



October 19, 2022

Web Announcement 2926

Attention Providers of Home and Community Based Services (HCBS):

Certain Employers of Home Care Workers May Apply for Round 2 of Supplemental Payment

Nevada Medicaid has announced that employers of qualified home care workers can apply for Round 2 of the \$500 Supplemental Payment for each of their current home care workers who have been employed as of July 1, 2022. The payments are possible due to the American Rescue Plan Act (ARPA) Home and Community Based Services (HCBS) Initiative. **Only employers may apply for payments on behalf of employees and participation is voluntary.** These payments must be distributed to the eligible employees within 30 days of receipt of supplemental payment from Medicaid.

The following provider types (PT) may apply for these supplemental payments:

- PT 30 (Personal Care Services - Provider Agency)
- PT 38 (Waiver for Individuals with Intellectual and Developmental Disabilities)
- PT 48 (Home and Community Based Waiver for the Frail Elderly)
- PT 58 (Home and Community Based Waiver for Persons with Physical Disabilities)
- PT 83 (Personal Care Services - Intermediary Service Organization)

An [Application and Attestation](#) and [Frequently Asked Questions](#) are attached and are available on the Division of Health Care Financing and Policy (DHCFP) ARPA webpage at:
<https://dhcfp.nv.gov/Pgms/LTSS/AmericanRescuePlan/>

Applications are being accepted from October 3, 2022, through November 16, 2022.

Please follow these application steps:

1. Using the [Employee Roster](#) provided, complete a roster of your currently employed home care workers who have been employed as of July 1, 2022. Include the worker's first and last name, date of birth, National Provider Identifier (NPI) (excluding provider type (PT) 38 - Home and Community Based Services for Individuals with Intellectual and Developmental Disabilities), and hire date.
2. Complete the Application.
3. Sign the Attestation (at the bottom of the Application) that you will distribute the funds to the employee. The Application/Attestation form is fillable and also allows for an eSignature online for your convenience.
4. Submit **ONLY ONE** completed Application and Employee Roster between October 3, 2022, and November 16, 2022, to: AmericanRescuePlan@dhcfp.nv.gov
5. Once payment is received (2 to 3 weeks following submission), distribute the \$500 payment to the eligible employee within 30 days.

Employees who did not qualify in this round may qualify for a future anticipated supplemental payment.

For questions, please write to AmericanRescuePlan@dhcfp.nv.gov

As a reminder, anyone can sign up to receive emails directly from Nevada Medicaid about a variety of topics. ListServes are available for members and providers [here](#). For questions regarding the ListServ, write to Nevada Medicaid Public Information Officer, Ky Plaskon: Kyriil.Plaskon@DHCFP.nv.gov. For all other Medicaid-related questions, please use the following contact form: <http://dhcfp.nv.gov/Contact/ContactUsForm/>