	Kierra Flowers, PCGUS
Jenna Grant, Division of Child and Family Services (DCFS)	Chandelle Garcia Rodriguez, Washoe Schools
Melody Hall-Ramirez, DHCFT	Marcel Brown, DHCFT
	Shelly Benge-Reynolds, DHCFT

Nhobelyn Kho, DHCFP  
Casandra Davis, DHCFP  
Pablo Munoz, DHCFP  
Rachael Devine, DHCFP  
Monica Romero, Department of Education (DOE)  
Bre Taylor  
Ellen Frias-Wilcox, DHCFP  
Nicole Catoner, DHCFP  
Angela Stewart, Elevance Health  
Marilyn Juarez, Anthem  
Sheri Gaunt, DHCFP

Nancy Kuhles  
Carley Murray, Nevada PEP  
Linda Anderson, Nevada Public Health Foundation (NPHF)  
Heather Strasser, CCSD  
Angel Beus, Anthem  
Angi Nasso  
Selina Verdin, Washoe Schools  
Brooke Greenlee, Anthem

### **Introduction:**

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Malinda Southard, Deputy Administrator, DHCFP, and Lauren M. Driscoll, DAG.

Casey Angres – The notice for this public hearing was published on April 24, 2025, in accordance with Nevada Revised Statute (NRS) 422.2369.

1. **Public Comments:** There were none.
2. **Discussion and Proposed Adoption and Changes to MSM Chapter 2800**

**Subject:** MSM Chapter 2800 – School Health Services (SHS)

Erica McAllister, SHS Liaison, Community and Provider Engagement Unit, DHCFP, presented that DHCFP is proposing revisions to MSM Chapter 2800 – School Health Services as a result of discussions with Nevada’s Local Educational Agencies (LEA). These changes were aimed at enhancing the clarity and usability of the regulations. McAllister emphasized that the Division remains committed to addressing and removing the barriers that LEAs encounter when seeking Medicaid reimbursement. The proposed changes were: Reorganization of the chapter to improve the clarity, simplify language, and remove duplications; Addition of new sections to better define Program Eligibility, Qualified Billing Providers, and Qualified Service Providers; Consolidation and expansion of Covered Services and documentation requirements to support more accurate Medicaid Billing; Clarification of Ordering, Prescribing, and Referring (OPR) requirements to ensure alignment with Medicaid regulations; Updating the abbreviation “IEP” from “Individualized Education Plan” to “Individualized Education Program” to align with federal terminology; Amendment of the definition of Medical Team Conference to replace the word “will” with “may” in the last sentence which now reads: “As a result of this process, a Plan of Care (POC) may be established outlining treatment modalities”. While the revisions improved the structure and readability of the chapter, there were no major policy changes introduced. The proposed changes to MSM Chapter 2800 were presented during public workshops in December 2024, and March 2025, where stakeholders had the opportunity to provide input and feedback.

The policy updates that are being proposed may affect school-based providers, provider type (PT) 60.

The effective date is May 28, 2025.

**Public Comments:** There were none.

Malinda Southard approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to Chapter 2800 – School Health Services.

### **3. Discussion and Proposed Adoption and Changes to MSM Chapter 1200**

#### **Subject: MSM Chapter 1200 – Prescribed Drugs**

Bonnie Palomino, Pharmacy Program Manager, DHCFP, presented that the revisions to MSM Chapter 1200– Prescribed Drugs, Appendix A, Section KK., Incretin Mimetic, were as follows: Throughout the section “patient” has been updated to “recipient;” Under Wegovy® (semaglutide), clinical criteria was added requiring that a recipient has established cardiovascular disease verified by a specialist and the specialist has provided documentation to confirm medication is being prescribed to reduce the recipient’s specific cardiovascular risk.

There is no financial impact on local government known.

The effective date is June 2, 2025.

**Public Comments:** There were none.

Malinda Southard approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM Chapter 1200 – Prescribed Drugs.

### **4. Discussion and Proposed Adoption and Changes to MSM Chapter 2400**

#### **Subject: MSM Chapter 2400 – Home and Community Based Services (HCBS) Structured Family Caregiving Waiver (SFCG)**

Matthew Mowbray, Program Specialist, Long Term Services and Supports (LTSS), DHCFP, presented DHCFP’s new chapter MSM Chapter 2400 -HCBS SFCG for adoption. Mowbray explained that during the 82<sup>nd</sup> Legislative Session (2023), Assembly Bill (AB) 208 was passed to develop and implement a new 1915(c) SFCG Waiver to provide services for individuals with dementia or related conditions. LTSS conducted two public workshops, one on May 6, 2024 and one on April 2, 2025, to allow feedback from the stakeholders of the SFCG Waiver and to provide information about the policy to allow for additional feedback from the public. While the Waiver was approved by the Centers for Medicare and Medicaid Services (CMS) in December 2024 with an effective date of January 1, 2025, DHCFP had to create a new PT and develop the policy.

As this is a new policy, all sections and formatting are consistent with other waiver policies, such as Provider Responsibilities and Applicant/Recipient Responsibilities. Mowbray presented the key elements of the chapter.

Under Section 2401, Authority, statutes and regulations governing the policy were listed. These included: Section 1915(c) of the Social Security Act (SSA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), multiple chapters of the Nevada Revised Statutes (NRS), the Electronic Visits Verifications (EVV) 21<sup>st</sup> Century Cures Act, Section 3715 of the Coronavirus Aid, Relief, and Economic Security (CARES)

Act, 42 Code of Federal Regulations (CFR) 441.301(c)(4)(i) through (vi) – HCBS Settings Final Regulation, 42 CFR 441.301(c)(1) through (5) - Federal Person-Centered Planning and Settings Requirements, and the previously mentioned AB 208.

Section 2403.1, Eligibility Criteria for the SFCG Waiver Program, states that eligibility for the SFCG Waiver is determined by the Aging and Disability Services Division (ADSD) alongside the Division of Welfare and Supportive Services (DWSS). The eligibility criteria includes: applicants must have a diagnosis of dementia or related conditions and provide an SFCG Dementia Verification Form completed by the acceptable, but not limited to, medical sources listed in the chapter; applicants/recipients must meet and maintain a Level of Care (LOC) for admission into a nursing facility (NF) and require imminent placement into an NF if HCBS or other supports are not available; applicants/recipients must demonstrate a continued need for the services offered under the SFCG Waiver to prevent placement in an NF or hospital, and each applicant/recipient must require the provision of one ongoing waiver service monthly; applicants/recipients must have an adequate support system to provide a safe environment during the hours when HCBS are not provided; applicants may be placed from an NF, acute care facility, or another HCBS, or the community; applicants must meet Medicaid financial eligibility as determined by DWSS initially, and for redetermination.

Mowbray highlighted a few key points under Section 2403.1A, Coverage and Limitations. Including: the applicant/recipient must be living with the primary caregiver or vice versa; the Waiver is limited by legislative mandate to a specific number of recipients who can be served through the Waiver per year, when no Waiver slots are available, ADSD utilizes a waitlist to prioritize applicants; the Waiver must be cost neutral. The Division's total waiver services will not, in any calendar/waiver year, exceed the cost to provide care in an NF. Under Section 2403.2A, Coverage and Limitations, the covered services are Case Management, Respite Services, and SFCG. Mowbray provided additional detail for the services mentioned above and information about the associated providers specific to each service.

Section 2403.4, Case Management, states that services assist eligible and active Waiver recipients in gaining access to the needed Waiver and other State Plan services, as well as necessary medical, social, educational, or other services, regardless of the funding source for the accessed services. Mowbray explained that Case Managers are responsible for the ongoing monitoring of the provision of services included in the individual's Person-Centered Service Plan (PCSP).

Mowbray discussed Section 2403.4B, Provider Responsibilities, mentioning that at this time there will only be Private Case Management Agencies providing the service. In addition to the provider's responsibilities listed in Section 2403.2B, providers must be enrolled as a Waiver Case Management Provider Agency (PT 95, Specialty Code 303) through DHCFP's fiscal agent, which is currently Gainwell Technologies (GWT). Those requirements are listed under the Provider Enrollment Checklist and available on the fiscal agent's website.

Section 2403.5, Respite, listed that services are provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite providers provide general assistance with activities of daily living (ADLs) and instrumental ADLs (IADLs), as well as providing supervision for recipients with functional impairments in their home or place of residence/community setting. Respite services are only provided in the recipient's home and the goal is relief of the primary caregiver. 2403.5A, Coverage and Limitations, states that respite services may be for 24-hour periods but are limited to 336 hours for the duration of the PCSP. Additionally, services must be prior authorized by the case manager.

Section 2403.5B, Provider Responsibilities, states that providers must be enrolled as PT 95, Specialty Code 191. In addition to the provider's responsibilities listed under Section 2403.2B, providers must: provide adequate training related to personal care assistance appropriate for recipients on the SFCG Waiver completed initially and annually and adhere to all wage requirements established by federal or state law or applicable Medicaid requirements for direct care workers as mandated by NRS, federal law, or any other applicable Medicaid authority. Services must be prior authorized. Specific wage requirements are referenced in SFCG Waiver under Appendix C, Participant Services, and are outlined in the provider enrollment contract.

Section 2403.5C, Recipient's Responsibilities, explains that the service must comply with EVV. The recipient must agree to utilize an approved EVV system for the Waiver services being received from the provider agency and confirm that services were provided by electronically signing or initialing, as appropriate per PCSP, the EVV record that reflects the service rendered. If Interactive Voice Response (IVR) is utilized, a vocal confirmation is required.

Mowbray explained that Section 2403.6, SFCG, provides a Waiver recipient with the option to receive personal care and related supports from a primary caregiver. SFCG may be provided on an episodic or continuing basis. The supports provided within the home are based on the participant's daily needs and can include attendant care, homemaker, and skilled services, if necessary. SFCG is only available to individuals who are 21 years and older. All medically necessary SFCG services for children under the age of 21 are covered in the State Plan pursuant to the EPSDT benefit. Under Section 2403.6A, Coverage and Limitations, the primary caregiver must be living in the same private residence as the recipient and may be a non-family member, a family member, or a Legally Responsible Individual (LRI). Part of these services can include accompanying the recipient to community activities that are therapeutic in nature, if appropriate, or assisting with maintaining natural supports.

Section 2403.6B, Provider Responsibilities, states that in addition to the provider's responsibilities listed in Section 2403.2B, SFGC providers must have services prior authorized, and the provider agency must ensure that direct workers are provided the required training, see Section 2403.2B(20), with the certificate of completion in the employee's file prior to rendering SFCG services. If it is determined that a recipient has skilled needs that can be performed by an unlicensed direct care worker, the provider agency must obtain approval from and be trained by a licensed professional healthcare provider. Providers must provide a daily stipend established by federal or state law, or any other applicable Medicaid requirements for direct care workers. The daily stipend information is referenced in Appendix c, Participant Services, and is outlined in the provider enrollment contract. DHCfP will conduct audits to ensure compliance with daily stipend requirements. If a provider is determined to not be in compliance with paying their direct care workers the required daily stipend, initial violations for non-compliance may result in provider education as well as recoupment of overpayment. Continued violations may trigger corrective action up to termination.

Mowbray explained that the individuals receiving this program will have the right to a fair hearing and detailed information on that process can be found in Section 2404, Hearings.

The financial entity that will be affected is PT 95.

Financial impact on local government is unknown at this time.

The effective date is June 1, 2025.

**Public Comments:** There were none.

Malinda Southard approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM Chapter 2400 – Home and Community Based Services (HCBS) SFCG Waiver.

## **5. Adjournment**

There were no further comments, and Casey Angres closed the Public Hearing at 10:26 AM.

***\*A video 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 [documentcontrol@dhefp.nv.gov](mailto:documentcontrol@dhefp.nv.gov) with any questions.***