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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

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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 December 30, 2024 Summary

Date and Time of Meeting: December 30, 2024, at 10:25 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
9850 Double R Boulevard
Second Floor
Reno, Nevada 89521

Teleconference and/or Microsoft Teams Attendees

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

Casey Angres, DHCFP	Robin Ochsenschlager, DHCFP
Lauren M. Driscoll, Deputy Attorney General (DAG)	Sandie Ruybalid, DHCFP
Theresa Carsten, DHCFP	Jaimie Evins, DHCFP
Malinda Southard, DHCFP	Ann Jensen, DHCFP
Sean Linehan, DHCFP	Marcel Brown, DHCFP
Mandy Coscarart, DHCFP	Sarah Dearborn, DHCFP
Jennifer Cole, DHCFP	Nhobelyn Kho, DHCFP
Tonya Wolf, DHCFP	Ellen Flowers, DHCFP
Sevil Monge, DHCFP	Bonnie Palomino, DHCFP
Melissa Knight, DHCFP	Patricia Schille, DHCFP
Sheri Gaunt, DHCFP	Stephanie Miller, DHCFP
Nahayvee Flores-Rosiles, DHCFP	Charmaine Yeates, DHCFP
Melody Hall-Ramirez, DHCFP	Beth Scott, DHCFP
Amber Cronn, DHCFP	Monica Schiffer, DHCFP
Christina Cobeo, DHCFP	Kerisa Weaver, DHCFP
Sara Knight, DHCFP	Sandra Villalvazo-Warner, DHCFP
Kimberly Adams, Nevada Aging and Disability Services (ADSD)	Carin Hennessey, DHCFP
Blanca Iris Lanzas, DHCFP	Hannah Tester, Eagle Quest
Antonio Brown, DHCFP	Danielle Jones, Eagle Quest
Catherine Vairo, DHCFP	Katie Pfister, ADSD
Lucille Wroldsen, DHCFP	Carley Murray, Nevada PEP
Lori Follet, DHCFP	Amy Levin, Anthem
De Yates	Melinda Rhoades, Specialized Alternatives for Families and Youth (SAFY)
Sabrina Schnur, Belz & Case	

Dawnesha Powell, Silver Summit Health Plan (SSHP)
Nadine Kienhoefer
Rachael Metz, ADSD
Nina McCartney
Alex Tanchek, Silver State Government Relations
Amber Wilkins, Molina Healthcare
Kathryn Martin, Division of Child and Family Services (DCFS)
Brittany Loyd, Eagle Quest
Royelle Rodriguez, ADSD
Heather Leschinsky, Anthem
Jeremey Hays, DHCFP
Todd Rich, DHCFP
Kaelyne Day, DHCFP
Lisa Dyer, DHCFP
Rianna White, Fidelis-Rx
Joy Thomas, Anthem
Maria Reyes, Fidelis-Rx
Linda Anderson, Nevada Public Health Foundation (NPHF)
Brooke Greenlee, Anthem
Nicholas Hollister, Molina Healthcare
Jason
Samantha Jayme, ADSD
Brian Evans, The Perkins Company
Jason Embra, Molina Healthcare
Barbara A. Scaturro, Centene

Robin Kincaid, Nevada PEP
Chris Empey, Washoe County
Alyssa Drucker, Gainwell Technologies (GWT)
Shaneka L. Wiley, Elevance Health
Susan Harrison, GWT
Sarah Paulsen, Carelon
Ashley Kennedy, Clark County
Dave Doyle, Eagle Quest
Joanna Mercado-Sotelo, DHCFP UMC
Shelly Bengé-Reynolds, DHCFP
Angelo Alford, Anthem
Ashleigh Papez, GWT
Pablo Munoz, DHCFP
Quang Nguyen, DHCFP
Laurie Curfman, Liberty Dental Plan
Kelly Wooldridge, DCFS
Brittany Acree, ADSD
Loren Gonzalez, ADSD
JayDee Porras-Grant
Adrienne Boren, Division of Welfare and Supportive Services (DWSS)
Celina Salas, Hope Christian Health Center
Philip Ramirez, Molina Healthcare
Beverly Hart, DCFS
Kristen Wall, Molina Healthcare

Introduction:

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Theresa Carsten, Deputy Administrator, DHCFP, and Lauren M. Driscoll, DAG.

Casey Angres – The notice for this public hearing was published on November 27, 2024, in accordance with Nevada Statute 422.2369.

- 1. Public Comments:** There were none.
- 2. Discussion and Proposed Adoption of Changes to MSM Chapter 3000**

Subject: MSM Chapter 3000 – Indian Health

Nahayvee Flores-Rosiles, Tribal and Community Liaison in the Community and Provider Engagement Unit, DHCFP, presented the proposed updates to MSM Chapter 3000 – Indian Health Section 3003.1 Health Services. The updates are to add Community Health Representatives (CHR) as a reimbursable provider through and only through a Tribal Health Clinic (THC) operating under the Indian Self-Determination and Education Act of 1975 (PL 93-638). Proposed changes to policy included language on the addition of CHRs as a reimbursable provider through THC. Flores-Rosiles explained that CHRs improve access to healthcare and help strengthen community capacity specifically for American Indian/Alaskan Natives and have done

so since the 1960's. CHR's provide services similar to Community Health Workers (CHW) which are already a reimbursable provider type (PT) through Nevada Medicaid. The provider qualifications will recognize the Indian Health Services Community Health Representatives Training Program and will require supervision by a Physician, Physician Assistant (PA), Advanced Practice Registered Nurse (APRN), Dentist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Professional Counselor (LCPC), Nurse Midwife, and Nurse Anesthetist operating through a Nevada Medicaid enrolled THC. Coverage and limitations are the same as CHWs and are listed in the updated chapter as well.

Flores-Rosiles advised that the proposed addition of CHR was presented at the Fourth Quarterly Tribal Consultation on October 9, 2024.

This proposed change only affects the Indian Health Services (IHS) and Tribal Clinics (PT 47).

The effective date is January 1, 2025, pending CMS approval of the State Plan Amendment (SPA).

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 3000 – Indian Health.

3. Discussion and Proposed Adoption of Changes to MSM Chapter 4200

Subject: MSM Chapter 4200 – Medicaid Health Home for Beneficiaries with Fetal Alcohol Spectrum Disorder (FASD)

Sarah Dearborn, Senior Chief, Medical, Dental, and Behavioral Health Benefits Coverage, DHCFP presented the proposed addition of MSM Chapter 4200 – Medicaid Health Home for Beneficiaries with FASD. The new chapter is being proposed to provide a variety of services to individuals with FASD via the Medicaid health home model. The proposed FASD health home will provide comprehensive care management and coordination services to Medicaid beneficiaries with FASD. For enrolled beneficiaries, the FASD health home will function as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries will work with an interdisciplinary team of providers to develop a person-centered health action plan to best manage their care. The model will also elevate the role and importance of Peer Specialists and CHWs to foster direct empathy and raise overall health and wellness. In doing so, this will attend to a beneficiary's complete physical, behavioral, and health-related social needs.

Dearborn explained that participation is voluntary, and enrolled beneficiaries may opt-out at any time. Nevada has four overarching goals for the FASD health home: to improve care management of beneficiaries with FASD; to increase access to and utilization of evidence-based services for FASD, including but not limited to, applied behavioral analysis; to decrease the onset of behavioral issues that can manifest because of FASD; and to provide services aimed at allowing individuals with FASD to remain in home and community-based settings. A public workshop concerning the new MSM chapter was held on October 16, 2024.

The policy sections for MSM Chapter 4200 include: Section 4200, Introduction - language was added to describe FASD as well as background of the Health Home State Plan benefit under Section 1945 of the Social Security Act (SSA); Section 4102, Authority – lists the authorities associated with this new benefit; Section 4202, Policy – is where the policy for Nevada’s Health Home for Medicaid Beneficiaries with FASD begins; Section 4202.1, Eligibility Criteria – adds language defining how Medicaid beneficiaries become eligible for this benefit; Section 4202.3, Geographic Area – states that this FASD Health Home will be available statewide; Section 4202.3, Program Enrollment – defines how potential FASD health home beneficiaries will be enrolled in the program; Section 4202.4, begins the Coverage and Limitations section; Section 4202.4A, Authorization Process – adds language stating FASD health home services do not require prior authorization; Section 4202.4B, Covered Services – adds language defining the six core covered services of comprehensive care management, care coordination, health promotion, comprehensive transitional care and follow-up, individual and family supports, and referral to community and social services; Section 4202.4C, Non-covered Services – lists the non-covered services of this FASD health home benefit; Section 4202.5, Provider Qualifications – adds language defining the standards and care team requirements of a FASD health home provider; Section 4202.6, Provider Responsibility – defines the FASD health home provider responsibilities; and Section 4203, Hearings – references MSM Chapter 3100 for hearings procedures.

This proposed change affects all Medicaid enrolled providers delivering services to Medicaid beneficiaries who have FASD. Those PTs include but are not limited to: Applied Behavior Analysis (PT 85), Psychologist (PT 26), Physician, M.D., Osteopath, D.O. (PT 20), APRN (PT 24).

The financial impact on local government is estimated to be \$18, 362 for state fiscal year (SFY) 2025 and \$90,371 for SFY 2026.

The effective date is April 1, 2025.

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 4200– Medicaid Health Home for Beneficiaries with Fetal Alcohol Spectrum Disorder (FASD).

4. Discussion and Proposed Adoption and Changes to MSM Chapter 1200

Subject: MSM Chapter 1200 – Prescribed Drugs

Antonio Brown, Chief of Pharmacy and Durable Medical Equipment (DME), DHCFP, presented the proposed revisions to MSM Chapter 1200 – Prescribed Drugs. Revisions to MSM Chapter 1200 Appendix A and Appendix B are being proposed to incorporate recommendations approved by the Drug Utilization Review (DUR) Board on July 18, 2024. The key changes included the addition of prior authorization criteria and/or quantitative limits for physician administered drugs (PAD) in several sections and the reorganization of Osteoporosis Agents to Appendix B Section T.

Providers who prescribe, dispense, or administer these drugs may be affected by this change.

There is no financial impact on local government known at this time.

The effective date is January 6, 2025.

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.

5. **Adjournment**

There were no further comments and Casey Angres closed the Public Hearing at 10:38 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@dncfp.nv.gov with any questions.***