

Steve Sisolak  
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.*



Suzanne Bierman,  
JD MPH  
Administrator

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## TRIBAL CONSULTATION/Update Meeting Minutes

**Date of Consultation:** April 14, 2021

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

**Place of Meeting:** Teleconference/Webex

### Agenda

- **Opening-** Briza Virgen opened the meeting at 9:05 A.M.
- **Introductions**
  - Chairperson- Representation unknown
  - Vice-Chairperson- Representation unknown
  - ITCN Representation- Representation unknown
  - IHS Representation
    - Hope Johnson, Director, OSD
    - Tina Valencia, Business Office Director
  - Tribal Clinic Directors
    - Dawna Brown, Pyramid Lake Health Director
    - Angie Wilson, Reno Sparks Administrator
    - Andrea Johnson Harper, Reno Sparks Health Director
    - Marlene Smallwood, Yerington Paiute Health Director
    - Gilbert Eisenga, Washoe Tribe of NV and CA Health Director
  - Nevada Indian Commission Representation
    - Stacey Montooth, Director
  - State – Division Tribal Liaisons
    - Briza Virgen – Division of Health Care Financing and Policy (DHCFP)
    - Evette Cullen-Division of Welfare Supportive Services (DWSS)
    - Priscilla Acosta- Division of Health and Human Services (DHHS)
    - Nikki Haag – Aging and Disability Services Division (ADSD)
    - Fran Maldonado- Division of Child and Family Services (DCFS)
    - Tiffany Davis- Silver State Health Insurance Exchange
- **Public Comment-** No Public Comment

- **Preliminary Discussion of Proposed Meeting Title Change and Meeting Location (Virtually via Microsoft Teams and Future In-Person Suggestions) –DHCFP**

- As we venture into making this event more meaningful and engaging for Tribal Nations, we are open to discussions about proposed meeting title change for the currently titled, Tribal Consultation, and discussions on meeting locations within Tribal communities. We would appreciate any thoughts or comments on this topic; please email Crystal Biselli [crystal.biselli@dchfp.nv.gov](mailto:crystal.biselli@dchfp.nv.gov) or Briza Virgen [bvirgen@dchfp.nv.gov](mailto:bvirgen@dchfp.nv.gov) with them. We will continue to work with the Nevada Indian Commission on this topic as well.
- ❖ Dawna Brown agreed that was a really good idea if we were to have the meetings hosted by tribes, and that we take a little bit of ownership in that side of it. In the past we have gone to you and you guys have always presented to us and we do not always get the full participation on the tribal side, which is a little unfortunate at times. You know we all have conflicting things too and then also the times now where we are just not able to get together but I like that the intent of looking at the language. We have always talked about having two consultations and we have the discussion with IHS all the time. I would like to see where this goes a little bit further, but I am sure as always once we are able to get together, Pyramid lake is always willing to host anybody and everybody out here. I do really like where this discussion is going.

- **Consultation/Update**

- **Division of Health Care Financing and Policy**

- **Proposed Legislation-** DuAne Young, Deputy Administrator

- During this legislative session we do not have any significant legislation coming from Medicaid. We do have our budget work session that will be occurring this Thursday, April 15, 2021. Our budget will be closing in the next several weeks. This has been a very challenging year for Medicaid, not only with the pandemic in the increased cost surrounding those directly related to, but also with the transition to telehealth and the increase in Medicaid case load, currently at over 800,000 individuals. This has brought some challenges with it, the Federal Government and maintenance effort have stated that no one, unless they move out-of-state or deceased, will be taken off the Medicaid through the duration of the Public Health Emergency.
- During the 31<sup>st</sup> Special Legislative Session of 2020, Medicaid was tasked with the creation of a specialty pharmacy program. The Division has been working with various stakeholder groups to overcome some of the challenges and barriers. Part of these challenges and barriers are making sure that rural and Tribal areas were served by capacity. Reaching an agreement with specialty providers to make sure that they were able to still serve those areas that they are currently serving. We will be finalizing our contract and moving to public hearing with an implementation date in the next fiscal year.
- There are distinct areas in which Medicaid is seeing bills from this legislative session, maternal and child health such as doulas, nurse midwives, services for eligibility categories for expansion for pregnant women. We were able to see either minimum fiscal notes with savings demonstrated or no fiscal notes at all. Community health workers has made it out of the committee and it has no fiscal note as well and is able to demonstrate savings to the department. Behavioral Health, there were three main bills of interest, Federal mandate for crisis, emergency system establishment in Nevada and that bill has moved through the Senate. It will look at various funding mechanisms to help and support the mandate to be in place in 2022. The next most significant change from last year's bill on crisis services this will open crisis services; open up to non-Institutions for Mental Disease (IMD) so that acute hospitals and hospitals with more than 15 beds can participate in the crisis program and receive that bundle rate from Medicaid. The third major bill is the IMD exclusion, this is allowing the Division to seek a waiver for substance abuse disorder treatment and seek a waiver for those who are seriously mentally ill within an IMD. Medicaid fee- for-service can be a payment mechanism for those facilities. This has moved through the Senate and will be voted on the floor within the next few days.
- Pharmacy is another area we are seeing significant bills. This bill would allow a pharmacist to prescribe

- birth control and recipients would directly access birth control through their pharmacy. The second bill brought by the Senate minority leader would allow patients to receive prep and some HIV drugs directly through their pharmacist and allowing pharmacists to bill insurance and Medicaid for these services.
- Long Term populations, the most significant bill to Medicaid is on physically disabled waiver, which would allow for self-directed model of care.
  - **Behavioral Health Policy Updates-** Sarah Dearborn, Social Services Program Supervisor, Behavioral Health Unit
    - State Plan Amendment (SPA) -1915(i) State Plan Home and Community-Based Services Administration and Operation for Intensive In-Home Supports and Services and Crisis Stabilization Services.
      - ◆ The DHCFP is proposing an SPA to the 1915(i) Home and Community Based Services benefit and Medicaid Services Manual Chapter (MSM) 4000 - Intensive In-Home Services and Supports and Crisis Stabilization Services. This amendment will include an additional care coordination model, Safety Assessment Family Evaluation (SAFE), to be utilized by the local county agencies when evaluating individuals to be eligible for these services.
      - ◆ SPA and MSM went to Public Hearing January 26, 2021.
      - ◆ A recorded training including DHCFP, DCFS, and Gainwell Technology was developed and posted to the Nevada Medicaid website to support providers in preparation to begin providing these services. A new provider type and CPT codes and modifiers were established for these services. Medicaid is continuing to collaborate with DCFS, the local county agencies, and specialized foster care providers to prepare for what implementation will look like. Working on the development of an FAQ document to post to the website to support providers. Currently there are two providers enrolled in this new provider type, but services have not yet begun.
    - State Plan Amendment – Medication Assisted Treatment for Opioid Use Disorder
      - ◆ The DHCFP is proposing a SPA to Attachment 3.1-A to add a supplement for Medication-Assisted Treatment (MAT) as required by Section 1006(b) of the Substance Use Prevention Promotes Opioid Recovery and Treatment (SUPPORT) Act and Section 1905(a)(29) of the Social Security Act. Section 1006(b) of the SUPPORT Act requires states to begin implementing MAT as a mandatory Medicaid state plan benefit for categorically needy populations for the 5-year period beginning October 1, 2020. This SPA will combine already required covered medications and services used in MAT for Opioid Use Disorder (OUD) into one section, this amendment is not new policy but rather a mechanical change to the State Plan. Approved during February 23, 2021 Public Hearing, sent to CMS March 2, 2021. We had our first 15-day call with CMS on March 10, 2021, now we are waiting on follow up from CMS.
    - Medicaid Services Manual Policy updates to Chapter 400
      - ◆ Updates to MSM 400 Attachment C- Substance Abuse Agency Model (SAAM) to remove barriers to Level 1 Substance Use treatment services, such as aligning prior authorization requirements for behavioral health services, like therapy, under Provider Type 17, Specialty 215 with the other behavioral health provider types. Also, creating a service limitation before prior authorization is required for peer support services rather than initially under ASAM Level 1 services. Also, we added a mental health crisis intervention code under the Provider Type 17, Specialty 215 model. This proposed policy was approved at the March 30, 2021 public hearing, with an effective date of March 31, 2021.
  - **1115 Substance Use Disorder Demonstration Waiver-** Sarah Dearborn, Social Services Program Supervisor, Behavioral Health Unit
    - In response to the ongoing national opioid crisis, Centers for Medicare and Medicaid Services (CMS) has indicated a willingness to provide additional flexibilities to help states improve access to and quality of SUD treatment through Medicaid 1115 Demonstrations. The 1115 SUD Demonstration Waiver option allows states have coverage for a full SUD treatment service array in the context of overall SUD service delivery system transformation. This waiver would allow CMS to treat costs that would not otherwise qualify for federal matching funds as allowable Medicaid expenditures. The 81st session of the Nevada Legislature is considering SB154 which provides legislative approval to permit Nevada Medicaid to apply for proposed 1115 Waiver. For more information, please visit <https://www.medicaid.gov/federal-policy>

[guidance/downloads/smd17003.pdf](https://www.nv.gov/guidance/downloads/smd17003.pdf). The Nevada Department of Health and Human Services (DHHS) will request from CMS authority for a five- year, Section 1115 Demonstration Waiver to expand statewide access to comprehensive behavioral health services for the most vulnerable Nevadans, including those with opioid use disorders (OUDs) and substance use disorders (SUDs). Nevada will seek authority to provide enhanced SUD benefits, and a limited waiver of the exclusion of the federal Medicaid Institutions for Mental Diseases (IMD).

- ◆ Proposed 1115 SUD Demonstration Waiver goals include:
  - ❖ increased rates of identification, initiation, and engagement in treatment.
  - ❖ Increased adherence to and retention in treatment.
  - ❖ Reductions in overdose deaths, particularly those due to opioids.
  - ❖ Reduced utilization of emergency department, and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care.
  - ❖ Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.
  - ❖ Improved access to care for physical health conditions among beneficiaries.
- ◆ Proposed 1115 SUD Demonstration Waiver Milestones:
  - ❖ Access to critical levels of care for OUD and other SUDs.
  - ❖ Widespread use of evidence-based, SUD-specific patient placement criteria.
  - ❖ Use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications.
  - ❖ Sufficient provider capacity at each level of care.
  - ❖ Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD.
  - ❖ Improved care coordination and transitions between levels of care.
- Proposed 1115 SUD Demonstration Waiver next steps: 1115 SUD Waiver Application in process slated to be completed Summer 2021. Summarizes NV's plan to meet stated demonstration milestones and goals. Plan must demonstrate how cost will be budget neutral to the federal government. Application will include all required information as mandated by 42 CFR 431.412: a 30-day public notice period required under 42 CFR 431.40, includes consultation with Tribal Nations and Tribal Health Clinics and evaluate public input on the application prior to submission to CMS. The State will submit 1115 Waiver Application for CMS approval. The State will work with CMS and negotiate their proposed waiver revisions. Upon application approval, the State will develop Implementation and monitoring plans.
- **Division of Welfare and Supportive Services-** Evette Cullen, Tribal Liaison
  - DWSS Outreach is slowly deploying our staff back to their sites and I am doing assessments of every site before we have staff go back.
  - Still working under the Pandemic flexibilities. Medicaid eligibility remains for individuals other than Emergency Medicaid or Nevada Check Up. The Stimulus, Unemployment, and other government income remains not countable for most public benefits. If you have any questions, please feel free to reach out to me at [ecullen@dwss.nv.gov](mailto:ecullen@dwss.nv.gov).
- **Silver State Health Insurance Exchange-** Tiffany Davis, Tribal Liaison
  - We have a new marketing agency that we are working with, the Abbi Agency. In partnership with Marketing for Change and Ericka Aviles Consulting, the Abbi Agency is working with Nevada Health Link to execute its mission to reduce the number of uninsured Nevadans throughout the state. We look forward to working with them. If you have any questions, please feel free to reach out to me at [tdavis@exchange.nv.gov](mailto:tdavis@exchange.nv.gov).

- **Department of Health and Human Services, Priscilla Acosta, Tribal Liaison**
  - Priscilla Acosta introduced herself as the new Tribal Liaison in the Department of Health and Human Services in the Directors Office. She can be reached at [pacosta@dhhs.nv.gov](mailto:pacosta@dhhs.nv.gov).
  - **CDC Forecasted Grant Targeting Community Health Workers within the Tribal Community-** - Sarah Rogers, Health Program Manager III; Lily Helzer Health Program Manager III; Tina Dortch, Office of Minority Health and Equity Manager; Quinn Sweet, Deputy Director Healthy Communities Coalition of Lyon and Storey County
    - ◆ Tina provided information on a federal funding announcement on immersion style health care opportunity to provide community level resources, “Community Health Workers for COVID Response in Resilient Communities.” These funds allow for Community Health Workers to be trained from within the community to strengthen existing Community Health Worker knowledge and to prepare them to engage with state or local health led actions and the management of our COVID mitigation efforts. We believe that utilizing Community Health Workers is a way to build an environment for social justice during the COVID-19 pandemic, all the while having these Community Health Care Workers address existing health disparities. OMHE will support the grant’s evaluation function by going beyond the standard literary review and survey techniques, using methods that focus on community based participatory research model. Historically these immersion style care activities, such as doulas within black communities, have been identified as being very effective and we would like to make sure we continue this in our efforts. Because these socio-cultural types of adaptations to health care are infinitely more effective, as part of the state’s response to the grant, we’d like to discuss the option of partnering with our Tribal Communities.
    - ◆ Sarah Rogers- planning for this grant within our Chronic Disease Section in collaboration and coordination with the Office of Minority Health. The CDC is focusing heavy on Tribal Organizations and Native American populations, with a mention of Hispanic and African American populations. The CDC can grant up to three awards per state, so other tribal organizations can still apply on their own and we encourage you to do so. Reach out if you would like assistance. For this specific grant there are three components. Component A- Capacity Building Component, however Healthy Communities Coalition already has great capacity when it comes to CHWs, so we feel partnering with them we already did Component A. Therefore, the state will be looking at applying for Component B- Implementation Ready. We will be looking at getting more CHWs trained, specifically community members of each target community, train them as a CHW and work to deploy them within their communities. These CHWs will be able to coordinate, promote opportunities within their communities, create messaging, provide education within their community and work to really facilitate that engagement between the community in any sort of clinical setting.
    - ◆ Lily Helzer- Reminder that the CDC can award up to three grants per state. We would love to partner but we would also like to maximize the number of opportunities and resources that could be brought to Nevada and to these communities. However, we can assist anybody that is interested in partnering or applying.
    - ◆ Quinn Sweet- Reiterates the model that CHWs use is focused on realizing and supporting that the best people to know what your community members need are the people from your community. That is the focus of this grant, empower community members to become Community Health

Workers and then those Community Health Workers within your community will use that knowledge and connect with their fellow community members to bring the community into a better state of health. These will be trusted members of the community, who are trained to educate, empower, refer and advocate and they'll often do education on specific health issues (i.e. diabetes, substance abuse prevention, help navigating health insurance area). We also work to empower community members to take their health into their own hands. They will also refer to various resources that may be needed, not limited to clinical or medical resource (i.e. tents for homeless populations and Weekend Backpack Programs). Another thing Community Health Workers help address is stigma. As a member of the community, they can give you an idea of what it is going to look like and empower clients to overcome stigmas associated with treatments.

This funding would pay for training, oversight and work. So, it would pay for your individuals in your communities to be trained as Community Health Workers (CHWs), oversight of CHWs and supplies. Nevada Community Health Workers Association, under Healthy Communities, provides free and low-cost trainings, technical assistance, continuing education development and support needed for a successful project within the community.

- ❖ Angie Wilson asked for contact information to talk more about the project offline. Quinn provided her contact information in the chat box. Crystal and Briza followed up by sending a contacts list for everyone who participated.
  - ❖ Angie reiterated that trust within tribal communities is very important. The Community Health programs that were established by IHS in 1969 are still going and see a lot, they know a lot and people trust them. Working towards a more collaborative effort, a potential partnership, would be a good option because a lot of times our Community Health Workers also need additional support and additional training. There used to be a Community Health Representatives (CHR) training but over the years a lot of us have taken over running our programs, but that training is going through an overhaul. The boots on the ground need more immediate support and tribal clinics, we are looking for resources on a variety of issues, so I would like to learn more and see how we can combine needs into a larger proposal for funding long term.
  - ◆ Sarah Rogers- Reminded everyone Tribal Organizations can apply on their own. Applications are due May 24, 2021 . Please reach out if you are interested in learning more about partnering.
- **Division of Child and Family Services, Fran Maldonado, Tribal Liaison**
    - Fran is working remote through the pandemic, but Fran has continued to work with Tribal Social Services, state and county social workers on Indian Child Welfare Cases and any other child welfare needs. Some topics that Fran will be working on this year are working with Tribal Social Services in establishing foster home recruiting, both on and off tribal lands, giving the opportunity for trainings in Indian Child Welfare Act (ICWA) needs and any other tribal welfare training needs. Hopefully later this year we can have face-to-face meetings, travel out to tribes, help educate Tribal Leaders and tribal educators on the importance of Memorandum of Understanding (MOUs). We need those MOUs in order to place children in cross jurisdictional placements. DCFS has upcoming grant and partnership opportunities that would benefit Nevada tribes. Possibly at the next Tribal Consultation meeting Fran hopes to invite some speakers on system of care opportunity and the Pediatric Access grant. If anyone has questions regarding child welfare needs, please reach out to Fran directly at [fmaldonado@dcfs.nv.gov](mailto:fmaldonado@dcfs.nv.gov).
  - **Division Public and Behavioral Health, Tribal Liaison**
    - Briza shared DPBH is transitioning to a new Tribal Liaison, she shared the update on behalf of DPBH.

- **Prevention Activities Update-** Prevention Coalition, Tracy Palmer, Bureau of Behavior Health Wellness and Prevention Health Program Manager II
  - Some upcoming events: April 24, 2021 Drug Take Back Day- each Coalition and the DEA is conducting a drug take back day. You can reach out to your nearest Prevention Coalition for more information. The State of Nevada annually requests and conducts a Partnership for Success continuation application. This was approved and we were awarded. This is ongoing and the Prevention Coalitions received a portion of this, to focus on prevention of use and misuse of marijuana and methamphetamines, focused on ages 9 to 20 years old. Some things we are trying to do with prevention is the shift of how we are aligning and looking at our adults in the use and the trauma that the youth experience. The state has been working with ACEs (Adverse Childhood Experiences) to develop training and with the University of Nevada, Reno in conducting an analysis of some of the reports; risk behavioral survey, compared to the behavioral risk factor, survey surveillance for adults. I look forward to bringing back the analysis to see where we are missing the gap and ask for feedback. Additionally, the President and Vice President have presented a substance abuse block grant application. This is considered a two year only supplemental block grant. Through that we are looking at initiatives and developing some of these frameworks that would help us, especially during this time. For example, Health and Nutrition Program, the idea of a mobile pill incinerator, the expansion of a youth summit, which is needed due to the COVID-19 shutdown, creating a prevention warm line, available throughout the state.
- Katie Zeller, Outreach and Project Coordinator, Churchill Community Coalition
  - ◆ Overview of current projects: At the end of 2020 completed a grant through the Nevada Minority Health and Equity Coalition, working on vaccine outreach with them and other partners, Prescription Drug Abuse Prevention projects, Vision Quest, one of many Native Youth Programs, Youth Substance Abuse Prevention Summit in May and Youth Summit in June.
  - ◆ COVID Crisis Grant-Hosted Focus Groups across the state to assist Tribal community members' opinions and perceptions, how it's impacting their communities and their perception on the vaccine. What was really interesting is folks in their late teens to late twenties were more apt to consider the vaccine and our elder populations were more resistant.
  - ◆ Outreach media was created in collaboration with local partners (i.e. flyers, brochures, postcards, billboards and social media). We also contracted with local artists and singers to use their music for some of our radio campaigns.
  - ◆ Our postcard campaign listed ways to deal with stress while quarantining, our Native Communities are more at risk. We gave different resources based off of the populations we were trying to target.
  - ◆ COVID Vaccine Outreach: Current Partners include Nevada Minority Health Equity Coalition (NMHEC) and Nevada Indian Commission.
  - ◆ Prescription Drug Abuse Prevention
 

Due to some changes in our Tribal Police, they did not have the capacity to host their location. However, we have worked with the clinic to create bags that have prescription medication abuse prevention brochures and materials, along with Detera safe Rx disposal bags. These bags were disseminated to our homebound patients and working with Senior Center to provide further bags to the homebound seniors with their meal deliveries, to help supplement them not being able to do the round directly. These bags are fully biodegradable, so you take your pills, dump them in the bag, fill the bag full of water, shake it, let it sit for the allotted amount of time on the back of each bag and then you can throw it in the trash. Each pill is rendered nontoxic, so it deactivates the chemical components and what is really great is the bags themselves break down into carbon mass so it's not actually continuing to pollute the landfill.

- ◆ Native Youth Substance Abuse Prevention Programs- We have been working with Vision Quest Program at the Churchill County Middle School and our high school through the Indian Education Liaison at the Churchill County School District. We have created mindfulness and substance abuse prevention presentations and videos and post them in their Google classrooms. Supplement that with bags full of mindfulness activities and brochures to aid the substance abuse prevention, education. These were given to the liaisons and the liaisons are able to provide them to students and their families. The bags contained different activities that they can do at home to help occupy their time but take away some of that stress by doing a mindful activity. If you are curious to see some of our mindfulness activities for youth and adults, our YouTube channel is Churchill Community Coalition.
  - ◆ Youth Summit – May 15<sup>th</sup> – 16<sup>th</sup> in Fallon and Western Nevada College (WNC), in conjunction with the Nevada Coalition Statewide Partnership. Each Coalition is hosting their own activities, via zoom, with some presentations. Open to all youth 11 to 19 years old. If you have any youth interested but not in Churchill County, you can reach out and I can contact our partners to see if we have space left. A variety of workshops including mindfulness, physical health and wellness, we are hoping to do some hikes to help educate the youth about the land and how to be a steward of the land. Motivational speakers, mental health and wellness, stress-coping tools, and team building will be included.
  - ◆ Embracing your Story Youth Summit June 18 -20, open to ALL Nevada Youth ages 11-19 years old. This will be in-person but there will be a virtual component for those unable to attend in-person. The first day is a Gathering of Native Americans (GONA). Focused on four qualities- belonging, interdependence, mastery and generosity. Hosted at the Cultural Center at the Tribal Reservation. June 19<sup>th</sup> and the 20<sup>th</sup> are open to all youth, not just tribal, hosted at the Methodist Church.
  - ◆ Currently working with state vendors to create and fund the program for girls and women ages 11 to 24 years old, that prevents substance abuse through the aids of nutrition education, mindfulness, physical activities, self-esteem and health behaviors.
    - ❖ Angie commended Katie for the work they have done with the Fallon Tribe.
    - ❖ Stacey said they are doing amazing work and happy to promote their program
- **Aging and Disability Services, Nikki Haag, Tribal Liaison**
    - Programs are transitioning back
    - to in-person services now that direct service staff have had the opportunity to get vaccinations. Early Intervention remains on a partial return due to clinical services, based on additional guidance. If you have any questions, please reach out to Nikki Haag at [nikkihaag@adsd.nv.gov](mailto:nikkihaag@adsd.nv.gov).
  - **Public Comment Regarding any Other Issue-** No public comment
  - **Adjournment-** Briza shared the next Tribal Consultation/Update is scheduled for July 14, 2021 but noted the date is flexible. We appreciate any comments you have, please reach out Crystal Biselli [crystal.biselli@dncfp.nv.gov](mailto:crystal.biselli@dncfp.nv.gov) or Briza Virgen [bvirgen@dncfp.nv.gov](mailto:bvirgen@dncfp.nv.gov). Meeting adjourned at 11:02 A.M.