



**Notice of Meeting to Solicit Public Comments and Intent to Act
Upon Amendments to the State Plan for Medicaid Services**

**Public Hearing February 23, 2021
Summary**

Date and Time of Meeting: February 23 at 9:04 AM

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

Place of Meeting: WebEx

Teleconference and/or WebEx Attendees

(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

Jessica Kemmerer, DHCFP	Paula Pence, DHCFP
Gabriel Lither, Senior Deputy Attorney General (SDAG)	Sheila Heflin-Conour, DHCFP
DuAne Young, Deputy Administrator, DHCFP	Carl B. Jeffery, Optum
Steve Messinger, Nevada Primary Care Association	Jack Zenteno, DHCFP
Cheri Glockner, Silver Summit Health Plan	Jessica Vannucci, DHCFP
Annette Piccirilli, Optum	Robyn Gonzalez, DHCFP
Abigail Bailey, DHCFP	Ellen Flowers, DHCFP
Laurie Curfman, Liberty Dental Plan	Carin Hennessey, DHCFP
Erin Lynch, DHCFP	Pauline Whelan, US Worlds Meds
Kindle Craig, Renown	Antonio Gudino, DHCFP
Sarah Dearborn, DHCFP	Jennifer Atlas
David Olsen, DHCFP	Serene Pack, DHCFP
Theresa Carsten, DHCFP	

Introduction:

Jessica Kemmerer, HIPAA Privacy and Civil Rights Officer, DHCFP opened the Public Hearing introducing herself, DuAne Young, Deputy Administrator, DHCFP and Gabriel Lither, SDAG.

Jessica Kemmerer – The notice for this public hearing was published on February 4, 2021 in accordance with the Nevada Revised Statute (NRS) 422.2369.

1. Public Comment

There were none.

2. Amendment to the Medicaid State Plan for Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD) to Attachment 3.1-A

Sarah Dearborn, Social Services Program Specialist, Behavioral Health Unit, DHCFP, reported on proposed State Plan Amendment (SPA) to Attachment 3.1-A to add a Supplement to Attachment 3.1-A for Medication Assisted Treatment (MAT) as required by Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, HR 6, and Section 1905(a)(29) of the Social Security Act (SSA). Section 1006(b) of the SUPPORT Act requires states to begin implementing MAT as a mandatory Medicaid State Plan benefit for categorically needy populations for the 5-year period beginning October 1, 2020. This State Plan Amendment will combine already required covered medications and services used in MAT for OUD, this amendment is not new policy but rather consolidates what is already covered into a Supplement to Attachment 3.1-A of the State Plan. As per Section 1905(a)(29) of the Act, beginning October 1, 2020, MAT services are covered as a mandatory benefit for adults and children who meet the medical necessity criteria for receipt of services. MAT is an evidence-based practice using methadone, naltrexone, buprenorphine, and all other forms of MAT approved under section 505 of the Federal Food, Drug, and Cosmetic Act and all biological products licensed under section 351 of the Public Health Service Act for the treatment of OUD. With respect to the provision of such drugs and biological products, MAT also includes the provision of counseling and behavioral therapy. Supplement 2 to Attachment 3.1-A outlines eligible providers that are able to perform MAT services, these provider groups are known as Office Based Opioid Treatment also known as (OBOT) and Opioid Treatment Programs also known as (OTP). OBOT providers must have capacity to provide directly or by referral all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder, including for maintenance, overdose reversal, and relapse prevention. OBOT providers must have capacity to provide directly or by referral appropriate counseling and behavioral therapy. OBOT providers are limited to the drugs allowed by law to be prescribed and/or administered in a setting that is not an OTP. OTPs are engaged in the opioid treatment of individuals by use of an opioid agonist treatment medication, including methadone, and contracted with the State. An OTP must have the capacity to provide the full range of services included in the definition of MAT and must document both medication dosing and supporting behavioral health services. Additionally, Supplement 2 to Attachment 3.1-A provides reference to the specific services covered, individual provider qualifications, and utilization management within MAT and where those services are described throughout the State Plan. This proposed change affects all Medicaid-enrolled providers delivering MAT services for OUD. Those provider types (PT) include, but are not limited to: Physician, M.D., Osteopath, D.O. (PT 20), Advance Practice Registered Nurse, (PT 24), Nurse Midwife, (PT 74), Physician's Assistant, (PT 77), Methadone Clinic (PT 17) and Specialty 171, and Substance Abuse Agency Model (SAAM) (PT 17 Specialty 215).

There is no change in annual aggregate expenditures anticipated.

The effective date of this proposed change is October 1, 2020.

At the conclusion of Sarah Dearborn's presentation, Jessica Kemmerer asked DuAne Young and Gabriel Lither if they had any questions or comments, and they had none.

Steven Messinger, Nevada Primary Care Association, advised he wanted on record Federally Qualified Health Centers (FQHC) in this state have seen some substantial investment on both the federal and the state through the State's Opioid Response Grant trying to build their compacity to provide MAT services. He advised he has no objections as to what is proposed he just wanted to note MAT services are very much expected to involve counseling with a drug and alcohol specialist, someone who specializes in addiction treatments, and those are services Medicaid has still not allowed in FQHCs in this state. He asked that during this process while looking to expand these services, he would like this to be noted that we are holding back one of our best tools and he hopes some consideration will go into addressing that.

There were no further comments.

Jessica Kemmerer – Closed the Public Hearing for the Amendments to the State Plan for Non-Emergency Secure Behavioral Health Transports.

DuAne Young approved as submitted.

Jessica Kemmerer closed the Hearing for Medicaid State Plan for Attachment 3.1-A for MAT for OUD Prevention.

3. Adjournment

There were no further comments and Jessica Kemmerer adjourned the public hearing at 9:11 AM.

**An Audio (CD) version of this meeting is available through the DHCFP Compliance office. For more detailed information on any of the handouts, submittals, testimony and or comments, please contact Jenifer Graham at jenifer.graham@dncfp.nv.gov with any questions.*