

**Department of Health and Human Services (DHHS)
Advisory Committee on Problem Gambling (ACPG)
Treatment Reimbursement Rates (TRR) Workgroup**

Draft Meeting Minutes July 12, 2018

Meeting Location

Held via teleconference with physical location of 4126 Technology Way, Suite 102, Carson City, NV

Members Present

Carolene Layugan
Denise Quirk
Lana Robards
Lori Chirino
Merle Sexton

Members Absent

Don Yorgason
Jeff Marotta
Sarah St. John

Also Present

Aaron Lyons, Problem Gambling Center
Lori Follett and Cathy Council, OCPG
Rick Smith, Mental Health Counseling and Consulting
Sydney Smith, Rise Health

I. Call to Order, Welcome Introductions and Announcements

Denise Quirk, Chair of the Advisory Committee on Problem Gambling (ACPG), Treatment Reimbursement Rates (TRR) Workgroup, called the meeting to order at 10:00 am. Attendees on the phone introduced themselves and a quorum was confirmed.

II. Public Comment

None

III. Discussion on Treatment Reimbursement Rates (TRR)

Ms. Quirk stated the purpose of the Treatment Reimbursement Rate (TRR) Workgroup is to come up with the framework to increase reimbursement rates and revise the strategic plan and description codes and present to the full Advisory Committee on Problem Gambling (ACPG).

The group discussed issues/concerns that are affecting their clinicians regarding reimbursement rates and codes:

- Ms. Quirk stated the rates are currently too low, she would like to see reasonable fee for service treatments that fit with current financial structure that will meet basic administrative needs that will help meet the expected needs of the clinicians and cost of running a business. The current rates are too low to cover the total costs. Ms. Quirk would like to see more donations, reimbursements, as well as more support from the legislature moving forward.
- Lana Robards, New Frontier Treatment Center, stated most of her clients are in residential treatment; she would like to have longer stays with a minimum of 30-days in the gambling program and to see increased rates cover the cost. Ms. Robards is currently relying on pass through dollars through the state primarily Substance Abuse Prevention and Treatment Agency (SAPTA) for the residential beds. The current rates do not cover the entire cost of a client being put into the residential gambling program. Most of New Frontier's clients are from referrals

from other providers that do not offer residential services. The reimbursement rates for the interns are extremely low which makes it difficult to provide services.

- Ms. Quirk inquired how many days can you do in the residential treatment? Ms. Robards responded from 19 to 21-days with the cost of \$3000 per person. This includes the whole intake process. New Frontier uses a six-week rotation program which works better for their client's base.
- Ms. Robards spoke on the [Sapta 2018 Rates](#); there being no family or couples rate. The mental health providers are providing services of gambling specific training and being reimbursed at an intern rate.
- Lori Chirino, Problem Gambling Center, spoke on her main concern; to raise the reimbursement cap. Ms. Chirino's clients go over the current amount. A client that comes in four days a week for three hours a day to include one-on-one time for six-weeks will go over the current cap. Ms. Chirino's other concern is the rate reports that are submitted from Sarah St. John showing accurate numbers. The reports shows the clients that complete the whole program along with the clients that come in a couple of times without completing the program; which makes the reports show less spending on the clients.
- Merle Sexton, Bridge Counseling, spoke regarding his fully licensed mental health therapist providing services to the individual and group gambling sessions and being paid at an intern rate. Would like an additional provider rate on the [strategic plan](#).
- Sydney Smith, Rise Health, stated her clinicians are dually licensed, but are being bill at an intern rate. Ms. Smith had a few concerns:
 - I. Ms. Smith would like to see a higher rated family code for the clients that complete sessions, but not the full intake process.
 - II. Raise the overall reimbursement rate.
 - III. Reimbursed for a couple instead of an individual. Currently when a couple completes the intake process only one person out of the couple is reimbursable; would like to see the couple's code higher than the individual code.
 - IV. Ms. Smith would like to see the cap raised to \$4000 to allow flexibility and administrative time.

Rick Smith, Mental Health Counseling and Consulting, stated his issue was with family coding; Mr. Smith has been treating family that are not doing the full intake process and due to that they are being treated for free. Mr. Smith would like to see a family code.

IV. Approve Recommendations to ACPG

This item was not discussed and was tabled for the next TRR meeting.

V. Approve ACPG Treatment Reimbursement Rates Workgroup Action Plan

A group discussion on items for the action plan:

- Ms. Quirk would like to increase the residential, individual and group rates for certified gambling counselors and interns to the national median rate in the next action plan; as well as changing the rates and descriptions.
- Ms. Chirino would like to raise the cap increase.
- Ms. Smith would like the family therapy rate to go \$150 and the intern rate to \$110.
- Ms. Roards suggested using the [strategic plan](#), Exhibit 4, G-Codes, to set the framework to develop a new reimbursement model.

VI. Next Meeting, Future Agenda and Action Items

Ms. Quirk announced the date of the next ACPG TRR meeting as Thursday, August 3, 2018 at 2:00 pm.

VII. Public Comment

None

VIII. Additional Announcements and Adjournment

Ms. Quirk moved to adjourn the meeting. The meeting adjourned at 10:58.