**Department of Health and Human Services (DHHS)**
**Advisory Committee on Problem Gambling (ACPG)**

**Draft Meeting Minutes December 4, 2018**

**Meeting Locations**
Division of Public and Behavioral Health, 4150 Technology Way, Suite 303, Carson City NV 89706 (Video-Conference)

**Members Present**
Alan Feldman
Carol O'Hare, Vice Chair
Carolene Layugan
Constance Jones
Denise Quirk, Chair
Ted Hartwell

**Members Absent**
Donald Yorgason

**Others Present**
Andrea Rivers, Kim Garcia, Cathy Council, Shannon Gruening, Office of Community Partnerships and Grants (OCPG), DHHS Director's Office.
Chris Murphy, New Frontier
Donna Meyers, Bristlecone Family Resources
Fonda Redfox, RISE Recovery
Jeff Marotta, Problem Gambling Solutions, Inc.
Sarah St. John, UNLV
Sydney Smith, RISE Recovery
Teri Baltisberger, Problem Gambling

**I. Call to Order, Welcome, Introductions, and Announcements**
Denise Quirk, Chair of the Advisory Committee on Problem Gambling (ACPG), called the meeting to order at 9:01 am. Attendees in Carson City, Las Vegas, and those participating on the phone introduced themselves and a quorum was confirmed. Andrea Rivers introduced herself as the new DHHS Director's Office Social Services Chief, overseeing the Office of Community Partnerships and Grants (OCPG).

**II. Public Comment**
None

**III. Department of Health and Human Services (DHHS)**

Kim Garcia, OCPG, spoke on the Problem Gambling Solutions Contract. Ms. Garcia cited during the last meeting they discussed adding an additional $10,880 from the unobligated funds for support for the transition of the department. Ms. Garcia explained there was a prior increase of 21K which is a standard increase that occurs because of the increase in hours and travel that is associated with the Strategic Plan and the Request for Application (RFA) process. This discussion took place in late May, between the division and Jeff Marotta, asking if there were additional funds and what those funds need to be to complete the Strategic Plan and the RFA. The 21K was obtained when they went to the Interim Finance Committee (IFC) for additional transfers of the reserves. The contract is going to be going to the IFC in

January, which will increase the Problem Gambling Solutions contract by an additional $31,880, making the total contract $72,880 for the fiscal year 2019.

- Alan Feldman asked if they need the board to approve this, or is this already is in place?
    - Ms. Garcia responded this was just for clarification, so when the reports come out, it is very transparent.

**IV. Approval of Draft Strategic Plan**

Mr. Marotta presented an overview of the Draft Strategic Plan. Mr. Marotta cited this is draft version November 26, 2018 and there were some changes since the last version that he will go over. Mr. Marotta explained one of the issues they are facing this next fiscal cycle is a budget that doesn't support the services that is envisioned within the comprehensive service system approach and in the plan, itself. The plan is written in a fashion where it takes into consideration a relatively flat budget, which is the budget that is expected to be in the Governor's budget. The plan talks about scenarios one and two. Scenario one is looking at a flat budget, so looking at a budget that isn't going to change much, there isn't much that can be done to bolster up the various areas.

Mr. Marotta cited the issue with the reimbursement rate is it's insufficient to support the cost of business among treatment providers. To help elevate some of the concern, DHHS, supported by the ACPG recommended increasing the proportionate funds that go towards treatment, which left fewer funds for the other service areas, particularly Workforce Development and Prevention. In the last ACPG meeting they discussed a 5% add-on fee to support the services that are not reimbursed through procedure codes. The new plan extends the reimbursement add-on procedure codes into fiscal years 2020 and 2021, with a limitation of 8%.

- Ms. Quirk asked if they could raise the limit of reimbursement for aftercare? Once a person completes the program, they can be in continuing care for 12 months. Ms. Quirk cited she had hoped they can extend that or remove it altogether.
    - Mr. Marotta responded the information is on page 55 of the Draft Strategic Plan, service code G2300, Continuing Care Group Services, per activity. They didn't change the 12-month limit because of the possibility it would have a fiscal impact and would require a fiscal analysis.
    - Sarah St. John responded she would try and pull up the data in the meantime.
- Mr. Feldman asked how many people would be impacted by this currently, without any more coming into the system?
    - Ms. St. John responded in our last fiscal year, 77 unduplicated clients were seen for aftercare. They could attend once a week for one year.
- Mr. Feldman asked if there are any restrictions to how much aftercare someone can get during the year?
    - Mr. Marotta responded there are restrictions. Clients receive a benefit cap, and the providers can claim the department against that cap. They slightly increased the cap, that allows for 21 days of residential treatment.
- Mr. Marotta suggested the 12-month limit for aftercare be extended to 18 months, that would have less of a fiscal impact then removing the limit altogether.
    - Carol O'Hare suggested the limit be extended to 24 months. This allows clients to stay engaged with a treatment system for the first two years of recovery while they are building up financial security and strengthening their recovery support network.
- Ms. Garcia suggested aligning the limit with the diversion court, for a maximum of 36 months.

    - Ms. O'Hare agreed with the 36 months.
- Mr. Marotta suggested moving the code into the add-on code section. Mr. Marotta also reminded the group that there will be a chance mid-year to make corrections.
- Ms. Quirk stated moving the code to the add-on code section and if any provider reaches their max a DHHS staff will let them know and move forward with a mid-year reallocation would that make it easier?
- Mr. Marotta stated on page 56 of the strategic plan it states Reimbursement for "add on" procedure code claims limited to 8% of a gambling treatment grantee's total grant amount. Add-on code percent limitation to grantee's total grant amount subject to change during the grant period. If money runs out, it can be brought to the ACPG's attention.
- Ms. Quirk asked if there could be a separate enrollment category for the individuals who come into the program, leave and come back?
    - Mr. Marotta stated if there were more monies that could be a possibility.
- Ms. O'Hare asked if they can keep the 12-month limit as is and if a client needs to extend the aftercare, make it an add-on code at that time?
    - Ms. St. John responded she knows they can program the system so the new billing code can only be applied for clients who need the extended aftercare. Ms. St. John cited she can see about working with her programmer to set up a notification system to notify when a client has reached the 12-month limit.
- Mr. Marotta and Ms. Garcia agreed with keeping the 12-month limit as is and adding a new add-on code for clients in need of extended aftercare.

**V. Discussion on Request for Applications Timeline**

Ms. Garcia did an overview of the Request for Application (RFA) Timeline and stated that DHHS will not be utilizing AmpliFund moving forward.

**VI. Other ACPG Business re: Position Statement or Show of Support letter**

Mr. Feldman suggested that a congratulatory letter be sent to Judge Bell and Judge Moss. Ms. Quirk agreed and offered her assistance.
Ms. O'Hare stated that Item VI. Should be a standing agenda item; it was agreed upon.

**VII. Public Comment**

None

**VIII. Additional Announcements and Adjournment**

Ms. Quirk stated she was unimpressed with using WebEx for the meeting due to communication cut-outs throughout the meeting.

Meeting adjourned 10:39AM.