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, NV 89701
(775) 684-3600

ROMAINE GILLILAND
Director

LAURIE SQUARTSOFF
Administrator

MCAC MEETING MINUTES

Date and Time of Meeting: October 21, 2014 at 9:00 AM

Place of Meeting: The State of Nevada Legislative Building
401 S. Carson Street, Room 2134
Carson City, Nevada 89701

Place of Video Conference: Grant Sawyer Office Building
555 E. Washington Avenue, Suite 4412E
Las Vegas, Nevada 89101

Attendees

Board Members (Present)
Rota Rosaschi, Chairperson
Dr. David Fiore, Board Member
Peggy Epidendio, Board Member
Michael Ball, Board Member
Sarah Mannee, Board Member
David Fluitt, Board Member
Dr. Ryan Murphy, Board Member

Board Members (Absent)
Angie Wilson, Board Member
Dr. Tracey Green, Board Member

Carson City
Darrell Faircloth, Senior DAG
Marti Coté, DHCFP
Coleen Lawrence, DHCFP
Shannon Sprout, DHCFP
Kathy Stoner, DHCFP
Dr. Amy Khan, McKesson
Bruce Gilbert, SSHIX
Joanna Jacob, Ferrari Public Affairs
Cherie Glockner, HCGP
Elyse, Ferrari Public Affairs
Alexis Tucey, DHCFP
Kim Riggs, DHCFP
Diane Smith, DHCFP
Tammy Moffitt, DHCFP
Gladys Cook, DHCFP
Rachel Marchetti, DHCFP
Erin Snell, Value Options
Leslie Bittleston, DHCFP
Jan Prentice, DHCFP
John Whaley, DHCFP
Jeanette B., NPA
Tracy Palmer, DHCFP
Theresa Carsten, DHCFP

Las Vegas
Cathy Carreiro, Future Smiles

I. Call to Order:

Chairwoman Rosaschi called the meeting to order at 9:00 AM.

II. Introduction of New Committee Members

Chairwoman Rosaschi introduced Ms. Sarah Mannee, Nevada Medicaid Recipient and Dr. Ryan Murphy of Mount Rose Pediatric Dentistry; welcome and thank you for choosing to serve.

III. Roll Call

Chairwoman Rosaschi asked for roll call. A quorum was established.

IV. Public Comments on Any Matter on the Agenda

No Comments.

V. For Possible Action: Review and Approve Meeting Minutes from July 15, 2014

The July 15, 2014 minutes were approved with the change of Mr. Darrell Faircloth, DAG to be removed from the list of Board Members and added to the public list.

VI. DHCFP Reports

- **Update and Discussion on Applied Behavioral Analysis (ABA) By Coleen Lawrence, Chief, Clinical Policy Team**

  Ms. Coleen Lawrence introduced Ms. Shannon Sprout, Social Services Program Specialist III of the Clinical Policy Team. Ms. Sprout reported on July 7, 2014 Centers for Medicare and Medicaid Services (CMS) released guidance under federal regulations, Medicaid services must be provided to children with autism disorder, including behavioral intervention services. There is no specific time frame for CMS to review the state practices in this area however, they are asking to move diligently forward with creating a State Plan Amendment (SPA).

  A public workshop was held on September 15, 2014 to discuss the services to be delivered. The workshop outlined what qualifies an individual for services, what services are provided, as well as assessments used, provider qualifications, items to be considered, ages and levels of care, billing codes, public comments and next steps. We are currently in the process of developing an ABA informational web page which will be housed within the Division of Health Care Financing and Policy (DHCFP) website to include workshop minutes.

  The DHCFP has been in constant contact with CMS and receiving regular updates across the states. Ms. Sprout reported that Louisiana and Washington are the only two states to receive out of state funding and approval, and California has submitted a SPA which is pending approval.

  Chairwoman Rosaschi asked what public feedback was received.

  Ms. Sprout responded that the public is very pleased to see that we are taking steps to move forward in the behavioral intervention plan. The DHCFP had been asked to evaluate ABA services because that is the model being utilized in our public sector along with Aging and Disability Services. The public is looking for that continuity of care to occur for there to be a

solid transition. There are concerns in moving forward about medical coverage criteria and the utilization of management. This is a new area for Medicaid and within that there are some concerns about commercial insurance and the number of denials that occur for children with Autism Spectrum Disorder, and meeting the medical criteria for ABA. The newest piece of information is that there will be new billing codes in January 2015; there will be new Current Procedural Terminology (CPT) category three codes that are ABA specific. We have been asked to look at the new codes but also to be cautious with them to ensure the codes align with the services behavioral interventionalists provide.

Mr. Darrell Faircloth, DAG asked when does the DHCFP anticipate submitting a SPA for these services.

Ms. Sprout responded we would look to submit our SPA at the beginning of February with an effective date of October 2015.

Chairwoman Rosaschi asked if these are new services, new vendors, or both.

Ms. Coleen Lawrence, Chief, Clinical Policy Team responded this is a turning point for Medicaid. That is why at this time there are only two states that have a SPA. ABA services in the past were never approved services for Medicaid, whether in waiver or State Plan service. CMS required that some of the habilitative services had to be covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. With the creation of the newly eligible benefit CMS is reevaluating ABA services for alignment.

Mr. David Fluitt asked for a breakdown on the discussion of Telehealth.

Ms. Sprout stated in evaluating the services, one of the things the stakeholders asked for is there to be a component of Telehealth with ABA interventions. Intervention includes a technician working directly with a child face to face who is doing behavior modification. There is a potential that Telehealth would be utilized, especially in the rural areas where there is limited access to behavioral interventionists.

Mr. Michael Ball asked if the DHCFP is looking to the sister states' programs and modeling them.

Ms. Sprout responded the DHCFP has regular contact with Louisiana, Washington, and California reviewing lessons learned, as well as the challenges that Louisiana and Washington have had with the policy, updates and modifications.

Dr. Ryan Murphy asked if there are any age restrictions.

Ms. Sprout responded the DHCFP is looking for the coverage authority under EPSDT services which is zero to 20 years of age. Within the workshop some providers stated they see a different level of services that evidence suggests ABA therapy is most beneficial in the earliest of years which are categorized zero to three years old as a critical period. Depending on where they fall within the screenings the level of hours calculated be appropriate based off the assessment occurred.

Ms. Peggy Epidendio asked will the identification of the need of ABA services be by the provider of the screening. Can the client receive those services through other mechanisms or does it all come under early screening; does that provider refer them out for the ABA services.

Ms. Lawrence replied EPSDT does not supply a hard referral from the screening that generate the service; it falls under the EPSDT authority. The service is required to be under the age of 21 years old. A hard referral is not needed for EPSDT; it is based on assessments for need of service.

Mr. David Fluitt asked how this committee can help with some of the challenges within this program.

Ms. Sprout requested contacts or referrals from behavior interventionists, psychologists, and providers specific to behavioral intervention. Continue to act as a barometer, view our website and give guidance in providing fairness.

Chairwoman Rosaschi asked if provider education will be included.

Ms. Sprout responded as the policy is developed billing guides will be established as well as provider training and web announcements to help in the process.

VII. Administrator's Report, Present State Plan Amendments and Medicaid Services Manual Update by Laurie Squartsoff

Ms. Laurie Squartsoff reported that at the end of September we exceeded 601,000 Nevada Medicaid beneficiaries as well as 24,000 children who are covered by Nevada Check Up. The total number of beneficiaries that are covered by policies and programs under the umbrella of Medicaid are slightly more than 625,000. As of the end of July there are about 39,000 Nevadans who may qualify for Medicaid, but have not enrolled at this point. We are looking at our enrollment to grow and we will continue to address the new services required with this newly eligible population of people who are considered childless adults aged between 19 and 64. This proves a challenge for the provider network in terms of what services are being accessed by the beneficiaries; a challenge for our Managed Care plans to ensure we have adequacy of networks; but an opportunity for all of us to work together to discuss where those gaps are within the state and what the opportunities are. Whether it is related to education, as we know if a resident trains in Nevada they have a tendency of about 80% to stay in the state. We are looking for those kinds of programs. Regarding Advance Practitioners of Nursing (APNs), we continue to work with nursing schools to see where our opportunities are for services to be provided. We are certainly investigating the role of the pharmacist, as we know in our sister states' new legislation recently implemented a pharmacist as an independent practitioner.

The DHCFP has recently been involved in a couple of special projects with the National Governors Association. We have been fortunate to have been chosen to work on a project related to Medicaid transformation, particularly looking at health care delivery with assistance and participation from committee members from the Division of Public and Behavioral Health (DPBH); Medicaid is also looking at children's behavioral health issues. Another project we are working on is related to prescription drug abuse in the state. As you know it is a serious problem across the county, in particular here in Nevada, and that committee is comprised of representatives from the Governor's office, Medicaid, pharmacies, and from our staff to providers is our Substance Abuse Prevention and Treatment Agency (SAPTA). I will have more information for you as we move along.

There is a public hearing scheduled for November 13, 2014 regarding Telemedicine.

The following Medicaid Services Manual (MSM) Chapters have been revised: Chapter 400, Mental Health and Alcohol/Substance Abuse Services; revisions were made to allow for coverage of prior authorized (PA), medically necessary inpatient detoxification and treatment services beyond the current five day limit for recipients age 21years and older. The revision was made to comply with the Mental Health Parity and Addiction Equity Act. Verbiage was removed regarding provider qualifications that are duplicative language in Chapter 100. No changes were made regarding policy. Revisions to Attachment C include removing the prior authorization requirements from crisis intervention and screening services and to add crisis intervention services as a service option as Level 1 outpatient services. These changes took effect September 1, 2014.

Chapter 800, Laboratory Services; a revision was made to refer newborn metabolic screenings to Nevada State Public Health Laboratory, as they are now the preferred provider for the State of Nevada. There are no coverage criteria changes based upon this policy change. This change took effect November 1, 2014.

Chapter 1200, Prescribed Drugs; revisions were made to reflect approved actions by the Drug Use Review (DUR) Board at the January 23, 2014 and April 24, 2014 meetings. Prior authorization criteria was approved by the DUR Board on January 23, 2014. Prior authorization criteria will be added, or criteria will be revised to Chapter 1200 for Duexis® (famotidine/ibuprofen); Auvi-Q (epinephrine injection device); Injectable Immunomodulators; and Platelet Inhibitors. Quantity limitations will be established for promethazine with codeine. Prior authorization criteria was approved by the DUR Board on April 24, 2014. Prior authorization will be added, or criteria will be revised to Chapter 1200 for agents used for the treatment of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD); Olysio;® (simeprevir); Sovaldi® (sofosbuvir); Synagis® (palivizumab); and proton pump inhibitors. Quantity limitations will be established for Sovaldi® (simeprevir). New prior authorization criteria .was approved by the DUR Board in a special meeting held on August 13, 2014. Prior authorization criteria was revised, based on the American Association of Pediatrics (AAP) new recommendations for Synagis® (palivizumab). Synagis® (palivizumab) is a medication used in the prevention of respiratory syncytial virus (RSV) infections in high risk infants. The new criteria removes the coverage of Synagis® (palivizumab) for preventive treatment. The DHCFP will continue to consider prior authorization approvals outside these guidelines with supporting medical documentation. These changes took effect November 1, 2014.

Chapter 1500, Healthy Kids Program; revisions were made to include clarification regarding the "recommendation" vs. "requirement" for an Early Periodic Screening prior to treatment and a reorganization to improve the flow of the document; such changes include: Further definition of Early Periodic Screenings and Comprehensive Screening Examination; clarification that a Healthy Kids screening is preferred, but not a requirement for medically necessary diagnostic and treatment services; update the reference for hearing services to Chapter 2000, Audiology; reorganization of the chapter by combining the provider responsibility sections into one and eliminating the patient responsibility sections; and removal of the Clinical Studies and Experimental Treatment from the chapter and adding them as attachments. These changes took effect November 1, 2014.

Chapter 2500, Case Management; revisions were made to strengthen verbiage around documentation. Verbiage was also clarified for coverage and limitations for transitional targeted case management services for specific targeted groups. Verbiage has been updated to change "mental retardation" to "intellectual disabilities". These changes took effect November 1, 2014.

Nevada Check UP (NCU) Manual Chapter 1000; revisions were made to remove all references to eligibility. As of July 2013, NCU eligibility was transferred to the Division of Welfare and Supportive Services (DWSS). These policy changes took effect September 1, 2014.

There have also been changes to the State Plan which include SPA 14-004, Supplemental Rebate Contracts and SPA 14-005, Removing Benzodiazepines, Barbituates and Smoking Cessation Agents from the Exclusion List. The SPAs recently approved include: SPA 13-001, End Stage Renal Disease (ESRD) Rate Change, SPA 13-0026, S94 General Eligibility Requirements Eligibility Process, SPA 13-032 Indigent Accidental Fund (IAF) Supplemental Payment Program, SPA 14-002 Mandatory Managed Care for Newly Eligibles, and SPA 14-003, Increase All Inclusive Per Diem Psych Rate (PT11 and PT13).

The last update is regarding outreach with our provider network. There were some concerns brought to our attention during meetings with physicians and their billing staff, along with representatives from Hewlett Packard Enterprise Services (HPES) and Managed Care to talk about policies to more evenly align those processes. Medicaid, whether it's delivered through Managed Care or Fee-for-Service, is still covered under the umbrella. There was some confusion so we made some arrangements with the providers to talk about where we could align some policies. We were able to make some evaluations of our existing policies and make some changes. We are continuing to have conversations with Managed Care to ensure that if we have utilization management criteria to be introduced into the program retrospectively rather than prospectively that might be something for consideration. The purpose of the prior authorization process is to evaluate the medical necessity. 95% of the prior authorizations are being approved. We also need to look at what other alternatives we have within our business. Yesterday we had a meeting with our hospital providers. If any groups are interested in having meetings with either Managed Care staff, or all of us together to address those concerns we are certainly available for that. We have been working to improve the outreach of the trainers so they are located regionally across the state to provide assistance in policies and billing requirements.

Ms. Sarah Mannee, Medicaid recipient, requested guidance on how to begin the Medicaid Waiver Program and services offered.

Ms. Squartsoff offered to meet with Ms. Mannee after the meeting to route her to specific services.

Dr. David Fiore raised his concerns on the challenges faced with getting patients set up on Medicaid, certain goods, and medications.

Ms. Squartsoff responded the DHCFP has a lot of opportunities and ways to continue to improve the communication between the agency and providers.

Mr. David Fluitt asked if pharmacists are currently providers under the Medicaid system.

Ms. Squartsoff responded pharmacists are not; pharmacies are reimbursed for services.

VIII. Introduction of the new Program Integrity Chief, Tammy Moffitt

Ms. Squartsoff introduced the new DHCFP Chief of Program Integrity, Ms. Tammy Moffitt.

IX. Introduction of Silver State Health Insurance Exchange (SSHIX) Director, Bruce Gilbert and Discuss New Processes By Laurie Squartsoff

Ms. Squartsoff introduced the Director of the SSHIX, Mr. Bruce Gilbert.

Mr. Gilbert gave a presentation on the update of and where we are in terms of enrollment and new processes. Please see attachment #1.

Chairwoman Rosaschi asked what the projected target is for this year.

Mr. Gilbert responded it is estimated approximately 80,000 qualify. It is unknown how many will apply.

Chairwoman Rosaschi asked if there are resources for helping in the enrollment process.

Mr. Gilbert responded the brokers, agents, facilitators and navigators are more than willing to help understand the process.

Chairwoman Rosaschi asked how to identify the facilitators and navigators.

Mr. Gilbert responded within our website there will be a locator which will allow the people to identify the brokers, agents and other facilitators within their zip code. Also a press packet will be released that will provide an overview of open enrollment and within the last few pages will include contact information.

Dr. Fiore asked being that everyone has to go through re-enrollment due to the switch between the two systems, does that mean next year (assuming that Nevada stays in the federal health exchange) enrollment will be more transparent.

Mr. Gilbert responded it will be a simpler process being that the information is already in the system regarding keeping the existing plan or change without recreating the account.

Mr. Fluitt asked if there is a possibility of creating a YouTube video.

Mr. Gilbert responded there will be more than one 60 second YouTube spot, one in English and one in Spanish.

X. Updates on Health Care Guidance Program (HCGP) By Dr. Amy Khan and Erin Snell

Dr. Amy Khan introduced Ms. Cherie Glockner, on behalf of the Health Care Guidance Program (HCGP). Dr. Amy Khan gave a presentation on the HCGP. Please see attachment #2.

Dr. Fiore asked how providers know if their patients are enrolled in this program.

Dr. Khan stated patients that are currently enrolled in the program can be identified through the Eligibility Verification System (EVS).

Dr. Fiore asked if the Medicaid card indicated they are enrolled in the program.

Dr. Khan replied no, but the front desk receptionist would be ensuring eligibility which will state the additional designation as a HCGP recipient. It has been advised for the chart to be flagged advising the provider of coverage.

Mr. Fluitt stated it seems there may be ample opportunity for pharmacist intervention particularly looking at the complexity of disease management cases that represents the largest number of interventions. Have you had any experience with other states that have provided pharmaceutical care.

Dr. Khan replied it is not currently a component of our program however, the state would benefit in the future from opportunities to expand the care team model.

Chairwoman Rosaschi requested more clarification on patient types, locations, referrals and how the program works step by step.

Dr. Khan stated the next presentation will include more clarification on what is provided in terms of what is supporting behavioral health as well as medical health. Presentation to include Dr. Ryan Ley, Medical Director.

XI. DHCFP Reports (continued)

- **Updates and Discussion on the HCBS Waiver Regulations, the Behaviorally Complex Program and Status on the Personal Care Functional Assessment/Service Plan By Jennifer Frischmann, Chief, Long Term Support Services**

Ms. Leslie Bittleston, Social Services Program Specialist in the Long Term Support Services Unit reported there are currently 77 Nevada residents that reside in out of state nursing home facilities for such reasons as physical aggression, sexual inappropriateness, mental health issues, alcohol related dementia, and various types of brain injuries. This Behaviorally Complex Program is designed to encourage state nursing facilities to accept individuals with these types of diagnoses by increasing a rate-driven incentive for them to do so. The rates incorporate three different tiers and facilities are expected to provide medical documentation of these diagnoses. This program also emphasizes non-pharmaceutical approaches to the behavior modifications such as sensory stimulation, behavior modification, cognitive emotion driven therapy, environmental modification, and clinically oriented therapy. The policy for this proposed new program is currently in draft stage and will be ready to go through the internal review process in November with an anticipated public hearing date in December 2014 or January 2015.

Chairwoman Rosaschi asked if there has been any success in bringing the 77 Nevada residents back home.

Ms. Bittleston reported not as of yet, because they have complex medical needs. Currently the facilities here are not prepared in that they are not situated in ways to accept these recipients or their staff are not properly trained. The goal of this program is to alleviate these issues and bring residents back home and to keep them from going out of state in the future.

The next update is a brief overview of the Functional Assessment Service Plan. The state has been working with the fiscal agent over the past year to revise the tool that is used to assess the services under the Personal Care Services (PCS) program. The goal of this revision was to eliminate the disconnect between the Physical Therapist (PT) and the Occupational Therapist (OT) who are actually doing the assessment in home, and the HPES staff who were trying to determine the level of the weekly hours needed for those individuals. This really provided disconnect between the PT and OT and nursing staff back at HPES. The revised form is more interactive and more objective. It is a scoring system by task so that the PT and OT put in the score by task between one and five. Once all the tasks are completed, the service plan auto populates with a set of hours based on what their level of need is. This new functional assessment was implemented on October 1, 2014. We have seen hours increase and decrease with this new tool, but it is too new to provide any real outcomes on how it is working. This new tool is called The Functional Assessment Service Plan (FASP).

CMS provided some new regulations to the states in March 2014; those regulations defined and provided guidance as to constitute a Home Community-Based residential setting and Home Community-Based non-residential setting. CMS said these are the requirements of the services

we will pay for under Home Community-Based Services. Since March 2014, the state has worked with agencies with identifying stakeholders to hold two public workshops to date; we also completed a comprehensive regulatory review of all of the current regulations that are in place to see if they conflict with the new rules, and we completed a draft transition plan. The transition plan is required by CMS by March of 2015. This transition plan will identify how the state will become in compliance with these new regulations. The draft transition plan was recently posted on October 15, 2014 on the DHCFP website (http://dhcfp.nv.gov) for a mandatory 30 day public comment review. We have information regarding the new rules located on the DHCFP website. New rules and information we have published includes the public workshops, information from CMS, as well as the draft transition plan if anyone would like to review.

- **Status Report on Provider Re-Enrollment by Diane Smith, Supervisor, Provider Support**

  Ms. Diane Smith reported the Affordable Care Act (ACA) has made a number of changes to the Medicare/Medicaid program. They have enhanced the provider and supplier enrollment process to improve the integrity of the program to reduce fraud, waste, and abuse. One of the provider enhancements is the revalidation of enrollment. The requirements are found in the Code of Federal Regulations (CFR) 42 CFR 455.414, states are to completely revalidate the enrollment of all providers regardless of provider type, at least every five years and the states must complete this revalidation process by March 24, 2016.

  In June 2012 the DHCFP began its re-enrollment efforts by dividing its entire provider base into 36 segments. Two notifications go out: a 60 day letter and if no response, a 20 day notice will then go out. The result of non compliance is technically supposed to be termination of the provider. As of September, numbers from our fiscal agent show 11,597 providers received notifications. So far that represents about 63% compliance of the provider population, and 37% have not responded. As of today we have not terminated any of the providers for non compliance. Today we are not only here to present the update, but to also ask for any suggestions or recommendations.

XIII. Public Comment

Ms. Rachel Marchetti, Social Services Program Specialist II, DHCFP announced there will be a public workshop on October 29, 2014 regarding the Health Care Guidance Program. This will be held at 1100 East William Street, Carson City, Nevada and broadcast to the Las Vegas District Office. It will be held from 1:00-2:00pm. The objective is to receive public feedback about the program.

XIV. Adjournment

Chairwoman Rosaschi adjourned the meeting at 11:04 AM.

An Audio (CD) version of this meeting is available through the DHCFP Administration office. Please contact Rita Mackie at rmackie@dhcfp.nv.gov or you may call (775)-684-3681.