



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH CARE FINANCING AND POLICY  
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**Division of Health Care Financing and Policy  
Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to  
the Nevada Medicaid Office (NMO) Forms and the Medicaid Services Manual (MSM)**

**Public Hearing April 26, 2017  
Minutes**

Date and Time of Meeting: April 26, 2017 at 1:11 PM

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

Place of Meeting: Division of Public and Behavioral Health  
4150 Technology Way, Room 301  
Carson City, Nevada 89706

Place of Video Conference: Division of Health Care Financing and Policy  
1210 S. Valley View Blvd., Suite 104  
Las Vegas, Nevada 89102

Teleconference: (877) 402-9753

Access Code: 7316372

**Attendees**

**In Carson City, NV**

Lynne Foster, DHCFP  
Marta Jensen, DHCFP  
Rossana Dagdagan, DHCFP  
Jackie Obregón, DHCFP  
Susie Angel, DHCFP  
DuAne Young, DHCFP

Darrell Faircloth, SDAG  
Kristine DeMorris, DHCFP  
Cynthia Magaña, DHCFP  
Crystal Wren, DHCFP  
Mary Griffith, DHCFP  
Carl Jeffery, Optum Rx

**In Las Vegas, NV**

Sharon Herreta, Sunrise Hospital  
Deborah Fry, Sunrise Hospital

Ryan Cabral, Sunrise Parallon

**Teleconference**

Nadine Atkinson, HCA Healthcare

Karen Renaulto, HCA Healthcare

**Introduction:**

Ms. Lynne Foster, Chief of Division Compliance, of the DHCFP, opened the Public Hearing introducing herself, Ms. Marta Jensen, Acting Administrator of the DHCFP and Mr. Darrell Faircloth, Senior Deputy Attorney General (SDAG).

Ms. Foster – The notice for this public hearing was published on March 22, 2017 in accordance with the Nevada Revised Statute 422.2369.

**1. Public Comment**

Ms. Nadine Atkinson requested that Item Number 8 be heard first due to time restraints on their part. This is regarding the Opioid Prior Authorization (PA) Process. She commented that on the agenda, Hospitals are not listed as Provider Types affected. Ms. Atkinson wanted to know if patients being discharged from the hospital are subject to the same PA requirements.

Ms. Foster stated that there are some small items that need to be addressed first, then the Addendum Chapter and Chapter 1200 can be switched. She asked Ms. Atkinson if she would like to hold her public comment until Chapter 1200 is heard.

Ms. Atkinson replied she would.

**2. For Possible Action: Review and approve meeting minutes from the March 16, 2017 public hearing**

Ms. Foster asked if any staff members have any proposed corrections to the minutes for this public hearing and none were received.

Public Comments

- No Comments.

Ms. Foster – Recommended the Acting Administrator approve as written.

Ms. Jensen – Approved as written.

**3. Discussion of proposed changes to NMO-7076 – Notice of Decision Katie Beckett Eligibility Option**

Ms. Kristine DeMorris:

Revisions to the NMO-7076 form are being proposed to allow the DHCFP to issue a Notice of Decision (NOD) for a reduction in benefits if the recipient has a change in their Level of Care (LOC) that would affect their allowable costs.

Entities Financially Affected: None.

Financial Impact on Local Government: Unknown at this time.

The effective date is April 27, 2017.

At the conclusion of Ms. DeMorris' presentation, Ms. Foster asked Ms. Jensen and Mr. Faircloth if they had any questions or comments.

Ms. Jensen's Comments:

- No Comments.

Mr. Faircloth's Comments:

- No Comments.

Public Comments:

- No Comments.

Ms. Foster – Recommended the Acting Administrator approve as submitted.

Ms. Jensen – Approved as submitted.

Ms. Foster – Closed the Public Hearing for the NMO-7076 – Notice of Decision Katie Beckett Eligibility Option form.

**4. Discussion of proposed changes to NMO-3594 – Katie Beckett Eligibility Option Comprehensive Statement of Understanding**

Ms. Foster – This item is being removed from the agenda while staff finalizes changes and it will be heard at a future date.

**5. Discussion of proposed changes to NMO-3580 – Comprehensive Statement of Understanding**

Ms. Rossana Dagdagan:

Revisions to the NMO-3580 – Comprehensive Statement of Understanding form are being proposed to support the requirement that all applicants who participate in Nevada’s Home and Community Based Services (HCBS) Waiver must be informed of their choices between community placement or institutionalization, their choice of providers and their rights and responsibilities.

Entities Financially Affected: None.

Financial Impact on Local Government: None.

The effective date is April 27, 2017.

At the conclusion of Ms. Dagdagan’s presentation, Ms. Foster asked Ms. Jensen and Mr. Faircloth if they had any questions or comments.

Ms. Jensen pointed out on Page 1, under the option “I live in:” Ms. Dagdagan omitted reading in “With Family.” She wanted to know if “With Family” is still going to be an option.

Ms. Dagdagan replied that it is an option.

Mr. Faircloth’s Comments:

- No Comments.

Public Comments:

- No Comments.

Ms. Foster – Recommended the Acting Administrator approve as submitted.

Ms. Jensen – Approved as submitted.

Ms. Foster – Closed the Public Hearing for the NMO-3580 – Comprehensive Statement of Understanding form.

**6. Discussion of proposed changes to MSM Chapter 100 – Medicaid Program**

Ms. Cynthia Magaña:

Revisions to MSM Chapter 100 – Medicaid Program, Section 105.1(B) – Medicaid Payments to Providers are being proposed to simplify billing code rules by removing specific types of National Correct Coding Initiative (NCCI) edits and adding the rule associated with edits for clarification.

Revisions to MSM Chapter 100 – Medicaid Program, Section 106.3(b)(1) Tier 2 – Seven Year Sanction and Section 106.3(c)(2) Tier 3 – Twelve Month Sanction are being proposed to add “and/or” language for clarification in situations where a sanction will be imposed.

Entities Financially Affected: There is no anticipated financial impact to entities.

Financial Impact on Local Government: Unknown at this time.

The effective date is April 27, 2017.

At the conclusion of Ms. Magaña’s presentation, Ms. Foster asked Ms. Jensen and Mr. Faircloth if they had any questions or comments.

Ms. Jensen’s Comments:

- No Comments.

Mr. Faircloth’s Comments:

- No Comments.

Public Comments:

- No Comments.

Ms. Foster – Recommended the Acting Administrator approve as submitted.

Ms. Jensen – Approved as submitted.

Ms. Foster – Closed the Public Hearing for the MSM Chapter 100 – Medicaid Program

Ms. Foster apologized to the party asking to have Chapter 1200 read in before the MSM Addendum. She explained the team that would be reading in the chapter has not assembled yet and the MSM Addendum will be read in as scheduled.

## **7. Discussion of proposed changes to the MSM Addendum**

Ms. Jackie Obregón:

Revisions to the MSM Addendum Chapter are being proposed to add, delete, update or change definitions that apply to the Personal Care Services (PCS) program and to Non-Emergency Transportation (NET), in order to align with current program policies. The Home and Community Based Services Waiver names have been updated to reflect their current names where applicable. Throughout the Addendum, any reference to “Mental Retardation” has been replaced with “Intellectual Disability,” “Mentally Retarded” replaced with “Intellectually Disabled,” “Intermediate Care Facility for the Mentally Retarded (ICF/MR)” replaced with “Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID),” “Emergency Medical Technician (EMT) Intermediate” replaced with “Advanced Emergency Medical Technician

(AEMT)” and “Home and Community Based Waiver (HCBW)” replaced with “Home and Community Based Services (HCBS) Waiver.”

The following definitions are being deleted: Able, Able Caregiver, Capable Caregiver, Legal Representative for Self-Directed Skilled Care, Mental Health and Developmental Services (MHDS), Mental Retardation, Payment Authorization Requests (PAR), Personal Care Attendant (PCA) Services, PCS Functional Assessment (FA), Private Drivers, Qualified Personal Care Assistant (PCA) and Volunteer Driver.

New definitions are being added for the following: Adaptive Behavior, Available, Intellectual Disability, Intellectual Functioning, Personal Assistant and PCA.

Updates or changes have been made to the following definitions: Activities of Daily Living (ADLs), Administrative Authority, Aging and Disability Services Division (ADSD), Attendant Care (AC), Capable, Daily Record, Escort/Attendant, Escort Service, Functional Assessment Service Plan (FASP), Group Care Facilities, Independent Contractor (IC), Person with Mental Retardation, Instrumental Activities of Daily Living (IADLs), Intermediary Service Organization (ISO), Mileage Reimbursement, NET, NET Broker, Personal Care Representative (PCR), PCS Provider Agency, Residential Facilities for Groups, Scheduled Emergency Transportation, Self-Directed (SD) Service Delivery Model, Self-Directed Skilled Services, Significant Change of Condition or Circumstance, Sitters, Skilled Services, Specialty Care Transportation (SCT), Stretcher and Ventilator Dependent Recipient.

Entities Financially Affected: None.

Financial Impact on Local Government: None.

The effective date is April 27, 2017.

Ms. Foster wanted to clarify that in Section E, ESCORT SERVICE, the sentence should read “A service that may be authorized,” not “A service that must be authorized.”

Ms. Obregón confirmed that it should be “may.”

Ms. Foster wanted to verify that in Section S, SELF-DIRECTED (SD) SKILLED SERVICES, the sentence should read “provide certain specific medical,” not “provide certain special medical,” as was read in.

Ms. Obregón agreed that it should be “specific.”

At the conclusion of Ms. Obregón’s presentation, Ms. Foster asked Ms. Jensen and Mr. Faircloth if they had any questions or comments.

Ms. Jensen’s Comments:

- No Comments.

Mr. Faircloth recommended on Section A, Page 4, ADAPTIVE BEHAVIOR, that “lack of” be placed before “wariness.”

Ms. Jensen agreed with Mr. Faircloth that it further defines the intention.

Public Comments:

- No Comments.

Ms. Foster – Recommended the Acting Administrator approve as submitted with the following changes:

- Section A, ADAPTIVE BEHAVIOR, second bullet point, add “lack of” before “wariness.”
- Section A, ADAPTIVE BEHAVIOR, third bullet point, add “and” to read “...use of money and use of the telephone.”
- Section I, INTERMEDIATE CARE FACILITY FOR THE INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID), remove “THE” from the title.
- Section I, INTERMEDIATE CARE FACILITY FOR THE INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID) LEVEL OF CARE (LOC), remove “THE” from the title.
- Section N, NON-EMERGENCY TRANSPORTATION (NET) BROKER, delete last sentence.
- Section P, PERSONAL CARE SERVICES (PCS), remove the “s” from “relates.”
- Section S, SCHEDULED EMERGENCY TRANSPORTATION, add “is” to the sentence to read “...notification an organ is available...”

Ms. Jensen – Approved as amended allowing staff one more opportunity to review the chapter for spelling, grammar and punctuation.

Ms. Foster – Closed the Public Hearing for the MSM Addendum Chapter.

**8. Discussion of proposed changes to MSM Chapter 1200 – Prescribed Drugs**

Ms. Mary Griffith and Mr. Carl Jeffery:

Revisions to MSM Chapter 1200 – Prescribed Drugs include adding clarifying language to Continuity of Care, Emergency Supply of Medication, Pro-DUR functions, Medical/Surgical, Specialty and Psychiatric Hospitals, hospital-based outpatient clinics, End Stage Renal Disease (ESRD) facilities, emergency rooms, ambulatory surgical centers, outpatient hospices and to clinics paid by encounter. Deleted language under Coordination of Benefits, non-participating Health Maintenance Organization (HMO) Providers, the Pharmacy Billing Process and

Intravenous (IV) Therapy. Clarifying language was also added under the State Maximum Allowable Cost (SMAC). The language under Prior Authorization (PA) Procedures was revised. Under Long Term Care, the dispensing fee was updated. Policy was added for Dispensing Practitioners.

Revisions to Appendix A were made to reflect approved actions by the Drug Use Review (DUR) Board at the July 28, 2016 and the October 27, 2016 meetings.

On July 28, 2016, new prior authorization criteria was approved for gonadotropin-releasing hormone analogs (Lupron®), and drugs to treat Irritable-Bowel Syndrome. PA criteria was revised for antiasthmatic monoclonal antibodies (Xolair®). PA criteria was removed for duloxetine (Cymbalta®).

On October 27, 2016, revised PA criteria was approved for Hepatitis C direct-acting antivirals. New criteria was approved for initial prescriptions of long and short-acting opioids.

Entities Financially Affected: Provider Types 28 (Pharmacy); 20 (Physician/Osteopath); 24 (Advanced Practice Registered Nurse); 77 (Physician's Assistant).

Financial Impact on Local Government: None.

The effective date is April 27, 2017 with the exception of Section Z (Opioids), which will be effective May 15, 2017.

Ms. Foster asked Ms. Griffith if in Section 1203.1B(1)(b)(1) if “parental” should be “parenteral.”

Ms. Griffith replied that it should be “parenteral.”

At the conclusion of Ms. Griffith's and Mr. Jeffery's presentation, Ms. Foster asked Ms. Jensen and Mr. Faircloth if they had any questions or comments.

Ms. Jensen's Comments:

- No Comments.

Mr. Faircloth's Comments:

- No Comments.

Public Comments:

Ms. Nadine Atkinson inquired about the Opioid section. She wanted to know if a PA will be required for patients discharging from the emergency department (ED).

Ms. Griffith replied that it would.



Ms. Atkinson also inquired if a PA will be required for patients discharging from an inpatient status in an acute care hospital.

Ms. Griffith responded that a PA will be necessary if the patient is going home on a prescribed drug that they will fill at their pharmacy.

Ms. Atkinson requested that the DHCFP increase the prescription period from seven to 14 days for post-surgical patients that do not have a 3-month recovery period. She pointed out that patients who live in rural areas are burdened with having to go back and forth to the pharmacy every seven days.

Ms. Griffith explained that the patient can get a PA from their physician to get an approval for a longer period of time.

Ms. Atkinson asked if the DHCFP has thought about the lack of Primary Care Physicians (PCPs). She gave the example of a patient presenting to the ED and when they are discharged, they cannot get into a PCP, sometimes it can be a three week wait. Therefore, they have a hard time getting the prescription renewed. She is concerned that the patient will come back to the ED to get the prescription renewed and that would be costly.

Ms. Griffith reiterated that the patient can get the initial 7-day prescription and then get a PA for an extended period of time.

Ms. Atkinson replied that if they are coming from the ED, they have not seen a PCP for their complaint.

Ms. Jensen inquired as to how it is handled under a commercial plan verses the Medicaid plan.

Ms. Atkinson stated that she does not think that the patient has as difficult of a time getting in to see their PCP. Although, she conceded that it takes her three weeks to get in to see her personal doctor. She said that she is more concerned with the patient that has an emergency condition, for example, bodily injury to their back or a limb, than she is for chronic issues.

Mr. Jeffrey asked Ms. Atkinson if she was aware of the national or state trend. He pointed out that some states are down to three days.

Ms. Atkinson said that she is unaware of the trend. This issue regarding the PA prescription limit was brought to her attention this week.

Ms. Griffith assured Ms. Atkinson that the patient can get a PA from the ED doctor to get more than a 7-day supply.

Ms. Jensen wanted to confirm with Ms. Griffith that at the time of discharge, an ED doctor, knowing there may be a delay in seeing a PCP, can do a PA for a longer period of time.

Ms. Griffith agreed with Ms. Jensen.

Ms. Atkinson stated that she thinks it would be an issue with an ED physician, having to meet the qualifications for obtaining a PA. They do not do pain contracts with the patients. Ms. Atkinson wanted to verify there is a 24-hour timeframe that the PA can be processed in.

Ms. Griffith affirmed that a PA has to be processed within 24 hours.

Ms. Atkinson pointed out that the patient will not be in the ED for that long.

Ms. Jensen appreciated the information that Ms. Atkinson has brought to the table. She stated that the Division will take back the information and see what else can be done. Ms. Jensen agreed that there is a struggle with getting in to see a PCP. She concurred that the intention is not to have the patient recycle through the ED.

Ms. Atkinson said that her major concern is that the patient is getting the treatment that they need.

Ms. Atkinson also wanted clarification on Appendix A, Section Z(1)(a) (1-3) as to whether they are separate from each other. As an example, if they were going to write a script for 30-days' worth of opioids, and it had less than 60 mg per day, would a PA still be required.

Mr. Jeffery explained that all conditions have to be met in order to fill the prescription without a PA.

Ms. Atkinson requested that the DHCFP delay the implementation date on this for 30 – 60 days. She said that her facility will need time to develop a process and to educate their surgeons on how to proceed with this. They want as little impact upon their patients as possible.

Ms. Jensen inquired if this was already approved at the DUR Board.

Ms. Griffith replied that it has been through more than one workshop, the DUR Board meeting, a Webex meeting and the pharmacists have been notified via fax that this was occurring.

Ms. Jensen wanted to know if all this noted when the effective date would be.

Ms. Griffith replied yes.

Ms. Atkinson stated that the hospitals will be impacted by this and she thinks this might have been an oversight as to how the hospitals will be effected.

Ms. Jensen pointed out that the Hospital Association was at the public workshops. She wanted to know if this policy was communicated to Ms. Atkinson's hospital.

Ms. Atkinson responded that she cannot say whether or not that occurred. She found out about it this week.

Ms. Jensen's concern is that this policy has been published in multiple places with this effective date and to change it would create additional confusion.

Ms. Jensen commented that she did not hear which hospital Ms. Atkinson worked for.

Ms. Atkinson stated that she is the Division Director of Case Management for HCA. That encompasses Sunrise, Mountain View and Southern Hills.

Ms. Griffith noted that those hospitals are not rural.

Ms. Atkinson explained that the rural communities travel to get treatment at Sunrise.

Ms. Jensen wanted to get a legal opinion from Mr. Faircloth.

Mr. Jeffery pointed out that it would not impact the Pharmacy & Therapeutics (P&T) Committee and there is nothing the DUR Board is working on that is dependent on this policy going into effect on this date.

Ms. Jensen asked about any system changes that are scheduled.

Mr. Jeffery replied that it would take some work, but it can be done.

Mr. Faircloth wanted to know what would happen if the implementation date was pushed out. He inquired if pharmacists have taken any action to implement this policy. He questioned as to what the pharmacists do in terms of their system that would be impacted by a delay in implementation of the policy.

Ms. Jensen was concerned about delaying the entire chapter and not just the Opioid section.

Mr. Faircloth pointed out that the Opioid section could be carved-out and delayed while the rest of the chapter maintains the original effective date.

Ms. Griffith asked about communicating with the pharmacists if there is a delay.

Ms. Jensen replied what would happen is we would make a statement that the chapter has the effective date of April 27, 2017 with the exception of the Opioid section, which would have a later effective date. She said that it would be the obligation of the providers to educate their own networks. Her main concern is that everyone has been notified of the change and the effective date.

Ms. Griffith reminded Ms. Jensen that the web announcement had already been made.

Ms. Jensen asked if the web announcement was for the entire chapter or if it was specific to the Opioid section.

Ms. Griffith stated it was specific to Opioids.

Ms. Jensen asked Ms. Atkinson what type of delay she was looking for.

Ms. Atkinson responded that the two elements that concern her the most are the surgeons and the surgical patients that will be discharged tomorrow. They do not know this is to take place. She said even with a 30-day delay to educate the surgeons, there are still the patients that do not have a medical history who will have to find a PCP for additional medication. Her main concern is that

the patients will not be able to find a PCP and will go back to the hospital for additional medications.

Ms. Jensen stated that is the case with any insurance.

Ms. Atkinson replied that the insurances they have at this point do not limit to seven days. They can do a 30-day script or a two-week script from the ED.

Ms. Jensen reiterated that they can get the scripts for a longer period of time, it would just have to be done with a PA.

Ms. Griffith said that they will get a 7-day supply, which may not be enough for post-surgery, but it is enough so they are not suffering without anything.

Ms. Atkinson repeated that she does not think the ED physicians will be taking the time to get a PA with the volume of patients that they see.

Mr. Faircloth questioned if Ms. Atkinson's concern lies with Appendix A, Section Z(1)(a).

Ms. Atkinson responded that it is with the PA for Opioids.

Ms. Jensen specified that this is a governor's initiative through the session this year and through the policy. She stated that the DHCFP cannot go against the governor's initiative.

Ms. Atkinson said that they are not asking for it to not go through, they would just like a delay in the process. They would like adequate time to discuss it with the surgeons.

Ms. Foster requested that Ms. Atkinson supply her contact information via email to Ellen Felsing, so she can be connected to the appropriate staff.

Ms. Atkinson agreed to do so.

Ms. Jensen let Ms. Atkinson know that one of the things the Division is looking at is letting the chapter go through as originally planned and possibly pulling out the Opioid section and delaying it until May 15, 2017. She said the Division realizes the ED is a very busy place, especially on the weekends. Therefore, the delay will be set for a Monday as opposed to later in the week. Ms. Jensen stated that the Division will fax out to the pharmacies and the Hospital Association that there will be a delay.

Ms. Atkinson was in agreement with the proposal.

Ms. Jensen pointed out that this gives them a little over two weeks, it is on a Monday and it keeps the Division within the goals of the governor's office.

Ms. Karen Renaulto wanted to express her appreciation for being allowed to speak and for giving them the additional timeframe to educate their providers. She wanted to make one more point about the "Exceptions to this policy" (Appendix A, Section(1)(d)(2)). It states "Recipients who are post-surgery with an anticipated prolonged recovery (greater than three months). She believes that

there will be a lot of post-surgical patients that will not need three months but will need greater than seven days to cover their pain. She proposed that the Division strike the reference to anticipated prolonged recovery and let these patients have additional supplies. Ms. Renaulto reiterated Ms. Atkinson's concerns regarding the rural population being able to see a PCP.

Ms. Jensen thanked Ms. Renaulto for her additional comments and told her that the issue can be brought up at the next DUR Board since they are the ones who set the criteria.

Ms. Foster – Recommended the Acting Administrator approve as submitted with the following changes and with an effective date of April 27, 2017, with the exception of Section Z (Opioids) which will be effective May 15, 2017:

- Appendix A, globally add “as to” so the sentence reads “...documentation is provided as to why...”
- Appendix A, globally change all references to “CPT” to “CTP.”
- Section 1203.1(11)(c), remove all language.
- Section 1203.1B(1)(b)(1), change “Parental” to “Parenteral.”
- Section 1203.1B(5), Coordination of Benefits (COB), retain this section.
- Section 1203.1B(7), Pharmacy Billing Process, retain this section.
- Appendix A, Section P(1)(a)(2)(a), remove “age” so the sentence reads “The recipient must be 12 years of age or older; and.”
- Appendix A, Section P(1)(a)(3)(a), remove “age” and add “and” to the end of the sentence so the sentence reads “The recipient must be 12 years of age or older; and”
- Appendix A, Section UU(3)(b)(2)(b), remove the word “recipient.”
- Appendix A, Section UU(4)(b)(2)(a), add the word “or” to the end of the sentence.
- Appendix A, Section UU(5)(c)(2)(b), remove “or” from the end of the sentence and add a period.
- Appendix A, Section UU(5)(c)(3)(d), replace the word “receive” with the word “take.”
- Appendix A, Section UU(7)(c)(2)(d), add “Daklinza and” after “with” so the sentence reads “...will be treated with Daklinza and ribavirin...”
- Appendix A, Section UU(7)(e)(1)(b), remove “or” from end of sentence and add a period.
- Appendix A, Section UU(8)(d)(2)(a), change “response” to “relapse.”

- Appendix A, Section WW(1)(a)(2)(a)(2)(a), change “145 µg” to “290 µg.”
- Appendix A, Section WW(1)(a)(2)(a)(2)(b), change “290 µm” to “16 µg.”
- Appendix A, Section YY(2)(a), add “of therapy” so the sentence reads “...appropriate length of therapy based on...”

Ms. Jensen – Approved as amended and to allow staff to go over one more time for spelling, grammar and punctuation.

Ms. Foster – Closed the Public Hearing for the MSM Chapter 1200 – Prescribed Drugs.

Ms. Jensen requested a commitment from Ms. Griffith that she would bring the issues discussed today to the next DUR Board meeting.

## 9. General Public Comments

- No Comments.

## 10. Adjournment

There were no further comments and Ms. Foster adjourned the public hearing at 4:05 PM.

*\*An Audio (CD) version of this meeting is available through the DHCFP Compliance office. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Ellen Felsing at [Ellen.Felsing@dncfp.nv.gov](mailto:Ellen.Felsing@dncfp.nv.gov) or (775) 684-3684 with any questions.*