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

**Public Hearing January 26, 2021  
Summary**

Date and Time of Meeting: January 26 at 9:11 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	Luisiana Tegan, AmeriHealth
Gabriel Lither, Senior Deputy Attorney General (SDAG)	Jesse Wadhams, Black & Wadhams
DuAne Young, Deputy Administrator, DHCFP	Kelly Woods, DHCFP
Jessica Adams, Aging and Disability Services Division (ADSD)	Joseph Turner, DHCFP
Angela Highsmith, Koinonia Foster Homes, Inc.,	Heather Lazarakis, DHCFP
Kerri Korin, Apple Grove Treatment Center	Megan Wickland, ADSD
Leslie La Combe, Apple Grove Treatment Center	Crystal Wren, ADSD
Marissa Brown, Nevada Hospital Association	Tracy Brown May, Opportunity Village
Lea Case, JK Belz & Associates	Alton Giles, Guardian Transportation
Sandy Arguello, Koinonia Foster Homes, Inc	Kelly Slaughter, Redhead Supports
Cristina Vito, Nevada Adult Day Healthcare Centers	Theresa Carsten, DHCFP
Jenelle Winingar, Overture Services	Lori Follett, DHCFP
Jeffrey Murawsky, Silver Summit Health Plan	Ellen Frias-Wilcox, DHCFP
Donalda Binstock, Clark County Social Service	Rossana Dagdagan, DHCFP
Erin Colgan, Specialty AmeriHealth Caritas	Crystal Wren, ADSD
Kirsten Coulombe, DHCFP	Jennifer Frischmann, ADSD
Yvonne Vestal, DHCFP	Valerie Hicks
Megan Quintana, DHCFP	Caitlin Basye, Olive Crest
Sarah Dearborn, DHCFP	Sanja Guyer, ADSD
Deborah Thomas, ADSD	Gladys Cook, DHCFP
Nicole Figles, Silver Summit Health Plan	Debra Sisco, DHCFP
Catherine Vairo, DHCFP	Debbie Jordan, DHCFP
Marcia Tinberg, DHCFP	Jackie Obregon, DHCFP
Sarah Braze, Koinonia Foster Homes, Inc	Sandra Stanko, MTM
Jack Zenteno, DHCFP	Stephanie Schoen
Susana Angel, DHCFP	Tiffany Saunders-Newey; Anthem
Amy Miller Bowman, AmeriHealth Caritas	Troy Friden, Chrysalis
Abigail Bailey, DHCFP	Diane Thorkildson
Joan Hall, Nevada Rural Hospital Partners, NRHP	Dwayne Dabbs, Aetna

Erin McClelland, Olive Crest  
Mari Nakashima, The Perkins Co  
Ryan Swensen, Humboldt Human Development Services

Lisa Foster  
Cristina Kirit, Redhead Supports  
Sarah Cummings

### **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 December 24, 2020 in accordance with the Nevada Revised Statute (NRS) 422.2369.

#### **1. Public Comment**

No Comments.

#### **2. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

**Subject:** Non-Emergency Secure Behavioral Health Transports SPA, Attachment 3.1-D: Transportation, Pages 1 and 2; Attachment 3.1-A, Pages 9, 9a, 9b and Attachment 4.19-B, Pages 4.4 and 4 (Addendum).

Jackeline Obregon, Policy Specialist with Nevada Medicaid for the Transportation Program, presented on the proposed changes to the Transportation Sections of the Medicaid State Plan and the proposed amendments to the Alternative Benefit Plan (ABP). Jackeline Obregon advised Nevada Medicaid is proposing changes to include Non-Emergency Secure Behavioral Health Transport Services and the rate methodology for this new service. The proposed changes are a result of regulations passed by the DPBH as a result of Assembly Bill 66 from the 2019 Legislative Session, to create a transportation model for individuals experiencing a behavioral health crisis to have a better mechanism to be transported and receive needed services and treatment.

Although these regulations are for any individual and payor source, Nevada Medicaid has been working internally to develop the policy and system changes to create a Medicaid-billable model for these transports to ensure that all Medicaid recipients have Non-Emergency Secure Behavioral Health transports as an option.

The first change is to Attachment 3.1D Pages 1 and 2 Transportation. Non-emergency secure behavioral health transports and added as one of the types of transportation services Medicaid provides. Ground Emergency Medical Transportation claims reference has been removed based on guidance received by Centers for Medicare and Medicaid Services (CMS). A paragraph defining Non-Emergency Secure Behavioral Health Transports was added, which reads as follows: “Non-emergency secure behavioral health transport services mean the use of a motor vehicle, other than an ambulance or other emergency response vehicle, that is specifically designed, equipped, and staffed by an accredited agent to transport a person alleged to be in a mental health crisis or other behavioral health condition, including those individuals placed on a legal hold. All Nevada Medicaid recipients are eligible for non-emergency secure behavioral health transports. These services do not require prior authorization.” Non-emergency secure behavioral health transports were added to the list of covered transportation services, renumbering changes was necessary.

The next section of the Medicaid State Plan changes is Attachment 3.1-A, Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy on Page 9 and 9b. Page 9, 24 a.1 has some minor technical changes based on more clarification from CMS, such as selecting that Transportation is “Provided,” “With Limitations.” Page 9b, Number 2 “secured transportation,” has been de-selected. It will now be covered under the Non-Emergency Secure Behavioral Health Transport Medicaid-billable model, and no longer provided by our NET broker.

Joseph Turner, Management Analyst with the Rate Analysis and Development Unit, presented on the proposed changes to Attachment 4.19-B: Payment for Medical Care and Services, Pages 4.4 and 4 (Addendum) specifically outlining the rate methodology for non-emergency secure behavioral health transports. They will be reimbursed for the following codes: T2003 with a UA modifier and will be the base rate and pay at 70% of the basic life support A0429 rate, which is based on the requirements for emergency medical transport services for basic life support. The requirements for that transport are about 70% under the non-emergency secure behavioral health transports. Additionally, for mileage the rate S0215 with a modifier UA will be the mileage rate and will reimburse at 70% of the mileage rate A0380, also under the emergency medical transport and can be found on a fee schedule.

Jackeline Obregon presented on changes for the Alternative Benefit Plan (ABP). The only changes were to Page 15 proposing some changes to part ABP5, Benefits Description, Section 14, “Other 1937 Covered Benefits that are not Essential Health Benefits.”

Some of the same language from the updates to Attachment 3.1-D of the Medicaid State Plan has been added, defining non-emergency secure behavioral health transports, which reads: “Non-emergency secure behavioral health transport services means the use of a motor vehicle, other than an ambulance or other emergency response vehicle, that is specifically designed, equipped and staffed by an accredited agent to transport a person alleged to be in a mental health crisis or other behavioral health condition, including those individuals placed on a legal hold. These services do not require prior authorization.”

These proposed changes affect all Nevada Medicaid-enrolled providers delivering non-emergency secure behavioral health transport services. Those provider types (PT) include but are not limited to: Non-Emergency Secure Behavioral Health Transports (PT 35, Specialty 987); and Ambulance, Air, or Ground (PT 32).

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures:

SFY 2021: \$1,024,454  
SFY 2022: \$2,283,300

The effective date of change is February 1, 2021.

At the conclusion of Jackeline Obregon’s presentation, Jessica Kemmerer asked DuAne Young and Gabriel Lithier if they had any questions or comments, and they had none.

Public Comments:

Alton Giles, Guardian Transportation asked if the proposed reimbursement rate is \$52.72 currently to show up for a pickup and \$1.43 per mile.

Joseph Turner responded the codes can be found under PT 32 the schedule on our website as there is currently a 6% rate reduction for that PT. It is based on the rate listed.

Alton Giles asked if it was 7% of the basic rate.

Joseph Turned responded that is correct, and that is the Basic Life Support (BLS) rate.

Alton Giles responded that it is a very, very low rate for anyone to get into with what Legislature has been asked and put in place for this type of service, and all the different qualifications and all the different licenses, and where only one patient can be transported at a time as opposed to medical brokers who can transport multiple patients at a time.

Joseph Turner replied that this was taken into consideration and the requirements under this Legislation for the brokers used for transport is about 130% of the requirements for brokers that have previously been used.

Alton Giles responded his concern was that this is being compared to non-emergent transport as opposed to being compared to a specialty such as an ambulance. Because this is a specialty transport and there are many factors at risk and because of the reimbursement rate, he cannot afford to apply for this due to costs and other factors, and he will lose money on every single transport.

Gabriel Lither advised this is not necessarily the time for a give-and-take discussion, and if Alton Giles wished to make additional comments that is fine, and perhaps Joseph Turner would contact him later to answer any questions he may have. Nevada Medicaid always exams rates and will take comments into consideration.

Alton Giles apologized if this is not the correct time to ask these questions.

Gabriel Lither advised he could make any comments and pose questions, but the questions are not necessarily going to be answered as there is not time for all question and comments to be answered. However, if there are additional comments and questions or he wished to reach out in writing he is welcome to do so.

Alton Giles replied that he had no further comments other than his previous comments on reimbursement rates.

DuAne Young advised comments are taken into advisement and there have been some public engagement sessions as well as a workshop where this was presented. We are looking to move forward with this policy today due to the constraints and time, but will certainly welcome a follow-up meeting with those who have concerns about the rate to discuss the rate and what it will look like going forward.

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.

**3. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

**Subject:** 1915(i) Home and Community Based Services benefit for Intensive In-Home Services and Supports and Crisis Stabilization Services

Sarah Dearborn, Social Services Program Specialist, Behavioral Health Unit, DHCFP, proposed an amendment to the 1915(i) State Plan Home and Community Based Services benefit 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.

Currently the State Plan allows for two care coordination models, FOCUS and High Fidelity Wraparound. These care coordination models are utilized by the Division of Child and Family Services (DCFS).

Changes were made throughout Pages 7-20 to replace Care Manager and Wraparound Facilitator with Care Coordinator. Beginning on Page 10 language was added to describe the addition of the SAFE model. SAFE will be utilized when evaluation and re-evaluation is determined by the local county agency, either Clark County Department of Family Services (CCDFS) or Washoe County Human Services Agency, rather than utilizing FOCUS or High Fidelity Wraparound. This page also describes the process county case workers will utilize when evaluating whether an individual meets the needs-based State Plan Home and Community Based Services (HCBS) eligibility criteria and whether the individual is eligible for the 1915(i)-State Plan Benefit Services. Clarifying language was added to define the term of the Care Coordinator regardless of the Child Welfare agency that has oversight.

This proposed change affects all Medicaid-enrolled providers delivering Intensive In-Home Supports and Services and Crisis Stabilization Services. Those PTs include but are not limited to Specialized Foster Care Services (PT 86).

There is no change in annual aggregate expenditures anticipated as a result of these proposed changes.

The effective date of this proposed change is January 1, 2021.

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

Jessica Kemmerer asked if there were any public comments.

Valerie Hicks, spoke on behalf of the Family Focused Treatment Association (FFTA). They would like to express their ongoing support for the 1915(i) State Plan Amendment pertaining to Specialized Foster Care. They are supportive of DHCFP adding the Safe Model as one of the recognized care coordination models and look forward to full approval in the near future as working as partners to ensure smooth implementation. In addition, FFTA would like to express their most sincere gratitude for the DHCFP's recent support of authorizing administrative override pertaining to Basic Skills Training (BST) until the 1915(i) is ready for implementation. Without the DHCFP's support, Specialized Foster Care operations may not have been sustainable going forward, and they appreciate the recognition and support of the vulnerable youth population served during this unprecedented time.

DuAne Young thanked Valerie Hicks and all the Specialized Foster Care providers and advised he made a personal promise to Valerie Hicks nearly four years ago during a workshop in 2017 on BST to bring something forward that would focus on Specialized Foster Care. He advised he would like to thank her and all the other providers for their patience and continued assistance. He advised this technical change will give more flexibilities to counties that administer the programs and we are looking forward to finishing this piece as well.

Jessica Kemmerer – Closed the Public Hearing for Medicaid State Plan 1915(i) Home and Community Based Services benefit for Intensive In-Home Services and Supports and Crisis Stabilization Services.

#### 4. Adjournment

There were no further comments and Jessica Kemmerer adjourned the public hearing at 9:34 AM.

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*\*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](mailto:jenifer.graham@dncfp.nv.gov) with any questions.*