



DRAFT MCAC MEETING MINUTES

Date and Time of Meeting: Wednesday, September 27, 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	X
Dr. Susan Galvin	ABS
Dr. Ryan Murphy	X
Dr. Kelsey Maxim	X
Dawn Lyons	ABS
Sharon Moffett-Austin	ABS
Dr. Ihsan Azzam	ABS

I. Call to Order

Chair Dr. Akbar called the meeting to order at 9:05 AM.

II. Roll Call

Chair Dr. Akbar asked for roll call. A quorum was not established.

III. Public Comment

No public comment was made.

IV. For Possible Action: Review and approve meeting minutes from the meeting held on May 17, 2023.

Chair Dr. Akbar called for a motion to amend or approve the draft minutes from the May 17, 2023, MCAC Quarterly Meeting. A quorum was not established, and the Chair and the committee have agreed to have these minutes reviewed/approved at the next MCAC quarterly meeting on Thursday, November 30, 2023.

V. Administrator's Report (Legislative Implementation)

Administrator, Stacie Weeks begins giving the administrator's report. A new rare disease clinic, specialty type, provider type, and rate that was s funded by the legislature, so looking at how to use

that funding and creating a special clinic rate in compliance with federal law. In addition to the ABA rate increase that was passed last session. She mentions that they are looking at another public hearing on October 1st, 2023. She also mentions that they have 6 other state plan amendments that they are going to be presenting at this upcoming public hearing including dental rate increases, up to 5% for all dentists, that will go into effect on October 31, 2023. They also have home health including private duty nursing rate increase that was passed this session that they will be implementing with an effective date of January 1, 2024. The nursing facility rate increase, a pretty significant one, it will also go into effect on January 1, 2024. Personal care services rate increase which also had a wage requirement of 16\$ an hour. It will be moving forward in the October public hearing.

Administrator Weeks then adds that they hosted a legislative stakeholder update on all of the bills including all the ones after January 1, 2024, that they will be implementing and major projects. She mentioned that they will be posting the recording of this meeting. Administrator Stacie then mentions the public health unwind (PHE), they will now be moving forward with renewals because they have been paused for over 3 years. They started this process in June, renewing folks, and making sure they're still eligible, and then they found out a couple of weeks ago that there were some differences in interpreting the rule around individual and household eligibility, specific to their automatic eligibility process which they call ex parte and what they are doing is pausing to try and come into compliance and they are hoping by January to start that process back up with their eligibility system which is housed at DWSS so DWSS has been working closely with the DHCFP team on this which has been a really great effort. Administrator Weeks also adds that they did have to reinstate about 114,000 individuals to make sure people did not lose coverage incorrectly.

Chair Dr. Akbar then asks Stacie if they are seeing an increase or decrease in the number of beneficiaries or if has it been relatively consistent.

Stacie then adds that they at one point when they had to pause and reinstate they were at 130-160,000 had disenrolled, she mentions that they always assume that some folks will come back on. They have 90 days to at least come back without loss of coverage or they can come back on at any point if they're eligible so they won't be sure until 6 months out what the impact will be but now that they have reinstated a good portion of those folks that disenrolled, she thinks they are at a higher enrollment that they anticipated but not significantly higher, she adds that hopefully over time hopefully they're actually able to finish the full 12 months of the unwind.

VI. Community and Provider Unit Update

Deputy administrator, Malinda Southard then gives her community and provider unit update. The community and provider engagement unit will be overseen by a waiver and stakeholder Director which is a Social Services Chief III position. This unit will also have its own unit chief as well as the tribal and community liaison, currently in the position, Monica Schiffer. It will also include a school services specialist; the position will hopefully be filled by this fall. Malinda then adds that they will eventually have a justice-involved coordinator, which is a health care coordinator II position, and this position will assist with the care coordination piece that's involved with one of the bills that was just passed this last session, AB389 that provides for Medicaid coverage for incarcerated individuals up to 90 days pre-release. Deputy administrator, Malinda also mentions having a shared position with the Division of Child and Family Services (DCFS) for school health coordinator, a vacant position, hopefully filled by this fall as well.

She also mentions the Federal Waiver Unit, which was developed within the Division. This unit was developed to manage and lead all of the waivers that the Division is embarking on. They have a waiver that is associated with AB389, and they also have another waiver that is associated with some other legislation and some other waivers that the Division is currently working on. This unit is meant to manage those waivers in developing timelines, keeping track of deadlines, making sure that all of the

application paperwork is completed and submitted on time to the federal government, and then also coordinating with the federal government on those waivers. Deputy Malinda also adds that the vision of the federal waiver program unit is to oversee the development of federal waiver application materials and timelines for our federal demonstration waivers and program authorities (1115 and 1332). The team will lead coordination across Division units/stakeholder groups for federal waiver application materials, technical assistance (TA), and community support. Also, ensure appropriate and thorough negotiation between the Division and federal partners on federal waivers. As for the vision for the community and provider engagement unit, it is to lead efforts to establish regular opportunities for DHCFP to engage with community and provider groups in a manner that fosters and builds partnerships with these constituencies. Also, promote effective communication and collaboration between the Division and Indian tribes and other community groups. As well as manage the Division's various stakeholder communities such as MCAC, MRAC, Hospital Consortium, ACMI/MIC, FQHC quarterly meetings, etc., and develop and annually update DHCFP community and provider engagement plans with stakeholder listening sessions.

The Federal Waiver Program unit is intended to be the Division's federal demonstration waiver experts. This team will communicate openly and often with any units involved in federal demonstration waivers and keep track of deadlines and timelines. Once team management is hired, they will be responsible for building out the new team with the vacancies. The Community and Provider Engagement unit is intended to guide stakeholder engagement with larger groups and manage the larger stakeholder platforms (committees, consortiums, etc.) for the Division. This does not mean other units cannot engage or communicate with stakeholders. DHCFP Medical Director and Dental Health Officer will serve in an advisory role for stakeholder engagement activities as needed for clinical perspective. The future goal for this unit is to manage all incoming external stakeholder inquiries and to track and route accordingly.

Mr. John Phoenix then added a question for Malinda regarding the waiver for 90 days of patients who are in custody. He adds that there were a couple of other bills that passed around SB153 which is impacting people in custody potentially as well and SB439 is around people who are living with HIV, at risk for hepatitis, or living with hepatitis or substance use disorders. He asks if these things will come under that plan as well so somebody who is gender diverse would have access to Medicaid eligibility within that 90 days so they can set up a transition plan. He states that there is a lot of literature that says those individuals, if they don't have a successful transition plan their recidivism rate goes up extremely high, and the same thing goes with people living with HIV and substance disorders, etc.

Administrator, Stacie Weeks then responds to Mr. Phoenix. She adds that the bill did outline what type of services would be covered and for whom, which prisoners, not all prisoners, relates to certain conditions and that was around falling in some of the footsteps to California that was approved. Stacie adds they can look at the language and whether they can argue it affects behavioral health, mental health, etc., this will have to be worked out with CMS, but they will be stakeholders about how to interpret what's in state law for the populations that are covered and the services that are covered. Stacie adds CMS has a 2-year backlog on 1115 waivers. This is a long haul, 13, 14, states have pending waivers on this same thing.

Mr. Phoenix then adds a follow-up question, has the RFP for that agency been released yet? Stacie then adds yes, it's open right now. It's broadly for all federal waivers that they're trying to work on.

VII. Listening Session to Inform Priorities for 2025 Legislative Session & Budget Proposals

Chair, Dr. Akbar, then asks the MCAC committee members and the public to inform them what priorities they may have for the 2025 legislative session and budget proposals.

Mr. John Phoenix first adds some of the areas he has seen the recipients of Medicaid have been most impacted by is substance use disorder, where there are significant challenges in engaging in services, especially for patients housing insecure, looking at some opportunities to expand harm reduction strategies. Also, opportunities to engage patients in testing. Looking at how they can enhance legislation around the substance use community. Also looking to continue to enhance the access to medications for Hep-C and substance use disorders.

Deputy administrator, Malinda Southard then adds a comment from the chat. “De” would like to see a rate increase for PT 34.

Admin Services Officer III, Kimberly Adams then explains what the quadrennial rate review found and where it landed. She adds generally the quadrennial rate review process is from a statute that came from the 2017 Legislative session that stated that every four years, they have to look at the cost of each service or item covered by Medicaid and determine if the current reimbursement rate covers the cost of providing that service and if the current rate doesn’t cover the cost, they have to figure out what rate would cover the cost and they make a recommendation in their report for possible inclusion in the state plan and future development. She also states that not every survey result that indicates they need an increase rate means they will get an increase, they have to pick and choose what will fit in the budget. She states provider type 34 was included in their report that was published in October 2022. Looking at the high-level summary of this report, providers have reported that they will need to see an increase on average of about 335% to bring those rates for therapy services up to cover costs.

Administrator, Stacie Weeks then adds that she would like to clarify, that they are required to do the quadrennial rate review and it is based on the information they get from providers. This information is used to show the Director and lawmakers where the rates may fall short. She states you can go other avenues in getting rate increases, for example, reaching out to lawmakers. She states that they’re not funded to give rate increases.

John Phoenix then asks, where is the provider parity that was included in some of the bills in this legislative session. Administrator Stacie then answers it is being implemented. The effective date in state law is January 1, 2024, and they are on track to meet this timeline.

Chair, Dr. Akbar adds that he wanted to see if there is anything planned from Medicaid's perspective to ease access to Medicaid beneficiaries into long-term care facilities and if there is going to be anything along those lines in the next budget proposal. He states there is sponsorship for 65 and above for group homes. He asks if there is going to be enhanced access for Medicaid beneficiaries who are less than 65 and do not have underlying health. Is this access going to be enhanced or not or can there be a probability of being added to the upcoming legislative session or budget proposals? Administrator Weeks then adds that currently, they don’t know what they have in their proposal.

Social Services Chief III, Kirsten Coulombe adds in terms of the waitlist, they typically receive increases. She mentions that the waitlist has to do with challenges with staffing on the Aging and Disability side (ADSD) in terms of having social workers go out. They did enroll a private case manager to have a public and private case management option to help relieve the case managers on the ADSD side. She mentions the goal is to have no one on the waitlist but it is a historical challenge, but they continue to work with ADSD.

VIII. Recommendation Letter Feedback

Deputy Administrator, Malinda Southard then begins by stating the first recommendation by the committee, which is to increase participation of Medicaid Beneficiaries at the MCAC to truly identify the concerns at hand for the beneficiaries and publicize this committee at various state forums. Representation from state-employed social workers such as those employed by the division of welfare

and supportive services who review and submit Medicaid applications. This perspective would assist MCAC members to better understand common issues with beneficiary enrollment and understand beneficiary social determinants of health while seeking ways to mitigate these issues and better understand the Medicaid beneficiary population. Also, greater accessibility to Medicaid public forums or hearings. Microsoft Teams does not provide the greatest accessibility for disabled community members. An alternative that may be considered is Zoom, where interpreters can multi-pin participants who need American Sign Language (ASL) captions may be customized other non-English translators may be made available, and many other accessibility features exist within Zoom that do not necessarily on other virtual platforms. There are always challenges with technology, but these challenges can be minimized by utilizing a truly accessible virtual meeting platform. Committee members have received feedback from Nevada Medicaid beneficiaries who may have a certain degree of disability, that they would otherwise participate in the meeting if it were offered on Zoom, or if they had appropriate access. To better engage the largest minority population in Nevada in Medicaid planning, a more accessible option is necessary. Another recommendation is prior authorization process be reviewed to ensure access to care for Medicaid beneficiaries is not restricted care is inequitable for Medicaid beneficiaries at par with other payers and such that the process is more provider-friendly. Also, review of the pharmacy benefit manager program to ensure the lines with delivery of superior patient care such that pharmacy benefits for Medicaid beneficiaries are inequitable compared to other payers, and that the process is provider-friendly and does not increase provider burden to deliver care. Expanding access to human immunodeficiency virus (HIV) care and all FDA-approved medications. Expanding access to substance abuse care, and all FDA-approved medications. Expanding access to hepatitis C virus care and all FDA-approved medications. Inequitable provider reimbursement irrespective of the provider qualification including the need to align reimbursements to advanced practice registered nurses, physicians assistants, physicians, and pharmacists based on the complexity of care delivered, as opposed to the type of provider delivery care period this will allow expanded access to Medicaid beneficiaries while simultaneously allowing recruitment and retention of various providers across the state to serve Medicaid beneficiaries. Review of dental care reimbursements by Nevada Medicaid to ensure they align with inflation and supply chain issues faced by dental practices across the state. Improved dental provider revalidation application process to ensure this remains provider friendly allowing expansion of provider enrollment and revalidation in the program this will allow expansion of access to dental care for Medicaid beneficiaries. And lastly, the last recommendation was to review reimbursement for age-appropriate vaccinations at the pharmacy level.

Chair Dr. Adnan Akbar then adds that the November 14, 2023, MCAC meeting will be rescheduled. New date is to be determined.

IX. Public Comment

No public comments were made.

X. Adjournment

Chair Dr. Akbar adjourns the meeting at 9:53am.