

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

**Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the  
Medicaid Services Manual (MSM)**

**Public Hearing June 28, 2022  
Summary**

Date and Time of Meeting: June 28, 2022 at 10:35 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: DHCFP  
1100 E. William Street  
First Floor Conference Room  
Carson City, Nevada 89701

**Teleconference and/or Microsoft Teams Attendees**

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

Suzanne Bierman, DHCFP  
Dr. Antonina Capurro, Deputy Administrator, DHCFP  
Athanasia E. Dalacas Deputy Attorney General (DAG)  
Casey Angres, DHCFP  
Megan Quintana, DHCFP  
Lisa Dyer, DHCFP  
Rianna White, Fidelis-Rx  
Ashley Barton DHCFP  
Yvonne Vestal, DHCFP  
Richard McFeely, DHCFP  
Ellen Frias-Wilcox, DHCFP  
Quynh Nhu Doan  
Kevin McBride  
Kirsten Coulombe, DHCFP  
Erin Lynch, DHCFP  
Seth Wray  
Vanessa Dunn  
Antonio Gudino-Vargas, DHCFP  
David Olsen, DHCFP  
Jerry Dubberly  
Briza Virgen, DHCFP

Theresa Carsten, DHCFP  
Marcia Tinberg, DHCFP  
Ashley Cruz  
Michelyn Y. Domingo, Anthem  
Jennifer Crouse  
Veronica Sheldon  
Angela Berg  
Abigail Bailey, DHCFP  
Jacqueline Hernandez  
Tessa Holcomb  
Monica Schiffer, DHCFP  
Becky Gonzales, ViiV Healthcare  
Shawna Derousse  
De  
Ellen Flowers, DHCFP  
Casey Walker  
Sydnea  
Vimal Asokan, Anthem  
Tyler Shaw, FRPA  
Kristen Tjaden  
Samantha Strong

Lawrence Henry, Fidelis-Rx  
Susana Angel, DHCFP  
Brian Parrish  
Kimberly Adams, DHCFP  
Brandon Ford, Best Practices Nevada  
Michael Murphy, American Pharmacists Association  
Vasudha Gupta, Nevada Pharmacy Alliance  
Krystle Daniels  
Leela Tenneti, DHCFP  
Evelyn Ortiz  
Mary Wherry, Community Health Alliance  
Maria Reyes, Fidelis-Rx  
Jimmy Lau, Ferrari Public Affairs  
rstokestransliving  
Keibi Mejia  
James Nitz  
Sarah Hunt, University of Nevada, Las Vegas (UNLV)  
Joan Hall, NRHP  
Lilnetra Grady  
Heather Lazarakis, DHCFP  
Laurie Curfman, Liberty Dental Plan  
Alma Spears  
Stephanie Sadabseng, DHCFP

Emily Walsh, Pinyon Public Affairs  
Lana  
Mark Du, DHCFP  
Maggie Sadler  
John Kucera  
Kaelyne Day, DHCFP  
Tracy Carver  
Angela Quinn  
Abigail Hatefi, Department of Health and  
Human Services (DHHS)  
Melissa Boesen  
Bonnie Weatherby  
Shanna Cobb-Adams, DHCFP  
Kyril Plaskon, DHCFP  
Jeana C. Piroli  
Helen Foley, First Med  
Walter Walsh  
Shirley Walsh  
Steve Messinger, Nevada Primary Care  
Association (NPCA)  
Sidney Cananea  
Myesha Wilson

### Introduction:

Casey Angres, Manager of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Dr. Antonina Capurro, Deputy Administrator of DHCFP and Athanasia E. Dalacas Deputy DAG.

Casey Angres – The notice for this public hearing was published on May 26, 2022, and revised on June 21, 2022, and June 22, 2022, in accordance with Nevada Statute 422.2369.

1. **Public Comments:** No comments.
2. **For possible action:** Discussion and proposed adoption of changes to MSM Chapter 600 – Physician Services, Section 603.9 Rural Health Clinics (RHC)

Susie Angel, Social Services Program Specialist in the Medical Programs Unit, DHCFP, presented DHCFP is proposing the addition of five new PTs under MSM Chapter 600, Physician Services – Provider Services in Rural Health Clinics (RHCs). Encounter billing will be allowable for Community Health Worker (CHW), Doula, Licensed Pharmacist, Registered Dietitian and Licensed Marriage and Family Therapist (LMFT) services.

The addition of these PTs is a result of the passage of multiple bills during the 81<sup>st</sup> Legislative Session in 2021. These bills include: CHWs under Assembly Bill (AB) 191 and Senate Bill (SB) 420; Doula under AB 256 and SB 420; and Licensed Pharmacists under AB 190 and SB 325.

Registered Dietitian services as a reimbursable encounter was inadvertently overlooked in prior updates to the MSM and the addition will provide an accurate list of allowable PTs within the RHCs.

LMFT services are being proposed as a billable encounter to expand behavioral health services within the RHCs.

Proposed changes to the policy: Section 603.9 Provider Services Provided in Rural Health Clinics - added a subsection to distinguish between Licensed Qualified Health Professionals and certified providers; Under Licensed Qualified Health Providers added "Licensed Marriage and Family Therapist (LMFT)," "Licensed Pharmacist" and "Registered Dietitian;" Under Certified providers added CHW and Doula; and Removal of "Indian Health Programs" as this is addressed in MSM Chapter 3000.

The proposed policy update may affect the following Provider Types (PT), including but not limited to: CHW (PT 89); Doula (PT 90); Licensed Pharmacist (PT 91), LMFT (PT 14 Specialty 306); Registered Dietitian (PT 15) and RHCs (PT 17 Specialty 180).

The effective date of this new policy is July 1, 2022, pending Centers for Medicare and Medicaid Services (CMS) approval of the State Plan Amendment (SPA). DHCFP will notify the providers via Web Announcement and Direct Email once final approval is obtained.

At the conclusion Susie Angel's presentation, Casey Angres asked Dr. Antonina Capurro and Athanasia E. Dalacas if they had any questions or comments, they had none.

**Public Comment:** There were none.

Dr. Capurro approved the changes, pending spelling and grammar checks.

Casey Angres closed the Public Hearing for MSM Chapter 600 – Physician Services, Section 603.9 Rural Health Clinics (RHC).

**3. For possible action:** Discussion and proposed adoption of changes to MSM Chapter 600 – Physician Services

Antonio Gudino, Pharmacy Services Manager, DHCFP, presented on the proposed revisions to MSM 600 – Physician Services, Section 610,

Providers who prescribe, dispense or administer this drug may be affected by this change, including but not limited to the following PTs: Licensed Pharmacist (PT 91).

There is no known financial impact of local government.

Effective date is July 1, 2022, pending CMS approval of the SPA.

At the conclusion of Antonio Gudino's presentation, Casey Angres asked Dr. Antonina Capurro and Athanasia E. Dalacas if they had any questions or comments, they had none.

**Public Comment:**

Michael Murphy, American Pharmacists Association, advised earlier the American Pharmacists Association and the Nevada Pharmacy Alliance submitted written testimony supporting the work of the department and division. Michael wanted to thank the department, the division, Antonio Gudino and David Olsen for their work in implementing this legislation. He also asked about the link that is at the bottom of the second page showing the list of covered procedure codes. He advised they currently do not see any medical billing Current Procedural Terminology (CPT) codes on the list. He wanted to confirm that upon adoption, the list will be updated to include the CPT codes previously discussed for pharmacists to bill for the services of preventing HIV and hormonal contraceptive services.

Antonio Gudino replied upon adoption of this policy and confirmation from CMS authorizing reimbursement for these services, a billing guide will be available for all new prior authorizations during this Pharmacist (PT-91).

Vasudha Gupta, currently the president of Nevada Pharmacy Alliance, and a clinical pharmacist and practices at a FQHC called First Person Care Clinic in Henderson, Nevada. She thanked the Division for the changes being made. With the passage of these two laws, pharmacists will be able to prescribe medication for HIV prevention as well as for oral contraceptives. She advised this is great, and hopefully, they will get reimbursed for these services due to the changes. She also said she provides clinical services at her practice. She covers a host of chronic diseases such as hypertension and diabetes and is hoping the foundation is being laid for billing for some of these services as she is doing similar work to other midlevel providers like physician assistants and nurse practitioners. Some of the services being provided are very similar to the ones they are providing, but pharmacists are currently not being reimbursed for those services. Hopefully this is a good starting point, but she would love to see that expanded to all the services pharmacists are providing in FQHCs as well as RHCs.

Dr. Capurro approved the changes, pending spelling and grammar checks.

Casey Angres closed the Public Hearing for MSM Chapter 600 – Physician Services.

**4. For possible action:** Discussion and adoption of changes to MSM Chapter 2900 – Federally Qualified Health Centers (FQHCs)

Susie Angel, Social Services Program Specialist in the Medical Programs Unit, DHCFP, advised DHCFP is proposing the addition of two new PTs under the FQHC allowable encounters, Licensed Pharmacist and LMFT.

The addition of Licensed Pharmacist services as a reimbursable provider under the medical encounter within MSM Chapter 2900 – FQHCs is being proposed as a result of the passage of AB 190 and SB 325 during the 81<sup>st</sup>, 2021 Legislative Session.

LMFT services are being proposed as billable encounters to expand behavioral health services within the FQHCs.

Proposed changes to the policy: Section 2901 Authority added “NRS Chapter 639 – Pharmacists and Pharmacy” and “NRS 641A – Marriage and Family Therapist and Clinical Professional Counselors;” Section 2903 Policy added “Licensed Marriage and Family Therapist (LMFT)” and “Licensed Pharmacist;” and Section 2903.1 Coverage and Limitations, Medical Encounters added Licensed Pharmacist and Behavioral/Mental Health added LMFT to the list of approved providers.

The policy updates that are being proposed may affect the following PTs, including but not limited to: Licensed Pharmacist (PT 91), Licensed Marriage and Family Therapist (PT 14, Specialty 306); and FQHCs (PT 17, Specialty 181).

The effective date of this new policy is July 1, 2022, pending CMS approval of the SPA. DHCFP will notify the providers via Web Announcement and Direct Email once that approval is obtained.

At the conclusion Susie Angel’s presentation, Casey Angres asked Dr. Antonina Capurro and Athanasia E. Dalacas if they had any questions or comments, they had none.

**Public Comment:**

Steve Messinger, Policy Director for NPCA, advised NPCA represents the state’s community health centers, which provide care to more than a hundred thousand Nevadans who belong to underserved populations or communities. NPCA health centers have been in the forefront of providing integrated primary dental and behavioral healthcare for years. Care is provided regardless of their ability to pay. The number of behavioral health visits delivered by their health centers rose from just under 5,000 in 2015 to nearly 81,000 in 2020. Current state policy dictates these services can only be provided by certain provider types, such as psychiatrists, psychologists, and licensed clinical social workers. Psychiatrists and psychologists are expensive for the health centers to employ, and their services are often beyond the scope of the counseling the patients need. The University of Nevada, Reno (UNR) School of Medicine office of statewide initiatives reported just over 1,100 licensed clinical social workers in the state in 2020. The same report shows about 900 LMFTs. That means this policy change will nearly double the number of available providers that their health centers can afford and are appropriate for the services underserved Nevadans need. They expect this to allow health centers to significantly expand access to behavioral healthcare across the state. NPCA would like to express their profound thanks to the division for recognizing the benefits of this policy change and they strongly support the adoption of this policy and amendment of the MSM.

Dr. Capurro approved the changes, pending spelling and grammar checks.

Casey Angres closed the Public Hearing for MSM Chapter 2900 – Federally Qualified Health Centers (FQHCs).

- 5. For possible action:** Discussion and adoption of changes to MSM Chapter 2200 - Home and Community Based Services (HCBS) Waiver for The Frail Elderly and MSM Chapter 2300 - Home and Community Based Services (HCBS) Waiver for Persons with Physical Disabilities.

Richard McFeely, Waiver Program Specialist, DHCFP, presented revisions to MSM Chapter 2200 are being proposed to align with the current Appendix K which is through the American Rescue Plan Act (ARPA) funding approved on March 14, 2022, which is time limited, from July 1, 2022, through March 31, 2024, or when funding has been exhausted, whichever comes first.

The proposed changes to chapter 2200 include adding Home Delivered Meals Service and its definition and coverage and limitations to the existing waiver services offered under the Frail Elderly Waiver similar to the Home Delivered Meal service offered under the Physically Disabled Waiver.

Section 2203.2A - Coverage and Limitations Home Delivered Meals – Number 5 was added as a service.

Section 2203.2B - Provider Responsibilities - The word “Medicaid” was added for clarification. Physically Disabled Waiver (PT 58) was added, which is the same PT for Home Delivered Meals Service under the Physically Disabled Waiver. This will alleviate current Home Delivered meal providers from having to apply for a Senior Waiver (PT 48) under the Frail Elderly waiver for this temporary service.

Section 2203.7 - Home Delivered Meals - Includes the definition of Home Delivered Meals, which is the same as under the Physically Disabled Waiver.

Section 2203.7A - Coverage and Limitations - A new section was created detailing the specific provisions of the Home Delivered Meals Service. This is the same coverage and limitations that are included in the Physically Disabled Waiver.

Section 2203.7B - Provider Responsibilities - A new section was created detailing the requirements for the Home Delivered Meal providers which was obtained from Physically Disabled Waiver.

Sections 2203.7C - Recipient Responsibilities - A new section was created to detail the specific recipient responsibilities for the Home Delivered Meal Service and was also added to align and be consistent with other policies within Long Term Support Services (LTSS).

Proposed effective date July 1, 2022.

Revisions to MSM Chapter 2300 are being proposed to align with the current Appendix K, which is through the ARPA funding approved on March 14, 2022, and is time limited, from July 1, 2022, through March 31, 2024, or when funding has been exhausted, whichever comes first.

The change includes the addition of an assessment fee and travel to enhance Environmental Accessibility Adaptations (EAA) Service.

Section 2303.7A Coverage and Limitations – Number 3 was added to include a separate assessment and travel fee for EAA. The purpose of the EAA enhancement is to ensure waiver recipients receive maximum services and for waiver providers to have the ability to properly identify needed adaptations.

Section 2303.7B Environmental Accessibility Adaptations Provider Responsibility – Number 1 was deleted as the requirements are too restrictive and do not align with the current waiver. Number 2 was added to align with the requirements under the Physically Disabled Waiver. In Number 4 language was updated to include assessment and travel fee, which must be prior authorized.

Proposed effective date is July 1, 2022.

At the conclusion Richard McFeely’s presentation, Casey Angres asked Dr. Antonina Capurro and Athanasia E. Dalacas if they had any questions or comments, they had none.

**Public Comment:** There were none.

Dr. Capurro approved the changes, pending spelling and grammar checks.

Casey Angres closed the Public Hearing for MSM Chapter 2200 and MSM Chapter 2300.

## **6. Adjournment**

There were no further comments and Casey Angres closed the public hearing at 10:57 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@dhcfp.nv.gov](mailto:jenifer.graham@dhcfp.nv.gov) with any questions.***



June 28, 2022

[Submitted electronically via: [suzanne.bierman@dncfp.nv.gov](mailto:suzanne.bierman@dncfp.nv.gov)]

Suzanne Bierman, J.D., M.P.H.  
Administrator  
Nevada Department of Health and Human Services  
Division of Health Care Financing and Policy  
1100 East William Street, Suite 101  
Carson City, NV 89701

**Re: Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to The Nevada Medicaid Services Manual (MSM)**

Dear Administrator Bierman:

The Nevada Pharmacy Alliance (NPA) and the American Pharmacists Association (APhA) write in support of The State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy's (DHCFP's) intention to add pharmacists as billable providers for hormonal contraceptive services and services that prevent the acquisition of human immunodeficiency virus (HIV). NPA and APhA are additionally supportive of DHCFP's proposal to add pharmacists' services as billable encounters in federally qualified health centers (FQHCs) and rural health clinics (RHCs).

The Nevada Pharmacy Alliance was created to focus on the greater good of the pharmacy profession. NPA represents pharmacists, pharmacy technicians, and pharmacy interns in all practice setting in Nevada. We strive to make sure that pharmacy professionals are supported so that they can take care of their patients. We are committed to connecting, educating, and advocating for the profession of pharmacy to optimize patient care and public health.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health. In Nevada, APhA represents pharmacists and students that practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

The proposed amendments to the Nevada State Plan by DHCFP are aligned with the intent of Assembly Bill 190 and Senate Bill 325 which were passed during the 81st Legislative Session (2021). Both bills were signed into law with the intent that pharmacists in all outpatient care settings, including, but not limited to FQHCs and RHCs would be reimbursed for hormonal contraceptive and HIV prevention services under the medical benefit and that pharmacists would be able to bill comparable current procedural terminology (CPT) billing codes as other health care professionals providing the service. We greatly appreciate the work of the Division in implementing this legislation as intended to ensure the most Nevadans have access to the valuable care offered by pharmacists. We additionally reaffirm our recommendation that pharmacists be able to bill at a minimum CPT codes 86701, 87389, 87806, 88202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99401, 99402, 99403, 99404, 99411, 99412, and G0433. These codes are aligned with the implementation other states Medicaid departments have taken in the past year, for example Colorado.<sup>1</sup>

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<sup>1</sup> Pharmacist Services Billing Manual: Other Covered Pharmacist Services. *Colorado Department of Health Care Policy & Financing*. Available at <https://hcpf.colorado.gov/pharm-serv#payCovServ>.



We are confident that with the approval of the proposed amendments to the State Plan, more Nevadans will have greater access to hormonal contraceptive services and HIV prevention services provided by pharmacists. NPA and APhA would like to express their sincere gratitude to the team at DHCFP for their commitment to collaboration and hard work throughout the process of implementing these pieces of legislation.

If you have any questions or require additional information, please don't hesitate to contact Ken Kunke, PharmD, NPA Executive Secretary by email at [kkunke@roseman.edu](mailto:kkunke@roseman.edu) and E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at [mmurphy@aphanet.org](mailto:mmurphy@aphanet.org).

Sincerely,



E. Michael Murphy, PharmD, MBA  
Advisor for State Government Affairs  
American Pharmacists Association



Ken Kunke, PharmD  
Executive Secretary  
Nevada Pharmacy Alliance

cc:

David Olsen, Chief, Pharmacy Services  
Kellie Ducker, Community Wellness Unit Manager  
Antonio Gudino-Vargas, Manager, Pharmacy Services