

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

---

*Si necesitas ayuda traduciendo este mensaje, por favor escribe a [dhcfc@dhcfc.nv.gov](mailto:dhcfc@dhcfc.nv.gov), o llame (702) 668-4200 o (775) 687-1900*

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

**Public Hearing September 24, 2024  
Summary**

Date and Time of Meeting: September 24, 2024, at 10:06 AM

Name of Organization: State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFCP)

Place of Meeting: DHCFCP  
4070 Silver Sage Drive  
Main 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)**

Dr. Malinda Southard, Deputy Administrator, DHCFCP	Sarah Dearborn, DHCFCP
Lauren M. Driscoll, Senior Deputy Attorney General	Elissa Secrist, McDonald Carano
Casey Angres, DHCFCP	Jason Yates
Antonio Brown, DHCFCP	Angela Mangum, WestCare
Stephanie Sadabseng, DHCFCP	Philip Ramirez, Molina Healthcare
Rachael Devine, DHCFCP	Nhobelyn Kho, DHCFCP
Robin Ochsenchlager, DHCFCP	Kitty Ketenheim, WestCare
Dominic Gaon, Anthem	Erin Lynch, Nevada Hospital Association (NVHA)
Trey Delap	Nadine Kienhoefer
Jaclyn Sutton Rangel, WestCare	Tomas Hammond
Belz & Case Government Affairs-Scribe by Rewatch	Brody Santini, WestCare
Fireflies.ai Notetaker Alex	Keibi Mejia, Ferrato Co.
Christina Cobeo, DHCFCP	Mari Nakashima Nielsen
Kelly Arnold, Carson Tahoe Health	Robin Corderman, Care Source
Gina Ward, DHCFCP	Michelyn Y. Domingo, Anthem
Rebecca Preddie	Kerisa Weaver, DHCFCP
Lori Follett, DHCFCP	Bonnie Palomino, DHCFCP
Kimberly Adams, DHCFCP	Carin Hennessey, DHCFCP
Elizabeth Scott, DHCFCP	Sheri Gaunt, DHCFCP
Rhett Hollon, DHCFCP	Ellen Flowers, DHCFCP
Laura Gonzales, WestCare	Nina McCartney
Charles A. Luband, Dentons	Elyse Monroy-Marsala, Belz & Case

### Introduction:

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Dr. Malinda Southard, Deputy Administrator, DHCFP, and Lauren M. Driscoll, Senior Deputy Attorney General.

Casey Angres – The notice for this public hearing was published on August 22, 2024, and revised on September 19, 2024, and September 23, 2024, in accordance with Nevada Statute 422.2369.

1. **Public Comments:** There were none.
2. **Discussion and Proposed Adoption and Changes to MSM Chapter 1200**

#### **Subject: MSM Chapter 1200 – Prescribed Drugs, Appendix B**

Antonio Brown, Chief, Pharmacy Services and Durable Medical Equipment Unit, DHCFP, presented the proposed revisions to MSM 1200 – Prescribed Drugs, based on recommendations approved at the July 27, 2024, Drug Utilization Review Board Meeting.

The proposed changes include: Addition of new prior authorization for Asceniv™; Alyglo™; Bivigam®; Flebogamma®; Gamunex-C®; Gammagard® Liquid; Gammagard® S/D; Gammaked™; Gammaplex®; Octagam®; Privigen®; Panzyga®, Hizentra®, HyQvia®, Cuvitru®, Cutaquig®, and Xembify® under therapeutic class “Immune Globulins.” Updates were made to the current prior authorization criteria and/or quantity limits for Jemperli® and Keytruda® under therapeutic class “Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1).” Addition of new prior authorization criteria for Kadcyra under therapeutic class “Antineoplastic-Antibody Drug Conjugates (ADCs).” Addition of new prior authorization criteria for Neulasta®; Fulphila®; Udenyca®; Ziextenzo®; Nyvepria™; Fylnetra®; Stimufend® under therapeutic class “Colony Stimulating Factors.” Addition of Alimta®; Pemfexy™; Pemrydi RTU®; Pemetrexed under therapeutic class “Antimetabolites.” Updated prior authorization criteria and/or quantity limits for Perjeta®, Herceptin®, Ogivri®, Kanjinti™; Trazimera™; Herzuma®; Ontruzant® (Trastuzumab) under therapeutic class “HER2 Inhibitors.” Updates and additional information for prior authorization criteria and/or quantity limits for Rituxan®, Truxima®, Ruxience™, Riabni™ (Rituximab) under therapeutic class “CD20 Monoclonal Antibodies.” Updates and additional information for prior authorization criteria and/or quantity limits for Soliris® and Ultomiris® under therapeutic class “Selective Immunosuppressants.” Updates and additional information for prior authorization criteria and/or quantity limits for Yervoy® under the therapeutic class “Anti-CLTA-4 Monoclonal Antibodies.” Updated prior authorization links throughout the document. Updated the “Last Reviewed by DUR Board” date.

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

There is no financial impact on local government known.

Antonio Brown clarified the agenda listed September 3 as an effective date; however, this was an error. The effective date of these changes is September 30, 2024.

**Public Comments:** There were none.

Dr. Malinda Southard 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 Chapter 4100**

#### **Subject: MSM Chapter 4100 – Substance Use Disorder Treatment Services and Coverage**

Elizabeth Scott, Program Specialist, Behavioral Health Benefits Coverage Unit, DHCFP, presented the proposed revisions to MSM Chapter 4100, Substance Use Disorder Treatment Services and Coverage. Changes proposed will align policy language to the State Plan; provide clarification of covered services; align language of prior authorization to the need for medical necessity; include recovery as a focus of treatment; and clarify the list of individuals who can perform substance use disorder (SUD) treatment. Throughout the chapter, “should” was changed to “shall” and “patient” was changed to “recipient.” Additionally, grammar, spelling, and formatting corrections have been made throughout the chapter as needed.

The following proposed changes included Section 4100, Introduction, language was changed to align the aim of SUD treatment with current terminology; family driven was added to Medicaid’s philosophy; and “should” was changed to “shall.” Section 4102, Definitions, the definition of Institution for Mental Diseases (IMD) was clarified and a definition for Harm Reduction was added. Section 4103, Coverage and Limitations, removed the list of covered screenings; language was simplified to state covered screenings are validated, standardized, and evidenced based; coverage language was added to include adolescents; authorization requirements were clarified for drug screening and testing; and throughout the rest of the chapter, language was added to clarify that agencies performing substance use treatment are required to be Substance Abuse Prevention and Treatment Agency (SAPTA) certified through the certifying body of the Division of Public Behavioral Health (DPBH). Section 4105, Opioid Treatment Program (OTP), a citation to the code of federal regulation (CFR) 42 part 8 was added; the acronym for medications for opioid use disorder (MOUD) was used consistently throughout the chapter; Clinical Social Work Interns (CSW-I), Marriage and Family Therapy Interns (MFT-I), and Clinical Professional Counselor Interns (CPC-I) were added to the list of substance use providers whose services are reimbursable through Medicaid; certification requirements for peer recovery support specialists (PRSS) were clarified; Nevada law for treatment of persons under the age of 18 was clarified; and similar language was added to align prior authorization for all levels of care (LOC) to medical necessity. Section 4106, Utilization of American Society of Addiction Medicine (ASAM), clarification was added that all SUD agencies are required to be SAPTA certified through the certifying body of DPBH; language was added to clarify Harm Reduction as a principle to recovery; Psychoeducation Services, Occupational Therapy, Recreational Therapy, Psychosocial Rehabilitation, Basic Skills Training, and Harm Reduction Interventions were removed to align policy with the State Plan; ASAM Level 2, Partial Hospitalization Program (PHP) service hours were clarified, language for Harm Reduction interventions was removed; PHP requirement to contract with a hospital or Federally Qualified Health Center (FQHC) was removed; language to include the support system for adolescents was added; clarified covered services and screenings for Level 2.1 to include Medical and Psychiatric consultation and Psychopharmacological consultation; clarified requirements for 24-hour crisis intervention; clarified biopsychosocial assessment, behavioral health/substance use covered screens, individual and group counseling, individual, group and family psychotherapy; removed psychoeducation services; added peer support services to align policy with the State Plan; language to differentiate services between Level 2.1 and 2.5 was added; throughout the chapter, language was added to clarify harm reduction as a principle rather than an intervention; language was moved from 4106 (C)2a to 4106 (C) as this language describes residential definition rather than listing Level 3 services; clarification to Level 3

services to include biopsychosocial assessment. Section 4107 the title was corrected to Inpatient Alcohol/Substance Use Policy Withdrawal Management and Treatment Services; language was added to clarify the section covers acute treatment for alcohol and other substance misuse throughout the section; clarification provided for Medicaid reimbursement in general hospitals; throughout the rest of the chapter, the eligible age range for SUD treatment in an IMD was amended to 21-64; clarifying language added for services eligible for Medicaid reimbursement; psychiatric screening was corrected to evaluation. Section 4109, Administrative Days Policy, the acronym for skilled nursing level (SNL) was used consistently. Section 4112, Providers, language was added that services may be reimbursed by the following Medicaid providers listed: CSW-I, CPC-I, and MFT-I were added as providers of SUD treatment. Section 4115, Documentation Requirements, added language to require incorporating harm reduction strategies into treatment and recovery; added language to clarify the natural support system for minors must be involved in developing the adolescent's treatment plan; aligned treatment plan signature requirements to the licensing board recommendations. Section 4116, Supervision Requirements, added language to include certification and clarified that the clinical supervisor oversees treatment for substance use and mental health; throughout the chapter added Advanced Practice Registered Nurse (APRN) of psychiatry to the list of possible clinical supervisors of the agency; language added to clarify clinical supervisor of the agency responsibilities for clinics that provide treatment for SUD but not co-occurring or mental health; included language that stated PRSS, CSW-I, MFT-I, and CPC-I may not function as the clinical supervisor of the agency; clarified requirements for the clinical supervisor of the agency if they also provide board approved supervision to an intern and aligned supervision requirements with the respective licensing boards, included all interns shall follow the supervision agreement and added a requirement that the intern's supervision agreement from the board shall be maintained in the personnel folder. Section 4117, Provider Qualifications, added CSW-I, MFT-I, and CPC-I to the list of providers who can perform SUD and mental health treatment; added language that requires interns to maintain approved clinical oversight as required by the board; clarified PRSS cannot function as clinical supervisor of the agency, and clarified live experience qualifications for PRSS. Section 4118, Recipient Responsibilities, added additional language to include follow through with treatment.

During the public posting period, DHCFP received many comments regarding the lack of an enrollment to allow for the reimbursement of a registered nurse (RN) to perform duties within Substance Use Treatment (PT 93). Currently, DHCFP is engaging in discussions to work on a solution and looks forward to presenting this solution to providers in the near future. Additionally, DHCFP received public comment about how to enroll a provisionally licensed alcohol and drug counselor (LADC). Likewise, internal discussion is underway for a viable solution and a response is forthcoming.

These proposed changes affect enrolled Medicaid providers qualified to deliver mental health and substance use services. Those provider types (PT) include but are not limited to Qualified Mental Health Professional (QMHP) (PT 14, Specialty 300) and (PT 82, Specialty 300), Physicians (PT 20), APRN (PT 24), Nurse Midwife (PT 74), Physician's Assistant (PA) (PT 77), Psychologist (PT 26), Pharmacist (PT 91), Substance Use Agency Model (PT 17, Specialty 215), (OTP) (PT 17, Specialty 171), and all Substance Use Treatment (PT 93).

There is no anticipated fiscal impact.

The effective date is September 25, 2024.

**Public Comments:** There were none.

Dr. Malinda Southard approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM Chapter 4100 – Substance Use Disorder Treatment Services and Coverage.

#### **4. Adjournment**

There were no further comments and Casey Angres closed the Public Hearing at 10:23 AM.

***\*A video 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.***