



January 30, 2024 (Updated Letter and Attestation attached on February 12, 2024)

Nevada Medicaid Web Announcement 3270

Rate Increases for Personal Care Services (PCS) and PCS-Like Services

This web announcement provides details on the implementation of a rate increase for personal care services and the associated minimum wage requirement as required by Senate Bill (SB) 511, which was passed and signed into law during the 2023 State Legislative Session.

The implementation of this legislation impacts four Nevada Medicaid provider types (PT):

- PT 30 (Personal Care Services – Provider Agency)
- PT 83 (Personal Care Services – Intermediary Service Organization).
- PT 48 (Home and Community Based Waiver for the Frail Elderly)
- PT 58 (Home and Community Based Waiver for Persons with Physical Disabilities)

The rate increases for PTs 30 and 83 were included in a State Plan Amendment (SPA) submitted to the Centers for Medicare & Medicaid Services (CMS); that SPA was approved by CMS on January 12, 2024. The rate increases for “PCS-like” services under PTs 48 and 58 were approved under a waiver amendment. Nevada Medicaid has received the necessary federal approval and is implementing the necessary system updates to effectuate this increase for upcoming payments.

The reimbursement rates for PTs 30 and 83 were updated in the Medicaid Management Information System (MMIS). The corresponding reimbursement rates have been updated in the Sandata Electronic Visit Verification (EVV) as of January 29, 2024. The Division of Health Care Financing and Policy (DHCFP) also anticipated the updates for PTs 48 and 58 to be completed as of January 29, 2024. Once complete, any claims submitted after the system updates are made will pay at the increased rates. After that, all eligible paid claims for dates of service on or after January 1, 2024, will be reprocessed automatically at a later date to adjudicate at the increased rate amount. A future web announcement will notify providers when the claims are reprocessed.

Attestation Forms:

As a reminder, to be eligible for the increased rate under SB 511, each provider must sign an attestation form, attesting to its compliance with the \$16.00 per hour minimum-wage requirement. As of January 1, 2024, a provider is eligible for the new rate increase upon the date of compliance with such requirement. DHCFP sent the [attached letter of explanation and attestation form](#) to impacted providers. Providers who have not yet returned the signed attestation form are encouraged to do so as soon as possible, as providers who do not return the attestation form will not receive the rate increase. Providers enrolled under more than one of the impacted provider types – PTs 30, 83, 48 and 58 – must return an attestation form for each provider type.

The DHCFP recognizes that the timeline for its implementation of the rate increase may prevent a provider from complying in full with the new minimum wage requirement as of January 1, 2024. Therefore, to be eligible for the new rate increase back to January 1, 2024, a provider must either:

- Attest to having fully implemented the minimum wage requirement as of January 1, 2024; **or**
- Attest to implementing the wage requirement retroactively back to January 1, 2024, no later than 45 days after the new rate increase goes into effect for the provider type.
 - If an attestation form is not returned to DHCFP by February 15, 2024, the effective date of the rate increase for that provider will be aligned with the date the attestation form is received by DHCFP and confirms they are compliant with the wage requirement of SB 511.

If you have any questions related to this rate increase or web announcement, please send an email to: Rates@DHCFP.nv.gov.

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

February 12, 2024

Provider Name:

Provider NPI Number:

Provider Type:

Provider Specialty:

Dear Medicaid Provider:

This letter is to notify you of the passage of Senate Bill (SB) 511 of the 2023 Legislative Session, Section 68, *"Of the amounts appropriated to the Division of Health Care Financing and Policy of the Department of Health and Human Services by section 17 of this act for the Medicaid budget account to fund an increase in the rates paid to providers of personal care services, not less than \$16 of the \$25 per hour reimbursement rate received by providers must be paid as an hourly wage to direct care workers."*

As such, the Division of Health Care Financing and Policy (DHCFP), Nevada Medicaid, is notifying all Nevada Medicaid PCS providers of the new requirements under SB511. Specifically, providers will be required to pay an hourly wage to direct care workers of at least \$16 per hour beginning January 1, 2024, as a condition of receiving the \$25 per hour rate.

Nevada Medicaid requests that you review, complete and return this attestation to acknowledge your awareness of the wage requirements from SB511 effective January 1, 2024.

If you have already completed and returned the Attestation as requested, no further action is required at this time.

If you are completing this Attestation for the first time, please provide the date of compliance with the wage requirements for the above recorded business.

- Compliance with wage requirement began or will begin on: _____ (date).

All pages of this document are to be returned via email to providerenrollment@dchcfp.nv.gov, Subject Line: PCS Attestation.

Regards,

The Division of Health Care Financing and Policy
Provider Enrollment
Enclosure: PCS Attestation Form

Provider Name:
Provider NPI Number:
Date of Wage Compliance by Provider:

Provider Agency Attestation of Understanding and Compliance with SB511

I, _____, on behalf of _____, hereby agree and attest to abide by SB511 and the condition of receiving the \$25 per hour rate and pay at least \$16 per hour to the direct care workers of the above agency who appropriately render services to Medicaid recipients. Upon request and within response timeframes, I shall provide all accounting documents to support the implementation and continued compliance with SB511 and this attestation. I understand failure to comply with the requirements of SB511 and the DHCFCP may result in contract termination and sanction.

____ I attest that I have the legal authority to represent and act on behalf of the aforementioned provider by signing this attestation form.

Full Name, Title

Signature

Date

Subscribed and sworn (or affirmed) to before me on this ____ day of _____, 20____.

Signature of Notary Public (Seal)

Title of Officer

Date Commission Expires: _____

If you have any questions related to this Attestation form, please reach out to providerenrollment@dncfp.nv.gov. If there are any questions related to the reimbursement rate and wage requirement, please reach out to rates@dncfp.nv.gov.