



TRIBAL CONSULTATION MEETING MINUTES

Date and Time of Meeting: Wednesday, January 8, 2020 at 9:00am

Name of Organization: The State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: Legislative Counsel Bureau
401 South Carson Street, Room 2135
Carson City, Nevada 89701

Place of Video-Conference: Legislative Counsel Bureau
555 East Washington Ave, Room 4412E
Las Vegas, NV 89101

Place of Video-Conference: Grant Sawyer Office Building
555 E. Washington St, Room 2134
Carson City, NV 89701

Teleconference Number: (888) 363-4735

Access Code: 1846315

Agenda

- **Opening**
Briza Virgen opened the meeting and a cultural opening was led by Travis Parashonts, Las Vegas Tribal Health Director.
- **Introductions**
 - **Chairperson** – Amber Torres, Walker-River Paiute Tribe
 - **Vice-Chairperson** – No representation present
 - **ITCN Representation** – No representation present
 - **IHS Representation** – Ty Reidhead, Phoenix Area Director; Loren Ellery, Deputy Director; Hope
 - **Tribal Clinic Directors** – Travis Parashonts, Las Vegas; Kenneth Richardson, Walker-River; Jon Pishion,
 - **Division State – Tribal Liaisons**

Briza Virgen – Division of Health Care Financing and Policy (DHCFP)
Jodi Patton – 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)
Ryan Studebaker – 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)

➤ **Nevada Indian Commission Representation** – Stacey Montooth, Executive Director

➤ **Public Comment** – Christopher Poehlmann, Tribal Liaison at FEMA Region IX

- Christopher provided information about the 5th annual Tribal Nations Training Week. Please contact David Hall (David.hall@fema.dhs.gov or 256-847-2081) if you wish to participate or there are any questions.

➤ **Consultation**

➤ **Division of Health Care Financing and Policy (DHCFP)**

- **Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Grant** – Sarah Dearborn, Behavioral Health Unit Supervisor
 - This is a planning grant for the demonstration project to increase substance use disorder provider capacity. Program areas of focus include:
 - Engagement of the provider community through a planning committee to assess the capacity, qualifications, and willingness of Medicaid-enrolled providers to deliver substance use disorder treatment (SUD) and/or recovery services, including all forms of medication assisted treatment (MAT) approved by the U.S. Food and Drug Administration consistent with the SUPPORT Act section 1006(b) across a continuum of settings to Medicaid-eligible individuals.
 - Development of a comprehensive MAT policy and Medicaid Service Manual (MSM) Chapter and providing an alternative payment methodology for MAT services for opioid use disorder (OUD) and ancillary services.
 - Development and dissemination of comprehensive perinatal care practice standards, including universal screening and plans of safe care for pregnant women using substances and infants with neonatal abstinence syndrome (NAS).
 - Increasing SUD provider capacity through education, communication, and collaboration with clear cut MAT policies for providers and their team.
- **Specialized Foster Care State Plan Amendment** – Sarah Dearborn, Behavioral Health Unit Supervisor
 - The DHCFP is proposing a 1915(i) State Plan Home and Community-Based Services Administration and Operation amendment for 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 (SPA). The target group includes youth that are in foster care and the Severely Emotionally Disturbed (SED).
 - For further information on Sarah’s presentations, please see PowerPoints under Attachments.
- **Tribal Medicaid Administrative Claiming** – Sarah Lamb, Management Analyst
 - Federal Regulations allow states and localities to receive reimbursement by the federal government for administrative costs not associated with direct services. Direct services make up

the majority of Medicaid costs, but there is also a portion of costs associated with administrative function of operating direct service programs. These administrative costs may be eligible for reimbursement through Medicaid Administrative Claiming (MAC). MAC allows reimbursable costs incurred by a jurisdiction to be matched with federal dollars through federal financial participation (FFP).

- To participate in MAC, the claiming entity needs to submit a Cost Allocation Plan (CAP) to the state that will then be passed on to the Centers for Medicare and Medicaid Services (CMS) for approval. The plan needs to include a time study to determine the amount of time spent on MAC reimbursable activities versus non allowable activities. This time study will determine what percentage of administrative costs are related to covered Medicaid activities and can be claimed for reimbursement under MAC. Once the CAP is approved by CMS, the eligible entity can submit eligible expenses on a quarterly basis for MAC reimbursement.
- For further information on MAC, please refer to the handout under Attachments.
- **1915(i) Home and Community Based Services (HCBS)** – Kirsten Coulombe, Long Term Services and Supports Chief
 - Changes are being proposed to the Medicaid State Plan (SPA) - 1915(i) Home and Community Based State Plan Services and to Medicaid Services Manual (MSM) Chapters 1800 – Adult Day Health Care and 2400 – Home Based Habilitation Services and have been concurrently updated to reflect changes made in the SPA pages.
 - The changes incorporate new formatting as required by Centers for Medicare and Medicaid Services (CMS), updates the needs-based criteria and individuals who can perform evaluation and re-evaluation of eligibility, adds new language related to CMS settings requirements, changes who can perform the person-centered planning and service delivery, and revises services covered under Habilitation.
 - Due to changes in the covered services in Habilitation, there is a federal fiscal impact related to these changes.
 - For detailed information about 1915(i) Home and Community Based State Plan Services please refer to the PowerPoint under Attachments.
- **Public Workshops and Hearings** – Briza Virgen
 - Reviewed upcoming DHCFP Public Workshops and Public Hearings, including the Specialized Foster Care State Plan Amendment Public Hearing. For an updated listing, please visit [DHCFP Public Notices](#).
- **Tribal Federally Qualified Health Centers (FQHC) Updates** – Briza Virgen
 - The addition of the Tribal FQHC to MSM Chapter 3000 – Indian Health Program will go to Public Hearing in March. Notification will be sent out as soon as this is scheduled.

➤ **Division of Welfare and Supportive Services**

- **Outreach updates** – Evette Cullen
 - No updates to welfare outreach. All clinics have workers in varying capacities onsite. Evette is hopeful in the future that the program will be able to expand, and more outreach workers will be able to be accessed by the tribes.
- **Policy updates** – Ryan Studebaker
 - There are no updates to Child Support or Energy Assistance.
 - TANF (cash assistance) has recently completed their federal report.
 - With reference to Medicaid eligibility, changes to the federal poverty level may affect the Modified Adjusted Gross Income (MAGI) program. The effect will be known in April when change is inputted into state systems.
 - SNAP (Food Stamps) updates: The Able Body Without Dependence Waiver will expire in April,

however, United States Department of Agriculture (USDA) has reviewed the tribes for possible exemptions. Eligibility for exemptions was determined by tribes who had unemployment rates of at least 6% and are at least 20% above the national average of 4.7%. The waiver for the reservations in Nevada will start April 2020. Please contact USDA or Food and Nutrition Service (FNS) directly if there are questions to determination. The following areas were found eligible for the waiver:

- Battle Mountain Reservation
- Campbell Ranch
- Carson Colony
- Dresslerville Colony
- Duck Valley Reservation
- Ely Reservation
- Fallon Paiute-Shoshone Colony and Off-Reservation Trust Land
- Fort McDermitt Indian Reservation
- Las Vegas Indian Colony
- Lovelock Indian Colony
- Moapa River Indian Reservation
- Pyramid Lake Paiute Reservation
- Reno-Sparks Indian Colony
- Stewart Community
- Walker River Reservation
- Washoe Ranches Trust Land
- Winnemucca Indian Colony
- Yerington Colony
- These are pending determination of eligibility for the waiver:
 - Duckwater Reservation
 - South Fork Reservation and Off- Reservation Trust Land
- Not Eligible for waiver:
 - Elko Colony
 - Fort Mojave Reservation and Off-Reservation Trust Land
 - Goshute Reservation
 - Summit Lake Reservation and Off-Reservation Trust Land
 - Timbi-Sha Shoshone Reservation and Off-Reservation Trust Land
 - Yomba Reservation
 - Wells Colony
- Welfare is in the beginning stages of researching the possibility of adding optional presumptive eligibility for Children and Pregnant Women to the State of Nevada.
- **Action Item:** Amber Torres, Chairwomen of Walker- River, suggested considering using the tribes as pilot programs. Ryan will provide update at the Tribal Health Director's Meeting about presumptive eligibility.



Silver State Health Insurance Exchange

- **Tribal Liaison updates** – Tiffany Davis
 - Nevada Health Link enrolled 77,410 Nevadans during open enrollment for Plan Year 2020. The Exchange's seventh open enrollment period ended December 15, 2019 and included an extension for consumers who started the enrollment process on or before Sunday, December 15, 2019 to complete their application by Friday, December 20, 2019.
 - According to Heather Korbolic, Executive Director of the Silver State Health Insurance Exchange (SSHIE), the Plan Year 2020 enrollment numbers are promising and demonstrate the continued need for Nevada's State Based Exchange (SBE) services. As a result of the successful transition of the federal enrollment platform, HealthCare.gov, SSHIE has established a new and

accurate baseline for reporting enrollment figures. Prior to 2019, the SSHIE operated on HealthCare.gov, and received limited information about enrollment data from the Centers for Medicare & Medicaid Services (CMS). “As the first state to transition from HealthCare.gov to a fully operational SBE, Nevada Health Link has direct insight into real-time data which creates a more accurate and clear picture of the enrollment landscape in Nevada. Plan Year 2020 enrollment numbers will become the baseline from which we will work to continue to increase the number of insured Nevadans as we move forward.”

- In addition to the total enrollments completed by December 20, 2019, SSHIE is conducting outreach to several thousand consumers who were transferred to Nevada Health Link from the Nevada Division of Welfare and Supportive Services (DWSS) as ineligible for Medicaid benefits. These consumers have 60 days from the date of their Medicaid denial to apply for insurance on [Nevada Health Link](#).
- Since the beginning of open enrollment, Nevada Health Link's Customer Assistance Call Center consistently conducted timely customer service, answering 24,880 calls and resolving 89% of consumer inquiries in a single call. Consumer experience was overall very positive and survey results yielded a 93% customer satisfaction score.
- This year, Nevada Health Link offered 27 qualified health plans offered through three insurance carriers – Health Plan of Nevada and SilverSummit, which returned to the Exchange from the previous year, as well as Anthem HMO Co., which rejoined the Exchange for Plan Year 2020. All 27 plans were available to Nevada residents in Clark, Nye and Washoe counties. SilverSummit and Anthem HMO Co. offered 17 plans to residents in Nevada's 14 rural counties including Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Pershing, Storey and White Pine. Six carriers offered 17 stand-alone dental plans to Nevada residents statewide.
- While open enrollment has ended, it is important to remember that certain Qualifying Life Events (QLEs), such as losing health insurance, getting married, having a child or moving, can make an individual eligible for a Special Enrollment Period (SEP) that allows enrollment at any time during the year. An individual or household has 60 days to enroll in coverage after the reported occurrence of the QLE. To find out if you're eligible and to learn more, visit [Nevada Health Link](#).
- Federally recognized Tribal members can enroll anytime of the year.
- We have put in a request to receive AI/AN reporting metrics from Get Insured, the new technology platform through which individuals enroll, for plan year 2020. Please note, however, that because ethnicity is an optional question to answer, Nevada Health Link may not have specific numbers to report. We will be able to report on the request to Get Insured on how many AI/AN were enrolled during the seventh open enrollment period in April or March.
- If any tribe has any events, tribal health fairs, etc., Nevada Health Link is happy to attend. Please let Tiffany know if you'd like her to attend any events you are having.

➤ **Department of Health and Human Services (DHHS)**

- DHHS Tribal Liaison, Delaney Mercer, reported she will have the Tribal Health Clinic Tour Report finished by the end of this month and it will be given to the Health Directors of sites that were visited.
- Delaney read announcement from former Tribal Liaison, Erika Pond, about the Victims of Crime Act (VOCA) Grant. The Division of Child and Family Services (DCFS) has released the VOCA Assistance Notice of Funding Opportunity (NOFO) for the 2021 state fiscal year.
 - The VOCA Assistance grant provides federal funding to support direct victim services through funding victim assistance programs to provide training for diverse professionals who work with victims, to develop projects that enhance victim's rights and services and to undertake public education and awareness activities on behalf of victims of crime.

- The VOCA Request for Applications was released with \$250,000 in funding available specifically for Tribal organizations. Tribes are not required to provide 20% match and can instead apply for a match waiver. The NOFO is posted on the DCFS webpage. The deadline to submit an application is February 7, 2020.
- If you have additional questions, please contact Erika Pond (Erika.Pond@dcfs.nv.gov 775-684-5934).
- **Action Item:** Delaney will send health clinic staff and tribal chairmen the notice of funding opportunity.

➤ **Division of Child and Family Services (DCFS)**

- **Independent Living Services for Tribally Affiliated Youth** – Kate Siemon, Independent Living Program Specialist
 - The Independent living program supports youth in making a plan to achieve goals in education, employment, health, and overall wellbeing. Eligible youth are those in foster care and over the age of 14, including foster care with a tribal child welfare agency. Formerly, Stepping Stones of the Fallon Paiute-Shoshone Tribe managed the Independent living program. As of October 2019, this role is vacant. Katie offered items for discussion on how to support tribal child welfare agencies in providing independent living services without Stepping Stones.
 - **Action Item:** Katie will be attending a Tribal Health Director meeting for a more robust discussion in March.

➤ **Division of Public and Behavioral Health (DPBH)**

- **Tribal Liaison updates on Maternal Child Health (MCH) Injury Prevention Pilot Project with Indian Health Services (IHS)** – Judy Dumonte
 - The MCH Program is working to increase collaboration with IHS clinics and provide resources following maternal and child health related topics:
 - **Infant Safe Sleep**
Cribs for Kids “Train the Trainer” trainings are provided by Francisco Ceballos from Regional Emergency Medical Services Authority (REMSA) to clinic staff. Clinic staff then provide the infant Safe Sleep education to parents and along with Safe Sleep Survival Kits (pack and play crib, crib sheet, sleep sack, photo magnet, pacifier, children’s book, and DVD), if needed. The following trainings were provided:
 - Owyhee Community Health Center: 20 Safe Sleep Survival Kits distributed
 - Southern Bands Health Center: 6 Safe Sleep Survival Kits distributed
 - Washoe Tribe: 10 Safe Sleep Survival Kits distributed
 - Walker River Paiute Tribe: 10 Safe Sleep Survival Kits distributed
 - The Cribs for Kids program requires 3-month and 12-month follow up surveys with families who receive the Safe Sleep education and Safe Sleep survival kits. The RedCAP data system is used to capture data from the surveys. The preferred method of data collection would include clinics entering data directly into the online database. However, paper copies would be available for DPBH to enter on the clinic’s behalf, if needed. Training on the RedCap system will be provided.
 - **Car Seats**
Each site is provided opportunities for staff to attend car seat technician training. Car seats are not distributed until at least one staff member is a certified car seat technician. The following sites had car seat distributions:
 - Owyhee Community Health Center: 68 car seats distributed
 - Southern Bands Health Center: 45 car seats distributed
 - Washoe Tribe: received 80 car seats - 20 infant carriers, 30 convertible car seats, 30 boosters

- Walker River Paiute Tribe: 15 car seats distributed (waiting on numbers from June-Sept 2018)
 - Abusive Head Trauma/Shaken Baby
Abusive Head Trauma/Shaken Baby trainings and education are provided to clinics. Materials cover baby safety, partner safety, and tips for parent's information. Clinic staff will provide Abusive Head Trauma/Shaken Baby education and materials to parents.
 - The Shaken Baby program requires clinics to report the number of participants who received Shaken Baby education and materials. Surveys may be distributed to clinic staff and participants to gather de-identified information and feedback on the program and for quality improvement purposes.
 - For further information about these programs and other programs under the MCH at the DPBH, please contact Judy Dumonte at jdumonte@health.nv.gov. Other programs may include 2-1-1, Tobacco Quitline/Tobacco Cessation, Nevada Children's Medical Home Portal, Not Even for A Minute/Never Leave A Baby In A Car (car safety), Drowning Prevention, SoberMomsHealthyBabies.org/Substance Use, and other topics as requested.
- **State Epidemiology Updates**
 - Sexually Transmitted Diseases (STDs) have surged for the fifth consecutive year, reaching an all-time high. Nevada's 2018 rankings are first in Syphilis, second in Congenital syphilis, twelfth in Gonorrhea, and number fourteen in Chlamydia.
 - Nevada has a high percent of Carbapenem-resistant Enterobacteriaceae (CRE) resistance. Nevada, New Jersey, and Connecticut have the highest rates of CRE according to the Centers for Disease Control (CDC). Despite some limitations to this data, there is evidence that indicates that a higher than normal rate of samples tested from Nevada were CRE resistant.
 - Current outbreak and large-scale public health responses include: Syphilis and Congenital Syphilis, Acute Hepatitis A, Pertussis, E-cigarette or Vaping Product Use Associated Lung Injury (EVALI), and West Nile Virus.
 - For more detailed information please refer to the PowerPoint under Attachments.
- **Mobile Crisis Response Team (MCRT)** – Michelle Sandoval, LCSW, Rural Clinics Youth Program Coordinator and Tina Gerber-Winn, Rural Clinics Agency Manager
 - The Mobile Crisis Response Team supports youth and families who are experiencing a behavioral crisis in finding community services across rural and frontier Nevada. The services are designed to reduce emergency department visits due to a psychiatric crisis and to reduce psychiatric hospitalizations when appropriate by providing immediate support and crisis interventions, short term stabilization, and case management services. Interventions are provided in the community, home, and/or through phone/video consultation. This program is geared towards children 0-18.
 - The Rural Clinics Immediate Mental Health CARE Team supports adults anywhere in rural and frontier Nevada who need immediate behavioral health care. The CARE Team may provide stabilization in an effort to prevent hospitalization, assist in the removal of barriers to obtain behavioral health treatment and facilitate referrals to needed services and supports.
 - For further information about these two programs, please see the flyers under Attachments.
 - Tina Gerber-Winn is happy to assist in contacting Rural Clinic Directors with Tribal Health Directors (notably Mineral County with Health Director Ken Richardson at Walker-River) to form collaborative partnerships.
- **Las Vegas Indian Center to Provide Positive Action** – Jamie Ross, Executive Director, Prevention, Advocacy, Choices, Teamwork (PACT) Coalition
 - Collaboration between the PACT Coalition and the Las Vegas Indian Center to increase access to substance misuse prevention to the Native American and American Indian population has been occurring. The Las Vegas Indian Center (LVIC) has been in existence since 1971. They currently

provide substance use disorder treatment as well as employment services, transitional living, and cultural activities. PACT believes in collaborating with current agencies to increase their knowledge and skills around substance misuse prevention rather than presenting to agencies on prevention. This more fully incorporates cultural humility into the program since it's taught by employees of that organization. PACT will partner with LVIC to bring an evidence-based substance misuse prevention program, Positive Action, to the youth involved at LVIC. The students will complete 30 sessions of the Positive Action curriculum. After completing the program, students will have additional skills in self-concept, behavior management, conflict resolution and a reduction in substance misuse, bullying and violence.

- Please reach out to PACT with any questions or to request additional services at (702) 582-7228.

➤ **Aging and Disability Services (ADSD)**

- **Community Based Care Services (CBCS)** – Kristen Pickard, Social Work Supervisor
 - Nevada has three Home and Community Based Service Waivers. These waivers are intended to provide supportive services to keep individuals in their home and community and out of nursing facilities or other long-term care facilities. The waivers are as follows:
 - HCBS Waiver for the Frail Elderly (FE)
 - HCBS Waiver for Persons with Physical Disabilities (PD)
 - HCBS Waiver for Individuals with Intellectual Disabilities (ID) and Related Conditions
 - For further information about these waivers, please refer to the PowerPoint in the Attachments or you may contact the local ADSD offices at:
 - Reno Intake: 775-687-0800
 - Carson City Intake: 775-687-4210
 - Elko Intake: 775-738-1966

➤ **Public Comment Regarding any Other Issue**

- Morgan Green from the Center for the Application of Substance Abuse Technologies (CASAT) provided information about a new screening opportunity and reported that the Request for Application (RFA) is now open for Opioid funding year two.
- Jon Pishion, Health Director at Fallon, asked about the Tele-pharmacy status for Medicaid reimbursement. Briza Virgen, DHCFP Tribal Liaison, stated that she is working on forming a round table discussion with the board of pharmacy, the Medicaid pharmacy unit, and the Tribal Health Directors to discuss questions and the potential for policy development.

➤ **Cultural Closing** – Provided by Dr. Thomas, Medical Director at Reno-Sparks Health Clinic.

➤ **Adjournment** – Meeting was adjourned by Delaney Mercer.