

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



# 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

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## TRIBAL CONSULTATION/UPDATE Meeting Minutes

**Date of Consultation:** October 13, 2021, at 9:30 AM

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

**Place of Meeting:** In-person: Inter-Tribal Council of Nevada 10 State Street Suite 265 Reno, NV 89501  
Teleconference/TEAMS

### Agenda

#### • Introductions

- Chairperson- Representation unknown
- Vice-Chairperson- Representation unknown
- ITCN Representation-
  - Deserea Quintana, Executive Director
- IHS Representation
  - Tina Valencia, Business Office Director
  - Hope Johnson, Director Office of Self-Determination
- Tribal Clinic Directors
  - Angie Wilson, Reno-Sparks Administrator
  - Ken Richardson, Walker River
  - Dawna Brown, Pyramid Lake
  - Fergus Laughridge, Fort McDermitt
  - Rob Ottone, Duck Valley
- Nevada Indian Commission Representation- Representation unknown
- State – Division Tribal Liaisons
  - Briza Virgen – Division of Health Care Financing and Policy (DHCFP)
  - Evette Cullen-Division of Welfare Supportive Services (DWSS)
  - Priscilla Acosta- Division of Health and Human Services (DHHS)
  - Jessie Jones- Division of Public and Behavioral Health (DPBH)
  - Nikki Haag – Aging and Disability Services Division (ADSD)
  - Fran Maldonado- Division of Child and Family Services (DCFS)
  - Tiffany Davis- Silver State Health Insurance Exchange
  - Angelina Jones- Food Bank of Northern Nevada
  - Ryan Gerchman- Emergency Management Tribal Preparedness Coordinator

- **Public Comment-**
  - Angie Wilson- During this agenda can we talk about where CMS is at with this pathway mandate vaccine? We have a work around we are putting in place and we understand CMS hasn't given guidance to the Tribes and if testing options are going to be available?
  
- **Consultation/Update**
  - **Division of Health Care Financing and Policy (DHCFP)**
    - Public Health Emergency Flexibilities for Consideration- Dr. Antonina Capurro, Deputy Director
      - ◆ In response to the COVID-19 public health emergency, states have been permitted to adapt a range of Medicaid emergency authorizations that have been provided by the federal government in order to waive and modify certain Medicare, Medicaid and CHIP requirements that enabled us to ensure that sufficient health care services are available to meet the needs of Medicaid enrollees and also enhanced provider capacity. These are all tied to the public health emergency timeline.
      - ◆ The Biden administration will extend the public health emergency until the end of the calendar year 2021. At this time, it is very difficult to forecast if there will be further extensions. Because of this Nevada officials and currently developing plans to implement and necessary policy and process change to prepare for the expiration of the public health emergency.
      - ◆ We are currently partnering with Division of Welfare and Supportive Services, and we are creating a plan for the redetermination of Medicaid enrollees who are continuously enrolled in coverage as part right now of the public health emergency. We are also evaluating current COVID-19 flexibilities we are using a CMS general transition planning tool to determine which of these disaster relief state plan amendments and other states reported administrative actions will be terminated or extended or suspended. We are also developing a robust and coordinated communication strategy.
      - ◆ We will be working with all of you to communicate any of those associated policy changes related to this unwinding of the COVID-19 flexibilities as a result of the end of public health emergency. I wanted to bring this to your attention as we are looking for your partnership once we have more information about what specific policy changes will be occurring.
    - Angie Wilson, Reno/Sparks Administrator- On the extension of the emergency 2021 deadline, I would assume we are going to see another extension. I did see the extension that was granted through CMS on the transition to Tribal Federally Qualified Health Centers and that transition talked about 10 months after the end of the emergency declaration. Would that mean if this extension stuck to the end of the year, and we are outside of this emergency declaration then does that mean they are not going to really look at encounters outside of the 4 walls at this point? It's been really difficult for this transition of COVID and being really careful what we are providing in the 4 walls and what we are providing out in the community. Reno/Sparks for a while sent all of their employees home almost for one year to keep COVID-19 from spreading especially because we are in an urban area. We have been waiting for that extension, do we have flexibility that Medicaid will work with us? We do not want to do anything that will jeopardize our billing.
    - Briza Virgen, Division of Health Care Financing and Policy Tribal Liaison- Yes, there is that letter from CMS that does that does allow for that extension. This is in place right now to allow that flexibility of rendering services outside the four walls, I would be more than happy to work with the Tribes to get that Tribal Federally Qualified Health Centers (FQHC) in place so that your services outside of the four walls can continue under the Tribal FQHC that we implemented over 1 year ago. Please contact me with any question or if you need help with this, Briza Virgen [bvirgen@dhcfp.nv.gov](mailto:bvirgen@dhcfp.nv.gov).
    - Briza Virgen- What is the guidance we are going to receive from CMS this month regarding facilities receiving federal and state funds and their employees being vaccinated?
    - Dr. Antonia Capurro, Division of Health Care Financing and Policy, Deputy Director- We are still waiting for the final rule to be released from CMS, that should provide us with further information about how this rule will be

- implemented. As soon as we have this information we will reach out to the Tribes. CMS did release a letter to encourage employee education and the steps we need to meet president Bidens vaccine requirements.
- Angie Wilson- For anybody that is a CMS participant to cut off our ability to bill 3<sup>rd</sup> party is too much of a loss for us. We have mandatory testing for our staff across Reno/Sparks Indian colony, that are not vaccinated. When it comes to the clinic facility there was no exception for healthcare workers, our mandatory testing starts as early as Wednesday. We do not want to do anything that will jeopardize billing Medicaid. The tribal consul will be meeting on this to discuss. We are trying to figure out will mandatory testing work or should we go ahead with the mandate
  - Homa Woodrum, State of Nevada Senior Deputy Attorney General-We are seeing this juggling act across the board, we are trying to keep our eyes out for any opportunity to comment on the final rule. I think it would be a great idea if the Tribal Liaisons were able to push out any opportunity for that so the different entities impacted by what is being proposed would have an opportunity to layout, is this something we need to look at in terms of access to care. I am aware that it is being track for that purpose of how that state is being impacted. Medicaid and Health and Human Services (HHS) as a whole on that state side, does give the opportunity to submit comments. I would suggest to keeping one another in the loop to make any comments to see what can be done.
  - Dr. Antonia Capurro- At the moment we do not know how this requirement will be evaluated, so that is still unknown. We are working with Healthcare Quality and Compliance (HCQC) we anticipate this will be evaluated similar to other employee health requirements, like other vaccination that has other religious exemptions. Currently, there is a lot of unknown until that final rule will be release from CMS many of these questions will not be answered. As you said that final CMS rule will be affected upon its publication at the mid-late October. Any specific issues that you see please communicate this to Briza Virgen [bvirgen@dncfp.nv.gov](mailto:bvirgen@dncfp.nv.gov). I would like to have an open channel of communication with this moving forward to ensure all services are still being provided and there is not any unknown repercussions from this.
  - Ken Richardson, Walker River Tribal Clinic Director- What is Indian Health Services (IHS) plan?
  - Hope Johnson, Director Office of Self-Determination- Just like everyone else we are waiting to hear what the final rule from CMS is going to be with the Indian Health Improvement Act and the authorly for IHS, Tribal programs and Urban programs to bill for 3<sup>rd</sup> party resources which we do know that is critical to quality care, it supplements the funding and fills the gap between IHS and what is funded to you annual funding agreements. I will take this back and discuss this internally and follow up with you and provide any feedback.
  - Steve Messinger, Nevada Primary Care Association- Federally Qualified Health Centers in the State are expecting to be under the CMS mandate. We understand this to not include the option for testing.
    - ◆ Division of Health Care Financing and Policy (DHCFP) is implementing a redistribution of Medicaid enrollees for those members that reside in Clark and Washoe counties that receive services through our Managed Care delivery model, that change will be affected January 1<sup>st</sup>, 2022, right now we have 3 Managed Care Organizations (MCO's) Health Plan of Nevada, Anthem and Sliver Summit. We are adding a fourth, Molina Healthcare as of January 1<sup>st</sup>, 2022. All members will be reassigned to a different or the same MCO's. We are redistributing Medicaid memberships amongst all of these new four contracted plans, so 25% of the patient population will be assigned to each of these plans equally effective January 1, 2022. For those who want to stay with their current plan, they have a 90-day choice period beginning January. Please see the Medicaid Managed Care Enrollments Changes. [MCOMain \(nv.gov\)](https://www.dhcfp.nv.gov/MCOMain)
  - Homa Woodrum- There is a Medical Care Advisory Committee (MCAC) meeting for the Division on Health Care Financing and Policy on Tuesday, October 19, 2021. This meeting is open to the public. [MSM Public Hearing Agenda Template \(02-21\) \(nv.gov\)](#)
    - Medicaid Enrolled Urban Indians- Briza Virgen, Tribal Liaison
      - ◆ Back in 2018-2019 Division of Health and Human Services Tribal Liaisons traveled to the different Tribal clinics and met with Tribal Health Directors, Social Services Program Directors, Council members and Chair members, we had a great experience. We haven't had a lot of contact with Urban Indians, this is something we are looking forward to engaging with them and partnering with them in the future like we do with all

other tribal health clinics. We did extend the invite to them for the Tribal Consultations, we are going to include them more in these conversations.

- Angie Wilson- Is the state allowing the Urban Indians to also bill the all-inclusive rate, or are they considered a Federally Qualified Health Care (FQHC)?
- Briza Virgen- Urban Indians are considered an FHQC look-alike, at this point we are talking to CMS, and we are currently working on it, I do not have a concrete answer right now.
  
- Behavioral Health Policy Updates- Sarah Dearborn, Social Services Program Supervisor, Behavioral Health Unit
  - ◆ NV SPA 21-0008 State Plan Amendment - Plan to submit CHIP SPA to CMS after approved at the June public hearing.
  - ◆ The Center for Medicaid and Medicare Services (CMS) released guidance related to Section 5022 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Communities and Patients Act, referred to as the SUPPORT Act. This provision expands access to services by making behavioral health coverage a mandatory benefit for Separate Children Health Insurance Programs (SCHIP). This requires states with Separate CHIPs on the actions necessary to implement the requirements of Section 5022 of the SUPPORT Act.
  - ◆ DHCFP is required to add a new section in the SCHIP State Plan, 6.2-BH Behavioral Health Coverage Section 2103(c)(5). The added language provides coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children. Although we are required to add this language to SCHIP, State Plan currently provides all the required coverages as outlined. The scope of medical services available are described in the SSA, Section 1905(a).
  - ◆ NV SPA 21-0009 State Plan Amendment - Removal of Biofeedback and Neurotherapy services for the treatment of a mental health diagnosis.
  - ◆ This proposed State Plan Amendment (SPA) to Attachment 4.19-B page 3b and 3g will eliminate Biofeedback and Neurotherapy services for the treatment of a mental health diagnosis. Neurotherapy is individual psychological therapy incorporating biofeedback training combined with psychotherapy as a treatment for mental health disorders. The elimination of these services is being made as a result of the approved Division of Health Care Financing and Policy budget during the 2021 Legislative session in effort to reduce current costs to the Medicaid program and to address the Governor's mandated budget cuts.
  - ◆ Placed on RAI on 9/24/21, we have a call scheduled with CMS to discuss remaining questions on 10/21/21.
  - ◆ New Projects- With the approval of SB 156- we have begun drafting policy language to include in MSM 400 to describe crisis stabilization centers and what reimbursable services will be available. We are also continuing to work with the Rates Analysis and Development unit on finalizing the rate for crisis stabilization centers. We will be planning a public workshop in the coming months to engage the public and providers in feedback. Updates to MSM Ch. 4000-to remove language around RMH services and clarify all youth in specialized foster care regardless of diagnosis are eligible for 1915(i) services if they meet Needs Based Eligibility Criteria, goal for July public hearing. Public Hearing will be on 10/26/21.
  - ◆ Mobile Crisis Planning Grant- Awarded to Nevada and the award began 9/30/21 and lasts a year. These 1-year grants are intended to help states be prepared to elect and implement the new American Rescue Plan "State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services," that will also coincide with the national requirement of 988 behavioral health crisis line coming in July of 2022.
  - ◆ SUPPORT Act Planning Grant Update- The 1115 SUD Demonstration Waiver application has been posted on our DHCFP website and we are anxious to get any public feedback. We have also posted an Executive Summary of the application for comment. The current timeline plans for Public Hearing is on 10/26/21 and submitting the IMD Waiver to CMS in November 2021, with an effective date of 1/1/2023. The SA team completed the SUPPORT Act, Strategic Plan in June 2021. This is the plan that DHHS will use to guide us over

the next 5 years to continue to improve SUD provider capacity. This report has been reviewed and approved by CMS and will be posted to the DHCFP SUPPORT Act homepage soon for the public to review. The three main goals of the Strategic Plan are:

- Expand Provider Capacity – Strengthen Nevada’s health care infrastructure to expand provider capacity for SUD and OUD treatment and recovery services.
- Enhance Access to Care – Increase Nevada’s access to, and delivery of SUD and OUD treatment and recovery services.
- Facilitate Data Driven Decision Making – Improve Nevada’s data collection, integrity and reporting infrastructure and capabilities to enable data drive insights and decision making.
- ◆ As part of the SUPPORT Act Planning Grant, DHCFP must monitor the utilization via claims data of the following services as they relate to this act within multiple provider services:
  - Substance use disorder (SUD) treatment
  - Opioid Use Disorder (OUD) treatment
  - Medication Assisted Treatment (MAT) treatment
  - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- ◆ We are looking to partner with you to discuss methods to ensure the monitoring of these above services within the current reimbursement/claims structure (i.e. encounter codes).
- ◆ 1003 SUPPORT Act Post Planning Grant update- The 1003 SUPPORT Act Post Planning Grant Application – Notice of Funding Opportunity was released 7/9/2021. CMS has awarded it to only 5 of the 15 states that were originally awarded the planning grant. Nevada was awarded the next phase of the Post Planning Grant and will last for 3 years ending September 2024.

- Applied Behavioral Analysis (ABA) Rate Change for Registered Behavior Technicians- Kim Adams, Management Analyst III, Rates Analysis and Development Unit
  - ◆ State Plan Amendment to modify reimbursement for Applied Behavior Analysis services rendered by a Registered Behavior Technician.
  - ◆ The Division of Health Care Financing and Policy has submitted a Medicaid State Plan Amendment in order to increase the reimbursement rates for Provider Type 85, Applied Behavior Analysis(ABA), Specialty 314, Registered Behavior Technicians. These changes are reflected in Nevada Medicaid’s State Plan Attachment 4.19-B, Page 1b.
  - ◆ The proposed change in reimbursement rates is a result of Senate Bill 96 of the 81<sup>st</sup> Legislative Session in 2021. Under the terms of the bill, reimbursement rates for Registered Behavior Technicians (or RBTs) will be increased to a rate of at least \$52 per hour, or as close to that amount as is approved by the United States Secretary of Health and Human Services.
  - ◆ The proposed change to the State Plan uses existing rate methodology but amends the wages for RBTs and Supervisory staff to result in a rate equivalent to \$52 or more per hour. Please note that although the State Plan page shows an hourly wage of \$30 per hour built into the rate calculation, the reimbursement rates determined using the methodology in Attachment 4.19-B result in rates equivalent to the amount required by SB 96. A fee schedule crosswalk showing the proposed rates was posted as an attachment to the Public Hearing. The procedure codes affected by this State Plan Amendment are all 15-minute units, however when scaled to an hourly amount all exceed \$52.00 per hour.
  - ◆ These changes are expected to increase the annual federal expenditures. For Federal Fiscal Year 2022, there is an expected increase of \$1,120,449 (one million, one hundred twenty thousand, four hundred forty-nine dollars); for Federal Fiscal Year 2023, there is an expected increase of \$2,392,082 (two million, three hundred ninety-two thousand, eight two dollars). The effective date of this change is January 1, 2022.
- Applied Behavioral Analysis (ABA) Rate Change for Registered Behavior Technicians- Lori Follett, Social Services Program Specialist III, Behavioral Health Unit

- ◆ I will be presenting this morning on revisions to Medicaid Services Manual Chapter 3700 Applied Behavioral Analysis (ABA). Changes are being proposed to incorporate the findings from Senate Bill 174 from Legislative Session 2019 and Senate Bill 96 from Legislative Session 2021. These chapter changes will include provider types permitted to bill ABA as well as the documentation required for treatment notes. We did bring these changes to your attention back in June. Structural changes were made to the chapter including renumbering and re-arranging of sections. Section 3704.4(E)-(G) – subsections were added. 3704.4E
- ◆ This proposed change affects all Medicaid-enrolled providers delivering ABA services. Those provider types include, and are limited to,
  - PT 85 Specialty 310 - Licensed Behavioral Analyst (LBA) specialty
  - PT 85 Specialty 311 - Psychologist specialty
  - PT 85 Specialty 312 - Licensed Assistant Behavioral Analyst (LaBA) specialty
  - PT 85 Specialty 314 - Registered Behavioral Technician (RBT) specialty
  - PT 60 School Based Services
  - Indian Health Services/Tribal 638/ and Tribal Federally Qualified Healthcare Centers (FQHCs)
- ◆ Proposed documentation changes:  
All progress notes documented with the intent of submitting a billable Medicaid ABA service claim must be documented in a manner that is sufficient to support the claim and billing of the services provided and must further document the amount, scope and duration of the services(s) provided as well as the identity of the provider of the service(s).
- ◆ A Progress Note is required for each day the services were delivered, must be legible and must include the following information:
  - The name of the individual receiving the service(s). If the services are in a group setting, it must be indicated.
  - The place of service.
  - The date the service was delivered.
  - The actual beginning and ending times the service was delivered.
  - The name of the provider who delivered the service.
  - The credentials of the person who delivered the service.
  - The signature of the provider who delivered the service.
- ◆ There is no estimated financial impact to Local Government based on these changes. The effective date of this change is January 1, 2022.
- New Medicaid State Plan Providers, Registered Pharmacist- Antonio Gudino-Vargas, Social Services Program Specialist III, Pharmacy Services
  - ◆ Passed during 81<sup>st</sup> (2021) Nevada Legislative Session
  - ◆ SB190 – Authorizes pharmacists to dispense self-administered hormonal contraceptives to any patient, under established BOP protocols regardless on whether the patient has obtained a prescription from a practitioner (i.e., oral contraceptives, contraceptive patch and any other methods identified by the BOP).
  - ◆ SB325 – Authorizes pharmacists to prescribe, dispense, and administer drugs for the prevention of HIV and ordering and conducting certain laboratory HIV tests based on established BOP protocols (i.e., PrEP, PEP).
  - ◆ Objectives- Establish a new provider type to recognize registered pharmacist as a provider of services for eligible FFS Nevada Medicaid recipients.
  - ◆ Allow an individual registered pharmacist to enroll as an individual provider with Nevada Medicaid.
  - ◆ Define and revise program policy including a SPA and MSM for addition of new provider to Nevada Medicaid policy.
  - ◆ Identify appropriate billable codes for the new provider type as well develop a new billing guide for pharmacist and provide training on how to bill for covered services.

- ◆ Implement system changes to allow enrolled registered pharmacists as providers to bill via professional claims for the prescribing and dispensing of self-administered hormonal contraceptives, HIV prevention drugs and CLIA waived HIV tests.
  - ◆ If you have any questions, please reach out to Antonio Gudino-Vargas [jgudino-vargas@dncfp.nv.gov](mailto:jgudino-vargas@dncfp.nv.gov).
- Discussion of Nevada DHHS Tribal Consultation Survey Results- Briza Virgen, Tribal Liaison, Medical Programs Unit.
    - ◆ Are you satisfied with the Department of Health and Human Services (DHHS) using the current title of “Tribal Consultation”? -77% Yes, 22% No.
    - ◆ Are you open to changes in the agenda for the quarterly Tribal Consultation? This could create more than one DHHS Consultation. For example, the “Medicaid Tribal Consultation” would continue to be held quarterly and would consist of Divisions related to health care insurance programs, such as DHCFF (Medicaid), the Exchange and Division of Welfare and Supportive Services (DWSS). Other social and public health direct service program divisions, including the Division of Child and Family Services (DCFS), Division of Public and Behavioral Health (DPBH) and Aging and Disability Services Division (ADSD) would hold Consultations either collaboratively or individually as needed.- 81% Yes, 18% No.
    - ◆ Do you have any suggestions to improve the current process of the Tribal Consultation?- 33% Yes, 66% No.
    - ◆ Is your Tribe interested in hosting future quarterly Tribal Consultations? Please note: DHCFF would have all necessary IT equipment and an internet connection to facilitate the Consultation virtually and in-person.- 33% Yes, 66% No.
    - ◆ Listening sessions are an opportunity for you to showcase services provided by your tribe and may also include collaboration to address health care and social service barriers and/or opportunities. Would your tribe be interested in DHHS (five divisions) coordinating listening sessions with tribes at least annually?- 85% Yes, 14% No.
  - Division of Welfare and Supportive Services- Evette Cullen, Tribal Liaison
    - ◆ Medicaid is adding the extra Managed Care Organization (MCO’s) and this will become in affect starting January 2022. Division of Welfare and Supportive Services has added the Afghanistan refugees to our list of permanent residence, we have at least 300 refugees coming into the state of Nevada, and we are prepared to help them out with as much wrap around and public benefits we can offer to them. We are working on some bills from the last legislative session including adding pregnancy related, presumption eligibility and providing Medicaid eligibility for legal residency for permanent pregnant women. We are also expanding our system to include additional selection to racial, ethnicity, sexual orientation and gender identity.
  - Silver State Health Insurance Exchange- Tiffany Davis, Tribal Liaison.
    - ◆ The Exchange has been reaching out to tribes to get their feedback regarding what they would like to see in material specifically designed for Tribes. Any feedback is welcome on this. Tiffany Davis acknowledged Angie’s request for Tribal representation on the Exchange board and the importance of that and will be passing that request on.  
Will share the open enrollment dates of November 1, 2021, to January 15, 2022. Open window shopping of plans is occurring this month and allows consumers the chance to preview all 2022 health and dental plans, explore details about monthly premiums, etc.
    - ◆ I am working on getting to the Tribes whatever resources they may need. The Exchange board meeting is 10/13/2021 at 12:30 pm and online are the reports that will be presented, giving updates on all of the Exchange’s activities <https://www.nevadahealthlink.com/?meeting=board-meeting-october-14-2021> .

**BREAK**

- Department of Health and Human Services, Priscilla Acosta, Tribal Liaison

- ◆ DHHS Tribal Liaison had the privilege of visiting the Stewart Cultural Center. The Cultural Center has done an excellent job of encapsulating stories of Nevada’s Tribes, and we encourage everyone to visit the Cultural Center.
- ◆ Visit the Nevada Health Response website for Local Public Health Care Authorities & Tribes, the listed documents and links provide identification, monitoring, and containment guidance to local public health authorities and tribal governments.
- ◆ COVID-19 updates- As of Oct. 11, 2021, 1,636 new confirmed cases identified over the last three days. Of those, 1,095 (66.9%) were in Clark County, 303 (18.5%) were in Washoe county, and 238 (14.6%) were in the remainder of the state. There were 30 new reported deaths, 40,691 new tests, and the 14-day test positivity rate is 8.3%. 3,169,661 COVID-19 vaccine doses (By Resident County) were administered and reported to Nevada WebIZ. 63.42% of the population 12 and older has initiated vaccination and 54.79% of the population 12 and older has completed vaccination. 3,326,383 COVID-19 vaccine doses (By Clinic County) were administered and reported to Nevada WebIZ, with an increase of 16,191 doses from Friday, October 8th.
  - 70% (21) of new reported deaths are from Clark County, 7% (2) are from Washoe county, and 23% (7) are from Rural counties . 87% (26) of the new reported deaths are from 09/25 – 10/09.
  - Washoe County – New Cases identified: 315. 12 old (previously identified) case were “out of jurisdiction”.  
The numbers the listed on the Dashboard may not reflect Tribal Communities, as they are not required to report to the state.
- ◆ Mental Health Updates:  
The Nevada Resilience Project helps individuals experiencing stress or anxiety build coping strategies. Through the Nevada Resilience Project, you can be connected with an ambassador in your community. The NV Health Response website also includes the phone number and text line for Crisis Support Services Nevada.
- ◆ The Nevada Dept. of Health and Human Services developed the free COVID trace app, a mobile app that uses Exposure Notifications System to exchange  

No one

 will know, your location, name or address, health information, who you met or who tested positive
- ◆ FEMA Funeral Assistance  
Nevada has been identified as having low applications based on COVID deaths for FEMA’s funeral assistance to ease the financial stress. Your organization can assist by sharing registration information and resources captured below with your community partners to increase applications to support those who have lost loved ones to COVID-19. There is no deadline to apply, and applicants will have the ability to open a case
  - Funeral Assistance Webpage: [COVID-19 Funeral Assistance | FEMA.gov](https://www.fema.gov/disaster/coronavirus/economic/funeral-assistance)
  - Funeral Assistance FAQ: <https://www.fema.gov/disaster/coronavirus/economic/funeral-assistance/faq>
- Angie Wilson requests that the State continue to advocate on behalf of the Tribes, to be eligible for Tribes not just individuals to receive these funds for funeral assistance.
  - ◆ Flu Shot  
Influenza vaccination is available for those age 6 months and older and it is recommended for Nevadans to support personal health and protect the public. You can receive a COVID-19 and flu vaccine at the same time.

- ◆ Meeting Requests, DHHS will be reaching out to Tribal Health Leadership to set up one-on-one virtual meetings to strengthen partnerships and become more acquainted with your individual community needs
- ◆ Question regarding the use of EMTs in allowing them to administer shots in rural locations, what steps need to be taken because this would be beneficial?
- Briza Virgen suggested community paramedics
- Division of Child and Family Services, Fran Maldonado, Tribal Liaison
  - ◆ Next Indian Child Welfare meeting is tentatively scheduled for Oct. 27<sup>th</sup> at 10am, bimonthly meetings have been occurring virtually. DCFS is hosting a Victims Assistance Academy of Nevada, this is the first virtual academy. This is a training for victim advocates, Nov. 1 – Jan 30<sup>th</sup>. The Training includes 24 courses ranging from Ethics, Cultural Considerations, Sexual and Domestic Violence, Human Trafficking, Child Abuse, Elder Abuse LGBTQA, Trauma Informed Care, Immigration, Suicide Prevention, COVID 19 and Military Trauma. Contact [VAAN@dcfs.nv.gov](mailto:VAAN@dcfs.nv.gov) to sign up.
  - ◆ Question from Angie- We don't have enough Tribal Family Homes, is there a way we can talk about how we can get more Indian Families certified and eligible for assistance, because this is the most challenging part.  
Fran responded, this is an ongoing topic we discuss at the Indian Child Welfare meetings, there are not enough licensed foster homes across the state, both on and off tribal lands. There has always been a big push to recruit foster families and that includes ICWA tribal homes. the state will work with Tribal Social Services to get homes licensed. The majority of feedback we received from Tribal Social Workers across the state is recruitment- getting families to go through a licensing process and background checks. This is something we are discussing consistently. The state does have some tribal foster homes they provide financial assistance to. November is National Adoption month so we're looking at way to improve recruitment and to get families in communities both on and off reservations to become foster parents. Angie followed up – do you know how many Indian kids are not with Indian Families  
Fran- I do not have the percentage, I will follow up.
- Division of Public and Behavioral Health, Jessie Jones, Tribal Liaison  
Nothing to report on behalf of the Division but will follow up if there is updates before our next Tribal Consultation.
  - ◆ Prevention Updates, Bill Kirby, Senior Health Program Specialist, Behavioral Health Wellness and Prevention (BBHWP) - was unable to attend meeting, no presentation given.
  - ◆ Churchill Community Coalition, Kadie Zeller, Certified Prevention Specialist, Churchill Community Coalition  
Currently working on a Tribal Vaccine Outreach through a grant with UNLV school of Public Health in partnership with Nevada Indian Commission, Governor's Office, Reno-Sparks Indian Colony, Tribal Minds and Nevada Immunization. Shared billboard options and asked for meeting participants input. There will be another Tribal Tele townhall date TBD. Shared samples of fliers that highlight what is in vaccines. Shared poster sample art created by local native artists. If you want t-shirt, stickers, posters for your organizations please contact Kadie at [kadie@churchillcoalition.com](mailto:kadie@churchillcoalition.com) . Shared PSA COVID-19 video.
  - ◆ PerkinElmer/HHS Project Extended Testing, John Hicks, West Testing Program Leader-PerkinElmer and Kevin Ige, West Testing Program Leader-Color  
Agenda item was moved to before break. John Hicks shared a presentation for onboarding organizations onto PerkinElmer's free COVID-19 testing.
- Aging and Disability Services, Nikki Haag, Tribal Liaison  
No report
  - ◆ Rural Regional Center Programs, Taleah Hinkey, Developmental Specialist, Rural Regional Center  
Shared an overview presentation of the Rural Regional Center Programs, covering eligibility application for services, RRC services and supports – service coordination, respite and self-directed family support

services.

Offered to schedule additional presentations for services provided in urban areas. Rural Regional Center provides support and services to children and adults with an intellectual disability/developmental disability and covers all counties in Nevada except Washoe and Clark counties. Respite is a flexible service option that allows the primary caregiver to take time away from the ongoing care of the family member with an intellectual disability, they are given \$125 a month or \$375 a quarter. These funds can be used to bring in a paid caregiver or take the individual with disabilities to the movies. Beneficial because it allows rural families to choose their caregiver. Self-Directed Family Support Services (Palco) is available for minors only. It is support for specialized treatment to assist the child in developing appropriate skills to integrate into their community (\$450 a month) used to keep the child out of an institution.

**Public Comment Regarding any Other Issue- No Comment**

**Adjournment - 1:30pm**