

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 dhcftp@dhcftp.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 State Plan for Medicaid Services

Public Hearing December 30, 2024 Summary

Date and Time of Meeting: December 30, 2024, at 10:04 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	Catherine Vairo, DHCFP
Lauren M. Driscoll, Deputy Attorney General (DAG)	Lucille Wroldsen, DHCFP
Theresa Carsten, DHCFP	Lori Follet, DHCFP
Malinda Southard, DHCFP	De Yates
Sean Linehan, DHCFP	Sabrina Schnur, Belz & Case
Mandy Coscarart, DHCFP	Robin Ochsenschlager, DHCFP
Jennifer Cole, DHCFP	Sandie Ruybalid, DHCFP
Tonya Wolf, DHCFP	Jaimie Evins, DHCFP
Sevil Monge, DHCFP	Ann Jensen, DHCFP
Melissa Knight, DHCFP	Marcel Brown, DHCFP
Sheri Gaunt, DHCFP	Sarah Dearborn, DHCFP
Nahayvee Flores-Rosiles, DHCFP	Nhobelyn Kho, DHCFP
Melody Hall-Ramirez, DHCFP	Ellen Flowers, DHCFP
Amber Cronn, DHCFP	Bonnie Palomino, DHCFP
Christina Cobeo, DHCFP	Patricia Schille, DHCFP
Sara Knight, DHCFP	Stephanie Miller, DHCFP
Kimberly Adams, Nevada Aging and Disability Services (ADSD)	Charmaine Yeates, DHCFP
Blanca Iris Lanzas, DHCFP	Beth Scott, DHCFP
Antonio Brown, DHCFP	Monica Schiffer, DHCFP
	Kerisa Weaver, DHCFP

Sandra Villalvazo-Warner, DHCFP
 Carin Hennessey, DHCFP
 Hannah Tester, Eagle Quest
 Danielle Jones, Eagle Quest
 Katie Pfister, ASD
 Carley Murray, Nevada PEP
 Amy Levin, Anthem
 Melinda Rhoades, Specialized Alternatives for Families and Youth (SAFY)
 Dawnesha Powell, Silver Summit Health Plan (SSHP)
 Nadine Kienhoefer
 Rachael Metz, ASD
 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, ASD
 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, ASD
 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 Bengel-Reynolds, DHCFP
 Angelo Alford, Anthem
 Ashleigh Papez, GWT
 Pablo Munoz, DHCFP
 Quang Nguyen, DHCFP
 Laurie Curfman, Liberty Dental Plan
 Kelly Wooldridge, DCFS
 Brittany Acree, ASD
 Loren Gonzalez, ASD
 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, Dr. Theresa Carsten, Deputy Administrator, DHCFP, and Lauren M. Driscoll, DAG.

Casey Angres – The notice for this public hearing was published on November 27, 2024, and revised on December 16, 2024, and December 17, 2024, in accordance with Nevada Statute 422.2369.

1. **Public Comments:** There were none.
2. **Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

Subject: 1915i Home and Community Based Services (HCBS)-State Plan Option for Intensive In-Home Services and Crisis Stabilization- Application Renewal

Christina Cobeo, Social Services Program Specialist, Behavioral Health Benefits Coverage Unit, DHCFP, presented the changes to the 1915i HCBS State Plan Option for Intensive In-Home Services and Crisis Stabilization Services. Cobeo explained that the services are being renewed as required by the Centers of Medicare and Medicaid Services (CMS) every five years. CMS required an entirely new application which will replace the existing State Plan Amendment (SPA); however, this application is a replica of the existing SPA with multiple edits. The updated language provides clarity on the roles, responsibilities, and collaboration between the State Medicaid Agency (SMA), Operating Agency, and the Local Non-State Entities. The application addresses several general cross-cutting modifications aimed at enhancing the clarity and functionality of the program.

Cobeo identified the edits to the existing application. On Page 3, the specific cross-cutting modifications clarify that the SMA is the sole agency with ultimate oversight authority for each delegated agency. Page 4 updated the table to include the juvenile justice populations, terminology and acronyms for the non-state local entities were updated, and the Clark County Juvenile Justice Services (CCJS) were integrated as a non-state local entity. Cobeo pointed out that recognizing the juvenile justice population within 1915(i) has improved the quality measurements while broadening the collaborative spectrum for service delivery. Page 6 reflected changes to the number of participants based on the previous year's expenditure. Page 8 confirmed the qualifications for Care Coordinator as a Qualified Mental Health Association (QMHA) and/or a Qualified Mental Health Professional (QMHP) while explicitly defining the qualifications and delineation of roles for Care Coordinators. Page 9 added Psychological Trainees as QMHP and included the Level of Care Utilization System (LOCUS) Assessment Tool for individuals aged 19 and older. LOCUS introduces a structured methodology for evaluating the level of care needed, enhancing the assessment process for older clients within this framework. Page 18 removed delegation of service plan approval to a Quality Improvement Organization (QIO)-like vendor and used the terms Person-Centered Service Plan (PCSP) and Plan of Care (POC) interchangeably, ensuring consistent terminology across all documentation. Cobeo mentioned that Medicaid has removed language related to Wraparound Facilitator Certification for Care Coordinators and has removed Facility Outreach and Community Integration Services (FOCIS) and the SAFE model certification for Care Coordinators. Page 38 Section 7(a) identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation. Changes were made to reduce sample sizes for CMS quality reviews from 100% to 10%. This change only applies to recipients who receive education and information regarding reporting abuse, neglect, exploitation, and other critical incidents. Page 39 clarified that the sample size changes do not apply to the monitoring of Abuse/Neglect/Exploitation, Serious Occurring Reports, Critical Incidents, Provider Qualifications, and HCBS Setting Requirements and that these sample sizes must remain at 100%.

The proposed changes may affect all Medicaid-enrolled providers delivering Specialized Foster Care Services, including but not limited to the following Provider Type (PT): Specialized Foster Care (PT 86).

There is no anticipated change in annual aggregate expenditure.

The effective date of this change is July 1, 2025.

Public Comments: There were none.

Casey Angres - Closed the Public Hearing for changes to the 1915i HCBS-State Plan Option for Intensive In-Home Services and Crisis Stabilization- Application Renewal.

3. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Rate Change for Psychiatric Residential Treatment Facilities (PRTF), to include an enhanced rate for supporting children under the age of nine and/or for providing services for children with specialized needs.

Patricia Schille, Management Analyst, Rates Analysis and Development Unit, DHCFP, presented the changes to State Plan Attachment 4.19-A related to reimbursement for PRTF. DHCFP proposed a Medicaid SPA in order to provide a rate change to PRTF with an option for an enhanced rate for supporting children under nine and/or supporting children with specialized needs in the PRTF arena. The change is a result of the commitment to enhance access to high-quality psychiatric care and to support the sustainability of DHCFP's healthcare providers. Schille outlined the changes to the fee schedule as: the flat rate will be a per diem of \$800 per day and an enhance rate of an additional \$150 per day for services provided to children under nine and/or who has specialized needs in the PRTF arena.

The changes are expected to increase the annual aggregate expenditures for State Fiscal Years (SFY) 2025 and 2026. The estimated increase in annual aggregate expenditures for SFY 2025 is \$9,061,986 and SFY 2026 is \$9,205,678. Schille clarified that while the agenda listed the years as SFY 2026 and SFY 2027, the actual affected years are SFY 2025 and SFY 2026.

The effective date of these changes is January 1, 2025.

Public Comments: There were none.

Casey Angres - Closed the Public Hearing for changes to the Rates for PRTF, to include an enhanced rate for supporting children under the age of nine and/or for providing services for children with specialized needs.

4. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Dental Anesthesia Rate Increase

Sean Linehan, Management Analyst, Rates Analysis and Development Unit, DHCFP presented the changes to Medicaid State Plan Attachment 4.19-B Page 2c. DHCFP intends to submit a SPA in order to provide an increase to dental anesthesia rates to include a pediatric enhanced rate for recipients under the age of six. Linehan explained that current dental anesthesia rates are at a level in which access to dental care is being impeded and that the change is the result of research and provider outreach through the State Dental Officer's office. The changes to the current Dental Terminology codes reimbursement rates were: D9222 and D9223 will be changed from \$57.97 to \$120, and a pediatric enhanced rate of \$138 will be available for recipients under the age of six. Additionally for Orthodontics, any provider delivering services through a bundle will be paid through that bundle's payment rate and cannot bill separately. Medicaid providers delivering separate services outside of the bundle may bill for those separate services in accordance with the state's Medicaid billing procedures. At least one of the services included in the bundle must be provided within the service payment unit in order for providers to bill the bundled rate.

The changes are expected to increase the annual aggregate expenditures for SFY 2025 and 2026. The estimated increase in annual aggregate expenditures for SFY 2025 is \$36,947 and the estimated increase for SFY 2026 is \$88,488.

The effective date of these changes is January 1, 2025.

Public Comments: There were none.

Casey Angres - Closed the Public Hearing for Dental Anesthesia Rate Increase.

5. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Nevada’s Health Home for Medicaid Beneficiaries with Fetal Alcohol Spectrum Disorder (FASD)

Sarah Dearborn, Senior Chief of Medical, Dental, and Behavioral Health Benefits Coverage, DHCFP, presented on Nevada’s Health Home for Medicaid Beneficiaries with FASD. In accordance with Assembly Bill (AB) 137 of the 81st Legislative Session, DHCFP is proposing to submit a SPA under Section 1945 of the Social Security Act (SSA) to establish a Medicaid health home for beneficiaries FASD. 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 Community Health Workers (CHW) 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. DHCFP held a public workshop concerning the new state plan benefit on October 16, 2024.

These proposed changes would affect 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), Advanced Practice Registered Nurse (APRN) (PT 24).

The changes are expected to increase the annual aggregate expenditures for SFY 2025 and 2026. The estimated increase in annual aggregate expenditures for SFY 2025 is \$190, 085 and the estimated increase for SFY 2026 is \$935, 528.

The effective date of these changes is April 1, 2025.

Public Comments: Carley Murray asked if all subtypes of peer support were included in peer support being a covered service.

Sarah Dearborn responded that that was correct and that all current and future subtypes were included.

Casey Angres - Closed the Public Hearing for Nevada's Health Home for Medicaid Beneficiaries with FASD.

6. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Pharmacy Reimbursement for Tribal Health Clinics (THC)

Nahayvee Flores-Rosiles, Tribal and Community Liaison in the Community and Provider Engagement Unit, DHCFP, presented the updates to State Plan Attachment 4.19-B Page 3 (Continued), Page 3a, and Page 7a to address the reimbursement methodology for pharmacy services for THC operating under the Indian Self-Determination and Education Act of 1975 (PL 93-638). The proposed changes to policy included language added to Attachment 4.19-B Page 3 (Continued) and Page 3a on how Indian Health Services (IHS) and Tribal 638 clinics are reimbursed for pharmacy services. The IHS/Tribal clinics will receive one encounter paid at the all-inclusive rate per prescription filled and will not be limited to a certain number of prescriptions per day. Pharmacies reimbursed using the all-inclusive rate will not be eligible for a dispensing fee. Changes were also made to the Reimbursement for IHS Tribal 638 Health Facilities in State Plan Attachment 4.19-B Page 7a addressing the reimbursement methodology for pharmacy services and to refer to the revised section previously mentioned in Section 12 of the State Plan Attachment 4.19-B Pages 3 (Continued) and Page 3a.

Flores-Rosiles advised that the proposed changes on pharmacy reimbursement for tribes have been discussed at the Quarterly Tribal Consultations over the last year, including an additional tribal consultation as requested by the tribes held on December 9, 2024.

These proposed changes would only affect the IHS and Tribal Clinics PT (PT 47).

The effective date of these changes is January 1, 2025, pending CMS approval of the SPA.

Public Comments: There were none.

Casey Angres - Closed the Public Hearing for Pharmacy Reimbursement for THC.

7. Adjournment

There were no further comments and Casey Angres closed the Public Hearing at 10:25 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.***