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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

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Stacie Weeks,
JD MPH
Administrator

Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the State Plan for Medicaid Services

Public Hearing March 28, 2023 Summary

Date and Time of Meeting: March 28, 2023, at 10:00 AM

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

Place of Meeting: DHCFP
1100 E. William Street
First Floor Conference Room
Carson City, Nevada 89701

Teleconference and/or Microsoft Teams Attendees

(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

Gabriel Lither, Senior Deputy Attorney General
Malinda Southard, Deputy Administrator, DHCFP
Stacie Weeks, Administrator DHCFP
Casey Angres, DHCFP
Antonio Gudino-Vargas, DHCFP
Marcel Brown, DHCFP
David Olsen, DHCFP
Catherine Vairo, DHCFP
Rianna White, Fidelis-Rx
Ellen Flowers, DHCFP
Abigail Bailey, DHCFP
Kaysen Bala, Biogen
Trina Bilich, Bamboo Sunrise
Keith Benson, DHCFP
Marta Jensen, Liberty Dental
Kindra Berntson, DHCFP
Kimberly Adams, DHCFP
Mark Rosenberg, Fidelis Rx
Sarah Moses, DHCFP

Angela Daughtridge, Grifols
Lisa Pulver, JANUS
Karen Griffin, Senior Deputy Attorney General
Raj Mishra, Magellan Health
Maria Reyes, Fidelis-Rx
Kim Taitano, Washoe County
Heather Brockway, Specialized Alternatives for
Families and Youth (SAFY)
Brooke Gruger, Liberty Dental
Christy Nguyen, Fidelis-RX
Chloe Johnson, Eagle Quest
Steve Messinger, Nevada Primary Care Association
(NVPCA)
Lynsey Martinez, Bamboo Sunrise
De
Emma Selm-Keck, DK Pierce
Denise Hanlin, SAFY
Robin Ochenschlager, DHCFP

Introduction:

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Stacie Weeks, Administrator, DHCFP, and Gabriel Lither, Senior Deputy Attorney General.

Casey Angres – The notice for this public hearing was published on February 23, 2023, in accordance with Nevada Statute 422.2369.

1. **Public Comments:** There were none.
2. **Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

Subject: Section 4.19-B Specialty Physician Administered Drugs (PAD)

Kindra Berntson, Policy Specialist for Pharmacy Services Unit, DHCFP, presented the proposed amendment to Nevada State Plan Attachment 4.19-B. This amendment will create a fee schedule for outpatient drugs administered by a health care provider; billed as a professional claim, which is commonly known as Physician Administered Drugs, as part of an effective and comprehensive plan to manage PAD.

These proposed policy changes were discussed at the public workshop conducted on August 8, 2022.

Providers who prescribe, dispense, or administer specialty drugs may be affected by this change, including but not limited to the listed provider types on the agenda.

There are no changes in annual aggregate expenditures.

The effective date of the change is July 1, 2023, subject to Centers for Medicare and Medicaid Services (CMS) approval.

At the conclusion of Kindra Berntson's presentation, Casey Angres asked Stacie Weeks and Gabriel Lither if they had any questions or comments, Stacie Weeks advised it is approved pending spelling and grammar checks. Gabriel Lither had no comments.

Public Comments: There were none.

Casey Angres – Closed the Public Hearing for Section 4.19-B, Specialty Physician Administered Drugs.

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

Subject: Nevada State Plan Attachment 3.1-I.2 1915 (i) Home and Community Based Services (HCBS) Specialized Foster Care (SFC)

Marcel Brown, Program Specialist within the Behavioral Health Unit, DHCFP, presented revisions to the 1915(i) State Plan Amendment State Plan Attachment 3.1-I.2, Page 1 for SFC. Revisions are being proposed to clarify DHCFP's roles and responsibilities in terms of data collection for quality assurance (QA) purposes. Attachment 3.1-1.2 currently covers the operation of the SFC Program approved in July 2021 but recently implemented in November 2021. This amendment will include synchronizing terminology for agencies'

titles, address monitoring and remediation responsibilities, and modify percentages of QA reviews to ensure QA units are able to meet program requirements.

A public workshop for this SPA revision was held January 30, 2023, to educate providers and the public on updates to sections involving Operational and Administrative Functions, Person Centered Service Plan Development, Medicaid Approval for Person-Centered Service Plans, Maintenance of Person-Centered Service Plan Forms, Verification of Provider Qualifications, and Quality Improvement (QI) Strategies. Verification and clarification from feedback received during the public workshop was made to the section on Provider Qualifications, resulting in the removal of initial updates proposed to this section.

A chart for Operational and Administrative Functions has been updated. This outlines the distribution of the State Plan HCBS Operational and Administrative Functions. A chart has also been added that outlines Acronyms, Entity Names, Entity Types, and the SFC Home and Community Based Functions.

Updates were made to Medicaid Approval for Person-Centered Service Plans adding the abbreviation of MMIS for the Medicaid Management Information System and to add in DHCFS and Division of Child and Family Services (DCFS) into a templated section in which the entity names had been left out.

Maintenance of Person-Centered Service Plan Forms have been updated to remove the Wraparound Process Contractor, DCFS, as having the sole responsibility for service plan maintenance and replaced it to include “DCFS, including their contracted entity, and Local Non-State Entities.”

QI Strategies has several updates to QA Components which include:

Service Plans Section 1a, 1b, and 1c address components of the Service Plan and how it addresses the needs of recipients, how it is updated, and how the choice of services and providers are documented. In all three sections, the Discovery Activity was updated from an On-Site to a Remote Desktop Review; The sample size of the review was reduced from a 95% with a 5% Confidence Level to a 10 % review of all recipients and the monitoring responsibilities. Terminology was updated to clarify the Operating Agency and Administering Agency QA Units would perform these tasks.

The section on the remediation of service plans, states the Operating Agency, and Administering Agency have 90 days to remediate any issues of noncompliance, a random sample of cases will be reviewed monthly, and remediations will take place in a monthly QI, QA Meeting.

The HCBS Eligibility sections address how applicants are evaluated for eligibility for services, the processes and instruments used to apply eligibility appropriately, and the frequency of re-evaluation for services. These sections have the same updates to the discovery activity, sample size reduction to 10%, and the updates to the monitoring activities terminology to include the Operating Agency and Administering Agency QA as in the first Quality Assurance Measurements. In addition, Section 2c, Frequency is updated from quarterly and ongoing to “annually.”

Provider Qualifications Discovery Activity has been updated to establish remote desktop reviews, add the Behavioral Health Unit to monitoring responsibilities, and to clarify that the Operating and Administering Agency will be responsible for any remediations. The frequency of monitoring and remediations has been updated from annually to initially and upon re-validations.

HCBS Settings Requirements record reviews were updated from only onsite reviews to a combination of remote and onsite record reviews. Monitoring responsibilities were updated to remove the State

Medicaid Agency QA and to add the Operating Agency, Licensing Workers, and Administering Agency Behavioral Health Unit. The Frequency for monitoring and remediation has been updated from annually to bi-annually and terminology has been clarified to reference the Operating Agency and Administering Agency for Remediation.

The Medicaid Program Oversight section ensures the State Medicaid Agency retains authority and responsibility for program operations and oversight. The number of issues identified in contract monitoring reports were updated to reduce the sample size of the review from 95% with a 5% Confidence Level to a 10% review of all recipients. Monitoring responsibilities have been updated to remove the 1915(i) Unit to include Administering Agency and Behavioral Health Unit and Analytics Team. Remediation compliance has been updated from 30 to 90 days.

Medicaid Financial Accountability of Providers section ensures the State Medicaid Agency maintains financial accountability through payment of claims for services that are authorized and furnished to the 1915(i) participants by qualified providers. The sample size of paid claims to be reviewed was reduced to 10%. Remediation responsibilities have been updated to include the Surveillance and Utilization Unit, and the frequency of remediation updated from monthly, quarterly, and annually to just “annually.”

Abuse, Neglect, and Exploitation Prevention section ensures the State identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation. Reviews for critical incident reports have been updated to be remote rather than on-site. Monitoring Responsibilities have been updated to specify Operating Agency, Administering Agency QA, and Administering Agency Behavioral Health Unit rather than just the State Medicaid Agency. Under the remediation responsibilities for the 1915(i) Supervisor has been removed and replaced with Operating and Administrating Agency.

Updates to the section related to QI have been made to the section for the Methods for Analyzing Data and Prioritizing the Need for System Improvements. Clarification to terminology will reflect the most current system and corresponding agencies. For example, references to a Social Assistance Management Software (SAMS) case management database are removed to reference a general case management database, as record storage varies between the various county and state agencies.

In summary, the following significant changes are being made to the SPA. Agency roles and responsibilities in the administration of the 1915(i) program are being clarified, and terminology is being updated to consistently reference the appropriate agencies within the SPA.

The main focus is the QA updates. DHCFP is updating most reviews to reflect remote rather than on-site reviews with the exception of requirements associated with the Home and Community Based Settings and reducing the sample sizes of reviews from 95% with a 5% Confidence Level to a 10% Review of All Recipients. This is to ensure the QA Units are able to effectively review and report results to CMS.

These proposed changes affect all Medicaid-enrolled providers delivering SPC. Those provider types (PT) include but are not limited to Specialized Foster Care (PT 86).

No financial impact is currently anticipated for local government as a result of these changes.

The effective date of this proposed policy is March 29, 2023.

At the conclusion of Marcel Brown's presentation, Casey Angres asked Stacie Weeks and Gabriel Lither if they had any questions or comments, Stacie Weeks advised it is approved pending spelling and grammar checks. Gabriel Lither had no comments.

Public Comments: There were none.

Casey Angres – Closed the Public Hearing for State Plan Attachment 3.1-I.2, Page 1, Specialty Physician Administered Drugs.

4. Adjournment

There were no further comments and Casey Angres closed the public hearing at 10:15 AM.

****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 Jenifer Graham at documentcontrol@dncfp.nv.gov with any questions.***