

Joe Lombardo  
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.*



Stacie Weeks,  
JD MPH  
Administrator

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

**Public Hearing March 26, 2024  
Summary**

Date and Time of Meeting: March 26, 2024, at 10:52 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: Microsoft Teams

**Teleconference and/or Microsoft Teams Attendees**

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

Theresa Carsten, Deputy Administrator, DHCFP  
Karen A. Griffin, Senior Deputy Attorney General  
Casey Angres, DHCFP  
Sarah Dearborn, DHCFP  
Lisa Dyer, DHCFP  
Carin Hennessey, DHCFP  
Adri

Stephanie Sadabseng, DHCFP  
Dan Musgrove, Strategies 360  
Deanna Torres  
Gladys Cook, DHCFP  
Evette Cullen, DHCFP  
Elizabeth  
Toni Mims  
Dr, David Gennis, Psy.D, LMFT  
Leydis Diaz  
Keith Benson, DHCFP  
De  
Marcel Brown, DHCFP  
Keiko Duncan, DHCFP  
Lori Follett, DHCFP

Kimberly Adams, DHCFP  
Patrick Kelly, Nevada Hospital Association (NVHA)  
Raquel, Steps to Healing BHS  
Elizabeth Scott, DHCFP  
Maria  
Alexandra Brabson, Halcyon Bill Co.  
Blayne Osborn, Nevada Rural Health Partners (NRHP)  
Elyse Monroy-Marsala, Belz & Case  
Christy Nguyen, Fidelis-RX  
Lauren B  
Belz & Case Government Affairs-Scribe by Rewatch  
Rianna White, Fidelis-Rx  
Tashanae Glass, DHCFP  
Brian Hager, Grant a Gift Autism Foundation  
Erin Lynch, NVHA  
Sean Gamble  
Luke Dumarán, Nevada Aging and Disability Services  
Division (ADSD)  
Kathy W.  
Jeremey Hays, DHCFP  
Charmaine Yeates, DHCFP  
Sandi Lehman, Mt Grant General Hospital, (MGGHNV)

Rhett Hollon, DHCFP  
 Wendy Avila, ADSD  
 Kurt Karst, DHCFP  
 Steve Messinger, Nevada Primary Care Association  
 (NVPCA)  
 Kimberly Lambrecht, NVPCA  
 Lori Howarth, Bayer Healthcare Pharmaceuticals  
 Michael McCabe, Sellers Dorsey  
 Hannah Branch, Ferrari Reeder Public Affairs (FRPA)  
 Catherine Morrison, Max Health  
 DHCFP SUR Reviewer 504  
 Hanna Fetters, Reno Children's Center  
 Geoffrey H. Kim, CareSource  
 Mark Gonzalez, University of Nevada Reno (UNR)  
 Philip Ramirez, Molina Healthcare  
 Karen Ford Manza, Nevada Primary Care Association  
 (NVPCA)  
 Amanda Mirkovich  
 Nancy J. Bowen, NVPCA  
 Ashwini Prasad, DHCFP  
 Ramona Beasley, The Empowerment Centre  
 Josh Porter, DHCFP  
 Catherine Vairo, DHCFP  
 Ellen Flowers, DHCFP  
 Alex Tanchek, Silver State Government Relations  
 D. Shaver  
 Amy Levin, MD, Anthem  
 Mary Gilbertson, UCare  
 Dawn Tann, Department of Health and Human Services  
 (DHHS)  
 Brandon Ford, Best Practices NV, LLC  
 Tara Raines, Children's Advocacy Alliance  
 John Packham  
 Ana Plasencia  
 Dawnesha Powell, Silver Summit Health Plan (SSHP)  
 Marsha Matsunaga-Kirgan  
 Katie Pfister, ADSD  
 Joann Katt, Gainwell Technologies (GWT)  
 Laura J. Deya Orona, Anthem  
 Bernard Sands, Division of Child and Family Services (DCFS)  
 Barbara A. Scaturro, Centene  
 Vanessa  
 Maria Reyes, Fidelis-Rx  
 Sharon, Halcyon Bill Co.  
 Nicole Janas, DHCFP  
 Matt Wazny  
 Madison Lopey, DHCFP  
 Jeanette Verdin, Washoe Schools

Samantha Jayme, ADSD  
 Susan Harrison, GWT  
 S. Goldstein, MBH Pays  
 Sarah Cusson, Mercer  
 Cheri Glockner, Silver Summit Health Plan (SSHP)  
 Heike Ruedenauer-Plummer, ADSD  
 Cheryl Tempel, Nevada Rural Health Center (NRHC)  
 Angela Hough, Fort McDermitt Wellness Center,  
 (FMCDWC)  
 Alyssa Kee Chong, GWT  
 Karen Sillas, Organon  
 Keibi Mejia, Ferrato Co.  
 Gwen Johnson, Accelerated Learning Clinic  
 Luke Lim, Anthem  
 Rocio de la O Pena, ADSD  
 Areli  
 Laurie Curfman, Liberty Dental Plan (LIB)  
 Vickie S. Ives, Division of Public and Behavioral Health (DPBH)  
 Mari Nakashima Nielsen, The Perkins Company  
 Jessika Dragna  
 Amy Shogren, Black & Wadhams  
 Robert Spadaccini, Sellers Dorsey  
 Gilead Sciences, Inc.  
 Susan F.  
 Celina  
 Chris  
 Denise Ferguson, MGGHNV  
 Desert Star Mental Health  
 Nunez Romero  
 Kenia Yanetza  
 Wasana Palapan, Clark County Nevada  
 Michael Madajski  
 Neyky Feranandez  
 Lea Case, Belz & Case  
 Perla S.  
 Marnie Lancz, TMG  
 Jeana C. Piroli, Washoe Schools  
 Julian  
 Helen Amores  
 Jeffery Stroup, DHCFP  
 Liz  
 Gabriel D. Lither, Senior Deputy Attorney General  
 Kathryn Tejero, Clark County Nevada  
 Lori Lutu, ADSD  
 Abbie Chalupnik, ADSD  
 HBI  
 Jor  
 Tray Abney,

### Introduction:

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Theresa Carsten, Deputy Administrator, DHCFP, and Karen Griffin, Senior Deputy Attorney General.

Casey Angres – The notice for this public hearing was published on February 22, 2024, and revised on March 19, 2024, and March 25, 2024, in accordance with Nevada Statute 422.2369.

1. **Public Comments:** Leydis Diaz asked if legislators would receive the public comments that are made at this public hearing.

Casey Angres advised the comments are not sent directly to anyone, but they are available for anybody to look at online after the meeting.

2. **Discussion and Proposed Adoption and Changes to MSM 1200**

#### **Subject: MSM Chapter 1200 – Prescribed Drugs**

Keiko Duncan, Pharmacy Director for Pharmacy Services, DHCFP, presented the proposed revisions to MSM Chapter 1200 – Prescribed Drugs, based on recommendations approved at the January 18, 2024, Drug Utilization Review (DUR) Board Meeting

The proposed changes include: The addition of vaccine criteria and Uplizna® (inebilizumab-cdon) under therapeutic class “Immunomodulator Drugs” including prior authorization criteria. Removed genotypes throughout the therapeutic class “Anti-Hepatitis Agents.” Updated prior authorization under therapeutic class “Incretin Mimetics.” Moved Xyrem®. Added Lumryz® and additional prior authorization criteria. Also added idiopathic hypersomnia (Xywav® only) including prior authorization criteria for therapeutic class “Narcolepsy Agents.” New drug, Voxzogo™ (vosoritide), added for treatment of achondroplasia along with prior authorization criteria. Created a new section for Saphnelo® (anifrolumab-fnia) for therapeutic class “Systemic Lupus Erythematosus” along with prior authorization criteria. Created a new section for Tavneos™ (avacopan) for therapeutic class “ANCA-associated vasculitis (GPA or MPA).”

Updated multiple links, spelling, and grammar throughout the document.

There is no financial impact on local government known.

The effective date of this new policy is April 1, 2024.

**Public Comments:** There were none.

Theresa Carsten approved the changes pending spelling and grammar changes.

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 MSM 400**

#### **Subject: MSM Chapter 400 - Mental Health and Alcohol and Substance Use Services**

Marcel Brown, Program Specialist, Behavioral Health Benefits Coverage Unit, DHCFP, advised revisions to Nevada MSM Chapter 400 - Mental Health and Alcohol and Substance Use Services are being proposed to update Section 403.2(B)(6) for Behavioral Health and Community Networks; Implementation and Maintenance of Quality Assurance Programs. Edits have been made to remove the entire section requiring Behavioral Health Community Network (BHCN) providers to submit a Quality Assurance (QA) program to DHCFP. A QA program is a document created by the BHCN that outlines how the agency will assess quality measures and seek to improve services on an ongoing basis. The DHCFP Managed Care and Quality Assurance (MCQA) Unit no longer utilizes these documents on an annual basis for quality assurance measurements, therefore updates are being proposed to remove the submission criteria.

The proposed changes affect all Medicaid-enrolled providers delivering Outpatient Behavioral Health Services. These provider types (PT) include but are not limited to Behavioral Health Community Network (PT 14, Specialty 814).

No financial impact is currently anticipated for local government as a result of this change.

The effective date of this proposed policy is March 27, 2024.

#### **Public Comments:**

Brandon Ford, Best Practices NV, LLC, asked what is going to happen to the ones that may be pending right now, the ones anyone that has submitted their enrollments with a QA plan in the past month or so. What is going to happen with those.

Marcel Brown answered that currently anyone that has been processed will be taken all the way through. Those received after March 27th will no longer require a QA Program. There are none pending currently.

Susan F. advised she supports the bill.

Theresa Carsten approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM 400 – Mental Health and Alcohol and Substance Abuse.

### **4. Discussion and Proposed Adoption and Changes to MSM 400**

#### **Subject: MSM Chapter 400 - Mental Health and Alcohol and Substance Use Services**

Sarah Dearborn, Behavioral Health Benefits Coverage Chief, DHCFP, reported revisions to Medicaid Service Manual Chapter 400 – Mental Health and Alcohol/Substance Use Services are being proposed to remove Individual Psychophysiological Therapy, also known as Neurotherapy and Biofeedback, for the

treatment of a mental health diagnosis. During 2021, DHCFP proposed the removal of Neurotherapy and Biofeedback as independently reimbursed services for the treatment of a mental health diagnosis through a State Plan Amendment (SPA) to the Centers of Medicare and Medicaid Services (CMS); CMS did not approve the SPA due to a maintenance of effort (MOE) violation of the requirements of Section 9817 of the American Rescue Plan Act (ARPA) of 2021, which would have resulted in the state’s Section 9817 enhanced Home and Community Based Services (HCBS) Federal Medical Assistance Percentage (FMAP) funding being placed at risk. The state withdrew the SPA until the end of the HCBS ARPA period at which time the elimination could be reconsidered. That period ends March 31, 2024. During the 82nd Legislative Session (2023), the DHCFP budget was approved through Senate Bill (SB) 504 which includes the removal of Neurotherapy and Biofeedback as independently reimbursed services for the treatment of a mental health diagnosis. Structural changes were made to the chapter including renumbering and re-arranging of sections. Section 403.4(C)(4) – Neurotherapy was removed.

This proposed change affects all Medicaid-enrolled providers delivering Neurotherapy and Biofeedback as independently reimbursed services for the treatment of a mental health diagnosis. PTs include but are not limited to: Hospital, Outpatient (PT 12); Behavioral Health Outpatient Treatment (PT 14); Physician, M.D., Osteopath D.O. (PT 20); Advanced Practice Registered Nurse (PT 24); Psychologist (PT 26); Physician’s Assistant (PT 77); Behavioral Health Rehabilitative Treatment (PT 82), and Certified Community Behavioral Health Center (PT 17, Specialty 188).

An estimated change in annual aggregate expenditures would include a savings of:

SFY 2024	\$1,156,958
SFY 2025	\$5,366,109

The effective date of these changes is April 1, 2024.

**Public Comments:**

Brandon Ford, Best Practices NV, LLC, advised he saw in the comments people were asking about the 90901. He said it is a little different than the actual therapy part because it is the component of biofeedback without the therapy, and they are wondering if this code is affected by the changes.

Sarah Dearborn responded 90901 is for biofeedback, so if the treatment is used for a mental health diagnosis, that would not be permitted.

Susan F. asked as providers who can they talk as with concerns like this.

Theresa Carsten answered If they are looking for coverage, then that must be granted to DHCFP through legislative authority. She suggested contacting their representative.

Theresa Carsten approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM 400 – Mental Health and Alcohol and Substance Abuse.

## 5. Discussion and Proposed Adoption and Changes to MSM 3700

### Subject: MSM Chapter 3700 - Applied Behavioral Analysis

Lori Follett, Program Specialist with Behavioral Health Coverage Benefits Unit, DHCFP, presented DHCFP is proposing updates to MSM Chapter 3700 - Applied Behavioral Analysis (ABA). These changes are in response to SB 191 of the 82nd Legislative Session. These changes will allow the use of ABA services for all eligible Medicaid recipients regardless of age. Also, clarifying language has been added to the policy for service limitations, testing, and diagnosis requirements.

Grammar and numerical changes have been made throughout the chapter. For example, correcting behavioral to behavior and updating the Nevada Revised Statute (NRS) numbering throughout the document to align with corresponding NRS.

As stated in the SPA section, a FRIENDLY AMENDMENT was suggested on the Medicaid Transmittal Letter (MTL) and throughout the chapter to correct the specialties to align with NRS 641D to reflect Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA), and Registered Behavior Analyst (RBT).

Section 3701 – Authority, coverage has been expanded to recipients of all ages with the Autism Spectrum Disorder, Fetal Alcohol Spectrum Disorder, or other condition for which ABA is recognized as medically necessary.

Section 3704.1 – Applied Behavior Analysis Policy, Medicaid will reimburse ABA rendered to Medicaid eligible individuals of all ages. Those under 21 years of age will be done in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coverage. The EPSDT benefit plan encourages providers to follow the recommended schedule for screenings offered by the American Academy of Pediatrics (AAP) for individuals under age 21. Physician’s Assistant (PA) (NRS 630.271) has been updated adding Nevada Board of Psychological Examiners and Nurse Practitioner (NP).

Changes to Section 3704.2A – Covered Services, are as follows: Section 3704.2A(1)(h) Added “Services directed to the individual recipient and will be related to health and welfare”; Section 3704.2A(1)(i) removed link; Section 3704.2A(1)(j); Added “The maximum number of units that can be used for supervision is 20% of the total number of hours of direct therapy services provided, unless clinical documentation is submitted that supports a need for additional units”; Section 3704.2A(4)(a-b) added Daily and Weekly Limits, providers are limited to 12 hours of ABA services per day, Recipients are limited to 40 hours of ABA services per week; Section 3704.2A(5)(a) added CDC Screening link. Section 3704.2A(5)(f) added tests acceptable as diagnostic tools for ASD include: Autism Diagnostic Observation Schedule, 2<sup>nd</sup> Ed. (ADOS-2); Childhood Autism Rating Scale, 2<sup>nd</sup> Ed. (CARS-2); Gilliam Autism Rating Scale, 3<sup>rd</sup> Ed. (GARS-3); Fetal Alcohol Spectrum Disorders (FASD) Diagnostic Category. Section 3704.2A(5)(g) added “If Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5) criteria alone are used as the sole basis for diagnosis the provider must submit documentation of the specific DSM-5 criteria that were met.” Section 3704.2A(6)(a-b) Removed the age limit, recipient must be Medicaid eligible, and added the diagnosis is to be completed only one time. Repeat testing should not be performed when full criteria were previously met. Diagnosis is to be documented on the form; Testing options added as noted above. 3704.2A(6)(h) deleted “Behavioral assessments which are previously performed at the Local Education Agency (LEA) must be utilized and not duplicatively billed under the DHCFP if current (within six months) and clinically appropriate.” Section 3704.2A(8) added the word school. Section 3704.2A(9)(a)

clarified three as in three years old. Section 3704.2A(9)(b) corrected Individualized Educational Program (IEP). Section 3704.2A(9)(c) added School Health Services. Medicaid Services Manual 2800 is to be reference for these services.

Section 3704.2B(5) - Prior Authorization Requirements, ABA services identified through an IEP, Plan of Care (POC) or 504 Accommodation Plan. When an IEP, POC or 504 Accommodation Plan is issued by the school system, this document must accompany a request for ABA services; Section 3704.2B(6) added language for submission of the reconsideration as appropriate.

Section 3704.2C(4) – Non-Covered Services, deleted Services that are duplicative services under Individualized Family Services Plan (IFSP) or an Individualized Educational Program (IEP). Section 3704.2C(6) Removed from non-covered services maintaining personal hygiene. Section 3704.2C(16) added a reference to the Medicaid Billing Guides and Current Procedural Terminology (CPT) book for guidance.

Section 3704.4(F) - Provider Responsibility, as mentioned previously aligning the professions to correspond with NRS 641D the Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA), and Registered Behavior Analyst (RBT). Section 3704.4(G) added IEP, POC or 504 Accommodation Plan.

Section 3704.5(A)(1) – Parent/Guardian Responsibility, added the parent or guardian must be present; Section 3704.5(A)(4) added the IEP, POC or 504 Accommodation Plan.

Section 3704.6(B) added Licensed Board of Examiners Psychologist.

Entities Financially Affected: These PTs include but are not limited to Applied Behavior Analysis (PT 85) and School Health Services (PT 60).

Financial impact on local government: Estimated total computable fiscal impact:

SFY 2024	\$909,495
SFY 2025	\$4,487,238

The effective date of this proposed policy is April 1, 2024.

Theresa Carsten approved the changes pending spelling and grammar checks.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM 3700 – Applied Behavioral Analysis.

## 6. Adjournment

There were no further comments and Casey Angres closed the Public Hearing at 11:16 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@dncfp.nv.gov](mailto:documentcontrol@dncfp.nv.gov) with any questions.***