

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 State Plan for Medicaid Services

Public Hearing June 24, 2025 Summary

Date and Time of Meeting: June 24, 2025, at 10:02 AM

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

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)

Casey Angres, DHCFTP	Laurie Curfman, Liberty Dental Plan (LIB)
Lauren M. Driscoll, Deputy Attorney General (DAG)	Gabriel D. Lithier, Senior DAG
Malinda Southard, DHCFTP	Jessica Goicoechea-Parise, Washoe County
Kimberly Smalley, DHCFTP	Jo Ann Kochell, DHCFTP
Amber Cronn, DHCFTP	Matthew Lueken, Drug Free Las Vegas
Erica McAllister, DHCFTP	Cloris Barrientos, DHCFTP
Lindsey Bondiek, DHCFTP	Kirsten Coulombe, DHCFTP
Deidre Manley, DHCFTP	Sadaf Iqbal, Clark County
Dominic Gaon, Anthem	Nadine Kienhoefer
De Yates	Bonnie Palomino, DHCFTP
Christina Cobeo, DHCFTP	Alex Tanchek, Silver State Government Relations
Ellen Flowers, DHCFTP	Lori Follett, DHCFTP
Sarah Dearborn, DHCFTP	Candace Lewis Vaughn, Division of Child and Family Services(DCFS)
Angela Stewart, Elevance Health	Dr. Rhonda Murray
Cassandra Davis, DHCFTP	Patricia Schille, DHCFTP
Russell Steele, DHCFTP	Sevil Monge, DHCFTP
Kelly Carranza, DHCFTP	Sheri Gaunt, DHCFTP
Amethyst Cozzolino	Ashley Jones, Elevance Health
Mike Allerdycy, Washoe County	Serene Pack, DHCFTP
Rachael Devine, DHCFTP	Carley Murray, Nevada PEP
Karen Taycher, Nevada PEP	Allison Herzik
Sabrina Schnur, Cartwright NV	
Lizbeth Torres, Clark County	

Sarah Lamb, University Medical Center of
Southern Nevada (UMCSN)
Kristen Wall, Molina Healthcare
Robin Ochenschlager, DHCFP
Amber Wilkins, Molina Healthcare
Sean Linehan, DHCFP
Erin Lynch, Nevada Hospital Association(NHA)
Matthew Gaylord, DHCFP
Suellen Narducci, Molina Healthcare
Nima Alinejad, Molina Healthcare
Tomas Hammon
Jeremey Hays, DHCFP
Jess Angel
Valerie Luevano, Anthem
Chris Doss
Celina Salas, Hope Christian Health Center
Jimmy Tran, Molina Healthcare
Brooke Greenlee, Anthem
Keri Kelley, Silver Summit Health Plan (SSHP)
Dave Goldstein, DHCFP
Dawnesha Powell, SSHP
Alletha Muzorewa, Anthem
Amy Hyne-Sutherland, Carson Tahoe Health
Shaneka L. Wiley, Elevance Health
Esther Flores

Natalie Filipic,
Sara Cooper,
Jason Embra,
Shannon Saksewski,
Nancy Calderon, Nevada PEP
Angel Beus, Anthem
Casey Melvin,
Brandon Ford, Best Practices NV, LLC
Brooke Pellegrino, LIB
Marilyn Juarez, Anthem
Jessica Vannucci, DHCFP
Alyssa Drucker, Gainwell Technologies (GWT)
Jason Drake
Sharon JamesTiger, Department of Education
(DOE)
Jess
Nicholas Hollister, Molina Healthcare
Tonya Wolf, DHCFP
Elizabeth Scott, DHCFP
Marcel Brown, DHCFP
Minden Hall, DHCFP
Krisann Taylor, DHCFP
Sandra Villalvazo-Warner, DHCFP

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 May 23, 2025 and revised on June 16, 2025 as well as June 17, 2025, in accordance with Nevada Revised Statute (NRS) Statute 422.2369.

1. **Public Comments:** There were none.
2. **Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

Subject: Peer Support Services (Qualifications/Training Requirements) And Service Language Updates to Remove Specific Service Limitations

Lindsey Bondiek, Program Specialist, Behavioral Health Benefits and Coverage Unit, DHCFP, presented the proposed changes to State Plan Attachment 3.1-A. The revisions were made to be an enhancement to Peer Support Services in alignment with Children’s Behavioral Health Transformation initiatives.

Bondiek went through the proposed changes. Attachment 3.1-A, Pages 6a.4-6a.14 were revised to update policies related to Peer Support Services, which was formerly named Peer-to-Peer Support Services. There was clarification of Provider Qualifications where distinct qualifications for delivering Adult, Youth, and Family Peer Support services were established. Training requirements for all three providers were generalized so that the requirements will be determined by the state rather than specified in the Medicaid

State Plan. References to “Treatment Plan” language have been replaced with “Plan of Care (POC)” language and references to “Case Manager” language have been replaced with “Care Coordinator” language.

In Pages 6a.13-14, specific service limitations were removed. Bondiek explained that service limitations would no longer be explicitly listed; instead, services would be based on the intensity and frequency of the recipient’s document care goals. The Level of Care (LOC) grid was removed and additional language was added to establish guidelines for mental health therapy billing and day treatment billing.

Within Page 6a.15, service language for Peer Support Services was updated. Service descriptions for Adult, Family, and Youth Peer Support Services were reorganized and clarified. Additionally, language was added to define an Individual Peer Support Specialist and a Peer Support Services Agency.

There was no anticipated fiscal impact.

The effective date of the proposed changes is July 1, 2025.

Public Comments: There were none.

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

Subject: Nevada Medicaid State Plan Attachment 3.1-A – Nursing Facilities

Kelly Carranza, Nursing Facilities (NF) Policy Supervisor, Long Term Services and Support (LTSS), DHCFP, presented the proposed revisions to Nevada Medicaid State Plan Attachment 3.1-A, Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy, Pages 2a, 6d, and 9i. Carranza explained that a public workshop presenting the proposed revisions to stakeholders was held on April 8, 2025.

Carranza presented the proposed revisions. On Page 2a, obsolete language stating NF prior authorization is obtained from the Nevada Medicaid Office was removed. Language was added to define purpose and scope of NF services, as well as detailing the current prior authorization process. Language was added defining the medical necessity criteria that a recipient must meet to qualify for the NF LOC, including NF Standard, NF Ventilator Dependent, and Behaviorally Complex Care Program.

Page 6d removed obsolete language regarding the Medicaid Peer Review Organization (PRO) alongside obsolete language regarding the prior authorization process and replaced the language with reference to the QIO-like vendor.

On Page 9i, language was added defining NF services for recipients under 21 years of age, along with the language detailing the current prior authorization process. Language was added defining the medical necessity criteria that a recipient must meet to qualify for the NF LOC, including NF Standard, Pediatric Specialty I, and Pediatric Specialty II. Additionally, language was added identifying the Pediatric Specialty Treatment Procedures referenced in the service descriptions of Pediatric Specialty Care I and II.

These proposed changes affect all Nevada Medicaid enrolled providers delivering NF Services, including provider type (PT 19), NF.

There was no known financial impact on local government.

The effective date of the proposed changes is July 1, 2025.

Public Comments: There were none.

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

Subject: Indigent Accident Fund

Dave Goldstein, Supplemental Reimbursement Unit Supervisor, Fiscal Services, DHCFP, presented the amendment to Nevada Medicaid's State Plan Attachment 4.19-A, Page 32b. The proposed amendment would allow the continuation of the Hospital Indigent Fund (HIF), also known as the Indigent Accident Fund (IAF), supplemental payment based on inpatient hospital utilization to preserve access to inpatient acute services through state fiscal year (SFY) 2026.

The amendment would decrease the supplemental payments from \$65,363,566.87 in SFY 2025 to \$64,274,593.25 in SFY 2026 which results in a decrease in annual aggregate expenditures of \$1,088,973.62.

The PT that would potentially be affected by this change includes Hospital Inpatient (PT 11).

The effective date of the proposed change is July 1, 2025.

Public Comments: There were none.

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

Subject: Disproportionate Hospital Share Supplemental Payment Program

Dave Goldstein, Supplemental Reimbursement Unit Supervisor, Fiscal Services, DHCFP, presented the proposed changes to State Plan Attachment 4.19-A, Pages 23 and 24. The proposed amendment would allow the continuation of the Disproportionate Hospital Share (DSH) distribution in SFY 2026.

This amendment would increase the allotment amount from \$25,158,225.17 in SFY 2025 to \$25,336,023.12 in SFY 2026 which results in an annual aggregate increase of \$177,798.05.

The PTs that would potentially be affected by this change include but are not limited to: Hospital Outpatient Surgery (PT 10), Hospital Inpatient (PT 11), Hospital Outpatient (PT 12), and Critical Access Hospital (CAH) Hospital Inpatient (PT 75).

The effective date of the proposed change is July 1, 2025.

Public Comments: There were none.

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

Subject: Anesthesia Rate Increase

Sean Linehan, Management Analyst, Rates Analysis and Development Unit, DHCFP, presented the proposed changes to State Plan Attachment 4.19-B Page 1a. The proposed amendment would provide an

increase to the reimbursement rates for anesthesia conversion factor from \$23.70 to \$26.07 as well as a pediatric enhanced conversion factor of \$29.98 for recipients under the age of six.

Linehan explained that Nevada Medicaid was asked to evaluate and increase rates for anesthesia services to enhance and increase access to care. In addition, through collaboration with various Medicaid providers, a pediatric enhancement of 115% of the base conversion factor was developed for recipients under the age of six. The methodology for anesthesia rates remains as Base Units, as determined by the Centers for Medicare and Medicaid Services (CMS) plus Time Units, multiplied by the conversion factor.

The proposed changes are expected to increase the annual aggregate expenditures for SFYs 2026 and 2027. The estimate increase in annual expenditures is

SFY 2026	\$861,179
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SFY 2027	\$898,506.
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The effective date of this proposed change is July 1, 2025.

Public Comments: There were none.

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

Subject: Nevada Check Up SPA Assurance of the Consolidated Appropriations Act of 2023 (CAA) Section 5121

Sarah Dearborn, Senior Chief, Medical, Dental, and Behavioral Health Benefits Coverage, DHCFP, presented the proposed revisions to Section 4.1.9 of the Children's Health Insurance Program (CHIP) State Plan. Revisions to the Separate CHIP (SCHIP), also known as the CHIP or Nevada Check Up (NCU) State Plan, were proposed to include the assurance of compliance with the statutory requirements of Section 5121 of the Consolidated Appropriations Act (CAA) of 2023. State Medicaid and CHIP programs are required to provide screening, diagnostic, and case management services for eligible juveniles who are within 30 days of their scheduled date of release from a public institution.

The proposed change affects all Medicaid-enrolled providers delivering screening, diagnostic, and case management services. Those PTs include but are not limited to: Behavioral Health Outpatient Treatment (PT 14), Physician, M.D. and Osteopath (PT 20), Dentist (PT 22), Advanced Practice Registered Nurse (APRN) (PT 25), Psychologist (PT 26), Targeted Case Management (TCM) (PT 54), Physician's Assistant (PA) (PT 77), and Behavioral Health Rehabilitative Treatment (PT 82).

There was no anticipated change in annual aggregate expenditures.

The effective date of this proposed change is January 1, 2025.

Public Comments: There were none.

8. Adjournment

There were no further comments, and Casey Angres closed the Public Hearing at 10:22 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@dhcfp.nv.gov with any questions.***