Advisory Committee for Problem Gambling
DRAFT Meeting Minutes
February 16, 2012

Videoconference Locations
Nevada Dept. of Health and Human Services (DHHS)
Director's Office Conference Room
4126 Technology Way, Suite 100
Carson City, NV

Nevada Division of Child and Family Services
Cleveland Conference Room
4180 S Pecos, Suite 150
Las Vegas, NV

Committee Members Present
William Bingham
Connie Jones
Carol O'Hare, Vice Chair
Denise Quirk
Jennifer Shatley

Committee Members Absent
Bill Eadington, Chair
Jessica Rohac

Staff and Contractors Present
Dept. of Health and Human Services-Director's Office, Grants Management Unit (DHHS-DO, GMU):
Laurie Olson, Chief; Sheila Swartz, Auditor II; Toni Cordova, Administrative Asst. III; Gloria Sulhoff, Administrative Asst. II
UNLV International Gaming Institute:
Dr. Bo Bernhard, Erick Lopez, Sarah St. John
Dr. Jeff Marotta, Problem Gambling Solutions (via telephone)

Public Present
Krista Creelman, Problem Gambling Center
Lynnette Stilley, Pathways
Lana Henderson, New Frontiers Treatment Center
Dianne Springborn, Bristlecone

I. Call to Order **Carol O'Hare, Vice Chair**

Ms. O'Hare confirmed a quorum present and called the meeting to order at 9:07 am. She welcomed everyone and requested self-introductions of those present in the north and south locations and on the phone.

II. Public Comment

There were no public comments at this time.

III. Approval of Minutes from October 20, 2011 ACPG Meeting

Ms. O'Hare called for corrections or comments to the minutes of the previous meeting, which were provided to the members in advance. There being no comments, she called for a motion to approve the minutes.

- It was motioned by Connie Jones, seconded by Denise Quirk, and carried unopposed to approve the minutes of the October 20, 2011 ACPG meeting as submitted.

IV. ACPG Membership Report **Laurie Olson, Chief, DHHS-DO, GMU**

Referring to a member roster included in the meeting materials, Ms. Olson noted that while current member terms had all expired in August 2011, reinstatements were currently being processed through the Governor's office. All the members had been contacted and agreed to serve another term. She thanked everyone for their continued support of the ACPG.

Ms. Olson has been in steady contact with Dr. Eadington, who has indicated his desire to return to active status once he completes his medical treatments. There are currently two vacancies on the committee: one member who works in the area of mental health and one member representing a private organization providing assistance to problem gamblers. Ms. Olson sent out a feeler and heard back from a few providers, but no one else. She asked for guidance on next steps. Ms. O'Hare commented that the committee might be better served by including an individual with a broader experience in mental health than just problem gambling. The group discussed the possibility of an individual from the public, not necessarily from the clinical or professional side, but with experience in the field, such as a board member or other volunteer with some connection to an organization. Ms. O'Hare suggested two individuals, Bea Goodwin Aikens, who founded Lanie's Hope, a problem gambling awareness advocacy group; and Ted Hartwell, a recent graduate of Leadership Las Vegas and volunteer with the CASA (Court Appointed Special Advocates) program. Because of Mr. Hartwell's involvement and advocacy, both of these groups now include a session on problem gambling in their training curricula. Ms. Olson will follow up on these suggestions.

V. Election of Officers **Carol O'Hare**

The ACPG has two offices, Chair and Vice Chair, currently held by Mr. Eadington and Ms. O'Hare, respectively. Ms. O'Hare called for nominations to fill the two offices for a one-year term effective immediately (February 16, 2012 through February 15, 2013).

- Connie Jones nominated Ms. O'Hare for the office of Committee Chair. The nomination was seconded by Jennifer Shatley and carried unanimously.
- Ms. Shatley nominated Denise Quirk for the office of Committee Vice-Chair. The nomination was seconded by Ms. O'Hare and carried unanimously.

VI. Fiscal and Grantee Progress Report **Laurie Olson**

Ms. Olson reviewed the FY 12 Mid-Year Utilization Report and Expenditure Report that was included in the meeting materials. The first table showed a breakdown of the types of services that the providers have been billing for, shown in service units. The second table showed the same information in dollar amounts. Service units were defined as follows: Evaluation (Intake Assessment) - per person; Residential - per day; Psycho-educational Group Services, Individual and Group Counseling Services, and Continuing Group Services - per 15 minutes. It was noted that, on the Year-to-Date Expenditures, Bristlecone's Amount of Extension per Client was higher than that of the other providers due to the higher cost inherent in residential treatment. In the table reflecting Grantee Progress Year-to-Date, Ms. Olson noted that all providers had achieved more than 50% of goal, and the numbers were excellent for percent of clients reducing problem gambling behavior while in treatment and percent of clients who would recommend the treatment provider. Dr. Marotta explained that there are two mechanisms for tracking provider performance; one is based on the Treatment Strategic Plan, which includes defined performance measures. He noted that the percentage of clients reducing problem gambling behavior, as indicated in this chart, is not a performance indicator, as the numbers are not

tracked the same way among the service providers; each is using their own methodology. This does not represent the long-term evaluation piece, which was eliminated due to reduced funds.

Ms. Olson stated that per the Treatment Strategic Plan, she conducted a mid-year review to track spending and service units by provider. She has been working on an analysis and reallocation plan but was not prepared to present that to the committee as yet.

VII. Update on Treatment Strategic Plan Implementation — **Laurie Olson, Dr. Jeff Marotta, Dr. Bo Bernhard**

Ms. Olson reported that implementation of the Treatment Strategic Plan was going better than expected; some clarification was needed, but encounter data is being sent to UNLV and forwarded to the Grants Management Unit in a very timely manner and with very few errors. She expressed her appreciation to Sarah St. John, Erick Lopez and Dr. Bernhard for the wonderful job they are doing.

Ms. O'Hare explained that the document of recommended changes to the Problem Gambling Treatment Strategic Plan required approval by the ACPG. It contains 11 specific issues and recommendations, and rather than call for approval of each individually, she asked that the members voice their questions and comments as each issue is discussed so that the entire document could be approved in one motion.

Dr. Marotta reviewed each of the items outlined in the "Executive Summary, DHHS Advisory Committee on Problem Gambling, Problem Gambling Treatment Workgroup Recommended Changes to the Problem Gambling Treatment Strategic Plan's Appendix A: Nevada Dept. of Health and Human Services, Problem Gambling Treatment Provider Guide." The recommendations were as follows:

Under Section I. Definitions:

1. Add "aftercare" to definitions.
2. Add "primary diagnosis" to definitions.
3. Add "treatment episode" to definitions.

Under Section II. Performance Standards:

4. Add clarifying language to "Performance Standards" – "and based exclusively on required data submitted by providers to the UNLV International Gaming Institute, the current Information Management Contractor for DHHS gambling treatment services."
5. Delete requirement that satisfaction surveys must be collected by not less than 50% of total enrollments.

Under Section IV. Grant Award Calculation and Disbursement Procedures:

6. C.1. Prior Authorization. Add language that establishes parameters as to what is an allowable proportion of clients, per provider, eligible for benefit extensions – "but the annual limit for each treatment provider is 10% of total number of client enrollments." Following discussion, during which it was noted that the annual limit would not apply to the current funding year, but become effective beginning in fiscal year 2013, ***the 10% indicated for the annual limit was set outside the motion to approve until a full year's numbers can be analyzed.***
7. D.1. Procedure for Requesting Prior Authorization. Revise language to reflect current protocol and to clarify what information is not desired and what information is needed. – "provider requests for prior authorization exceptions may be submitted via email to Laurie Olson (lolson@dhhs.nvgov) with copy to Jeff Marotta (problemgamblingsolutions@comcast.net), Dr. Bo Bernhard (bo.bernhard@unlv.edu), and Sara St. John (sarahastjohn@yahoo.com). Providers' prior authorization requests should not contain the name of the client or clinical

information relating to the client as the DHHS management role in this process is solely related to fiscal and contract considerations and not clinical case management. Prior authorization requests must include the following: b. "(please do not include client name)"; c. "(if requesting funds in excess of benefit limit, must provide the dollar amount)"; e. "If requesting funds in excess of benefit limit, statement indicating what other resources the client might have to pay for the additional service. Requesting state funds to pay for additional services should only occur if the client and/or agency have no other means to pay for continued services. Clients who have insurance but refuse to allow the provider to contact their insurance company are not eligible for benefit limit extensions." D.2.a. "If requesting funds in excess of benefit limit, a needs statement signed by client and clinic director must be placed in the client's clinical record documenting (a) the client does not have third-party *payer*[1] to cover the costs of continued care, (b) the client is experiencing financial hardship and is therefore unable to afford out-of-pocket payment for the full costs of continued services, and (c) the treatment agency is not in possession of charitable contributions ***or other funds***[2] earmarked for covering the costs of care for those without treatment payment means."

Under Exhibit 2. Gambling Treatment Provider Standards:

8. Add language to include documentation requirements needed to substantiate a claim for a residential treatment bed day and clarify how often progress notes need to be written. IV.Accountability. B. Documentation. "Within a residential treatment setting, the use of weekly summary notes is sufficient to document clients' progress. Additionally, providers of residential gambling treatment services must document each per-diem treatment claim by asking clients to sign and date a residential gambling treatment log."

Under Exhibit 4. Nevada DHHS Problem Gambling Services Procedure Codes and Reimbursement Rates:

9. Add language to the service criteria for residential gambling treatment that clarifies claims can be made for residential gambling treatment services while a client is on a therapeutic pass. Code G2013: Residential gambling treatment service, per diem: "A claim for residential gambling treatment services can only be made for those days where the client is occupying a bed during sleeping hours or a client has been provided a therapeutic pass for up to 48 hours. With pre-authorization, exceptions to the 48 hour rule may be made with reasonable justification."
10. A policy clarification is needed to explain that client eligibility criteria does not apply to Intake Assessment (procedure codes G2200 & G2200i). A person is eligible for state-supported intake assessment services if the provider submitting a claim has reasonable cause to believe the person requesting the intake assessment may be eligible for DHHS-funded gambling treatment services. A court referral for a gambling treatment assessment would be considered reasonable cause. G2200: Intake Assessment per Activity: "Eligibility based on provider's reasonable cause to believe the person requesting the intake assessment may be eligible for DHHS-funded gambling treatment services." G2200i: Intake Assessment per Activity: "Eligibility based on provider's reasonable cause to believe the person requesting the intake assessment may be eligible for DHHS-funded gambling treatment services."
11. Creating new billing codes for continuing care group services would help to create a more uniform approach toward a recovery oriented system of care by incentivizing providers to engage clients for extended periods of time. Cost efficiency is accomplished by utilizing a flexible group modality and limiting the benefit to 12 months following discharge from treatment. Code G2300: Continuing Care Group Services, per 15 min for gambler and/or family member and Code G2300i: Continuing Care Group Services, per 15 min for gambler

[1.] Language as originally recommended changed from "third-party insurance" to "third-party payer."
[2.] "Or other funds" added to language of original recommendation.

and/or family member: "CC Group Services are provided by CPGC (Code G2300)/CPGI (Code G2300i) to clients who have completed problem gambling treatment within the past 12 months and are utilized to facilitate continued recovery. Services can be provided within an existing therapy or psycho-educational group being provided to current clients or to a group of previous clients meeting on a regular basis for aftercare." It was noted that the new billing code for aftercare does not apply to the current fiscal year, but will apply to future years beginning FY 2013.

After having reviewed and discussed each of the recommended changes, Ms. O'Hare called for a motion to approve the recommendations.

- It was motioned by Jennifer Shatley, seconded by Connie Jones, and carried unanimously to approve the recommendations of the ACPG Workgroup as described herein, *including the exception noted in bold italics in item No. 6 and bold, italicized language changes in item No. 7.*

Dr. Marotta noted that the Strategic Plan includes a client satisfaction survey as a uniform performance measure for the system and the providers. Dr. Bernhard explained that the survey, which was distributed during the meeting, consists of a selection of questions from a previous six-month follow up survey. It is designed to provide a snapshot in time over a two-week period, to be completed by all clients, from intake to aftercare, with scheduled appointments beginning March 5 through March 16. The clinics will distribute the surveys to each client, who will return them anonymously to UNLV and the IRB. Dr. Marotta requested that the survey results be available two weeks prior to the next ACPG meeting in order to provide the members with additional information as they formulate their funding recommendations for fiscal year 2013.

VIII. Update on Request for Applications **Laurie Olson**

Ms. Olson reported that a Request for Applications (RFA) was released January 13, 2012. Mandatory orientation sessions on January 17 and 20 were attended by seven different providers, including current grantees Bristlecone, New Frontiers, and Reno Problem Gambling Center in the north, and Las Vegas Problem Gambling Center, Pathways, and two new applicants, Family and Child Treatment (FACT) and Conservatory of Hope Treatment Services (COHTS), in the south. Questions arising from the application process will be posted with answers on the DHHS-GMU website from March 2 until March 7, the application deadline. Ms. Olson will review the applications for technical conformance before forwarding to outside experts for review. Their recommendations will be returned by April 13 and forwarded to the ACPG by April 20, allowing approximately one month for review prior to the next ACPG meeting on May 17. All applicants are required to attend the May 17 meeting, at which time they may make presentations and will be available to answer questions from the committee. The ACPG recommendations will be sent to Mike Willden, Health and Human Services Director, for his final approval, which Ms. Olson hoped to receive back by May 25. From that point she will work with the agencies to finalize their awards prior to the beginning of the funding period July 1.

IX. Public Comment **Carol O'Hare**

None.

X. Adjournment

- Ms. Jones moved to adjourn the meeting; the motion was seconded by Ms. Shatley and unanimously approved. The meeting concluded at 11:13 am.