

1. Discussion and Proposed Adoption of MSM Addendum Changes - Definitions

Ms. Leslie Bittleston – Presented the Addendum as follows: Revisions to MSM Addendum include updates to the following definitions: Activities of Daily Living (ADLs), Chore, Habilitation, Independent Contractor and Traumatic Brain Injury. These changes and updates to definitions will provide better clarification to what the definition means.

- ADLs – this definition was expanded to include a definition of each ADL, such as bathing, toileting, etc.
- Chore – Added packing and unpacking.
- Habilitation – Added “Services” to read Habilitation Services
- Independent Contractor – Added references to MSM chapters 100, 2300, and 2600.
- Traumatic Brain Injury – This definition was outdated and had an NRS reference that no longer existed. It was updated with current language.

The effective date is March 25, 2013.

At the conclusion of Ms. Bittleston’s presentation, Ms. Stagliano asked Ms. Aiello, Deputy Administrator, and Ms. Crowe, DAG, if they had any questions or comments.

Ms. Aiello’s Comments:

- No Comments

Ms. Crowe’s Comments:

- No Comments

Public Comments:

- No Comments

Ms. Stagliano – Recommended the Deputy Administrator approve as submitted, with one correction to be made, Section A Page 5. Replace “assistances” with “assistance”.

Ms. Aiello – Approved as amended, with one correction to be made, Section A, Page 5. Replace “assistances” with “assistance”.

Ms. Stagliano – Closed the Public Hearing on MSM Addendum – Definitions

2. Discussion and Proposed Adoption of MSM Chapter 500 – Nursing Facilities

Ms. Londa Moore – Presented the chapter as follows: Revisions to MSM Chapter 500 have been made to clarify the process for an add-on rate for the behaviorally complex qualified Medicaid recipient. Nursing Facilities (NF) may qualify for a Behavioral Specialty Care Services rate for Medicaid recipients whose medically based behavior disorder(s) warrant increased staff intervention and specialized programs to manage their care. The rate is an enhancement to the NF's standard rate and is intended to facilitate in-state placement and continued stay for recipients needing specialized intensive staff time and services.

These changes are effective March 25, 2013.

At the conclusion of Ms. Moore's presentation, Ms. Stagliano asked Ms. Aiello, Deputy Administrator, and Ms. Crowe, DAG, if they had any questions or comments.

Ms. Aiello's Comments:

- No Comments

Ms. Crowe's Comments:

- No Comments

Public Comments:

- Mr. Gary Olson requested more information regarding prior authorizations. Does the discharging facility initiate them such as a hospital or psychiatric hospital or is it initiated at the nursing facility level?

Ms. Moore responded when the recipient is ready to leave the hospital, the documentation will be submitted to the Continuum of Care (CoC) Unit where nurses will review and provide the prior authorization at that time. If a recipient is a patient already in your facility, then your facility will submit the documentation and a prior authorization would be issued after review and approval.

Mr. Olson asked what the turnaround time is for the approvals.

Ms. Moore responded less than 24 hours when complete documentation is received.

Mr. Olson asked for clarification of an acceptable answer to why the necessary care cannot be adequately provided absent this behavioral complex add-on rate. What would be an acceptable answer except that it may require an additional staff? Are there any specificities on that?

Ms. Aiello responded the documentation states it must include psychiatric progress and group therapy notes. They would need staff appropriately able to compose those notes. Yes, they would need specialized care.

Mr. Olson asked if there is any detail or format available to the admitting facility in order for them to provide the DHCFP with an individual behavioral management plan.

Ms. Moore responded there needs to be the identification of a need and strategies for meeting those needs.

Ms. Aiello responded this is above a normal nursing facility level of care. These are higher needs individuals that traditionally haven't been admitted in to Nevada facilities. This is a specific care environment. The added rate is to support the more complex care environment with behavior management plans, tracking of behavior, seeing which activities mediate the behavior or escalate the behavior. The DHCFP held workshops with Mental Health and Developmental Services (MHDS) and other entities with the knowledge and skill in behavior plans.

Mr. Olson asked if the care plan documentation they have is appropriate or is there a specific format you are looking for?

Ms. Aiello responded no, the facility would use an appropriate behavior management care plan. The DHCFP is not designating the actual form.

Mr. Olson asked if there is a form or format for the quarterly reporting.

Ms. Moore responded the documentation outlined in this chapter, on page 34, section 503 is the documentation that is to be submitted for quarterly review.

Mr. Olson asked if the behaviorally complex add-on rate is a different prior authorization from the prior authorization for placement in and of itself.

Ms. Moore responded it is a joint effort with the CoC nursing staff and the QIO-like vendor.

Ms. Aiello responded she understands Mr. Olson's confusion and in the next revision, the DHCFP will clarify because it is one prior authorization process.

Ms. Stagliano asked if there were additional questions or comments from the Las Vegas or Carson City areas.

- Mr. Daniel Mathis commented regarding the Guidelines for Design and Construction of Hospital and Health Care Facilities, issued by the American Institute of Architects Academy (AIAA) of Architecture for Health. In Section 8.8, of the AIAA Guidelines specifies the standards for secured units for residents with behavioral issues. The requirements include that the "secured unit" contain areas for all resident needs including: dining, bathing, staff work areas, secure outdoor gardens and lounge, activities, etc. In an earlier statement, it was said that the facility would not need a secure unit to participate in the program. What do you recommend the facilities do if they wanted to have a unit to comply with the secure nursing facilities that chose to do this?

Ms. Moore responded the intent of this chapter change is not to require any nursing facility make a change to their physical plant. The idea is if a person needs segregation and the facility does not have the existing ability to provide the segregation, then they would not accept the person. There is no plan other than to try to provide additional compensation to allow the Nevada nursing facilities who have this physical plant to provide services.

Ms. Aiello responded if they chose to be able to safely assess and take care of that person, they would get the enhanced rate.

Mr. Mathis asked if they chose to admit somebody and they did not have a wing, would there be any circumstance where they would be required to have a wing?

Ms. Aiello responded the facility would need to assess if they could keep that recipient and the rest of the recipients safe. This would be done with the medical care team, the prior authorization, and the psychologist, etc. It would need to be set up to be safe for that recipient and others.

Mr. Mathis commented when the building goes under compliance and the safety person decides the facility may have a wing, but doesn't fit the components required by the AIAA, the facility will look out of compliance.

Ms. Moore responded some nursing facilities have locked units and they allow patients to go into this locked unit. They would not allow a patient that requires a locked unit go onto the standard floor in their facility.

Mr. Mathis asked for confirmation that there isn't going to be additional scrutiny on the physical plant under the AIAA if a building chose to have a behavioral unit that didn't have a lock.

Ms. Aiello responded the DHCFP has no control over the AIAA or the licensure bureau. To get the behaviorally complex rate, the DHCFP is not requiring a certain facility plant. The DHCFP is requiring the behavior plan and the wraps services.

Mr. Mathis asked if there is a list of specific behavioral management training for the staff that the DHCFP is looking for.

Ms. Moore responded there is training required and other state entities such as MHDS would help with the development of the training program. There are also training programs the out of state facilities use to provide training to their staff.

Mr. Mathis asked if the DHCFP will be providing additional training on the behavioral rate and if there are there any planned workshops or education for facilities?

Ms. Stagliano responded the DHCFP will see if there is an interest in this area.

Mr. Mathis asked if it is possible to get a specific list of specialized services such as psychiatrists, psychologists, social workers, etc.? It is unclear who or which agency will be responsible for paying for those health care professionals.

Ms. Aiello responded the DHCFP wants to be able to provide the funding for nursing facilities to take care of the recipients currently sent out of state. The DHCFP is not the medical or the psychological experts so they want the facilities to develop the process that would be safe for the recipient.

Mr. Mathis asked if the specialized services, psychiatrists, psychologists will be able to bill independently of the skilled nursing facility.

Ms. Aiello responded most physicians that come in and help with care plans do bill separately.

Mr. Mathis commented most providers are very supportive.

Ms. Aiello commented it is not the intent to turn a nursing facility into an acute care center, but it would be good to hold follow-up meetings across Division entities.

Ms. Stagliano asked for a copy of Mr. Mathis' notes so the DHCFP can use them to formulate the group.

Ms. Stagliano noticed a discrepancy in regard to the effective date of the policy change. The effective date is March 25, 2013.

Ms. Stagliano – Recommended the Deputy Administrator approve as submitted, with one correction to be made, to change the effective date to March 25, 2013.

Ms. Aiello – Approved the changes to MSM Chapter 500 with an effective date of March 25, 2013. Also recommends that the DHCFP contact Mr. Mathis and the nursing home industry to develop workshops along with other divisions to help answer questions so that they get the best product off the ground to meet people's needs.

Ms. Stagliano – Closed the Public Hearing on MSM Chapter 500 – Nursing Facilities.

3. Discussion and Proposed Adoption of MSM Chapter 800 – Laboratory Services

Ms. Marti Coté– Presented the chapter as follows: Revisions to MSM Chapter 800 were made to update the term PKU with metabolic screening. Metabolic screening is more commonly used in the medical community and more descriptive to the array of tests conducted. This change will also provide continuity among all our policy.

At the conclusion of Ms. Coté's presentation, Ms. Stagliano asked Ms. Aiello, Deputy Administrator, and Ms. Crowe, DAG, if they had any questions or comments.

Ms. Aiello's Comments:

- No Comments

Ms. Crowe's Comments:

- No Comments

Public Comments:

- No Comments

Ms. Stagliano – Recommended the Deputy Administrator approve as submitted, with one correction to be made, to change the effective date to March 25, 2013.

Ms. Aiello – Approved the changes to MSM Chapter 800 with an effective date of March 25, 2013, in addition to the grammatical changes described above.

Ms. Stagliano – Closed the Public Hearing on MSM Chapter 800 – Laboratory Services.

4. General Public Comments

- No Comments

There were no further comments and Ms. Stagliano adjourned the public hearing at 9:50 am.

**An Audio (CD) version of this meeting is available through the DHCFP Administration office for a fee. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Rita Mackie at rmackie@dhecfp.nv.gov or you may call (775) 684-3681.*