

Joe Lombardo  
Governor



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
DIRECTOR'S OFFICE  
*Helping people. It's who we are and what we do.*



Richard Whitley, MS  
Director

December 31, 2024

James G Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
Centers for Medicare and Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, MO 64106

Dear Mr. Scott:

Enclosed please find Nevada's State Plan Amendment (SPA) #25-0003. This SPA amends Nevada's State Plan effective January 1, 2025. The specific changes being made are as follows:

The Division is proposing an amendment to Nevada Medicaid State Plan Attachment 4.19-B, Page 2c. The Division is proposing increasing the reimbursement rates for dental anesthesia Codes D9222 and D9223 from \$55.97 to \$120 and a pediatric enhanced rate of \$138 for recipients under the age of 6. This change is due to the concern of access to care for dental services requiring dental anesthesia.

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures for

SFY 2025:	\$36,947
SFY 2026:	\$88,488

If you have any policy questions regarding this SPA, please contact Cynthia Leech, Compliance Agency Manager at (775) 684-7964 or [cleech@dhcfp.nv.gov](mailto:cleech@dhcfp.nv.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Richard Whitley".

Richard Whitley, Director  
Department of Health and Human Services

Enclosures

cc: Cynthia Leech, Compliance Agency Manager, Division of Health Care Financing and Policy (DHCFP)

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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*Si necesitas ayuda traduciendo este mensaje, por favor escribe a [dhcfp@dhcfp.nv.gov](mailto:dhcfp@dhcfp.nv.gov), o llame (702) 668-4200 o (775) 687-1900*

## NOTICE OF PUBLIC MEETING TO SOLICIT COMMENTS ON AMENDMENTS TO THE STATE PLAN FOR MEDICAID SERVICES

### REVISED AGENDA

**Date of Publication:** November 27, 2024

**Date of Revision:** December 16, 2024

**Date of 2<sup>nd</sup> Revision:** December 17, 2024

**Date and Time of Meeting:** December 30, 2024, at 10:00 AM

**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:** DHCFP  
9850 Double R Boulevard  
Second Floor  
Reno, Nevada 89521

Space is limited at the physical location. Please use the teleconference/Microsoft Teams options provided below. If accommodation is requested, please advise using the information at the end of this agenda.

*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 [documentcontrol@dhcfp.nv.gov](mailto:documentcontrol@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.*

*Please be cautious and do not click on links in the chat area of the meeting unless you have verified they are safe. If you ever have questions about a link in a document purporting to be from Nevada Medicaid, please do not hesitate to contact [documentcontrol@dhcfp.nv.gov](mailto:documentcontrol@dhcfp.nv.gov) for verification.*

**Webinar:** <http://tinyurl.com/DHCFP2024PH>

Select "Join," enter your name and email and then select "Join."

The meeting should not require a password.

**Audio Only:** (775) 321-6111

**Conference ID:** 451 974 828#

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**YOU MAY BE UNMUTED BY THE HOST WHEN SEEKING PUBLIC COMMENT, PLEASE HANG UP AND REJOIN IF YOU ARE HAVING SIDE CONVERSATIONS DURING THE MEETING OR THOSE MAY BE HEARD BY OTHERS AND RECORDED**

**This meeting may be recorded to facilitate note-taking or other uses. By participating you consent to recording of your participation in this meeting.**

### **AGENDA**

1. General Public Comments (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, you may join the meeting by dialing (775) 321-6111 and when prompted to provide the Meeting ID, enter 451 974 828#. You may then press \*5 to raise your hand during the public comment periods to provide your comment. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name. Those who wish to provide a written comment may submit their comment via mail to 4070 Silver Sage Drive, Carson City, Nevada 89701 or via email to [documentcontrol@dncfp.nv.gov](mailto:documentcontrol@dncfp.nv.gov)).

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

**Subject:** 1915i HCBS-State Plan Option for Intensive In-Home Services and Crisis Stabilization- Application Renewal

The purpose of this hearing is to solicit comment on Nevada's 1915i HCBS-State Plan Option for Intensive In-Home Services and Crisis Stabilization- Application Renewal. Every five years, Nevada is required by the Centers for Medicare and Medicaid Services (CMS) to renew existing 1915i programs with a new application. Nevada's new application will maintain the two existing services of Intensive In Home Supports and Crisis Stabilization Services. Updates have been made to further clarify and synchronize language regarding roles and responsibilities of the State Medicaid Agency, its Operating Agency, and the Local Non-State Entities as they administer the program.

The proposed changes affect all Medicaid-enrolled providers delivering Specialized Foster Care. Those provider types (PT) include but are not limited to Specialized Foster Care (PT 86).

Estimated change in annual aggregate expenditures: No change in annual aggregate expenditures is anticipated.

The effective date of change is July 1, 2025.

a. Public comment regarding subject matter.

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

**Subject:** Changing reimbursement for Psychiatric Residential Treatment Facilities (PRTF) from provider specific negotiated rates to a \$800 flat rate with the possibility of ~~two-an~~ add-on options. The add-on options ~~are~~ is: ~~\$100-150~~ for intensive treatment services for children under age 9 and/or ~~\$100-for~~ intensive treatment services for serving children with specialized needs in a PRTF setting.

DHCFP is proposing an Amendment to the Nevada Medicaid State Plan (SPA), Attachment 4.19-A, Page 14 to amend the reimbursement rates for PRTF. Under the proposed change, the existing reimbursement methodology would be amended to change the reimbursement methodology to a flat rate with the possibility of ~~two-an~~ add-

on options. The add-on options ~~are~~ is: ~~\$100-150~~ for intensive treatment services for children under age nine and/or ~~\$100-for~~ intensive treatment services for serving children with specialized needs in a PRTF setting. The following PT will potentially be affected by this change: PRTF (PT 63).

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures for state fiscal years (SFY) 2026 and 2027:

SFY 2026:	\$9,061,986
SFY 2027:	\$9,205,678

The effective date of change is January 1, 2025.

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

**Subject:** Dental Anesthesia Rate Increase

State Plan for Medicaid Services Rate Increases for Dental Anesthesia services to include a pediatric enhanced rate for recipients under the age of six.

DHCFP intends to submit an Amendment to the Nevada Medicaid State Plan in order to provide an increase to dental anesthesia rates to include a pediatric enhanced rate for recipients under the age of six. **Additionally, reimbursement for orthodontics services will be described within the state plan. This change will have no change to reimbursement methodology, nor will it incur a financial impact.** These changes are to Section 4.19-B, Page 2c.

These changes are expected to increase the annual aggregate expenditures for SFYs 2025 and 2026:

SFY 2025	\$36,947
SFY 2026	\$88,488

The effective date of change is January 1, 2025.

a. Public comment regarding subject matter.

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

**Subject:** Nevada's Health Home for Medicaid Beneficiaries with Fetal Alcohol Spectrum Disorder (FASD)

In accordance with Assembly Bill (AB) 137, a Medicaid SPA is being proposed to provide a variety of services to individuals with FASD via the Medicaid health home model. The proposed FASD health home will provide comprehensive care management and coordination services to Medicaid beneficiaries with FASD. For enrolled beneficiaries, the FASD health home will function as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries will work with an interdisciplinary team of providers to develop a person-centered health action plan to best manage their care. The model will also elevate the role and importance of Peer Specialists and Community Health Workers to foster direct empathy and raise overall health and wellness. In doing so, this will attend to a beneficiary's complete physical, behavioral, and health-related social needs.

Participation is voluntary and enrolled beneficiaries may opt-out at any time. Nevada has four overarching goals for the FASD health home: Improve care management of beneficiaries with FASD; Increase access to and utilization of evidence-based services for FASD, including but not limited to, ABA; Decrease the onset of behavioral issues

that can manifest because of FASD; and Provide services aimed at allowing individuals with FASD to remain in home and community-based settings.

This proposed change affects all Medicaid-enrolled providers delivering services to Medicaid beneficiaries who have FASD. Those PTs include but are not limited to: ABA (PT 85), Psychologist (PT 26), Physician, M.D., Osteopath, D.O. (PT 20), Advanced Practice Registered Nurse (PT 24).

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures for

SFY 2025:	\$190,085
SFY 2026:	\$935,528

The effective date of change is April 1, 2025.

a. Public comment regarding subject matter.

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

**Subject:** Pharmacy Reimbursement for Tribal Health Clinics

The Division of Health Care Financing & Policy is proposing changes to the State Plan Attachment 4.19-B Page 3 (Continued), Page 3a, and Page 7a to address the reimbursement methodology for pharmacy services for Tribal Health Clinics operating under the Indian Self-Determination and Education Act of 1975 (PL 93-638). These changes will allow Tribal Health Clinics to receive one encounter per prescription filled and will not be limited to a certain number of prescriptions per day. Pharmacies reimbursed using the all-inclusive rate will not be eligible for a dispensing fee.

The proposed changes affect Indian Health Programs and Tribal Health Clinic Medicaid-enrolled providers delivering Pharmacy Services. This provider type (PT) will only include Indian Health Programs and Tribal Health Clinics (PT 47).

Estimated change in annual aggregate expenditures: No change in annual aggregate expenditures is anticipated.

The effective date of change is January 1, 2025.

a. Public comment regarding subject matter.

## 6.7. Adjournment

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**NOTE:** To use the long link to the meeting in the event there are issues with the URL shortener, please use the following complete link:

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_YmlzM2NmOGEtMjk3MC00ZWwLWewOWUtMTI1NzZmYWQwZTM%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22cc4c7a00-e2be-4dda-a27b-3405a8271b9c%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_YmlzM2NmOGEtMjk3MC00ZWwLWewOWUtMTI1NzZmYWQwZTM%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22cc4c7a00-e2be-4dda-a27b-3405a8271b9c%22%7d)

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 will be limited to three minutes.

The DHCFP is exempt from Chapter 233B according to NRS 233B.039 and is not required to comply with the Nevada Administrative Procedure Act in this process. This meeting is conducted by and with state agency staff which is not a public body for purposes of NRS 241 related to Nevada Open Meeting Law but every effort is made to be transparent in notice and information provided to encourage public awareness and participation.

This notice and agenda have been posted online at <http://dhcfp.nv.gov> and <http://notice.nv.gov>, as well as Carson City, Las Vegas, Elko, and Reno central offices for DHCFP. E-mail notice has been made to such individuals as have requested notice of meetings (to request notifications please contact [documentcontrol@dhcfp.nv.gov](mailto:documentcontrol@dhcfp.nv.gov), or 4070 Silver Sage Drive, Carson City, Nevada 89701).

DHCFP, 4070 Silver Sage Drive, Carson City, Nevada 89701  
DHCFP, 1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801  
DHCFP, 1210 S. Valley View, Suite 104, Las Vegas, Nevada 89102  
DHCFP, 745 W. Moana Lane, Suite 200, Reno, Nevada 89509

If you require a physical copy of supporting material for the public meeting, please contact [documentcontrol@dhcfp.nv.gov](mailto:documentcontrol@dhcfp.nv.gov), or at 4070 Silver Sage Drive, Carson City, Nevada 89701. Supporting material will also be posted online as referenced above.

Note: We are pleased to make reasonable accommodations for members of the public with a disability and wish to participate. If accommodated arrangements are necessary, notify DHCFP as soon as possible in advance of the meeting, by e-mail at [documentcontrol@dhcfp.nv.gov](mailto:documentcontrol@dhcfp.nv.gov) in writing, at 4070 Silver Sage Drive, Carson City, Nevada 89701.

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B  
Page 2c

Dental services:

## I. STANDARD DENTAL SERVICES

Current Dental Terminology (CDT) codes will be reimbursed based on the base units in the “Relative Values for Dentists” publication by Relative Value Studies; Incorporated for the year the specific CDT code was set in the system. Effective January 1, 2024<sup>5</sup>, payment is determined by multiplying the base units by the conversion factor of \$ 21.53 or the amounts specified below:

- a. Codes D9222 and D9223; \$120.00
  1. Pediatric enhancement for recipients under the age of six will be the lesser of billed charges or 115% of the currently established Medicaid rates for Dental Anesthesia Codes D9222 and D9223.

## II. MEDICAL/SURGICAL PROCEDURES RELATED TO DENTAL SERVICES

Services billed using Current Procedure Terminology (CPT) codes will be calculated using the January 1, 2014 unit values for the Nevada-specific resource based relative value scale (RBRVS) and the 2014 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:

- a. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 99.75 % of the Medicare facility rate, effective January 1, 2024.
- b. Radiology Codes 70000 – 79999 will be reimbursed at 105% of the Medicare facility rate.
- c. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 99.75% of the Medicare non-facility rate, effective January 1, 2024.

Assurance: Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the service. The agency’s rates for medical/surgical procedures related to dental services were set as of January 1, 2024<sup>5</sup> and are effective for services provided on or after that date. All rates are published on our website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>.

TN No.: ~~23-002125-0003~~  
2024January 1, 2025

Approval Date: ~~November 29, 2023~~

Effective Date: ~~January 1,~~

Supersedes

TN No.: ~~19-01723-0021~~