



## TRIBAL CONSULTATION MEETING MINUTES

- Date of Consultation:** May 20, 2020  
**Note:** This is a rescheduled meeting from April 8, 2020 which was cancelled with collaboration from Tribal Leaders and representatives due to the COVID-19 Pandemic.
- Name of Organization:** The State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP)
- Place of Meeting:** Teleconference/WebEx

### Agenda

- **Opening** - Briza Virgen opened the meeting at 9:22 a.m.
- **Introductions**
  - Chairperson -
  - Vice-Chairperson - No representation present
  - ITCN Representation - No representation present
  - IHS Representation - No representation present
  - Tribal Clinic Directors -
  - Division State – Tribal Liaisons
    - Briza Virgen – Division of Health Care Financing and Policy (DHCFP)
    - Delaney Mercer – Department of Health & Human Services (DHHS), Directors Office
    - Evette Cullen – Division of Welfare and Supportive Services (DWSS)
    - Judy DuMonte – Division of Public and Behavioral Health (DPBH)
    - Nikki Haag – Aging and Disability Services Division (ADSD)
    - Tiffany Davis – Silver State Health Insurance Exchange (SSHIE)
    - Fran Maldonado - Division of Child and Family Services (DCFS)
  - Nevada Indian Commission Representation - Stacey Montooth, Executive Director
- **Public Comment** - No Public Comment
- **Consultation**
  - **Division of Health Care Financing and Policy, Tribal Liaison**
    - SUPPORT Act Planning Grant and Behavioral Health Policy Updates - Sarah Dearborn, Behavioral Health Unit Supervisor
    - State Plan Amendments (SPAs) recently approved:
      - SPA 19-004 - Partial Hospitalization Program (PHP)/Intensive Outpatient Program (IOP)
        - ◆ PHP/IOP moving from 1915(i) authority to 1905(a) authority
        - ◆ FQHCs in addition to hospitals can perform PHP services
        - ◆ Policy more defined for IOP and PHP including outlined service limits

- SPA 19-010 - Certified Community Behavioral Health Center (CCBHC)
  - ◆ Once approved in State Plan, the second cohort of CCBHCs can begin providing services as a CCBHC and receive reimbursement. In addition to the 3 functioning under the Demonstration program, there are 6 newly certified CCBHCs with one additional nearing certification as a CCBHC.
    - Vitality Unlimited-Elko
    - New Frontier-Fallon
    - Bridge Counseling Associates-Las Vegas
    - Rural Nevada Counseling-Silver Springs
    - Carson City Community Counseling-Carson City
    - Vitality Unlimited-Carson City
    - Quest Counseling-Reno
    - Bridge Counseling Associates-Las Vegas
    - Building Hope Nevada-Las Vegas
- SPA 19-013 - Removal of Medical Supervision as a requirement under the Behavioral Health Community Network (Provider Type 14)
- SPA 20-002 - State Plan Amendment (SPA) changes to prior authorization requirements for emergency admissions in Section 3, Attachment 3.1-A, pages 6d and 7a
  - ◆ Changes were made to allow five business days for prior authorization submissions for emergency admissions to inpatient psychiatric hospitals and/or general hospitals with psychiatric units, instead of one business day, which will allow inpatient psychiatric hospitals extra time to get their prior authorization requests submitted in order to reduce instances of providers failing to submit the required documents in a timely manner.
- State Plan Amendments (SPAs) under review with CMS:
  - SPA 20-003 - 1915(i) State Plan Home and Community-Based Services Administration and Operation. This SPA provides intensive in-home services and crisis stabilization services for Medicaid recipients that have been determined eligible through target group criteria established in this proposed State Plan Amendment. This will primarily be for children in Specialized Foster Care.
- Medicaid Services Manual Policy updates to Chapter 4000:
  - Update to remove the requirement of the Medical Supervisor for the Behavioral Health Community Network (BHCN) within Provider Type 14. Effective April 29, 2020, these policy updates will also clarify the role of the Clinical and Direct Supervisor for the Provider Type 14- Behavioral Health Outpatient Treatment and Provider Type 82- Behavioral Health Rehabilitative Treatment.
  - With recent SPA approvals, there will be updates to MSM 400 with more robust policy surrounding PHP as well as additional language to clarify prior authorization requirements for IOP.
- Proposed new Medicaid Services Manual Chapter for Medication Assisted Treatment (MAT):
  - The Division of Health Care Financing and Policy is proposing a new Medicaid Services Manual Chapter 3800 – Medication Assisted Treatment (MAT) to outline MAT for individuals that have been diagnosed with an Opioid Use Disorder (OUD). The MAT policy will include the process of treatment to outline expectations, the use of the Buprenorphine medication, qualifications of providers and billing guidelines for these services.
  - To support implementation of this policy, the BH unit has also worked on ensuring Screening Brief Intervention Referral to Treatment (SBIRT) codes are mapped to more primary care providers, Physician, M.D., Osteopath, D.O. (PT 20), Advance Practice Registered Nurse (PT 24), Physician’s Assistant (PT 77), Nurse Midwife (PT 74) to be able to identify recipients who may be struggling with a substance use issue, not just in a behavioral health setting. Having these SBIRT codes will also allow for the Nevada to collect more data related to capturing these early interventions related to substance use. These codes were effectively mapped to these providers effective January 1, 2020.

- Behavioral Health Services provided through Telehealth:
  - The Division of Health Care Financing and Policy (DHCFP) has been developing memos posted at <http://dhcfnv.gov/covid19/> to address provider concerns regarding telehealth services amid the COVID-19 crisis in the state. As information is updated from federal guidelines, the following information applies to telehealth services provided to Nevada Medicaid recipients:
  - The majority of Medical services can be delivered via telehealth and should be utilized when possible to minimize the risk of both patients and providers. While existing policy excluded standard telephone due to Federal Regulations, Centers for Medicare and Medicaid Services (CMS) has released the following guidance: *Medicaid already provides a great deal of flexibility to states that wish to use telehealth services in their programs. States can cover telehealth using various methods of communication such as telephonic, video technology commonly available on smart phones and other devices. No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services.*
  - Effective March 19, 2020, there are no restrictions on the use of telehealth for group therapy. Providers must continue to work within the scope of practice and apply appropriateness of group therapy services via telehealth modalities.
  - As of April 13, 2020, Psychosocial Rehabilitation (PSR) services will be permitted through traditional telehealth audio-visual communication for individuals under the age of 18 throughout the period of the COVID-19 pandemic, as a disruption in services is not in the best interest of the youth served by Medicaid. The DHCFP recognizes the crucial need to maintain continuity of care to youth and PSR provides a therapeutic connection for youth to continue progress towards treatment goals and will provide normative coping skills during a critical time. These services are prior authorized and require existing treatment plans and established provider relationships. Being able to provide these services with minimal health risk to the provider and recipient, while supporting established treatment will allow for continued behavioral health support to youth in need. PSR services delivered via telephone are not allowed. The provider must use a telehealth platform that utilizes both audio and visual modalities to perform this service. Continuing to provide these services at the highest level of fidelity and maintaining HIPAA compliance is crucial.
  - These telehealth flexibilities will only be available through the Public Health Emergency.
  
- Dental Policy Updates - Robyn Gonzalez, Policy Specialist Managed Care and Quality
  - Nevada Medicaid Dental Covers:
    - ◆ Children ages 0-20: Comprehensive dental care
    - ◆ Adults ages 21+: Emergency and palliative services, partials/dentures (Under certain guidelines)
    - ◆ Pregnant women: Adults services plus some expanded services
    - ◆ Details on covered codes, service limitations, and PA requirements can be found at: [www.medicaid.nv.gov](http://www.medicaid.nv.gov)
    - ◆ All members assigned to a Managed Care Organization (MCO) are automatically enrolled with Liberty Dental
    - ◆ Fee-for-service members are not enrolled with liberty and are not assigned to a dental home
  - Medicaid Services Manual (MSM) Chapter 1000 Dental Policy Updates
    - ◆ The Medicaid Dental Policy was updated to revise and clarify coverage and limitations.
    - ◆ The proposed dental policy revisions were presented at the April 28, 2020 public hearing, with an April 1, 2020 effective date.
    - ◆ For a list of Dental Policy updates please visit: <http://dhcfnv.gov/Public/AdminSupport/MeetingArchive/IndianHealth/2020/2020/> to see the PowerPoint [Medicaid Dental Updates](#) under the attachment section.

- COVID-19 Pandemic Response Waivers and State Plan Amendments (SPA) - Charles Damon, Policy Specialist, Medical Programs Unit
  - In response to the March 13, 2020 United States Presidential proclamation of a national emergency and the Secretary of the United States Department of Health and Human Services, invoking his authority to waive or modify certain requirements of the titles XVIII, XIX, and XXI of the Act as a result of the COVID-19 pandemic, on April 3, 2020 the DHCFP submitted a Section 1135 Waiver for flexibilities related to the COVID-19 response to the Centers for Medicare and Medicaid Services (CMS). It was approved by CMS on April 7, 2020; you may find the approved waiver at <https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/90986>. For more information regarding the 1135 Waiver please visit: [Tribal Letter- 1135 Waiver](#).
  - Disaster Relief State Plan Amendment (SPA)
    - ◆ In response to the March 13, 2020 United States Presidential and Secretarial declarations of a national emergency as a result of the COVID-19 pandemic, on April 23, 2020 the DHCFP submitted the Medicaid Disaster Relief State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS). The Division continues to work with CMS in the development of this Disaster Relief SPA. The Disaster Relief SPA is being requested under Section 7 of the 1135 Waiver previously approved by CMS on April 7, 2020. The following is being requested under the Disaster Relief SPA:
      - Waive timeline for SPA submissions
      - Modify Public Notice Requirements
      - Modified Tribal Consultations to include alternative settings, use of teleconference, and video teleconference and digital platforms
      - Request for the addition of Uninsured Aid Category for COVID-19 testing
      - Continue Nevada Medicaid eligibility for recipients forced to relocate out-of-state
      - Allow for 100% reimbursement for COVID-19 Testing.
      - For more information regarding the Disaster Relief SPA please visit: [Tribal Letter-Disaster SPA](#)
  - Attachment K - Ellen Frias-Wilcox, Policy Supervisor, Long Term Services and Supports
    - ◆ The DHCFP submitted one Appendix K for all three of our Waivers, Frail Elderly (FE), Persons with Physical Disability (PD) and Intellectual and Developmental Disability (IDD). The Centers for Medicare and Medicaid Services (CMS) approved the Division's Appendix K on April 15, 2020 with a retroactive effective date of January 27, 2020. The approved Appendix K can be found at <https://www.medicaid.gov/state-resource-center/downloads/nv-appendix-k-appvl-ltr.pdf>
    - ◆ Increased service limitations and added a service to the IDD Waiver
    - ◆ Temporarily expanded settings for center-based services to be allowed in a home environment
    - ◆ Temporarily permit payment for services rendered by a Legally Responsible Individual (LRI)
    - ◆ Temporarily waive certification and licensure requirements for provider qualifications
    - ◆ Temporarily allow telephonic evaluations, re-evaluations and person-centered plans of individuals
    - ◆ Streamline and expedite waiver eligibility determinations by removing pre-approval of the DHCFP on Intake packets
    - ◆ Extend reporting due dates through time period of Appendix K
    - ◆ Temporarily allow payment for services while a recipient is in an acute hospital or short-term institutional stay
    - ◆ Temporarily allow retainer payments to providers when an individual is hospitalized, absent from their home or temporary closure for up to 30 days
    - ◆ For more information regarding the Appendix K please visit: [Tribal Letter-Appendix K](#)
- Children's Health Insurance Program (CHIP) Disaster Relief SPA - Michael Gorden, Social Services Manager, Reno District Office
  - The DHCFP and the Division of Welfare and Supportive Services (DWSS) will be submitting a Children's Health Insurance Program (CHIP) Disaster Relief State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) in response to the National State of Emergency that was declared on January 27, 2020 in response to the COVID-19 pandemic.
  - Various sections of the CHIP SPA have been amended to ensure that during this National State of

Emergency, the following changes will be implemented.

- Annual redeterminations will be extended for a period of six months for enrollees that have a redetermination due in March, April, and May 2020.
  - Nevada Check Up (NCU) quarterly premiums will be waived for CHIP enrollees when a hardship is requested due to self-attested financial impact due to the COVID emergency for a period of six months (or until the end of the emergency period) effective April 1, 2020.
  - Terminations due to non-payment of premium will be suspended for six months (or until the end of the emergency period) effective April 1, 2020.
  - For more information regarding the CHIP Disaster Relief SPA please visit: [Tribal Letter-CHIP Disaster Relief SPA](#)
- Public Workshops and Hearings - Briza Virgen, Policy Supervisor, Medical Programs Unit
    - To view all upcoming Public Workshops and Hearings please visit: <http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/>
  - Tribal FQHC Updates - Briza Virgen, Policy Supervisor, Medical Programs Unit
    - Public Hearing was held on April 28, 2020 for Medicaid Services Manual Chapter 3000, Indian Health Programs and policy was approved. Reviewed Tribal FQHC covered services and provided a description of how Tribal FQHC may receive reimbursement for services furnished in offsite contracted enrolled Medicaid non-IHS Tribal provider. Provided a description of components and a written agreement required between the Tribal FQHC and the enrolled Medicaid non-IHS Tribal provider including the Tribal FQHC responsibility for the recipients.
- **Division of Welfare and Supportive Services**
    - Outreach - Evette Cullen, Tribal Liaison
      - All Division of Welfare and Supportive Services outreach has been pulled out of the field to work at home until further notice. They are virtually serving their sites.
    - Policy Updates - Evette Cullen, Tribal Liaison
      - Food and Nutrition Service as waived all Supplemental Nutrition Assistance Program (SNAP) interviews until June 30, 2020. All SNAP grants have been maxed out to the highest allowable household amount regardless of income for April, May and June.
    - SNAP-Education, Nutrition Education - Stephanie Cook, SNAP-Education Policy Specialist
      - Overall State Goal: Improve the likelihood that Nevadans eligible for SNAP will make healthy food choices with a limited budget and choose physically active lifestyles.
      - Priority Overall Objectives: Assist Nevadans in overall diet quality and beverages (R1 and R5), Reduce food insecurity through Food Resource Management (R6), Increase Physical Activity, and decrease sedentary behavior (R7) Increase daily fruit and vegetable consumption (R2).
      - Priority focus areas for direct education are Early Childhood School Health Food Resource Management Adults and including those with disabilities.
      - Implementing Agencies:
        - ◆ Division of Public and Behavioral Health (DPBH)
        - ◆ Food Bank of Northern Nevada (FBNN)
        - ◆ Healthy Communities Coalition (HCC)
        - ◆ HELP of Southern Nevada
        - ◆ Lutheran Social Services Network (LSSN)
        - ◆ Nye Communities Coalition (NyECC)
        - ◆ On Common Ground (OCG)
        - ◆ Southern Nevada Health District (SNHD)
        - ◆ Te-Moak Tribe of Western Shoshone
        - ◆ Three Square
        - ◆ University of Nevada Cooperative Extension (UNCE)
        - ◆ University of Nevada Reno, Rethink Your Drink (RYD)

- ◆ Washoe County Health District (WCHD)
- ◆ Annual SNAP-Ed Guidance available in Spring – April 2020
- ◆ Nevada Guidelines – May 2020
- ◆ Letters of Intent DUE –June 2020
- ◆ Proposals DUE – July 2020
- ◆ Review committee selects programs to be included in State Plan
- ◆ Proposed Plan to USDA – August 15, 2020
- ◆ Funding awarded – October 1, 2020
- ◆ For more information regarding NEVADA SNAP-ED please visit:  
<http://dhcfp.nv.gov/Public/AdminSupport/MeetingArchive/IndianHealth/2020/2020/> under the attachment section [Nevada SNAP-ED](#)

- **Silver State Health Insurance Exchange** - Tiffany Davis, Tribal Liaison
  - Exceptional Circumstance Special Enrollment Period (SEP) March 17 – May 15. The SEP was opened to allow qualified Nevadans who missed Open Enrollment Period to secure health care coverage. Consumers who enrolled on or before April 30 received coverage effective May 1, and consumers who enrolled between May 1<sup>st</sup> and 15<sup>th</sup> will have coverage effective June 1, 2020.
  - All plans sold by the Exchange cover COVID-19 diagnosis and treatment and are considered Qualified Health Plans (QHPs) that also cover the ten essential health benefits mandated by the Affordable Care Act, including pre-existing conditions, maternity and newborn care, mental health, preventive care, and pediatric dental care.
  - Nevada Health Link wants to clarify that insurance is NOT required to be tested for COVID-19 and the emergency regulation signed by the Governor provides that there is no cost to consumers for medical services related to testing for COVID-19.
  - Nevada Health Link also recommends consumers who are having a hard time paying their monthly premiums to contact their health insurance carrier directly rather than canceling their health insurance plans. Consumers who recently lost their job or had a change in income may be eligible to receive more subsidy assistance to help pay for their health plans.
  - Nevada Health Link reminds Nevada residents who experience other qualifying events, such as marriage, birth of a child, moving, loss of health insurance, or Medicaid denial are also eligible to shop for a qualified health plan anytime during the year. Learn more on our website: <https://www.nevadahealthlink.com/sep> or in Spanish: <https://www.nevadahealthlink.com/sepes>.
- **BREAK**
- **Department of Health and Human Services** - Delaney Mercer, Tribal Liaison - No updates at this time
- **Division of Child and Family Services** - Fran Maldonado, Tribal Liaison - No updates at this time
- **Division of Public and Behavioral Health** - Judy DuMonte, Tribal Liaison
  - Judy DuMonte receives notices for funding opportunities and informational calls for the tribes, she has been forwarding them to the health directors and the chairs. Judy has received quite a few bounced back emails, if anyone has not been receiving these emails please email Judy DuMonte directly at [jdumonte@health.nv.gov](mailto:jdumonte@health.nv.gov).
- **Office of Public Health Investigations & Epidemiology** - Ashleigh Faulstich, Senior Epidemiologist
  - Preventions of COVID-19 for personal protective equipment such as masks, is probably the most helpful thing you can do to prevent transmission in public. Hand hygiene, respiratory Hygiene, coughing and sneezing into your arm. Avoiding touching your face and making sure you clean with disinfect products.
  - After exposure to COVID-19 it's very important to self-quarantine for 14 days, checking temperature twice daily and watching your symptoms.
  - At the Nevada State public health lab, they are doing genome sequencing for the virus that causes COVID-

19. So far, they have seen a mix of strains, mostly of European origin. Some of Asian origin, their sequencing of fatal cases and asymptomatic cases trying to figure out. As of yesterday, a little over 7,000 confirmed cases of COVID- 19. We have had 373 deaths statewide and 48% of those cases were male 52 % were female and roughly half of the cases are over 50 years old. Roughly 1% of those case reports American Indian as race, these is substantial data collection limitations.
- There are four counties that have a higher rate of cases than the state average. Those are Humboldt, Lander, Washoe and Clark.
  - You can find more information at [www.nvhealthresponse.nv.gov](http://www.nvhealthresponse.nv.gov)
- **Division of Emergency Management** - Crystal Harjo, Tribal Health Coordinator
    - Creating a Reporting System - Unable to join the Tribal Consultation
  - **Bureau of Behavioral Health and Wellness Program (BBHWP)** – Tribal Churchill Communities Coalition, Kadie Zeller
    - Provide youth, adults and families with tools to live healthy, substance-free lives.
    - Goals: Reduce alcohol, marijuana, tobacco, and other drug use in the Native American youth, adults and families through education and using cultural practices to support prevention.
    - Partner with tribal entities and local tribal member to create culturally relevant content, materials and programs.
    - This Substance abuse prevention nonprofit organization assists with the following:
      - COVID-19 prevention efforts: Bulletin Boards
      - Annual Events: Tribal Earth Day, Tribal Health Fair, Rx Drug Roundup, 5k Color Run, Coalition Youth Summit.
      - Community Trainings: Naloxone, Daughters of Tradition, Crisis Intervention, Digital Storytelling, Mindfulness, Too Good for Drugs.
    - Coalition “Culture is Prevention” Programs
      - We create programs geared towards addressing cultural values and the history of indigenous peoples struggled with substances and assimilation to help students understand historical and intergenerational trauma. These programs provide students with the tools to claim their power and make educated and informed decisions. It is important for youth to understand that their identity is vast and that they make choices that effect their futures.
      - Provided Programs:
        - ◆ One of Many High School Focus Group
        - ◆ Vision Quest Middle School Focus group
        - ◆ FPST Youth Summer Program
        - ◆ Native youth ropes course Leadership Training
        - ◆ Annual Youth Summit
        - ◆ Weber Cultural Camp
    - For questions or more information please contact Kadie Zeller at [Outreach@Churchillcoalition.com](mailto:Outreach@Churchillcoalition.com) or by phone: 775-423-7433.
  - **Zero Suicide Initiative** - Cherylyn Rahr-Wood, Project Coordinator, Office of Suicide Prevention
    - A highly effective framework to support suicide-safer care in health and behavioral health care systems
    - Looks at the uniqueness of cultures – Tribe itself, its healing ways, leadership
    - Shift from fragmented suicide care toward a holistic and comprehensive approach to patient safety and quality improvement within healthcare systems.
    - System-wide approaches have worked to prevent suicide:
      - Implemented into Chickasaw Nation on September 2016
      - Zero Suicide coordinator – continuously meeting and greeting key leaders and communities throughout our state
      - Zero Suicide Workforce Survey – launching via SurveyMonkey/Gizmo; launched throughout the state (north, south, rural and frontier)

- Data is provided to individual partners, anonymously: break down department and organization; data can be provided by county and city if needed (survey is filled out correctly and enough responses are received). To date the data confirms Nevada’s workforce is untrained in suicide prevention
  - Champion Leadership Teams are for Academy. Teams have completed Organizational Self-Study for Academy.
  - Project Coordinator working on a statewide Zero Suicide toolkit: State resources, assessment tools/instructions, information, and more. Expected Summer 2021.
  - For questions or more information please contact Cherylyn Rahr-Wood MSW at [ccwood@health.nv.org](mailto:ccwood@health.nv.org) or by phone 775-745-3652.
- **Aging and Disability Services Division** - Nikki Haag, Tribal Liaison - No update at this time
  - **Nevada Indian Commission, Assembly Bill 264 – Collaboration Policy** - Stacey Montooth, Executive Director
    - We are collecting surveys and a handful of questions from the State agency and Tribal liaisons on what consultation, which Tribal nations and what capacity they envision working with on a more regular basis. Because this deadline was extended to June 1<sup>st</sup>, we are still collecting information. We have received the Health and Human services survey. As we move forward with the written policy that is required by this new legislation, it certainly might impact the efforts of this group. I would like to emphasize how much Nevada Indian Commission really appreciates the hard work that everyone related directly on the front line, Health and Human Services and what they do for our Tribal communities and for Urban Indian within the great basin.
  - **Public Comment Regarding any Other Issue** - No Public Comment
  - **Cultural Closing**
  - **Adjournment** - Briza Virgen closed the meeting at 12:27 P.M.