



TRIBAL CONSULTATION MEETING MINUTES

Date of Consultation: October 7, 2020

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 9:07 A.M.
- **Introductions**
 - Chairperson- Representation unknown
 - Vice-Chairperson- Representation unknown
 - ITCN Representation- Representation unknown
 - IHS Representation- IHS Behavioral Health
 - Tribal Clinic Directors- Representation unknown
 - Nevada Indian Commission- Representation Unknown
 - Division State – Tribal Liaisons
 - Briza Virgen – Division of Health Care Financing and Policy (DHCFP)
 - Jackie Pierrott – Department of Health & Human Services (DHHS), Directors Office
 - Evette Cullen – Division of Welfare and Supportive Services (DWSS)- Not present
 - Judy DuMonte – Division of Public and Behavioral Health (DPBH)- Not present
 - 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)
 - Russell Peak-Community outreach trainer from medical transportation management
- **Public Comment-** No Public Comment
- **Consultation**
 - **Division of Health Care Financing and Policy**
 - **Special Session Outcome-** DuAne L. Young, Deputy Administrator
 - The DHCFP is making a 6% rate reduction to all Provider Types (PTs). Nevada Medicaid enrolled Indian Health Programs (PT 47), including Indian Health Service facilities and Tribal 638 facilities are reimbursed in accordance with the most recently published Federal Register, hence this rate reduction will not have an impact to PT 47s. This rate reduction is being made in an effort to reduce current costs to the Medicaid program and was approved in the 2020 Legislative Special Session.
 - Creation of a specialty pharmacy program is currently being developed; it will look at a small area of specialized drugs that will be limited to one specific pharmacy vendor. A 1915(B) waiver of choice amendment has been submitted to CMS and there will be a public workshop as well as a public hearing

once the State Plan Amendment (SPA) has been finalized.

- Our budgets have been completed for the upcoming session, there has not been a significant number of cuts that were not asked for prior to that. This information will be released in January 2021.
- **Behavioral Health Policy Updates-** Sarah Dearborn, Behavioral Health Unit Supervisor
 - Recently Approved State Plan Amendment: SPA 20-003-1915(i) State Plan Home and Community-Based Services Administration and Operation
 - ◆ This State Plan Amendment (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 SPA. This will primarily be for children in Specialized Foster Care. Approved by CMS on August 11, 2020.
 - Policy updates to Medicaid Services Manual (MSM) Chapter 400:
 - ◆ SPA approval for Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) services, there will be updates to MSM 400 with more robust policy surrounding PHP and IOP to align with State Plan, as well as additional language to clarify prior authorization requirements for IOP.
 - ◆ Public Workshop was held September 28, 2020 with good participation and feedback for consideration.
 - ◆ Updates to MSM Chapter 400 to include language for qualified psychiatric provider, which would include APRNs along with Psychiatrists, to perform the psychiatric evaluation for admittance into a residential treatment center, as well as being able to perform the Certificate of Need (CON).
 - ◆ We are in early phases of drafting State Plan and Medicaid Service Manual language to include 2 new target groups within Targeted Case Management services to be provided by the counties.
 - ◆ Continuing work on development of AB 66 to include Non-emergency behavioral health transport as well as development of rate for crisis stabilization center for free standing psychiatric hospitals.
 - ◆ Effective January 1, 2020, the screening and treatment of Fetal Alcohol Syndrome (FAS) disorders is performed through the Applied Behavior Analysis (ABA) program for persons under the age of 19 years or, if enrolled in high school, until the person reaches the age of 22 years.
- **Specialty Pharmacy Drug Program Overview-** Holly Long, Pharmacy Unit Supervisor
 - The Specialty Pharmacy Drug Program is intended to serve NV Medicaid providers and recipients by delivering needed specialty drugs for treatment directly to the recipient's home or place of administration through various contracted specialty pharmacies.
 - Specialty drugs are prescription medications that require special handling, administration, or monitoring. These drugs treat complex and chronic conditions such as cancer, hemophilia, and chronic kidney failure.
 - The program applies to NV Medicaid recipients whose pharmacy services are covered under the Fee-For-Service (FFS) delivery system.
 - The program does not apply to NV Medicaid recipients enrolled in a Managed Care Organization (MCO), American Indians/Alaskan Natives, recipients residing in a nursing facility or ICF/MR and those whose specialty medications are covered by Medicare Part B, Medicare Part D, or a private health insurance.
 - The SPDP will be implemented with the following set objectives:
 - ◆ Improve the access to and compliance with the selected, specialty drug treatments.
 - ◆ Provide a clinical support system designed to optimize therapy management, care coordination and patient compliance.
 - ◆ Provide a clinically and administratively efficient Specialty Drug Program.
 - ◆ Provide cost-effective services without compromising access and quality.
- **Non-Emergency Secure Behavioral Health Transport-** Kirsten Coulombe, Social Services Chief III, Long Term Services & Supports Unit

- Transportation of individuals that are on a legal hold, voluntary or involuntary, currently includes transportation via ambulance or law enforcement to a hospital, inpatient psychiatric center or what is deemed the appropriate destination.
 - Assembly Bill (AB) 66 creates a better option for transportation of individuals in crisis to and on a legal hold.
 - AB 66 required the Division of Public and Behavioral health to adopt regulation, creating a certification for this mode of non-emergency secure behavioral health transport. This mode of transport is very specific in terms of identifying that it is not an ambulance and the individuals that are providing the transport have certain qualifications. The design of the vehicle must also be specifically outfitted for this type for transport.
 - Medicaid is working on implementing a new provider type for non-emergency secure behavioral health transport. In the future, Medicaid will be having a Public Workshop and state plan pages that will allow the authority for that mode of transportation. Medicaid will update the Medicaid Services Manual Chapter 1900- Transportation, to describe these services.
 - This is a great alternative and standardizes the process for transport for those that are on a legal hold.
- **Non-Emergency Transportation (NET)** - Kirsten Coulombe, Social Services Chief III, Long Term Services & Supports Unit
- Medicaid is responsible for providing Non-Emergency Transportation (NET) to medically necessary services that are covered by Medicaid. To accomplish this requirement, Nevada Medicaid contracts with a vendor to broker non-emergency transportation services using a variety of providers and modes of transportation throughout the State.
 - The current Medicaid NET broker contract expires June 30, 2021 and the Division intends to issue a new Request for Proposal (RFP) for NET services in August 2020. Over the next few weeks, stakeholder comments and feedback will be gathered to aid in the development of the new RFP for the next NET broker contract period. The goal is utilizing stakeholder input to continue improvement of our non-emergency transportation services to eligible Nevada Medicaid enrollees.
 - The proposed items and initiatives under consideration by the Division are merely suggestions to be considered while developing the NET RFP and are not final policy decisions or final RFP elements.
 - ◆ Utilize Transportation Network Companies
 - ◆ Allow the Medicaid NET broker to utilize transportation network companies as a mode of transportation. This would be a cost-effective mode and help fill the gap with on-demand trips and last-minute cancellations.
 - ◆ Reduce the time span to provide for urgent trips such as hospital discharges
 - ◆ Shortening the time frame 8 hours to 3 hours to provide transportation for urgent trips such as hospital discharges.
 - ◆ Shorten the advance notice requirement for requesting non-urgent trips
 - ◆ Changing the requirement to schedule a ride from at least five (5) days prior to (3) days' notice for all non-urgent, routine trips. This would also align with the Regional Transportation Commission (RTC) paratransit scheduling window.
 - ◆ Requiring the NET broker to not utilize public transportation for high-risk pregnancy recipients
Allowing the NET broker to bypass public transportation for recipients who are considered to have a high-risk pregnancy or recipients who are past their eighth month of pregnancy.
 - ◆ Streamline RTC paratransit ride requests in Northern Nevada, requiring a streamlined process in Northern Nevada for paratransit-certified Medicaid recipients to only have to call the NET broker to schedule a ride. This will eliminate the two separate phone calls a recipient must make to the NET broker and Washoe County RTC ACCESS to schedule transportation.
 - ◆ Allow meals and lodging reimbursement, requiring the NET broker to cover meals and lodging reimbursement for recipients and escorts for out-of-area trips.

- **Health Plan of Nevada (HPN) value Added Benefits** – Ritchie Duplechien, Director of Medicaid Outreach
 - Conducted study clearing path for self-administered COVID-19 test.
 - Waived cost sharing COVID-19 testing treatment
 - Optum contributed \$100k to Governor Sisolak’s COVID-19 Task Force.
 - UHC contributed \$20k to support the Clark County School District Technology Fund
 - Partnered with Kroger to deliver food boxes to those members identified with less than a two-week supply of food
 - For vulnerable members who indicate they may run out of food in 1-3 days, we were offering one week of meals through Mom’s Meals.
 - For infants, we have partnered with Enfamil and Similac to deliver formula for children ages 0-12 months. This program will continue until members are able to leave their homes, stores have restocked their shelves or WIC offices can supply baby formula.
 - Expanded access to telemedicine by adding 400 Southwest Medical providers on a digital platform.
 - Utilized the Southwest Medical's mobile medical clinic for exclusive use for newborn pediatric appointments to assure a safe space for both newborn and parents.
 - Health Plan of Nevada is the Market Leader for Nevada, holding almost 50% of the market share. Over 270,000 members, Clark and Washoe counties.
 - Health Plan of Nevada is the largest provider network in Nevada. They provide 24/7 Telephone Advices Nurse, Transportation, Mobile Medical Center, 24/7 Virtual visits, dispatch health and ready responders.
 - HPN offers Social and Clinical Case Management, whole person care for social and clinical needs, pediatric, obstetrical, adult complex case management.
 - Health Plan of Nevada offers rewards for healthy living, breast pumps, lactation counseling and Visa gift cards.
 - HPN looks at Social Determinant of Health and Behavioral Health Model of Care, same day behavioral health services, Mobile Crisis support, Telehealth, Wrap Around Services

For more information, please contact Ritchie Duplechien at Ritchie.Duplechien@uhc.com
- **CHIP Support Act SPA**-Michael Gorden, Social Services Manager III, Medicaid District Office
 - The Center for Medicaid and Medicare Services (CMS) released guidance related to Section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Communities and Patients Act, referred to as the SUPPORT Act. This provision expands access to services by making behavioral health coverage a mandatory benefit for Separate Children Health Insurance Programs (SCHIP). This requires states with Separate CHIPs on the actions necessary to implement the requirements of Section 5022 of the SUPPORT Act.
 - The DHCFP is required to add a new section in the SCHIP State Plan, 6.2-BH Behavioral Health Coverage Section 2103(c)(5). The added language provides coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children. Although we are required to add this language to SCHIP, State Plan currently provides all the required coverages as outlined. The scope of medical services available are described in the SSA, Section 1905(a). There is no anticipated fiscal impact to the Tribal Government.
- **Division of Welfare and Supportive Services Outreach**- Evette Cullen, Tribal Liaison
 - The SNAP Pandemic-Electronic Benefits Transfer program or (PEBT) has issued approximately 334,000 children in Nevada a SNAP EBT card for the missed school lunches from March, April, and May 2020. This equals to about \$290 in SNAP per child. These PEBT cards were mailed to the registered address of the school children affected. There was no application to complete as the list of children was provided by the Nevada Department of Education records.
 - For specific information on the PEBT program, or to view the Frequently Asked Questions page, please visit the DWSS website at www.dwss.nv.gov. The main page contains links to the PEBT information available. Copies of this information can also be requested and emailed to interested parties. If you have further questions, please feel free to contact the Division of Welfare and Supportive Services at 775-684-8740

in Northern Nevada or 702-486-9640 in Southern Nevada.

- COVID Testing for uninsured individuals. Individuals who do not have health insurance can still be tested and have these tests paid for by Medicaid. Applications for this uninsured group can be found on the Access Nevada webpage at www.accessnevada.dwss.nv.gov. This is a fillable PDF document, no account creation is needed, however, the PDF must be completed using Adobe Acrobat. If you do not use Adobe Acrobat, the application will not submit to DWSS for review.
- As of July 2020, the DWSS has implemented the Fictive Kin eligibility program for TANF cash assistance as per AB498. “Fictive kin” means a person who is not related by blood to a child but has a significant emotional and positive relationship with the child. Fictive Kin can now apply for and receive TANF cash assistance in the same capacity as other relatives. The Fictive Kin program is a joint effort between the Division of Child and Family Services (DCFS) and DWSS. All applications for Fictive Kin must come through DCFS first. DCFS will forward the Fictive Kin application to DWSS for review and evaluation.

- **Silver State Health Insurance Exchange**- Tiffany Davis, Tribal Liaison

- The Silver State Health Insurance Exchange (Exchange), the state agency that connects Nevadans to Qualified Health Plans (QHPs) through the online State Based Exchange (SBE), known as Nevada Health Link, announces the approved Exchange health insurance rates for Plan Year 2021 at an increase of 4.2 percent.
 - ◆ Nevadans should understand that an increase in finalized rates also means an increase in subsidies to help eligible Nevadans cover monthly premium costs. Nevada Health Link is the only place consumers can access federal financial assistance (subsidies) to help offset the costs of insurance, and four out of five applicants who purchase a plan through the Exchange are eligible for financial assistance (tax credits).
- Open Enrollment Period (OEP) for Plan Year 2021 will run from November 1, 2020 through January 15, 2021, giving consumers an additional 30 days to enroll in a comprehensive health plan. Those who enroll by 11:59 p.m. on December 31, 2020 will have health insurance coverage effective January 1, 2021; those who enroll between January 1 and January 15 will have coverage effective February 1, 2021.
- Nevada Health Link will offer up to 50 individual QHPs through five insurance carriers, including Health Plan of Nevada (HPN), SilverSummit and Anthem HMO Co., returning carriers who offered plans on the Exchange last year. Two new carriers joining Nevada Health Link this year include Friday Health Plans and SelectHealth. The addition of new carriers increases the number of Qualified Health Plans to 50 this year, nearly doubling the previous open enrollment period.
 - ◆ All 50 plans are available to Nevada residents in Clark County and Nye County from all five insurance carriers
 - ◆ 45 plans are available in Washoe County from HPN, SilverSummit, Anthem HMO Co. and Friday Health Plans
 - ◆ 35 plans are available in Carson City and rural counties Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Pershing, Storey and White Pine from SilverSummit, Anthem HMO Co. and Friday Health Plans
- Six carriers will offer 21 Qualified Dental Plans to Nevada residents statewide. They include Alpha, EMI, Delta, Liberty, Best and Rocky Mountain
- The upcoming Open Enrollment Period is Nevada Health Link’s second since it completed the transition away from HealthCare.gov in 2019. As an SBE, Nevada Health Link now has full autonomy and access to all its functions, eligibility and data to better serve consumers.
- Nevada Health Link’s qualified health plans cover the ten essential health benefits mandated by the Affordable Care Act, including covering pre-existing conditions. This includes emergency and ambulatory services, hospitalization, maternity and newborn care, prescription drugs, lab services and mental health services, to name a few. Consumers should know that care related to COVID-19 is covered by all plans offered through Nevada Health Link.

- **BREAK**

- **Department of Health and Human Services**, Tribal Liaison- Jackie Pierrott - No updates at this time

- **Division of Child and Family Services**, Tribal Liaison- Fran Maldonado-No updates at this time
- **Division of Public and Behavioral Health**
 - **National Health Service Corps (NHSC) and Nurse Corps Loan Repayment and Scholarship Programs-**
Darren Orgel, NHSC Representative
 - How you qualify for the NHSC LRP.
 - ◆ A United States citizen (U.S. born or naturalized) or United States national.
 - ◆ A provider (or be eligible to participate as a provider) in the Medicare, Medicaid and the State Children’s Health Insurance Program, as appropriate.
 - ◆ Fully trained and licensed to practice in the NHSC-eligible primary care medical, dental or mental/behavioral health discipline and state in which you are applying to serve.
 - ◆ A health professional in an eligible discipline with qualified student loan debt for education that led to your degree. To sign-up for updates visit <https://nhsc.hrsa.gov> here you will find application process, requirements and guidance.
 - ◆ LRP participants serve at an NHSC approved site in a HPSA. NHSC approved sites are generally outpatient facilities providing primary medical, dental, mental and behavioral health services. These facilities may be a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHCs), Indian Health Service, Tribal and urban Indian Health Clinics and Indian Health Service hospitals.
 - ◆ NHSC LRP must be licensed in one of the following eligible disciplines:
 - ▶ Physicians (MD/DO)
 - ▶ Physicians Assistants (PA)
 - ▶ Nurse Practitioners (NP)
 - ▶ Certified Nurse Midwives
 - ▶ Behavioral/Mental Health
 - ▶ Psychiatrists
 - ▶ Health Service Psychologists
 - ▶ Licensed Clinical Social worker
 - ▶ Psychiatric Nurse Specialists
 - ▶ Marriage and Family Therapists
 - ▶ Licensed Professional Counselors
 - ▶ Dentists (DDS/DMD)
 - ▶ Dental Hygienists
 - NHSC Scholarship Program (SP): The NHSC SP provides financial support through scholarships, including tuition, other reasonable education expenses, and a monthly living stipend to health profession students committed to providing primary care in underserved communities of greatest need. Awards are targeted to individuals who demonstrate characteristics that are indicative of success in a career in primary care in underserved communities. The NHSC SP provides a supply of clinicians who will be available over the next one to eight years, depending on the length of their education and training programs. Upon completion of training, NHSC scholars become salaried employees of NHSC-approved sites in underserved communities.
 - NHSC Students to Service (S2S) LRP: The NHSC S2S LRP provides loan repayment assistance of up to \$120,000 to allopathic and osteopathic medical students and dental students in their last year of school in return for a commitment to provide primary health care in rural and urban HPSAs of greatest need for three years. This program was established with the goal to increase the number of physicians and dentists in the NHSC pipeline.
 - In exchange for scholarships or educational loan repayment, NURSE Corps members fulfill their service obligation by working in Critical Shortage Facilities (CSFs) located in health professional shortage areas and medically underserved communities around the nation, which include rural communities and other identified geographic areas with populations that lack access to primary care and behavioral health services. <https://bhw.hrsa.gov/loans-scholarships/nurse-corps/about-nurse-corps>

➤ For more information, please contact Darren Orgel NHSC Representative DOrgel@hrsa.gov

- **Aging and Disability Services**, Tribal Liaison -Nikki Haag -No updates at this time
 - **Public Comment Regarding any Other Issue**- Russell Peek from Medical Transportation Management (MTM) I want to offer our continued assistance to the Tribal community and support for any training needs, Education or transportation needs they might have. We want to be able to wrap our services around the tribal community and have them available for them.
 - **Cultural Closing**- Briza Virgen closed the meeting at 11:23 A.M.
 - **Adjournment**
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