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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.



Stacie Weeks,
JD MPH
Administrator

MCAC MEETING MINUTES

Date and Time of Meeting: Tuesday, April 4, 2023

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

Place Meeting: Microsoft Teams

MCAC Voting Member Attendance	
Member Name	
Dr. Adnan Akbar, Chairperson	X
John Phoenix, Vice Chairperson	ABS
Dr. Susan Galvin	ABS
Dr. Ryan Murphy	ABS
Dr. Kelsey Maxim	X
Kimberly Palma-Ortega	X
Dawn Lyons	X
Sharon Moffett-Austin	X
Non-Voting Member Attendance	
Dr. Ihsan Azzam	X

I. Call to Order

Chair Dr. Akbar called the meeting to order at 9:04 AM.

II. Roll Call

Chair Dr. Akbar asked for roll call. A quorum was established at 9:10 AM.

III. Public Comment

No public comment was made.

IV. For Possible Action: Review and approve meeting minutes from the meeting held on October 31, 2022

Chair Dr. Akbar called for a motion to amend or approve the draft minutes from the October 31, 2022, MCAC Quarterly Meeting. A motion to approve the draft minutes as presented was provided by Dr. Ihsan Azzam and a second was provided by Dr. Kelsey Maxim. Motion passed unanimously.

V. Introduction of New Members

Chair Dr. Akbar starts off by presenting himself as the new Chair of MCAC. Dawn Lyons and Sharon Moffett-Austin have also joined the committee.

VI. Administrator's Report/CMS Updates

Administrator Stacie Weeks begins with her administrator's report and begins with stating she has been in the role since January 2023, and Suzanne Bierman has since moved on. Administrator Weeks then states that there have been a lot of changes to DHCFP's leadership team. Many folks have moved on to different opportunities and DHCFP has brought in new leaders. So, the first-person Stacie would like to introduce is the new Finance Officer deputy, Amber Law. Amber is over payments, contracts, fiscal, and HR as well. Administrator Weeks then states that the second new deputy is Malinda Southard. She has taken over some of Dr. Antonina Capurro's previous roles before she left DHCFP for a new opportunity. Stacie states that there will be some changes to MCAC after the Legislative session. Administrator Weeks then introduces Dr. Roshanda Clemons, who is the new Medicaid Medical Director, and Dr. Benson, who is DHCFP's State Dental Health Officer.

Administrator Weeks then gives an update on the Public Health Emergency Unwind. Stacie states that they just started this month, April, with the official public health emergency unwind. All states are redetermining eligibility for the first time in many years. During the pandemic, they were on pause and redetermining individuals and their eligibility. So, they do expect that they will see a couple, of 100 thousand people change around and maybe some will fall off. Go to the exchange. They do think though a lot of these folks based on some data that we recently looked at internally is that a lot of these folks do have a second, another private, another coverage option. So, they do think a lot of these folks already are covered and just have been using Medicaid for some time. Stacie states that they are hopeful that there won't be huge gaps in coverage. They have been working closely with exchange partners.

Administrator Stacie Weeks then gives a brief update on Legislative Session. Weeks states that they are halfway there to the finish line. She states that they have had about 87 bills that impact Medicaid. About 79 of them have a fiscal impact. They're really tracking that and trying to make sure that after the session, they can implement everything, and we have enough funding to do that work. She states that the next meeting should be after the session, so it might be good for them to do a legislative update to help folks see what was passed and what they're looking at implementing over the next year or two.

VII. COVID-19 Unwind Updates

Vanessa Rahme then gives the COVID-19 Unwind updates. She then states that will start with a bit of our background and provide a bit of their structure. So right now, there are about 920,000 people enrolled. Nevada's population is just over 3.1 million and is the 7th most extensive and the 9th least densely populated state. They have had a growth of 42% since the pandemic. Another key Nevada Medicaid statistic is Nevada Medicaid covers 55% of the births and 78% of their members are served by managed care plans. Nevada has managed care and two urban counties, Washoe, Reno, and Clark Las Vegas, making the MCOs an important partner in the communications and unwinding effort. 80% of our recipients live in the Clark County Las Vegas area. She then states that the continuous enrollment condition was carved out of the COVID PHE, and the requirement is now part of the Consolidated Appropriations Act of 2023, which was signed into law in December. Aside from the carve-out of the continuous enrollment condition, it also set an end date for the continuous enrollment provision, which is effective March 31st, and it was also decided that the phase down of

the enhancement federal match funds through December 2023. So right now, the division of welfare and supportive services does not have a backlog of applications and that's a good thing for DHCFP because that puts them in a good position. Vanessa states that they did not have any major system changes. So, the unwinding effort is a little bit easier than in other states. Vanessa then continues that they have a waiver that allows the MCOs to be a trusted source of information, and that's been very key to this unwinding. And then in addition, they're also utilizing the USPS and COA database to make sure that we have the latest contact information for individuals. Vanessa then goes on with their communications approach. The outreach is being performed using all available options, like social media flyers and they are encouraging their providers and clinics, and the business industry. They're trying to make sure that we have our community partners helping us with this endeavor. The MCOs are an important partner as much checked they have additional resources that the state does not perform. In addition, they have shifts or exchanges in the marketplace. They have been instrumental in getting the messages out to those who may not need to find coverage that may need to find coverage when they lose Medicaid. They are also enhancing their account transfer process to include more information to assist the marketplace with outreach to those who have lost Medicaid.

Vanessa continues with their mitigation plan. They are happy to report that their mitigation plan has been approved and they're set to move forward with the mitigation, they will be providing a compliance plan for that and were set to provide that outline to CMS within 90 days from their approval letter.

VIII. Behavioral Health Update

Sarah Dearborn then begins giving the Behavioral Health update. She then starts off first with the current state plan amendments that they have that are under review with CMS. The first one is the state plan Amendment 22-005. This is regarding crisis stabilization centers. They originally submitted this state plan amendment back in March of 2022 to give a sense of how long state plan amendments can take at times. This state plan amendment has evolved quite a bit. They originally submitted this state plan amendment to really focus on crisis stabilization centers that are endorsed under hospital licensure because of Senate Bill 156 from the last legislative session. running into some issues around prior authorization limits as well when it was living in that kind of hospital room. So, what we've done and what we've been talking to CMS about is for our coverage piece for this, we are going to cover intensive crisis stabilization services. This will allow for stabilization services to provide under that very specific hospital model for crisis stabilization centers. But it will also allow for other facility-based crisis stabilization centers outside of a hospital to be able to be reimbursed for these services. This state plan amendment is on pause with CMS, so they call that request for additional information that pauses the clock that 90-day clock with CMS where States and CMS can kind of work informally on getting the edited language to a place where it may be approvable. They are working consistently with CMS in this language. So, they're hoping to approach approval shortly. But some work still needs to be done there. Sarah then states they submitted this state plan amendment back in March of last year. They also submitted the Medicaid service manual Chapter 400 policy that does outline crisis stabilization centers specifically and policy around that. So that is currently within our Medicaid service manual policy. The next are two SPAs that are under review with CMS. They both have to do with our certified community behavioral health centers. The first one was initiated back last year as a disaster relief SPA, and this would support Nevada in pursuing a state plan which they later submitted to remain receiving their anticipated provider or prospective provider payment rate and that was established pre-COVID pandemic. So rather than having their certified community behavioral Health Center PPS rates rebase to a lower rate due to the impact of their visit count during the pandemic, they have initiated this disaster SPA to help support that rating process. They are on pause with this state plan amendment as well. But they did just receive some great news from CMS this morning. They're close to approval on that state plan amendment. The disaster release SPA that Sarah just referenced is temporary support to maintain the anticipated rate for certified community behavioral health centers. The Division is using their next SPA 23-002 as a long-term solution for this issue, so this state plan amendment revises the bundle rate and quality incentive payment methodology, language, and data submission requirement language. These next two state plan amendments are kind of more of their upcoming state plan amendments. The first one under the 1915 I for specialized foster care was submitted

to CMS, on the 29th. But this state plan amendment is really about the division being able to synchronize terminology for agency titles throughout the document, it will address monitoring and remediation responsibilities as well as modify percentages of quality assurance reviews to ensure quality assurance teams are able to meet the program requirements. The division hosted a public workshop in January and then they were able to submit that at their public hearing last week. The next upcoming state plan amendment is related to targeted case management services, so they will be proposing to amend their Nevada State Plan supplement one to attachment 3, point 1-A to add Nevada local county agencies as qualified providers under provider Type 54, which is task management.

Sarah then continues by stating that To deliver case management services to adults with serious mental illness or a semi currently, county agencies are identifying recipients with SMI in need of case management services but are unable to be reimbursed for these services through Medicaid to assist. So, current provider qualifications that will be amending UM currently include state agencies and its employees or contractors or an organization affiliated with a University of Nevada School of Medicine. They are going to broaden that category and allow for the local county agencies to provide targeted case management services. Sarah then moves on to their Medicaid service manual updates. Once Nevada receives implementation plan approval for our 11:15 waiver, they will propose edits to the Medicaid service manual, Chapter 400 attachment BC&D as well as billing instructions to accommodate for newly approved authority for services within an institution for mental disease. Also, the data waiver or the X waiver program was eliminated when Congress signed the Consolidated Appropriations Act of 2023 into law in late December. On January 12th, the Drug Enforcement Administration and the Substance Abuse and Mental Health Services Agency, or Administration, announced the immediate elimination of the X waiver for prescribing buprenorphine. They will be amending their Medicaid service manual chapter 3800 to align with that guidance here in the next couple of months. Lastly, on the Medicaid service manual, upcoming updates, they will be amending Medicaid service manual Chapter 2500 and case management in conjunction with the state plan Amendment I just mentioned on the previous page for the same reasons really to broaden the provider qualifications to allow for local county agencies to provide targeted case management services to adults with a serious mental illness.

Sarah then continues by giving an update on the two grants that they're maneuvering with CMS. This grant was initiated from the Support Act planning grant, this was approved back in 2019 and was awarded for 24 months. Many new policy initiatives began to increase provider capacity and support increased access to substance use disorder services throughout the support planning grant, the support App Core team created a 5-year strategic plan that has ensured the development and long-term sustainability of provider capacity to meet the needs of Nevada Medicaid beneficiaries. So, those are some of the big goals of the Support Act that they're working on. Identified in other strategic plans were to expand provider capacity, enhance access to care, and facilitate data-driven decision-making. Their strategic plan is a hefty document, but it is located at this link that's posted in the PowerPoint. I encourage everyone to go read it. There are also some other adjoining documents that we've developed including an infrastructure assessment report as well as a sustainability plan. After the support of the planning grant came the next phase of the grant. The post-planning demonstration phase in September 2021. Nevada was among five states that were awarded our CMS post Planning Demonstration grant. So, Nevada will continue the work identified through our strategic plan. Some of the major strategies that they're working on currently involved the development of a new provider type and individual specialties for substance use treatment providers. They're hoping that that kind of gets implemented later this year. UMA workshops and guidance to support providers and enrolling in that new provider type also the biggest one we're working on right now is Nevada Section 1115 demonstration waiver. This was for Nevada's treatment of opioid use disorders and substance use disorders transformation project. The majority of the work within the support app post-planning grant has really been focusing on this 1115 waiver. They have currently received our application approval from CMS on December 29th of last year. The waiver allows for substance use treatment. Services within an institution for mental disease settings are to be reimbursable through Medicaid. Nevada still requires approval of the substance use disorder implementation plan for these services. With corresponding authority for community-based mobile crisis

intervention services may receive 85% fmap for expenditures on qualifying community-based mobile crisis intervention services for the 1st 12 quarters or three years within the five-year period beginning April 1st, 2022, during which the state meets the conditions for the 85% fmap.

Sarah then continues with in the coming months, they will be focusing their attention to submit the proposed state plan amendment updates related to an enhanced rate for mobile crisis delivered by a designated mobile crisis team, as well as our drafted Medicaid service manual policy at the May 30th public hearing and they will be requesting an effective date of July 1st of 2023 for them. They will also be working within our core team to continue to work through details related to the Medicaid enrollment process and the standards that will be created for enrolling in a designated mobile crisis team. To support enrollment, we have been working on some system updates with our fiscal agent Gainwell and we have developed a new crisis provider type and several specialties, one being a designated mobile crisis team that should support kind of more organizations around who's delivering crisis services and specifically what crisis services they are performing as well.

IX. ARPA Funding Update

Michael Gorden starts off with this presentation and gives an update on Katie Beckett. The Katie Beckett option is permitted under the tax equity and Fiscal Responsibility Act, also known as TEFRA of 1982. Under TEFRA states, it may provide Medicaid coverage to children with severe disabilities younger than 19 who require a level of care that could be reasonably provided in a hospital skilled nursing facility or an intermediate care facility for individuals with intellectual disabilities. Without using household income as an eligibility criterion. When a child receives extended care and an institutional setting, Medicaid disregards family income as an eligibility requirement. It makes it a determination based solely on the child's income. The TEFRA Katie Beckett stayed plan option makes it possible to do the same for a family whose child requires care at the level provided in an institution, but who can safely be cared for at home as long it is as it's cost neutral to the state to do so. Since this is an eligibility option, the policies are kept in a Medicaid Operation Manual versus the Medicaid Services Manual. The state and Nevada run this program as a state plan option versus other states. Several states run it under a waiver. They currently have 860 children receiving the eligibility option and have another 40 currently in the referral intake process. All the cases are case managed by nurses and social workers in all of the district offices. The following changes are based on enhancing the experience for our families and eliminating frustrations. Michael then goes on to state they have always had frustration from their families where it required a physician's signatures on some of the forms and they have actually expanded that to include all the other categories under Medicaid that allow that can build Medicaid and are allowed to sign. They are changing this to an annual cost look back. It did not make sense and a quarterly content look back as a lot of bills had not already been given to Medicaid for payment. This is because they're secondary insurance to most of these families. And so there are 365 days available to Bill Medicaid.

Cynthia Meno then gives an update on the ARPA Workforce scholarships. She then gives a quick overview, DHCFP received funding through the American Rescue Plan Act, or ARPA, to administer scholarships and training opportunities to strengthen the healthcare workforce in Nevada, so some eligible current and future healthcare provider types are community health workers. Dulas J1 visa waiver physicians, medical assistants, any students that require are required to complete a clinical rotation, and then students who are pursuing graduate-level education in medicine. In order to be eligible for these scholarship and training opportunities, participants do need to meet qualifications and at least one of these areas, so they need to be unemployed, underemployed, currently employed, but seeking to move to a job that provides better economic advancement, such as higher wages or more opportunity for career advancement or below 300% of the federal poverty guideline. She also states they have also been approved for some contract positions. These contractors will be assisting with planning the overall design implementation and administration of this scholarship program. In addition, they will be monitoring the impact of the funding opportunities on health professional shortage

areas or hips SAS in Nevada. These positions were approved through June of 2025 and they include a Social Services Chief 1, a Social Services Chief 2, and a Management Analyst 2. Any scholarship recipients will be required to complete 6 training modules on the following topics before they're able to receive funding. That will include just an overview of the ARPA, healthcare workforce scholarships, and the intent of Medicaid 101. Some information on what health professional shortage areas or hips are in Nevada's system of care, Nevada's workforce needs, and then social determinants of health will give them a really good background on what these scholarships are, and how each of these aspects is very important to the work that they'll be doing in Nevada. Currently, they are working with Reliable Health Services to actively recruit candidates for these contract positions. They are also organizing an advisory committee to review requests for applications from interested community organizations who are looking to receive this funding. We are defining reporting requirements for the awarded organizations and developing data collection tools, and we're also, as I mentioned before, currently developing training modules that awarded recipients will be required. To complete before they can receive this funding, we are almost finished with these. The final version of these training modules, and we'd love to share and get your feedback, possibly in a future meeting.

Kirsten Coulombe then gives an update on the supplemental payments for skilled nursing and assisted living facilities. Providers that are licensed do have to be licensed, but they perhaps are not enrolled with Medicaid. We're hopeful that they will become a Medicaid provider at some point, but this intent was a little bit broader than what we see. So based on that, they had to create sort of two separate tracks for Medicaid nursing facilities, non-Medicaid nursing facilities, and then the same for assisted living. So, Medicaid assisted living and Medicaid non-assisted living. For the nursing facilities, it would have to be individuals that do participate in our provider fee program for Medicaid and then you know or would be enrolled with our provider type 19. The impact that COVID has had is particularly related to the workforce and so that's why you'll see in our application as well as in our FAQs for all of the funding opportunities that it really is designed for recruitment and retention. They have heard from their nursing facility partners that COVID has had a devastating impact on the workforce like in all the other areas, but particularly in long-term care. This coronavirus state and local fiscal recovery funds are but is really designed to assist that workforce and that recruitment and retention so nursing facilities can go back if they, you know back to the start of the pandemic to January. We did hold a public workshop in mid-April. Prior to them opening their applications on March 1st. And so, they are in the application period right now, but it would have to be for activities spent on recruitment and retention and then really work for shortage needs, so they understand that a lot of nursing facilities and some assisted living are really relying on that. Aside from overtime of relying on temporary staffing, traveling nurses and so that has such a higher cost than traditional employees. And so that is one option that nursing facilities can do. And then lastly would be the training and education costs. Particularly related to infection control. A lot of the training and education that was a result of the pandemic. So, the good news is it's really just those 3 categories, so pretty flexible. The funding does have to be spent by October 1st. So, we have had a big push to try to get these applications up and running and start to accept those and then we will be good stewards of the dollars by having an audit. Nursing facilities or assisted living that would apply, they will at some point do an audit and so they'll have to report back to us. Shouldn't be too administratively burdensome because that process will be really just how the funds were spent within these three categories. And then for the nursing facilities, the funding opportunity is up to \$10 million across all of the nursing facilities. So not just for one nursing facility and the methodology to determine how that money will be. Kirsten then states that it is distribution is based on the provider. The occupancy bed days that they would have for their provider feed program. So, when this funding originally was requested, it was actually back in October. So it's taken them a little bit to try to get that methodology worked through and then we went back in January to officially request that money because it was put into the reserves in October. Kirsten states she wanted to share that the reason why this is based on 1/4 two for the state fiscal year 2023, is because that has passed because that's what the projections were done when we originally requested the money and yeah, so each nursing facility that would submit an application, we will review what their reported bed days.

X. Dental Services Update

Dr. Keith Benson then gives an overview of the dental Medicaid benefits and some of the Medicaid dental programs they're running, including grants at some waivers and some of the challenges they're working on. For adults, they cover palliative emergency care and some denture benefits. So far less in that realm. For pregnant individuals, again, palliative emergency care, denture benefits, and also examinations profiles, which is what your normal cleaning would be scaling and root planning to think of that as your deep cleanings and those two benefits have a fairly dramatic effect on pregnant folks and this new service is what I've been really excited to work on is they're now covering comprehensive dental benefits for patients 21 and over who reside on the individuals with intellectual and developmental disabilities waiver and that's a brand new program that they have been working hard to get out. Dr. Benson then states that he also would like to speak about our dental benefits administrator who is Liberty. And so, Liberty operates in Washoe, Clark County, and the DO. That covers about 91% of Medicaid. Nevada again are two urban centers there and they also provide what we call value-added benefits. So, these are benefits that you won't find in fee for service, for instance, pregnancy benefits, root canals, tele dentistry, and two additional cleanings per year. And again, for pregnant folks, there is an outstanding benefit and then all Members can also receive silver diamine fluoride. Dr. Benson then goes on with stating that it started on January 1st, 2023 and this is an ARPA-funded program as well. This provides care to focus on the ID waiver alone, which is approximately 3000 adults, and they have to be over 21 and this is a historically underserved group. Frankly, dental care for these folks can be very difficult because again, dentistry requires so much cooperation.

XI. 2023 Meeting Schedule (May 17, August 8, November 14)

Chair Dr. Akbar then states the upcoming MCAC dates.

XII. For Possible Action: Recommendations for future Agenda items

No recommendations for future agenda items were made.

XIII. Public Comment

No public comments were made.

XIV. Adjournment

Chair Dr. Akbar adjourns the meeting at 10:38am.