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**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
Division of Health Care Financing and Policy
Helping people. It's who we are and what we do.



Suzanne Bierman, JD, MPH
Administrator

TRIBAL CONSULTATION MEETING MINUTES

Date of Consultation: January 13, 2021

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

Place of Meeting: Teleconference/WebEx

Agenda

- **Opening-** Briza Virgen opened the meeting at 9:05 A.M.
- **Introductions**
 - Chairperson-
 - Vice-Chairperson- Representation unknown
 - ITCN Representation- Representation unknown
 - IHS Representation- IHS Behavioral Health
 - Tribal Clinic Directors- Dawna Brown, Pyramid Lake
 - Nevada Indian Commission- Stacey Montooth
 - Division State – Tribal Liaisons
 - Briza Virgen – Division of Health Care Financing and Policy (DHCFP)
 - Judy DuMonte – Division of Public and Behavioral Health (DPBH)
 - Nikki Haag – Aging and Disability Services Division (ADSD)
 - Fran Maldonado- Division of Child and Family Services (DCFS)
 - Russell Peak-Community outreach trainer from medical transportation management
- **Public Comment-** No Public Comment
- **Consultation**
 - **Division of Health Care Financing and Policy**
 - **Mental and Behavioral Health Among Youth-** Megan Freeman, Ph.D., Clinical and Policy Advisor on Children’s Behavioral Health
 - The Nevada Department of Health and Human Services (DHHS) and its Divisions, including the Division of Health Care Financing and Policy (DHCFP), are concerned about the effect of the pandemic on rates of anxiety, depression and suicide among youth. The Department would like to bring to your attention the importance of the role you play as a provider in mental health screening and early identification of mental and behavioral health difficulties. The DHHS and its Divisions respectfully request that providers make an extra effort to screen all youth more frequently.
 - Family practice pediatricians and many others may use Current Procedural Terminology (CPT) code 96127 (Brief Emotional or Behavioral Assessment) for billing purposes. CPT code 96127 may be used twice per recipient per day and used for any Nevada Medicaid

- recipient seen for that day by a provider as medically and clinically necessary.
- For a list of eligible providers and rates for this code, send an email to Rates@dncfp.nv.gov and review eligibility for using the code by logging into the Provider Web Portal: <https://www.medicaid.nv.gov/hcp/provider/Home.aspx>
 - If you are facing challenges related to billing, please contact the Nevada Medicaid Customer Service Call Center at (877) 638-3472 or you can reach your Provider Field Service Representative based on your provider type: https://www.medicaid.nv.gov/Downloads/provider/Team_Territories.pdf
 - The COVID-19 Pandemic is an Adverse Childhood Experience. The pandemic has been especially hard for children and families, who are coping with disruption in routines and relationships. Many Nevada children are currently being educated under distance or hybrid learning models, increasing stress on children and families over and above the other stressors of the pandemic. This is particularly concerning for children and adolescents who may be experiencing the cumulative effects of multiple adverse childhood experiences, or ACEs. ACEs are specific types of traumatic experiences that occur during childhood. Long-term studies have demonstrated that ACEs are linked with chronic health problems, mental illness, and substance misuse in adulthood. Because of the COVID-19 pandemic's significant impact on children's sense of safety and stability, we are conceptualizing it as an ACE to which all children have been exposed. The necessary public health measures put in place to flatten the curve and mitigate the population-level effects of COVID-19 such as social distancing, school closures, and restrictions on gatherings are likely exacerbating other ACEs by increasing intra-familial adversity and exposing children to increased parental stress related to job loss, food insecurity, and housing insecurity. Over the course of the pandemic, we have seen decreases in reports to child protective services (due to a decrease in calls from schools), increases in calls to children's mobile crisis hotlines, and an increase in youth suicides. All Nevadans need to be vigilant – aware and responsive to the signs of a mental health crisis, suicide risk, or child abuse and neglect.
 - Mental Health Screenings are a Medicaid Billable Service. Chances are that any family that comes into your practice right now is experiencing pandemic-related stress. This includes parents and caregivers. You have the opportunity to screen, intervene and prevent the long-term behavioral health consequences of the pandemic, including youth suicide. Mental health screenings are a billable service for most enrolled Nevada Medicaid providers by using CPT code 96127 – Brief Emotional and Behavioral Assessment. Identifying risk during this screen can indicate a potential need for referral and possibly a need for immediate action. For any billing-related challenges, contact Gainwell Customer Service at (877) 638-3472 or you can reach your Provider Representative based on your provider type: https://www.medicaid.nv.gov/Downloads/provider/Team_Territories.pdf
 - Local Mobile Resource- The Division of Child and Family Services Children's Mobile Crisis Response Team (MCRT) is available 24 hours a day, 7 days a week to provide crisis triage, assessment, and stabilization in the family's location of choice. Call 702-486-7865 in Southern and rural Nevada or 775-688-1670 in Northern Nevada, or visit <https://knowcrisis.com/>
 - Resources for Substance Use For certified treatment providers visit <https://behavioralhealthnv.org> or call Foundation for Recovery Warmline: 1-800-509-7762.
 - ACEs (specific types of traumatic experiences that occur during childhood) and Suicide- Individuals with four or more ACEs are 37.5 times as likely to attempt suicide when compared to individuals with no ACEs. For more information on addressing ACEs in your clinical practice, visit www.ACEsAware.org

- Other Tools and Resources- For COVID-19 emotional support, please call Crisis Support Services of Nevada or 2-1-1 where you can access Crisis Counselors trained in psychological first aid and disaster response.
- **Behavioral Health Policy Updates-** Sarah Dearborn, Social Services Program Supervisor, Behavioral Health Unit
 - The DHCFP is proposing an amendment to the 1915(i) Home and Community Based Services benefit and Medicaid Services Manual Chapter 4000 for Intensive In-Home Services and Supports and Crisis Stabilization Services. This amendment will include an additional care coordination model, Safety Assessment Family Evaluation (SAFE), to be utilized by the local county agencies when evaluating individuals to be eligible for these services.
 - ◆ SPA and Medicaid Service Manual is going to Public Hearing January 26, 2021 to submit proposed language to CMS.
 - ◆ There is a Public Workshop being developed in the form of a recorded training including DHCFP, DCFS, and Gainwell Technology to support providers in preparation to begin providing these services.
 - ◆ System updates are in process to build a new provider type as well as establish CPT codes and modifiers for these services.
 - ◆ Medicaid is continuing to collaborate with DCFS, the local county agencies, and specialized foster care providers to prepare for what implementation will look like.
 - Support Act Planning Grant Update- The SUPPORT Act Planning Grant period was extended 6 months, due to the COVID-19 pandemic now ending September 30, 2021.
 - DHCFP and DPBH have completed the SUPPORT Act Gap Analysis and are drafting the Strategic Plan with plans to complete it in Spring 2021.
 - DHCFP will be submitting an application for an Implementation Grant this summer June/July 2021. From the 15 states originally awarded the planning grant only 5 states will be awarded the implementation grant. The awardees will be announced September 30, 2021.
 - A public workshop - The Future of Substance Abuse Treatment in Nevada: Feedback Forum on Policy, Payment, and Other Considerations and is scheduled for February 4, 2021 at 10:30am and will be posted to the DHCFP public notice web page <http://dhcfnv.gov/Public/AdminSupport/PublicNotices/>
 - The SUPPORT Act Grant will be posting a survey for providers regarding substance use disorder. The survey is expected to be live for 40 days, January 19, 2021 – February 26, 2021.
The link to the survey will be placed on the following webpage:
<http://dhcfnv.gov/Pgms/SUPPORTActGrant/>
 - Medicaid Services Manual (MSM) policy updates to Chapter 400- With SPA approval for Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) services, there will be updates to MSM 400 with more robust policy surrounding PHP and IOP to align with State Plan as well as additional language to clarify prior authorization requirements for IOP. Additionally, PHP services have been expanded to allow an FQHC or through a contractual agreement with an FQHC to provide PHP as well as a hospital. Public Hearing was on December 22nd, 2020.
 - New projects- Initial phases of removing barriers to Level 1 Substance Use treatment services, aligning prior authorization requirements for behavioral health services like therapy under Provider Type 17/215 with the other behavioral health provider types. Also, creating a service limitation before prior authorization is required for peer support services rather than initially under ASAM Level 1 services. With these changes there will be an update to MSM 400 Attachment B and C, and we are working on getting a public workshop scheduled for this.

- Early phases of drafting State Plan and Medicaid Service Manual language to include 2 new target groups within Targeted Case Management services to be provided by the counties. A public workshop will be scheduled soon.
 - ◆ Criminal Justice Involved Adults
 - ◆ Pregnant Recipients
 - Continuing to work on development of AB 66 to include Non-emergency behavioral health transport as well as development of a rate and policy for crisis stabilization centers for free-standing psychiatric hospitals.
- **Frail Elderly Waiver (FE) and Intellectual and Developmental Disabilities (ID) Policy**-Susana Angel, Social Services Program Specialist II, Long Term Services & Supports Unit
- The Assisted Living Waiver (AL), Medicaid Services Manual (MSM) Chapter 3900, will be removed as the AL Waiver application expired on June 30, 2014 and was combined with the Waiver for Frail Elderly application, which was approved by Centers for Medicare and Medicaid (CMS) on July 1, 2014. Applicable MSM 3900 language will be moved to Frail Elderly (FE) MSM Chapter 2200. AL waiver services remain the same.
 - The Home and Community Based Services (HCBS) Waiver for the Frail Elderly (FE), Medicaid Services Manual (MSM) Chapter 2200, is currently being updated to align with the recently approved FE Waiver application. The services under this waiver will remain the same. The changes that are being proposed are updating language for clarity and consistency throughout the chapter; changes to the intake process; sections of chapters have been removed to avoid duplication; some sections have been moved to new locations within the chapter to better follow timelines and processes; waiver services from MSM Chapter 3900 - Assisted Living Waiver have been added; and language from the CARES Act has been included, where in the event of a declared state of emergency, HCBS can be provided in an acute care hospital setting.
 - The Home and Community Based Services (HCBS) Waiver for Individuals with Intellectual and Development Disabilities (ID), Medicaid Services Manual (MSM) Chapter 2100, is currently being updated to align with the approved ID Waiver application. The services under this waiver will remain the same. The changes that are being proposed include updating language for clarity and consistency throughout the chapter; sections of chapters have been removed to avoid duplication; some sections have been moved to new locations within the chapter to better follow timelines and processes; and language from the CARES Act has been included, where in the event of a declared state of emergency, HCBS can be provided in an acute care hospital setting.
- **Division of Welfare and Supportive Services updates**- Briza Virgen on behalf of Evette Cullen and Ryan Studebaker, Tribal Liaisons
 - Division of Welfare and Supportive Services is still working on the changes due to the stimulus bill regarding SNAP) increases and Medicaid changes. They do not have specifics yet. These changes will be made as soon as possible, and SNAP benefits will be deposited to all recipients on their (EBT) cards.
 - **Silver State Health Insurance Exchange**- Tiffany Davis, Tribal Liaison- Tiffany was not present, she wanted to relay that she will give her updates at the Tribal Health Director's meeting on January 14th, 2021.
 - **Department of Health and Human Services** -Tribal Liaison, Jackie Pierrott – Jackie was not present, No updates at this time.
 - **Division of Child and Family Services**, Tribal Liaison, Fran Maldonado

- Victims of Crime Act (VOCA)-Julie Lindesmith, Social Services Program Specialist III, Division of Child and Family Services
 - Victims of Crime Act (VOCA) Notice of Funding Opportunity SFY 21 can be found at <http://dcfs.nv.gov/Programs/GMU/GMU/>. Victims of Crime is a formula grant that the State of Nevada gets to fund agencies that provide services to victims of federal or state crime. Last year Division of Child and Family Services (DCFS) put up a notice of funding opportunity and they had \$250,000 set aside for tribal organizations and services to Tribal populations and they only had one tribe apply. DCFS wants to make sure that tribes interested in getting VOCA funding have access to any technical assistance they need, both with the application process and the programs. Please contact DCFSgrants@dcfs.nv.gov if you want more information.
- **Division of Public and Behavioral Health, Tribal Liaison, Judy DuMonte**
 - Bureau of Behavioral Health and Wellness Program (BBHWP)-Prevention, Coalition Activity Updates-Tracy Palmer, BBHWP – Health Program Manager II
 - Wanted to share with everyone some events that are occurring and happening throughout the state of Nevada, primarily we want share some of our primary prevention events and roles in the urban areas and to hear from some of the coalitions.
 - Dana Walburn, Statewide Behavioral Health Integration Coordinator- Dana's position is shared between Division of Public and Behavioral Health (DBPH) and Division of Child and Family Services (DCFS). The ultimate goal would be to develop interdepartmental policies that create a comprehensive system of care for our youth. One project we are working on is through Safe Voice, we created an interstate inter-local agreement with the mobile crisis response teams for when a voice tip comes in that is considered priority one, imminent of suicidal ideation. They would connect with the mobile crisis clinicians and case managers to wrap the student and family with services. This is almost in play; this will enhance our system of care of youth.
 - Wendy Nelson-Executive Director for Frontier Communities Coalition- Frontier Communities Coalition serves Pershing, Humboldt, Lander and we do programming in Mineral county. What we have been focused on for two years have been working with The Mustang Youth Team, they have been in the front the newspaper in three different counties. They have been organizing a lot of events such as an act of kindness, writing letters to the military and thank you letters to the firefighters.
 - Wendy Madison- Healthy Community Coalition- Healthy Community Coalition is focused on a lot of school-based programs, prevention groups and mental health issues. We have coordinators, community health workers and social workers; these school professionals provide support. We also operate the food pantry both volunteer and staff, having community health workers working in the food pantry allows that connection to the resources when someone in need comes into the food pantry. We also partner with University of Nevada Reno (UNR) medical students who do a rural outreach clinic, they rotate every three months. They also host a migrant farm workers clinic. Also, we want to make everybody aware of the Trauma Recovery Demonstration that is available in schools in Nye county that have social or clinical clinicians on the schools that provided mental health services. We are heavy in our coalition on nutrition, gardens in the schools, diabetes self-management.
 - Bureau of Behavioral Health and Wellness Program has different work groups. We have a state epidemiological organizational work group and an independent multi-disciplinary prevention advisory group. We are enhancing and putting together more cohesive evidence-based practices, public and policy program active work group. The goal is to find trends and analysis to be able to see what are the high risk and

high targeted populated areas to focus some of our programs and activities in those areas; including reaching and creating positive feedback. The Bureau is working closely with Substance Abuse and Mental Health Services Administration (SAMHSA) to update these policies and guidelines. Moving the evidence-based practice active work group and looking at the programs more in depth. If you know of anyone who would be interested to be part of this active work group, they would be part of the evaluations and process monitoring, please contact Tracy Palmer at 775-430-6074 or t.palmer@health.nv.gov

- **Aging and Disability Services, Tribal Liaison-** Nikki Haag
 - Nevada Institute for Children's Research and Policy-Nevada Minority Health and Equity Coalition ONE Community Campaign- Erika Marquez-Assistant Professor and Amanda Haboush-Deloye, PhD- Interim Executive Director
 - Our primary goal is to reduce the spread of COVID-19 in Nevada, with specific emphasis on communities at greatest risk.
 - The One Community education and outreach campaign aims to:
 - ▶ Provide a central location in which community leaders and members can obtain reliable information about COVID-19.
 - ▶ Engage community leaders and members as active participants in COVID-19 education and outreach.
 - ▶ Engage the community in a larger conversation about COVID-19 to discuss impacts, perceptions, concerns, challenges, and next steps; and disseminate information through various printed and digital sources that will best reach the 7 target communities.
 - Strategies for Inclusive Engagement- Partner with diverse organizations and agencies, build personal relationships with target population. Create a welcoming atmosphere, increase accessibility, develop alternative methods for engagement and maintain a presence within the community. For more information, please visit <https://nmhec.org/onecommunity/>
 - **Public Comment Regarding any Other Issue**
 - Stacey Montooth, Nevada Indian Commission - Stacey appreciated the ONE Community Campaign. Stacey wanted to emphasize the fact that the organizers for the campaign took the time to do a photo shoot with our community members. Any kind of public service announcements whether it is in the newspaper or billboards, they are always helpful. They is so much more impactful, and they are more meaningful when they are accurately portraying the people that live in Indian country. Stacey wanted to thank everyone for there work with the ONE Community Campaign. Stacey also wanted to mention some really good work that has been done regarding behavior health specifically suicide prevention. Missy Allen, suicide prevention coordinator, and Shannon Deck, with Speedy Foundation, both provided virtual and online services, they both went to Death Valley recently. Stacey wanted to express appreciation for the sacrifices and the amazing work, counseling, training or suicide prevention that Missy Allen and Shannon Deck provided.
 - Dawna Brown, Pyramid Lake Paiute Tribe - I wanted to say thank you to all the departments and to everyone for all the hard work that you are doing out there. Also, for sharing with the tribes and constantly providing information to us. I am hoping we can get together more consistently in the coming 2021 year and continue our efforts, thank you to everybody.
 - **Cultural Closing-** Briza Virgen closed the meeting at 11:00 A.M.
 - **Adjournment**
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