

DEPARTMENT OF HEALTH AND HUMAN SERVICES



Stacie Weeks, JD MPH Administrator

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

Public Hearing May 30, 2023 Summary

Date and Time of Meeting: May 30, 2023, at 10:08 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

<u>Teleconference and/or Microsoft Teams Attendees</u>
(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

Jackie Matter

Gabriel Lither, Senior Deputy Attorney General Ester Quilici

Malinda Southard, Deputy Administrator, DHCFP Gingi Robinson, DHCFP

Alisa Cadenhead

Alyssa Drucker, Gainwell Technologies (GWT)

Jeana Piroli

Jeanatta Vordin

Amber Cronn Jeanette Verdin
Anna Olsen-Figueroa, DHCFP Jessica Vannucci, DHCFP

Antonio Brown, DHCFP Joann Katt

April Caughron, DHCFP
Ashleigh Brunner, Department of Justice
Joseph Turner, DHCFP
Kaelyne Day, DHCFP

Ashleigh Papez, GWT Kate Kepple

Brooke Gruger, Liberty Dental Kathy W.
Carin Hennessey, DHCFP Katie Pfister
Casey Angres, DHCFP Karen White

Christy Nguyen, Fidelis Rx Keith Benson, DHCFP

David Olsen, DHCFP Kim Taitano
De Krystle Daniels

Deborah Jordan, DHCFP

Laura Valentine, Division of Public and Behavioral Health

Ellen Flowers, DHCFP (DPBH)

Elyse Monroy-Marsala Laurie Curfman, DHCFP

Loren Gonzalez Lori Follett, DHCFP

M. Capen
Mandy Coscarat
Marcel Brown, DHCFP
Maria Reyes, Fidelis Rx
Marianna McKown
Mary Gilbertson
Maxmillian Lowe
Monica Schiffer, DHCFP
Sheri Oswald, GWT

Rachael Peters

Rianna White, Fidelis Rx Robin Oschenschlager, DHCFP

Sandra Stone, Division of Child and Family Services (DCFS)

Sarah

Serene Pack, DHCFP Stephen Samiotes Susana Angel, DHCFP Tashanae Glass

Teresa

Theresa Carsten, DHCFP

Introduction:

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Malinda Southard, Deputy Administrator, DHCFP, and Gabriel Lither, Senior Deputy Attorney General.

Casey Angres – The notice for this public hearing was published on April 27, 2023, and revised on May 23, 2023, in accordance with Nevada Statute 422.2369.

- **1. Public Comments:** There were none.
- 2. Discussion and Proposed Adoption and Changes to MSM

Subject: MSM Chapter 400 - Mental Health and Alcohol and Substance Abuse Services

Carin Hennessey, Social Services Program Specialist with the Behavioral Health Unit, DHCFP, presented the adoption for the proposed changes to MSM Chapter 400 – Mental Health and Alcohol and Substance Abuse Services to address the development and expansion of the Behavioral Health Unit's crisis services policy. The additional language is found in Section 403.6I Mobile Crisis Response Delivered by Designated Mobile Crisis Team (DMCT).

In 2021, DHHS DHCFP was awarded the Mobile Crisis Planning Grant through Section 9813 of the American Rescue Plan Act (ARPA), by the Centers of Medicare and Medicaid Services (CMS). The grant was made available to assist grantee states with their qualifying community-based mobile crisis intervention services, in accordance with Section 1947 of the US Social Security Act (SSA). The addition to MSM Chapter 400, Section 403.6I Mobile Crisis Response Delivered by DMCT, will support the existing Crisis Intervention and Crisis Stabilization Center policies. The new Medicaid policy for Mobile Crisis Response delivered by DMCT is being accompanied by the creation of new provider type and specialties to deliver the service throughout Nevada.

Section 401 – Federal and State authorities have been added to the chapter in alignment with the Mobile Crisis Response Delivered by DMCT service.

Section 403.6I(1) – Scope of Services includes proposed average response times, 24/7/365 availability of DMCT response for intervention and stabilization.

Section 403.6I(2) - The access and availability of DMCT response includes in-person response to an individual in crisis at the individual's location, as dispatched by designated call centers or self-dispatch; protocols for safety, communication, and collaboration with community partners is also located in the

Section.

Section 403.6I(3) – Operational Requirements set forth inclusive services, best practices, privacy, and

confidentiality standards, and excluded services.

Section 403.6I(4) – Provider Eligibility Requirements outline endorsement and certification standards by DHHS and enrollment under Nevada Medicaid. Supervision, team staffing, and training are also outlined

in this section.

Section 403.6I(5) – Recipient Eligibility Requirements state the availability to all Medicaid recipients

qualified to receive the service.

Section 403.6I(6) – Authorization and Clinical Documentation of the Service is the last added section and includes documentation requirements, no requirements for prior authorization of service, and the

requirement for Designated Mobile Crisis Teams to maintain a daily log of responses.

The policy for Crisis Stabilization Centers has been renumbered under Section 403.6J.

The proposed changes affect all Medicaid enrolled providers delivering Mobile Crisis Services. Mobile

Crisis Services delivered by DMCT will be a separate service, reimbursed at a higher rate.

There is an estimated change in annual aggregate expenditures for State Fiscal Year (SFY) for 2024 and 2025. A friendly amendment was made to the wording on the agenda. The total estimated Fiscal impact for SFY 2024 is \$5, 531,404 and \$6,195,884 for SFY 2025. The total computable Fiscal impact for SFY 24-

25 Biennium is \$11,727,288.

The effective date of these changes is May 31, 2023.

At the conclusion of Carin Hennessey's, presentation, Casey Angres asked Malinda Southard and Gabriel

Lither if they had any questions or comments, they had none.

Public Comments: There were none.

Malinda Southard approved the changes, pending spelling and grammar checks.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM Chapter 400 –

Mental Health and Alcohol and Substance Abuse Services.

3. **Discussion and Proposed Adoption and Changes to MSM**

Subject: MSM Chapter 1200 – Prescribed Drugs

Antonio Brown, Manager for Pharmacy Services, DHCFP, presented the proposed revisions to MSM 1200 – Prescribed Drugs Appendix B to include new clinical Prior Authorization (PA) criteria for Physician Administered Drugs (PAD).

The proposed changes include new PAD specific PA criteria for: Libtayo® (cemiplimab-rwlc), Ocrevus® (ocrelizumab), Opdivo® (nivolumab) and Tecentriq® (atezolizumab) within the Anti-PD-1 Monoclonal Antibodies section; addition of new PAD-specific PA criteria for Eylea® (aflibercept), Lucentis®; Byooviz™; Cimerli™(ranibizumab), Susvimo® (ranibizumab) within the Anti-Angiogenic Opthalmic Agent section; addition of new PAD-specific PA criteria for SCIG (immune globulin): Hizentra®, Gammagard Liquid®, Gamunex®-C, Gammaked®, HyQvia®, Cuvitru®, Cutaquig®, Xembify® within the Immunoglobulins section; addition of new PAD-specific PA criteria for Pemetrexed within the Antimetabolites section; addition of new PAD-specific PA criteria for Perjeta® (pertuzumab), Herceptin ®; Ogivri®; Kanjinti™; Trazimera™; Herzuma™; Ontruzant® (Trastuzumab); Herceptin Hylecta™ (trastuzumab and hyaluronidase-oysk) within the HER2 Inhibitor setion; addition of new PAD-specific PA criteria for Rituxan®, Truxima®, Ruxience™, Riabni™ (Rituximab) and Rituxan Hycela® (rituximab and hyaluronidase human) within the CD20 Monoclonal Antibodies section; addition of new PAD-specific PA criteria for Soliris® (eculizumab), Ultomiris® (ravulizumab-cwyz) within the Selective Immunosuppressants section; addition of new PAD-specific PA criteria for Yervoy® (ipilimumab) within the Anti-CLTA-4 Monoclonal Antibodies section.

Providers who prescribe, dispense, or administer this drug may be affected by this change, including but not limited to the PTs listed on the agenda.

There are no financial impacts on local government known.

The effective date of these changes is July 1, 2023.

At the conclusion of Antonio Brown's presentation, Casey Angres asked Malinda Southard and Gabriel Lither if they had any questions or comments, they had none.

Public Comments: There were none.

Malinda Southard approved the changes, pending spelling and grammar checks.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM Chapter 1200 – Prescribed Drugs.

4. Discussion and Proposed Adoption and Changes to MSM

Subject: MSM Chapter 2500 – Targeted Case Management (TCM)

Marcel Brown, Social Services Program Specialist within the Behavioral Health Unit, DHCFP, presented the proposed revisions to MSM 2500 – Targeted Case Management

The proposed changes are being presented to add Nevada local county agencies as qualified providers under PT 54 to deliver TCM Services to adults with Serious Mental Illness (SMI). Currently county agencies are identifying recipients with SMI in need of Case Management services but are unable to be reimbursed for these services to assist. This will allow county agencies to continue to see and provide services to these

recipients when the need arises at their prospective agencies. Language is also being clarified to identify a Nevada University Health System as a provider in both the State Plan and MSM rather than the Nevada School of Medicine.

An amendment was made under Section 2503.2(C) for the Target Group of Adults with SMI. An update was made to Provider Qualifications where the addition of the local county agency and Nevada School of Medicine replaced with the University Health System can be found.

The proposed changes affect all Medicaid enrolled providers delivering Case Management Services. Those PTs include but are not limited to: Targeted Case Management (PT 54).

There are no financial impacts on local government known.

The effective date of these changes is May 31, 2023.

At the conclusion of Marcel Brown's presentation, Casey Angres asked Malinda Southard and Gabriel Lither if they had any questions or comments, they had none.

Public Comments: There were none.

Malinda Southard approved the changes, pending spelling and grammar checks.

5. Discussion and Proposed Adoption and Changes to MSM

Subject: MSM Chapter 2500 – Medication Assisted Treatment (MAT)

Marcel Brown, Social Services Program Specialist within the Behavioral Health Unit, DHCFP, presented the proposed revisions to MSM Chapter 3800 – Medicaid Assisted Treatment

DHCFP is proposing changes to MSM 3800 – Medicaid Assisted Treatment to remove language related to the "DATA-Waiver Program" and language contradictory to the harm reduction model. The "DATA-Waiver Program," also known as an X-waiver, was eliminated when Congress signed the Consolidated Appropriations Act of 2023 into law on December 29, 2022. The passing of the Act removed patient limits for prescribing providers, X-waiver enrollment requirements for providers, and required provider training. On January 12, 2023, the Drug Enforcement Agency (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) announced the immediate elimination of the X-Waiver for prescribing buprenorphine. These MSM 3800 Chapter changes are aligned with DEA and SAMHSA guidance.

In Section 3800 – Introduction, Medications for Opioid Use Disorder (MOUD) was added as another term for MAT and the "X" Waiver reference removed. In Section 3801 – Authority, the DATA 2000 removed as an authority. In Section 3802 – Coverage and Limitations, DHCFP removed references to the DATA 2000 and patient limit requirements, as well as updated the requirement for a DEA license to prescribe medication. In Section 3804 – Phases of Care, DHCFP rephrased the treatment agreement documentation requirements and removed a requirement that is opposed to the principle of harm reduction.

The proposed changes affect all Medicaid enrolled providers delivering MAT. Those PTs 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), CCBHC (PT 17, Specialty 188), and SAAM (PT 17, Specialty 215).

There are no financial impacts on local government known.

The effective date of these changes is May 31, 2023.

At the conclusion of Marcel Brown's presentation, Casey Angres asked Malinda Southard and Gabriel Lither if they had any questions or comments, they had none.

Public Comments: There were none.

Malinda Southard approved the changes, pending spelling and grammar checks.

6. Adjournment

There were no further comments and Casey Angres closed the Public Hearing at 10:29 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 documentcontrol@dhcfp.nv.gov with any questions.