



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

LAURIE SQUARTSOFF
Administrator

Division of Health Care Financing and Policy
Notice of meeting to solicit public comments and intent to act
Upon Amendments to the Medicaid Services Manual (MSM)

Public Hearing November 14, 2013
Minutes

Date and Time of Meeting: November 14, 2013 at 9:21 am or at the conclusion of the State Plan Public Hearing

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

Place of Meeting: Nevada State Legislature Building
401 So. Carson Street, Room 2134
Carson City, NV 89701

Place of Video Conference: Grant Sawyer Office Building
555 E. Washington Avenue, Suite 4406
Las Vegas, Nevada 89101

Attendees

In Carson City, NV

Laurie Squartsoff, DHCFP
Marta Stagliano, DHCFP
Rochelle van der Poel, DHCFP
Scott Mayne, WCSS
Chris Ferrari, Ferrari Public Affairs
Tammy Moffitt, DHCFP
Mary Griffith, DHCFP
Sharon Willans, A Child's World
Tom Clark, REMSA

Darrell Faircloth, DHCFP
Tracy Palmer, DHCFP
Jenni Bonk, DHCFP
Leslie Bittleston, DHCFP
Mary Gordon, DHCFP
Jessica Vannucci, DHCFP
Chuck Damon, DHCFP
Sherry Crance, ADSD
John Whaley, DHCFP

In Las Vegas, NV

Lynn Hunsinger, Nevada Senior Services
Chris Vito, Nevada Adult Day Healthcare
Howard Szynarell, Logisticare
Jason Schwartz, Mojave Unsom

Cristina Vito, Nevada Adult Day Healthcare
Howard Chin, New Life Adult Day Healthcare
Katiushka Posada, Baby Boomers

Introduction:

Ms. Marta Stagliano, Chief of Program Integrity, Division of Health Care Financing and Policy (DHCFP), opened the Public Hearing introducing herself, Ms. Laurie Squartsoff, Administrator of the DHCFP and Mr. Darrell Faircloth, Senior Deputy Attorney General (DAG).

Ms. Stagliano – The notice for this public hearing was published on October 11, 2013 in accordance with the Nevada Revised Statute 422.2369.

1. Discussion and Proposed Adoption of MSM Addendum

Leslie Bittleston

Revisions to the MSM Addendum, Section L was made to the definition of Legally Responsible Individual (LRI) to correct an error that occurred when the definition was moved and consolidated from MSM Chapter 3500 to the MSM Addendum in 2011.

The effective date is December 1, 2013.

At the conclusion of Ms. Bittleston's presentation, Ms. Stagliano asked Ms. Squartsoff, Administrator, and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Squartsoff's Comments:

- No Comments

Mr. Faircloth's Comments:

- No Comments

Public Comments:

- No Comments

Ms. Stagliano – Recommended the Administrator approve as submitted.

Ms. Squartsoff – Approved as submitted.

Ms. Stagliano – Closed the Public Hearing for the Proposed Adoption of MSM Addendum.

2. Discussion and Proposed Adoption of MSM Chapter 1300 – DME, Disposable Supplies and Supplements

Jessica Vannucci

Revisions to MSM Chapter 1300 were made to correct the fiscal agent contact and reference information. Clarified that contact with the recipient does not include system generated correspondences. Clarified that caring for and returning the equipment is a recipient responsibility. Clarified the backup ventilator policy. Added verbiage requiring specific medical conditions to allow a DME item, added additional DME items not covered, and added when respiratory items would be considered purchase versus rented only. Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, corrections from Nevada Medicaid to the DHCFP and language reworded for clarity.

The effective date is December 1, 2013.

At the conclusion of Ms. Vannucci's presentation, Ms. Stagliano asked Ms. Squartsoff, Administrator, and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Squartsoff's Comments:

- No Comments

Mr. Faircloth's Comments:

- No Comments

Public Comments:

- No Comments

Ms. Stagliano – Recommended the Administrator approve as amended. On the MTL change now to not, repitory to respiratory. 1303.B correct the numbering; 1303.1C, page 4, Recipient Responsibilities, number 7, remove ETC. at the end of the sentence; 1303.4.A.1.c, remove (OPAS); 1303.4.A, page 4, number 14, reference change to 1303.4.A.1 and 2, remove the comma after devices. It should read: For continuing use of the bi-level and continuous positive airway pressure devices use the form, found on the QIO-like vendors website this form may be completed and submitted for continuing use...; Appendix A, page 1, remove the semi-colon after video recorders, page 2, remove the semi-colon and "or" after waterbeds and switches, Appendix B, page 76, correct saturations; pagination and grammar check throughout the chapter.

Ms. Squartsoff – Approved as amended.

Ms. Stagliano – Closed the Public Hearing for MSM Chapter 1300 – DME, Disposable Supplies and Supplements.

3. Discussion and Proposed Adoption of MSM Chapter 1800 – Adult Day Health Care

Chuck Damon

Revisions to MSM Chapter 1800 were made to clarify the acceptable Tuberculosis (TB) testing methods and to provide a reference for TB testing requirements. Policy was also clarified for recipient's attendance records, and recipient record content. Removed the requirement of a duplicative prior authorization process between the DHCFP District Offices, and the Quality Improvement Organization (QIO)-like vendor. Provided policy clarification for the use of a daily or unit rate for recipient attendance and billing for services. Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

The effective date is December 1, 2013.

At the conclusion of Mr. Damon's presentation, Ms. Stagliano asked Ms. Squartsoff, Administrator, and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Squartsoff's Comments:

- Ms. Squartsoff thanked Mr. Damon for the efforts to improve the efficiency of the prior authorization process.

Mr. Faircloth's Comments:

- No Comments

Public Comments:

- Mr. Chris Vito introduced himself and his colleagues representing the Adult Day Care Advisory Council. He also introduced Lynn Hunsinger, one of the directors for the Adult Day Care in Las Vegas.
- Ms. Lynn Hunsinger read into record comment by their CEO Jeff Kline. (See Attached)
- Ms. Christina Vito requested permission for staff to sign on behalf of their clients as they come in. She stated having the recipient's sign the progress notes is too much as the nurse's document their attendance in the nursing notes or flow sheets. She requested clarification regarding the RN's supervision of LPN's. She clarified the documentation for the Payment Authorization Request (PARS) will be submitted to the local office.
- Mr. Damon responded the facility may create a signature page which can encompass a recipient's signature for the service plan and any other services being provided. In regard to RN's supervising LPN's the DHCFP will work with Adult Day Health Care providers as there are requirements for RNs to complete assessments whereas LPNs cannot. The housekeeping or direct care staff will be addressed at a later revision. The PARS go directly to the QIO-like vendor.

- Ms. Katiushka Posada (Kathy) commented she supports the comments of Ms. Hunsinger, Mr. Kline and Ms. Vito. She is concerned about the experience requirements for RNs. It prevents those in school the opportunity of employment due to lack of experience.
- Mr. Vito requested proposed changes be submitted through the Adult Day Care Advisory Council, so they can comment as providers. He presented a fact sheet.
- Ms. Stagliano gave an overview of the public workshop process.
- Mr. Scott Mayne commented in regard to Section 1803.1B.7, the staff can sign that the individual is there and received services for the day; however, they do not want to be signing as the authorized representative and the service provider.
- Mr. Damon responded the intent of this section was to make one comprehensive signature page that could be completed when the recipient starts services and a family member may be there as their authorized representative or legal guardian. They are signing for the individual and this is an all encompassing signature page for all signature requirements.
- Ms. Stagliano clarified at the beginning of the service, if they obtain the signature from either the recipient or authorized representative, that signature page can be used for future services. For example; when the recipient first receives services and they are able to sign, then obtain the signature. A few months later the recipients' condition has changed and they are not able to sign, obtain an authorized representative's signature.
- Mr. Damon responded correct.
- Mr. Mayne requested clarification regarding billing units. Claims are being denied because the facility bills 23 units due to the recipient leaving early.
- Ms. Leslie Bittleston responded when the facility receives a prior authorization from the QIO-like vendor, whether it is full day or by units, they have to bill using the prior authorization that has been given. For example if they were given a daily rate, they have to bill for the daily rate. If the recipient leaves early they still bill the daily rate. The Medicaid Management Information System (MMIS), which is the DHCFP's billing system will deny if the facility bills against what was authorized.
- Ms. Vito asked if they submit for authorization for full time and the recipient leaves for medical appointments or family events, will the facility be penalized for billing the days the recipient left early at a full day.
- Ms. Stagliano responded the DHCFP staff will get the answers and appropriate language for billing purposes and provide to all. She requested all individuals who provided public comment submit their comments in writing.

Ms. Stagliano – Recommended the Administrator approve as amended. Section 1803.1B.9, page 14, Recipient Record Request, the chapter will state the RN on duty or LPN under the supervision of the RN and present during the provision of services is responsible for documenting the recipient care; Section 1803.1E.2, page 18, Provider Billing, add additional clarification: Providers are responsible for requesting the appropriate number of days or units, (15 minutes equals one unit) the recipient requires for attendance.

Ms. Squartsoff – Approved as amended.

Ms. Stagliano – Closed the Public Hearing for MSM Chapter 1800 – Adult Day Health Care.

4. Discussion and Proposed Adoption of MSM Chapter 3800 – Care Management Organization (CMO) and Medical/Health Homes

Jenni Bonk

This is a new MSM Chapter developed for a Care Management Organization (CMO) and Medical Health Homes. This chapter will outline the requirements and policies under which the vendor is expected to function and perform. Currently, there is a portion of the Medicaid population whose care is unmanaged. This includes recipients with chronic conditions and those that frequently have high cost/high utilization patterns for medical services that are avoidable by a holistic care management program. The Centers for Medicare and Medicaid Services (CMS) approved the Nevada Comprehensive Care Waiver (NCCW) on June 28, 2013 to the Division of Health Care Financing and Policy (DHCFP) to implement a CMO. The CMO will assist in linking the recipient to additional community resources helping them overcome potential barriers the recipient may have in maintaining their health.

The effective date is November 15, 2013.

At the conclusion of Ms. Bonk's presentation, Ms. Stagliano asked Ms. Squartsoff, Administrator, and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Squartsoff's Comments:

- No Comments

Mr. Faircloth's Comments:

- Mr. Faircloth clarified in Section 3803.14C and D, the CMO is not a HIPAA covered entity.
- My. John Whaley responded the CMO is contracted with the DHCFP and as such, he believes they are a HIPAA covered entity. The DHCFP will treat them as such and subject them to all the rules.
- Mr. Faircloth recommended the removal of the last sentence in Section 3803.14C and D that states: Pursuant to these requirements, the CMO shall execute a HIPAA Business Associate Addendum (BAA) as part of the CMO contract.

Public Comments:

- No Comments

Ms. Stagliano – Recommended the Administrator approve as amended. Removing the two sentences in Section 3803.14C and D.

Ms. Squartsoff – Approved as amended.

Ms. Stagliano – Closed the Public Hearing for MSM Chapter 3800 – Care Management Organization (CMO) and Medical/Health Homes.

5. General Public Comments

- No Comments

6. Adjournment

There were no further comments and Ms. Stagliano adjourned the public hearing at 10:53 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@dhefp.nv.gov or you may call (775) 684-3681.*