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Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
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MICHAEL J. WILLDEN
Director
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Administrator

Division of Health Care Financing and Policy
Notice of meeting to solicit public comments and intent to act
Upon Amendments to the State Plan for Medicaid Services

Public Hearing October 16, 2013
Minutes

Date and Time of Meeting: October 16, 2013 at 9:00 am

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 4401
Las Vegas, Nevada 89101

Attendees

In Carson City, NV

Marti Coté, DHCFP
Shannon Sprout, DHCFP
Sherry Manning, NGCDO
Diane Ross, the Continuum
Darrell Faircloth, DAG

Michele Belkin, DHCFP
Amy Crowe, DAG
Keri Horn, NGCDO
Janelle Mulvenon, ADSD
Laurie Squartsoff, DHCFP

In Las Vegas, NV

Judye Marshall, LVIC
Jason Schwartz, Mojavé

Gabriel Lither, AG
Viki Kinnikin, Mojavé

Introduction:

Ms. Patty Thompson, Chief of Audit Unit, 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. Thompson – The notice for this public hearing was published on October 3, 2013 in accordance with the Nevada Revised Statute 422.2369.

1. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Alternative Benefit Plan Services

Ms. Coleen Lawrence:

The DHCFP is proposing to develop an Alternative Benefit Plan (ABP) as required by CMS-2334-F for the “newly eligible” population for the Patient Protection and Affordable Care Act. The ABP will be an identical plan with the Medicaid benefit plan in effect January 1, 2014. All provider types are impacted by this change. The estimated change in annual aggregate expenditures starting in 2014 is \$117,795,520. This covers all public and private entities under all provider types. Although there will be a positive impact on government entities due to the additional number of eligible participants, resulting in increased payment, the DHCFP is unable to determine the financial impact to each individual government entity.

At the conclusion of Ms. Lewis’s presentation, Ms. Thompson asked Ms. Squartsoff, Administrator, and Mr. Faircloth, DAG, if they had any questions or comments.

The effective date is January 1, 2014.

Ms. Squartsoff’s Comments:

- Ms. Squartsoff thanked Coleen and staff for all of their efforts on this project.

Mr. Faircloth’s Comments:

- Mr. Faircloth extended his appreciation for all of the hard work on this project. He asked for clarification that this ABP solely applies to the Medicaid expansion population and does not affect existing beneficiaries.

Ms. Lawrence responded that is correct. This is under Social Security Act 1937.

Public Comments:

- Ms. Diane Ross thanked all for their work. She requested clarification this habilitation piece is maintenance only. This concerns me because that is not the definition of habilitation with the exchange. The exchange adds health services that help a person keep, learn or improve skills and improve function for daily living. Is this new piece maintenance only? How are the number of sessions and times determined? Ten visits over a three year period is not enough for many clients to have a maintenance program to keep them independent. They want to make sure that people with developmental disabilities who need therapy services to learn skills will be able to get that service. Is the ABP part of Medicaid Services Manual (MSM) Chapter 1700? If it is, then all Medicaid recipients would be eligible for this maintenance benefit.

Ms. Lawrence responded the newly eligible population will have a seamless benefit plan between the newly eligible's and the current eligible population. Anyone who is eligible today in Medicaid, their benefit plan will be the exact as the newly eligible's. For this to happen, they added an additional service, which is maintenance therapy. The DHCFP will also be adding maintenance therapy for the current eligible's under the current state plan at a different public hearing. The DHCFP will also have a public hearing to add the policy for maintenance therapy to MSM Chapter 1700 which will add the service category which will address maintenance therapy to all individuals. The newly eligible's under the essential health benefit category have the availability for other habilitative services that the current eligible's have today, which include Adult Day Health Care and Comprehensive Outpatient Rehabilitation. Maintenance therapy is not the only habilitative service available to them under the 1915(i) services. In regard to the limits on maintenance therapy, Medicare has three or four annually set per year. The feedback received from the public workshops was the providers would like to see them over a three year time period so the practitioners had more leeway on setting them throughout the three years vs. an annual limitation.

Ms. Ross commented ten visits is not enough for the clients she treats. In some of the past minutes it states that they may possibly relook at the number of visits during a legislative session. Does it have to be a legislative issue?

Mr. Faircloth responded the role of this meeting is to gather public input that may help or improve this State Plan Amendment for submission to CMS for approval. They are looking for input into the process they can use to make any changes or additions to hone this product into the best one for Nevada to submit to CMS for approval. How do you see this plan being changed at this point?

Ms. Ross questioned where the ten visits come from. She is concerned that maybe they should not include those limitations. Right now prior authorization is required for all services. It is the responsibility of the provider to provide the information. When the limitations are put in, that limits the ability of the therapist to provide the service for some of the clients.

Ms. Lawrence responded the maintenance therapy will be a new service. All of the other services are existing services.

Mr. Faircloth clarified Ms. Ross' suggestion as additional service should have different service limits other than what is proposed at this time.

Ms. Ross confirmed.

Ms. Thompson – Closed the Public Hearing for the SPA on Alternative Benefit Plan Services.

2. General Public Comments

- No Comments

There were no further comments and Ms. Thompson adjourned the public hearing at 9:21 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.*