

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

**DRAFT Meeting Minutes**

**December 13, 2017  
(rescheduled from November 16, 2017)**

**Meeting Locations**

Division of Health Care Financing and Policy, 1100 William Street, Administration Conference Room, Carson City NV

Aging and Disability Services Division, 1820 E Sahara Avenue, Suite 201, Las Vegas NV

Telephone Conference Line was also available

**Members Present**

Tony Cabot (via phone)

Don Yorgason (via phone)

Carolene Layugan

Connie Jones

Carol O'Hare (arrived after Agenda Item III)

Denise Quirk

Alan Feldman (arrived after Agenda Item III)

**Members Absent**

Ryan Gerchman

Ted Hartwell

**Others Present**

Sara St. John and Andi Dassopoulos, UNLV IGI (via phone)

Lana Robards, New Frontier

Jeff Marotta (via phone)

Merle Sexton, Bridge Counseling

Cindy Smith, Chief, Office of Community Partnerships and Grants (OCPG), DHHS

Cathy Council, Pat Petrie, Gloria Sulhoff, OCPG, DHHS

Alexis Tucey, Director's Office, DHHS

DuAne Young, Division of Health Care Financing and Policy (DHCFP), DHHS

**I. Call to Order, Welcome, Introductions, and Announcements**

Denise Quirk, Chair of the Advisory Committee on Problem Gambling, welcomed all and called the meeting to order at 2:07 PM. Individuals attending in person and on the phone introduced themselves and a quorum was confirmed. There were no announcements.

**II. Public Comment**

None

**III. Approval of [August 31, 2017 ACPG Meeting Minutes](#)**

Ms. Quirk called for corrections or additions to the minutes of the previous meeting. There were none.

- Connie Jones motioned to approve the minutes of the August 31, 2017 ACPG meeting as presented. The motion was seconded by Carolene Layugan, and there being no further discussion, the motion carried unopposed with five members voting and no abstentions.

#### **IV. Medicaid Billing for Problem Gambling Treatment**

Pat Petrie, State Lead for the Problem Gambling Program, explained that DHHS is encouraging all grant recipients to bill Medicaid for reimbursable services. He introduced Alexis Tucey, present in Las Vegas, and DuAne Young, present in Carson City, who have been helping the OCPG move in that direction.

Alexis Tucey introduced herself as a Health Policy Analyst with the Director's Office, DHHS. She explained that the Department is working with all grant recipients to bill Medicaid for eligible services. Maximizing this federal funding will free up State funds which can then be utilized to expand services. She has been discussing Medicaid billing with Mr. Petrie for about a year to determine if it is a viable direction for the problem gambling treatment grant recipients. The Department Director is now making this a priority.

DuAne Young, with the Division of Health Care Financing and Policy, said they have looked at several clinics that are already PT14\* providers and have had conversations with several clinics in Las Vegas and Reno, and there are many providers willing to treat problem gambling. His office will meet with the problem gambling grant recipients that are not PT14 providers to explain what needs to be done to become eligible to bill Medicaid and to discuss solutions to potential barriers; for instance, merging with a SAPTA\*\* clinic, which would alleviate the administrative burden, or sharing a medical director to decrease costs. The behavioral health network includes more than 4,000 providers under PT14, and most of them network and share medicals directors. He noted that, regarding all grants, the State is the payer of last resort.

\* PT14 – Medicaid Provider Type 14, Behavioral Health Outpatient Treatment

\*\* SAPTA – Substance Abuse Prevention & Treatment Agency in the Division of Public and Behavioral Health, Nevada Department of Health and Human Services

The ensuing discussion included the following points:

- Commenting on the suggestion to merge with a SAPTA clinic, Ms. O'Hare asked for specifics on what that would look like, noting that the ACPG does not have authority to tell the clinics what they must do. She asked if there was a way to mandate all SAPTA clinics to have a basic knowledge of problem gambling and to incorporate a problem gambling screening tool into their assessments. She and others have met with SAPTA and think they finally understand that problem gambling is an addictive disorder. But in the end, they closed the conversation and refused to add "problem gambling" into their strategic plan. A concern was raised that the needs of problem gambling may be lost in the macro needs of other behavioral health problems.
- Regarding the suggestion to share a medical director, Mr. Feldman asked how a clinic would go about finding a medical director willing to partner with them. Ms. Tucey stated they could be found through licensing boards. Mr. Young stated his office prefers to have those conversations when meeting with the providers individually.
- Regarding the timeline for implementation, Ms. Tucey stated that the Director has not given them a deadline regarding transition to Medicaid billing, but it needs to start happening now. Due to varying grant cycles, the timing of the transition will differ for each. Cindy Smith, OCPG Chief, added that the Department is very flexible. The Department can have conversations regarding businesses and licenses and does not want to push something that is unwanted. If the

Committee decides they can't go in this direction, she can bring that message back to the Director.

- Mr. Young described his three-phase plan for transitioning to Medicaid billing. Of the seven treatment clinics, three are currently qualified. He would start with those three, to begin billing in February or March. The two that are close to being qualified would transition in phase two. The remaining two clinics would transition in the last phase. Following the day's meeting, Mr. Young will schedule meetings with the first three which already bill Medicaid, and get them comfortable billing problem gambling services. By beginning billing in February, there would be three months of data to share with the ACPG in June.
- Ms. Quirk stated that the ACPG will be establishing a Medicaid Workgroup to work with the Department and community partners to gather data and information, and present recommendations to the ACPG. Of major importance is whether the Request for Applications (RFA) for the next grant cycle will be exclusive to clinics that have the capacity to bill Medicaid. The ACPG agrees with Medicaid billing on principle, but she was pleased to hear that the plan is flexible. She asked that any timeframes be shared as they are developed.
- Ms. Smith said the data they will have compiled in June can drive implementation of phase two and development of the RFA for SFY19-20. The inclusion of Medicaid billing in the RFA could be as simple as asking applicants to describe their plan to pursue Medicaid billing. The data will give us a better idea of where we're going and at that point this conversation may be totally different.
- Ms. O'Hare expressed several concerns of the Committee.
  - With release of the RFA only one year away, it was hoped that the RFA would only introduce the concept of Medicaid reimbursement. She did not believe any grant recipient, current or new, will know how to verbalize a plan to pursue Medicaid billing. She would prefer an acknowledgement indicating the applicant's willingness and ability to pursue a plan.
  - If the ability to pursue Medicaid billing will be a factor in the competitive scoring process, it will be an unfair competition for those new to the field and skew the scores due to the diverse levels of competency among the applicants. If this is to be a component of the evaluation and scoring, these are things that need to be discussed.
  - The ACPG's strategic plan is not just about increasing funding, it's also about building and expanding the field. We are trying to nurture providers who are just entering the field, and requiring them to bill Medicaid or have a plan in place will severely restrict their ability to do so.
  - Some providers are one- or two-person operations, with no free time. Billing Medicaid involves a huge time commitment, and hiring additional staff would come with significant costs. This was not anticipated by any of the providers in the current grant cycle, and there is no expectation that the next RFA will have new dollars for infrastructure support.
- Several of the ACPG members had difficulty following the conversation with its use of acronyms, and asked for written information to help them understand. Ms. O'Hare would like to know that we are going to look at this from a cost benefit, not just assume that if we bring Medicaid in we'll somehow have more dollars. Ms. Tucey offered to map out something that explains the

various models and how they work. She also agreed to provide cheat sheets for the specialized language, acronyms, and billing pieces; a simplified fact sheet showing the numbers; and the transition plan for the treatment clinics. She hoped to have that information to the Medicaid Workgroup by the time they start meeting. She also will follow up to schedule meetings with the individual clinics.

#### **V. Systemwide Quarterly Report**

Pat Petrie reviewed the [Problem Gambling Spending Report](#) included in the handouts which detailed spending by each grant recipient through November 1, 2017.

- Treatment grants are close to target with 30% of funds spent overall, although individual clinics show a wide variation from 44% to 7%.
- Nevada Council on Problem Gambling's state conference grant funds will not be drawn until after the conference, which usually occurs in the spring.
- UNLV has not drawn any money on their data collection and research grant. The University has gone through a major internal software change which has delayed its reimbursement submission process. He spoke to Dr. Bernhardt who confirmed that everything is on track; the work is being provided and staff are being paid. Mr. Petrie will be meeting with them on Friday and hopes they can start billing now that their new system is in place.
- The contract with Problem Gambling Solutions is at 40% as of December 1.

Mr. Petrie noted that the grant amount column shows total grant awards of \$1.3 million, exceeding the spending authority set in the base budget year by \$219,216. A work program to increase the spending authority was submitted to the Interim Finance Committee and was approved last week. Projected revenue fluctuates, but a few months ago the projection was \$1.8 million.

Mr. Petrie also stated that, as mentioned at the last ACPG meeting, he will be delaying the mid-year grant reallocation review process until nine months into the fiscal year. This will give a better picture of how the increase in reimbursement rates have impacted spending, and allow more time for the two new treatment grantees to build their client base.

#### **VI. Appointment of Medicaid Workgroup**

Ms. Quirk discussed the formation of a Medicaid Workgroup and asked for thoughts on combining the work of the Medicaid Workgroup with that of the Legislative Workgroup. It was decided to keep them separate. Ms. Quirk and Mr. Cabot discussed the Legislative Workgroup meeting schedule; they would like the workgroup to meet on a monthly basis, beginning in January. Existing members of the Legislative Workgroup include Tony Cabot, Ted Hartwell, Carol O'Hare, Denise Quirk, Connie Jones, Judge Moss, and Debra Robinson. Alan Feldman volunteered to serve on this workgroup and was so appointed by Ms. Quirk. [Note for the record: As mentioned in the meeting minutes of May 13, 2016, Jennifer Shatley resigned from the Legislative Workgroup due to other commitments.] Mr. Cabot wondered if there were topics in addition to the funding issue that the Legislative Workgroup should focus on. He asked the group to think about it and send any topics to him.

Ms. Quirk appointed members to a new Medicaid Workgroup. The following individuals accepted appointments: Lana Robards, Jeff Marotta, Carol O'Hare, and Merle Sexton. She also invited DuAne Young and Cindy Smith to attend the workgroup meetings. Ms. Quirk will contact the treatment

grantees to participate or send a representative, and indicated a date would be chosen in late January or early February to get started.

#### **VII. Senate Bill 120 Update and Changes**

Mr. Cabot stated there were no updates or changes regarding SB120.

#### **VIII. Review ACPG Bylaws and Recommend Updates**

It was noted that the bylaws revisions were compiled by Gloria Sulhoff in the OCPG. Tony Cabot stated that he had reviewed the changes made, and that they mirror the changes in statute as adopted by Senate Bill 120. Ms. O'Hare concurred but added she had noted a few typographical errors which she would forward to Ms. Sulhoff for correction.

- Carol O'Hare motioned to approve the revised bylaws as presented. The motion was seconded by Alan Feldman and carried unanimously.

#### **IX. Public Comment**

Merle Sexton, Bridge Counseling Associates, commented on the Medicaid billing workshop that was held by the Department in late November. An insurance billing specialist at Bridge attended and reported on a statement made that a graduate level mental health specialist could treat problem gambling disorders. If that is correct, it bumps against the certified problem gambling counselors and interns. He asked if that could be confirmed. He also noted that while Bridge's clients currently comprise only 7% of the system's overall clients, of the clients he has seen so far, none qualify for Medicaid; they are all VA or Medicare patients, or have private insurance. However, he knows of many, many mental health and problem gambling providers that went with Medicaid because it gives more funds to the agency.

#### **X. Additional Announcements and Adjournment**

Ms. Quirk announced the next meeting is scheduled for February 15 at 9:00 AM. A [2018 meeting calendar](#) was included in the handouts and is posted on the website. She expressed her appreciation for everyone's patience and comments, and wished everyone happy holidays.

- Carol O'Hare motioned to adjourn the meeting. Connie Jones seconded, and the meeting adjourned at 3:46 pm.