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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

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Stacie Weeks,
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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 June 24, 2025 Summary

Date and Time of Meeting: June 24, 2025, at 10:22 AM

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

Place of Meeting: Division of Health Care Financing and Policy
1919 College Parkway, Suite #120
Carson City, Nevada 89706

Teleconference and/or Microsoft Teams Attendees

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

Casey Angres, DHCFTP	Gabriel D. Lithier, Senior DAG
Lauren M. Driscoll, Deputy Attorney General (DAG)	Jessica Goicoechea-Parise, Washoe County
Malinda Southard, DHCFTP	Jo Ann Kochell, DHCFTP
Kimberly Smalley, DHCFTP	Matthew Lueken, Drug Free Las Vegas
Amber Cronn, DHCFTP	Cloris Barrientos, DHCFTP
Erica McAllister, DHCFTP	Kirsten Coulombe, DHCFTP
Lindsey Bondiek, DHCFTP	Sadaf Iqbal, Clark County
Deidre Manley, DHCFTP	Nadine Kienhoefer
Dominic Gaon, Anthem	Bonnie Palomino, DHCFTP
De Yates	Alex Tanchek, Silver State Government Relations
Christina Cobeo, DHCFTP	Lori Follett, DHCFTP
Ellen Flowers, DHCFTP	Candace Lewis Vaughn, Division of Child and Family Services(DCFS)
Sarah Dearborn, DHCFTP	Dr. Rhonda Murray
Angela Stewart, Elevance Health	Patricia Schille, DHCFTP
Cassandra Davis, DHCFTP	Sevil Monge, DHCFTP
Russell Steele, DHCFTP	Sheri Gaunt, DHCFTP
Kelly Carranza, DHCFTP	Ashley Jones, Elevance Health
Amethyst Cozzolino	Serene Pack, DHCFTP
Mike Allerdyce, Washoe County	Carley Murray, Nevada PEP
Rachael Devine, DHCFTP	Allison Herzik
Karen Taycher, Nevada PEP	Sarah Lamb, University Medical Center of Southern Nevada (UMCSN)
Sabrina Schnur, Cartwright NV	Kristen Wall, Molina Healthcare
Lizbeth Torres, Clark County	
Laurie Curfman, Liberty Dental Plan (LIB)	

Robin Ochsenschlager, DHCFP
Amber Wilkins, Molina Healthcare
Sean Linehan, DHCFP
Erin Lynch, Nevada Hospital Association(NHA)
Matthew Gaylord, DHCFP
Suellen Narducci, Molina Healthcare
Nima Alinejad, Molina Healthcare
Tomas Hammon
Jeremey Hays, DHCFP
Jess Angel
Valerie Luevano, Anthem
Chris Doss
Celina Salas, Hope Christian Health Center
Jimmy Tran, Molina Healthcare
Brooke Greenlee, Anthem
Keri Kelley, Silver Summit Health Plan (SSHP)
Dave Goldstein, DHCFP
Dawnesha Powell, SSHP
Alletha Muzorewa, Anthem
Amy Hyne-Sutherland, Carson Tahoe Health
Shaneka L. Wiley, Elevance Health
Esther Flores
Natalie Filipic

Sara Cooper,
Jason Embra,
Shannon Saksewski,
Nancy Calderon, Nevada PEP
Angel Beus, Anthem
Casey Melvin,
Brandon Ford, Best Practices NV, LLC
Brooke Pellegrino, LIB
Marilyn Juarez, Anthem
Jessica Vannucci, DHCFP
Alyssa Drucker, Gainwell Technologies (GWT)
Jason Drake
Sharon JamesTiger, Department of Education
(DOE)
Jess
Nicholas Hollister, Molina Healthcare
Tonya Wolf, DHCFP
Elizabeth Scott, DHCFP
Marcel Brown, DHCFP
Minden Hall, DHCFP
Krisann Taylor, DHCFP
Sandra Villalvazo-Warner, DHCFP

Introduction:

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

Casey Angres – The notice for this public hearing was published on May 23, 2025, in accordance with Nevada Revised Statute (NRS) 422.2369.

1. **Public Comments:** There were none.
2. **Discussion and Proposed Adoption and Changes to MSM Chapter 500**

Subject: MSM Chapter 500 – Nursing Facilities (NF)

Rachael Devine, NF Policy Specialist, Long Term Services and Support (LTSS) Unit, DHCFP, presented the proposed revisions to MSM Chapter 500. Revisions were proposed to include the addition of a coverage and limitations section, clarification of Pre-Admission Screening and Resident Review (PASRR), Level of Care (LOC) language, and expansion of the Behaviorally Complex Care Program (BCCP) criteria. Devine advised that there was a public workshop presenting the proposed revisions to stakeholders held on April 8, 2025 and went on to detail a high-level overview of the proposed revisions.

Under Section 503.1, the section and language were added detailing the NF service description. Section 503.1A added the language to define NF Program Eligibility, Covered Services, and Limitations. Under Section 503.1B, language was added for Health Care Quality and Compliance (HCQC) NF licensure types, Skilled Nursing, and Intermediate Care Facility (ICF). This language specifies that facilities licensed as an ICF do not require Medicare certification per HCQC and noted both licensure types are considered an NF. Additionally, language was added for the federal requirement of facilities to reimburse Nurse Aide Training costs within the first year of employment after certification under specific circumstances.

Under Section 503.2, language was added and reworded to define the scope and purpose of the PASRR requirement. Section 503.2D added language to the section introduction to define the scope and purpose of exempted hospital discharge (EHD). Under Section 503.2E language was added regarding purpose and scope and to specify already established time frames for Convalescent Care and provisional admissions. Section 503.2H added language to detail the state's responsibility regarding specialized services, after a recipient is discharged to the community. Section 503.3 added language to specify LOC screening types.

Under Section 503.3A: language was added for authorizations under retroactive screening; under services levels, Nursing Facility Ventilator Dependent, language was added regarding the 180-day authorization limit and reauthorization requirement; Pediatric Specialty Care, added language regarding reauthorization; Pediatric Specialty Covered Services and Supplies, added language regarding physician's order for daily respiratory care, added the documentation requirement for behavior issues, and added reference to HCQC for max assist requirement; BCCP LOC added language specifying that BCCP is intended for recipients aged 21 and older residing in a free-standing NF; BCCP Authorization Process, added required documentation items and added specific time frames to certain documentation types; BCCP Authorization Types added language to list BCCP authorization types; BCCP Tier Authorization and Time Frames, updated scoring values based on tier levels and updated the authorization timeframe for all BCCP tiers to 180 days; BCCP Notice of Decision (NOD) added language to specify that any adverse action taken on a BCCP request is independent of any Nursing Facility Standard or Nursing Facility Ventilator Dependent LOC determination.

Under Section 503.4, obsolete language was removed regarding Billing Authorization Letter process and the specification that the Nursing Facility Tracking (NFT) must be submitted within 72 hours upon each of the listed occurrences was added. Section 503.7B added the reference for providers to contact and notify the Division of Welfare and Supportive Services (DWSS) upon admit and discharge. Under Section 503.7C, language was added regarding written policies and procedures that prohibit mistreatment, neglect, and abuse of recipients and misappropriation of recipient property. Additionally, language was added regarding Medicaid Estate Recovery (MER) for debts owed upon death of recipient.

Under 503.8A, the service identification was updated to Non-Emergency Medical Transportation (NEMT) to align with MSM Chapter 1900 – Transportation and language was added listing circumstances under which the provider would not be required to provide NEMT. Section 503.9A, added language regarding the verification of appropriate LOC and added language regarding the transfer of records, including PASRR. Under 503.13, language was added regarding purpose and conditions under which a provider may seek out-of-state placement for a recipient as well as language regarding Out-of-State Nursing Facility Placement Packet. Section 503.14 was added for rates and reimbursement reference. All references to Hearings throughout the chapter were moved to Section 504.

The proposed changes would affect all Nevada Medicaid enrolled providers delivering NF services, including Nursing Facilities (Provider Type (PT) 19).

There was no known financial impact on local government.

The effective date of these proposed changes is July 1, 2025.

Public Comments: There were none.

Malinda Southard approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to Chapter 500 – Nursing Facilities.

3. Discussion and Proposed Adoption and Changes to MSM Chapter 400 and MSM Chapter 4300

Subject: MSM Chapter 400– Mental Health Services and MSM Chapter 4300 – Peer Support Services

Lindsey Bondiek, Program Specialist, Behavioral Health Benefits and Coverage Unit, DHCFP, presented the proposed changes to MSM Chapter 400 and the addition of MSM Chapter 4300. The revisions were made as an enhancement to Peer Support Services in alignment with Children’s Behavioral Health Transformation initiatives. Bondiek advises that the changes have been presented to stakeholders at the Children’s Behavioral Health Transformation Working Group on March 13 and May 15, 2025.

The proposed revisions to MSM 400 include the removal of MSM Section 403.6F, Peer-to-Peer Services, rewording the section and placing into the new MSM Chapter 4300, which is dedicated to Peer Support Services. Additionally, all references to “Peer-to-Peer Support” language was removed and replaced with “Peer Support Services.” This change was made in Sections 403.3, 403.6, and 403.6I.

Bondiek presented the key points of the proposed new chapter, MSM 4300 – Peer Support Services. Section 4301 outlined the different authorities that regulate Peer Support Services. Under Section 4302 Adult Peer Support Services was outlined. Adult Peer Support Services provide structure, recovery-oriented interventions delivered by Certified Peer Support Specialties. There were two modalities specific to Adult Peer Support, the support for mental health disorders and support for substance use disorders. Section 4302.1A listed the requirements for Eligible Providers, including people who self-identify with lived experience with a mental health or substance-use disorder. Section 4302.1B states that Eligible Members must be over the age of 18, have a diagnosed mental health or substance use disorder (SUD), and a documented need for Peer Support Services. Under Section 4302.1C, covered services were listed, including: recovery coaching and mentorship, skill-building in self-advocacy and resiliency, symptom management support, crisis de-escalation and support, assistance with navigating behavioral health services and support for social and community engagement. Section 4302.1D listed non-covered services, including: documentation, room and board expenditures, services delivered by a recipient’s relative, unpaid interns, or volunteers, services rendered to recipients who are institutionalized or residing in an institution for mental diseases, supervision, and providing transportation, clinical services, and caregiver services to the individual or the individual’s family. Section 4302.1E stated that services can be provided for up to 18 hours or 72 hours annually before a prior authorization is required. Under Section 4302.1F, the two billing codes for this service were indicated as H0038 and H0038-HQ. Section 4302.1G included information for Managed Care Members.

Bondiek then discussed Family Peer Support Services which were listed under Section 4302.2. Family Peer Support Services provide structured support to parents and caregivers of children and youth with behavioral health disorders. Under Section 4302.2B the requirements for Eligible Providers were listed including that they must have lived experience as a parent or caregiver of a child with a behavioral health disorder. Section 4303.2C stated that Eligible Members must be under the age of 21 with a documented need for peer support services; the services are provided to the family member or caregiver but must be for the direct benefit of the eligible member. Under Section 4302.2D. covered services were listed. Including: emotional support, community service connection, parental self-care, instructional support,

advocacy, information and referral, child and family team support, educational support, and crisis de-escalation. Section 4302.2E listed non-covered services, including: documentation, room and board expenditures, services delivered by a recipient's relative, unpaid interns or volunteers, supervision, and providing transportation, clinical services, and caregiver services to the family. Section 4302.2F stated that services can be provided for up to 18 hours or 72 units annually before a prior authorization is required. Under Section 4302.2G, the billing code for this service was indicated as H0038 with the possible modifiers of HR, HS, and HQ with HR. Section 4302.2H included information for Managed Care Members.

Bondiek then presented the highlights of Section 4302.3, Youth Peer Support Services. Youth Peer Support Services provide structured support to youth with behavioral health disorders. Section 4302.3B listed the requirements for Eligible Providers including that they must be between the ages of 18 and 30 and have lived experience with a behavioral health disorder as a youth. Section 4302.3C stated that Eligible Members must be under the age of 21 with a documented need for peer support services and that the services must be for the direct benefit of the recipient. Under Section 4302.3D the covered services were listed, including: emotional support and encouragement, skill-building in self-advocacy, developing wellness goals, symptom management support, crisis de-escalation and support, assistance with navigating youth-serving systems, assistance with transitioning to adult-serving systems, and support for social and community engagement. Section 4302.3E listed the non-covered services, including: documentation, tutoring, room and board expenditures, services delivered by a recipient's relative, unpaid interns or volunteers, supervision, and providing transportation, clinical services, and caregiver services to the youth or the youth's family. Section 4302.3F stated that services can be provided for up to 18 hours or 72 units annually before a prior authorization is required. Under Section 4302.3G, the two billing codes for this service were indicated as H0038-HA and H0038-HQ-HA. Section 4302.3H included information for Managed Care Members.

There was no anticipated fiscal impact known at this time.

The effective date for the proposed changes is July 1, 2025.

Public Comments:

Carley Murray, Statewide Family Network Director at Nevada PEP, nationally certified family peer support specialist, and parent of youth with behavioral health challenges, gave public comment. Murray started off by thanking the Division for adding family peer support to the Medicaid State Plan, stating that it was going to make a huge difference in the lives of families in Nevada. Murray emphasized that it is really difficult as a parent of children with behavioral health challenges to navigate that on your own and that family peer support is evidence-based to improve outcomes for children and their families.

Murray did comment on a perceived discrepancy between Section 4302.2B(1)(a) and Section 4302.3B(2)(a). Section 4302.2B(1)(a) states that a family peer support provider self-identifies as a parent or caregiver of a child or youth with a behavioral health disorder. Section 4302.3B(2)(a); however, states that the qualifications for a youth peer support provider is that they are an individual who has lived experience as a youth with social, emotional, developmental, intellectual, health, and/or behavioral healthcare needs. Murray emphasized that it would be appropriate to align those sections and include the social, emotional development, intellectual, and health for family peer support, explaining that often the same youth who need or would benefit from the youth peer support would benefit from their parents or caregivers receiving the family peer support as well.

Malinda Southard approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM Chapter 400– Mental Health Services and MSM Chapter 4300 – Peer Support Services.

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

Subject: MSM Chapter 1200 – Prescribed Drugs

Ellen Flowers, Program Specialist, Pharmacy Services, DHCFP, presented the proposed revisions to MSM Chapter 1200. Section 1203.1, Coverage and Limitations added Statins to Maintenance Medications.

The remainder of the proposed changes were to Appendix A of the chapter: Appendix A, Section LL. Immunomodulator Drugs added Subsection n. for Refractory Atopic Dermatitis including policy for initial requests and updated age requirements under Plaque Psoriasis; Appendix A, Section II. Daliresp® (roflumilast) added Ohtuvayre™ to this section as well as adding a caution section to attest Ohtuvayre™ will be used with caution in recipients with hepatic impairment; Appendix A, Section KK. Incretin Mimetics added a subsection for Zepbound® (tirzepatide), including policy for initial requests, and recertification requests; Appendix A, Section LL. Cystic Fibrosis Agents added Subsection e for Alyftrek® (vanzacaftor/tezacaftor/deutivacaftor), including policy for initial requests and renewal requests; Appendix A, Section FFFFF. Filsuvez® (Birch Triterpenes) new section for the therapeutic class Dystrophic and Junctional Epidermolysis Bullosa, includes policy for initial requests, dosing limits, renewal requests, and initial and recertification PA guidelines; Appendix A, Section GGGGG. Juxtapid™ (Lomitapide) new section for the therapeutic class Antilipemic Agent, homozygous familial hypercholesterolemia (HoFH), includes policy for initial requests, dosing limits, renewal requests, and initial and recertification PA guidelines; Appendix A, Section HHHHH. Tryngolza™ (Olezarsen) new section for therapeutic class Antilipemic Agent, familial chylomicronemia syndrome (FCS), includes policy for initial requests, dosing limits, renewal requests, and initial and recertification PA guidelines; Appendix A, Section IIIII. Yorvipath® (Palopegteriparatide) new section for therapeutic class Parathyroid Hormone Analog includes policy for initial requests, dosing limits, renewal requests, and initial and recertification PA guidelines; Appendix A, Section JJJJJ. Ocaliva® (obeticholic acid), Iqirvo® (elafibranor), Livdelzi® (seladelpar) new section for therapeutic class Primary Biliary Cholangitis (PBC) Agents includes policy for initial requests, dosing limits, renewal requests, and initial and recertification PA guidelines.

There was no known financial impact on local government.

The effective date of these changes is June 30, 2025.

Public Comments: There were none.

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.

5. Adjournment

There were no further comments, and Casey Angres closed the Public Hearing at 10:49 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@dhcfp.nv.gov with any questions.***