

Joe Lombardo  
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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.*



Stacie Weeks,  
JD MPH  
Administrator

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

### Public Hearing January 31, 2023 Summary

Date and Time of Meeting: January 31, 2023, at 10:11 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: 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)**

Gabriel Lither, Senior Deputy Attorney General	Mark Du, DHCFP
Dr. Antonina Capurro, Deputy Administrator, DHCFP	Robin Ochenschlager, DHCFP
Stacie Weeks, Administrator DHCFP	Sarah Dearborn, DHCFP
Casey Angres, DHCFP	Stephanie Sadabseng, DHCFP
Antonio Gudino-Vargas, DHCFP	Stephen Samiotes, DHCFP
April Sears, DHCFP	Theresa Carsten, DHCFP
Briza Virgen, DHCFP	Yvonne Vestal, DHCFP
Catherine Vairo, DHCFP	Alex Tanchek, Silver State Government Relations
Cecilia Chavez, DHCFP	Alyssa Drucker, Gainwell Technologies (GWT)
Jade Sliger, DHCFP	Amy Levin MD, Anthem (ANT)
Jeffery Stroup, DHCFP	Anastasia Cadwallader, Department of Public Behavioral Health (DPBH)
Joseph Turner, DHCFP	Brandon Ford, Best Practices Nevada
Kaelyne Day, DHCFP	Brooke Gruger
Keith Benson, DHCFP	Chris Murphey
Kimberly Adams, DHCFP	De
Kindra Berntson, DHCFP	Dena Brennan
Kirsten Coulombe, DHCFP	Donna Laffey, Ferrari Reeder Public Affairs
Kyril Plaskon, Public Information Officer, DHCFP	Emily Barney, Doula Co-op of Reno
Lisa Dyer, DHCFP	Ester Quilici, Vitality Unlimited
Lori Follett, DHCFP	Gary Parenteau
Marcia Tinberg, DHCFP	

Hana Fahmi  
James Kuzhippala  
Jolene Simpson  
Joshua Cabral  
Joyce Abeng, Larson Institute  
Kagan Griffien  
Kasey Chu  
Katie Pfister  
Kelsey Hurlburt  
Lana Robards, New Frontier Treatment Center  
Lisa Bogard, ANT  
Lovia Larkin  
Mackenzie Lopez, GWT

Marianna McKown, Vitality Unlimited  
Mark Rosenberg, Fidelis Rx  
Miah Bradshaw, Vitality Unlimited  
Nancy Bowen, NV Primary Care Association  
Ryan Roa  
Sarah Mersereau-Adler, Belz & Case  
Steve Messinger, Nevada Primary Care Association  
(NPCA)  
Sue Folts, Doula Co-op of Reno  
Tamie Davidson  
Vimal Asokan, ANT

### **Introduction:**

Casey Angres, Manager of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Dr. Antonina Capurro, Deputy Administrator, DHCFP, and Gabriel Lither, Senior Deputy Attorney General.

Casey Angres – The notice for this public hearing was published on December 30, 2022, and revised on January 20, 2023, in accordance with Nevada Statute 422.2369.

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

#### **Subject: Chapter 1200 - Prescribed Drugs**

Kindra Berntson, Social Services Program Specialist for Pharmacy Services Unit, DHCFP, presented DHCFP proposed revisions to MSM Chapter 1200 - Prescribed Drugs, based on the recommendations approved at the October 20, 2022 Drug Utilization Review (DUR) Board Meeting. The proposed changes include addition of new clinical criteria for Vivjoa® (oteseconazole) within the Anti-Fungal Agents Section, addition of new clinical criteria for Voquenza® Dual Pak (vonoprazan and amoxicillin) Voquenza® Triple Pak® (vonoprazan, amoxicillin, and clarithromycin) within the new Qualified Infection Disease Product Section, addition of new clinical criteria for Livtency® (maribravir) within the new Antivirals Section, addition of new clinical criteria for Cuvrior® (trientine tetrahydrochloride) within the new Copper Chelator Section, addition of new clinical criteria for Pyrukynd® (mitapivat) within the new Anti-Parkinson's Agents Section, addition of new clinical criteria for Amvuttra® (vutrisiran) within the new Amyloidosis-Agents Transthyretin (TTR) Suppression (P9B) Section, updated existing clinical criteria for FDA-approved indication within the Immunomodulator Drug Section, revised existing clinical criteria for Obstructive Sleep Apnea within the Narcolepsy Agents Section, updated existing clinical criteria for Gender Edits within the Gender Edits Section, and addition of new clinical criteria for Oxervate® (cenegermin-bkbj) within the Ophthalmic Human Nerve Growth Factor Section.

The following providers who prescribe, dispense, or administer these drugs may be affected by this change, including but not limited to Provider Types (PTs): Outpatient Surgery (PT 10), Hospital, Inpatient

(PT 11), Hospital, Outpatient (PT 12), Intermediate Care Facilities for Individuals with Intellectual Disabilities, Public (PT 16), Special Clinics (PT 17), Nursing Facility (PT 19), Physician/Osteopath (PT 20), Podiatrist (PT 21), Advanced Practice Registered Nurse (PT 24), Pharmacy (PT 28), Home Health Agency (PT 29), Ambulatory Surgical Centers, Freestanding (PT 46), Indian Health Programs and Tribal Clinics (PT 47), Indian Health Service Hospital, Inpatient (Tribal) (PT 51), Indian Health Service Hospital, Outpatient (Tribal) (PT 52), Transitional Rehabilitative Center, Outpatient (PT 55), Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals (PT 56), Hospice (PT 64), Hospice, Long Term Care (PT 65), Intermediate Care Facilities for Individuals with Intellectual Disabilities, Private (PT 68); Nurse Anesthetist (PT 72), Critical Access Hospital (CAH), Inpatient (PT 75, Audiologist (PT 76), Physician's Assistant (PT 77), Indian Health Service Hospital, Inpatient (Non-Tribal) (PT 78), and Indian Health Service Hospital, Outpatient (Non-Tribal) (PT 79).

There is no financial impact on local government known.

The effective date of these changes is February 6, 2023.

At the conclusion of Kindra Berntson's presentation, Casey Angres asked Dr. Antonina Capurro and Gabriel Lither if they had any questions or comments, they had none.

**Public Comments:** There were none.

Dr. Antonina Capurro 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.

### **3. Discussion and Proposed Adoption and Changes to Medicaid Services Manual**

#### **Subject: Chapter 1800 - 1915(i) Home and Community Based State Plan Option Adult Day Healthcare (ADHC) and Rehabilitation Services**

Marcia Tinberg, Social Services Program Specialist in the Long Term Supportive Services (LTSS) Unit, DHCFP, presented DHCFP proposed revisions to MSM Chapter 1800 to clarify language specific to coverage and limitations, provider responsibilities, recipient responsibilities, serious occurrence report (SOR), plan of care (POC), provider service plan (SP), and program procedures.

A public workshop was held on November 21, 2022, with providers and stakeholders to review the specific details of MSM Chapter 1800 and take comments that were reviewed and incorporated.

Under Covered Services, "as diagnosed by a physician" was added for Day Habilitation and Residential Habilitation targeted to individuals with a Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). Under SOR, there was language added for initial discovery and the reasons to make a SOR report. Information was updated under SP to ensure patient-centered planning and created new sections for clarity to include timeframes and signatures required for the SP. Language was added to Recipient Responsibilities regarding cooperation, reportable occurrences, and the process to request a transfer. Under Adult Day Health Care (ADHC), language was added regarding provision of services, notification of closure, timeframe, and appropriate staff to submit and sign the provider SP. A new section was also created under ADHC, "Documentation," which includes the attendance log, nursing log, and signatures

to organize and clarify. An additional Documentation section was created under Day Habilitation that includes an attendance log, service log (instead of a nursing log and notes), and signatures to be consistent throughout and similar to ADHC and Day Habilitation. Under Residential Habilitation, policy was clarified 1903.5 that oversight is 24 hours a day. Another section was created which include Documentation, and Service Log, as well as a new section on Notifications related to Eviction and Discharges. Under Program Procedures, a new section within Program Procedures was added to clarify and outline how to access services and include the procedures for new referrals, re-assessments for ongoing cases, and transfers if the recipients chooses to go to another provider. Information was updated regarding POC development. Lastly, a new section for Notice of Decision (NOD) was added under Termination for adverse action, reason, and termination date including denial NODs, termination of services, and reduction of services.

The following PTs may be affected by this change, including but not limited to: Adult Day Health Care (PT 39) and Habilitation (PT 55).

There is no financial impact on local government known.

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

At the conclusion of Marcia Tinberg's presentation, Casey Angres asked Dr. Antonina Capurro and Gabriel Lither if they had any questions or comments, they had none.

**Public Comment:** There were none.

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

Casey Angres - Closed the Public Hearing for proposed adoption and changes to MSM Chapter 1800 - 1915(i) Home and Community Based State Plan Option ADHC and Rehabilitation Services.

#### **4. Discussion and Proposed Adoption and Changes to Medicaid Services Manual**

##### **Subject: Chapter 600 - Physician Services**

Briza Virgen, Social Services Chief in the Medical Programs Unit (MPU), DHCFP, presented DHCFP proposed revisions to MSM Chapter 600 Physician Services are being proposed to allow additional doula services in policy. Current service limitations in doula policy are limited to four visits during the prenatal and postpartum period, and one visit at the time of labor and delivery. This change in policy will allow up to two additional reimbursable doula visits under procedure code S9445, Patient Education, to encourage doulas to navigate recipients to prenatal, antepartum, and/or oral health care during pregnancy.

This proposed change affects Medicaid-enrolled providers delivering doula services, specifically Doula (PT 90). The following PTs may also be affected by this change, including but not limited to: Special Clinics (PT 17), Physicians (PT 20), Advanced Practice Registered Nurses (PT 24), Indian Health Program (PT 74), Nurse Midwives (PT 74), and Physician Assistants (PT 77). This change can also affect Dentists (PT 22).

An estimated increase in annual aggregate expenditure for SFY 2024 is estimated to increase to \$11,946, and SFY 2025 to increase to \$11,656.

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

At the conclusion of Briza Virgen's presentation, Casey Angres asked Dr. Antonina Capurro if she had any questions or comments, she had none. Gabriel Lither wanted to confirm that on the friendly amendment that the mention of the change affecting Dentists (PT 22) was on the transmittal page and not on the actual MSM that already includes Dentists (PT 22), Briza confirmed that was correct and there were no further questions or comments.

**Public Comment:**

Jolene Simpson, community midwife and doula trainer. "I believe that this addition of visits is vital and important to the birthing population because of the need for additional support and education for all of the additional visits that postpartum families go through. Being able to be referred to a dentist to help ensure appropriate lactation support or appropriate mental health care that a doula is oftentimes flagging and presenting options for that person to seek additional support and care in their community, but also in their medical journey. That is why I believe these additional visits are necessary to address any kind of outline incident that may require more support for the birthing person and their family. Thank you."

Casey thanked Jolene Simpson for the comment and asked if there were any further comments. There was.

Emily Barney, birth and postpartum doula in Washoe County and cofounder of the Doula Co-Op Community Organization. "Commenting that this is a vital service change provision to Medicaid language of the bill that allows for multiple visits to give the client, patient, or whoever is birthing additional time with their doula as an educational resource support person. Oftentimes in the prenatal and in the postpartum is when many pregnancies and later on complications can arise, so having access to a Doula and the resources in which the community provide can be vital in catching these issues and allowing for mental health resources and then further complication post birth. I highly recommend this service and the provisions."

Casey thanked Emily Barney for the comment and asked if there were any further comments. There was.

Sue Folts, birth doula, breastfeeding educator, and the Co-founder of the Doula Co-op of Reno. "I want to reiterate what both Jolina Simpson and Emily Barney said regarding having the additional appointments with clients. I think prematurely it is very important from both a nutrition and an encouragement point of view, and everyone knows that a healthier momma will have a healthier baby, and have less downstream cost to burden the system. Also, postpartum it is important to have continuous interaction or additional visits with the new parents and encourage them to keep taking their baby to the pediatrician and getting their immunizations and things like that. It will make this a much more productive outcome for the mother and baby."

Casey thanked Sue Folts for the comment and asked if there were any further comments. There was.

Joyce Abeng, Public Health Diversity Advisor for research projects at the University of Nevada Reno (UNR) Larson Institute. "I also believe based on the research that demonstrates that this addition would lead to positive health outcomes in maternal health, so I also back up this addition. "

Casey thanked Joyce Abeng for the comment and asked if there were any further comments. There were none.

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

Casey Angres - - Closed the Public Hearing for proposed adoption and changes to MSM Chapter 600 – Physician Services and concluded the Public Hearing.

## 5. **Adjournment**

There were no further comments and Casey Angres closed the Public Hearing at 10:33 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@dhcp.nv.gov](mailto:documentcontrol@dhcp.nv.gov) with any questions.***