

Division of Health Care Financing and Policy

Tribal Consultation Meeting Minutes

July 9, 2019

Division of Health Care Financing and Policy:

(Please note: Agenda items were taken out of order)

1. Behavioral Health Updates – Alexis Tucey, Behavioral Health Unit Chief
 - a. The Certified Community Behavioral Health Clinic (CCBHC) demonstration ended on June 30, 2019. Nevada was one out of eight states participating in the demonstration. The state is currently working with CMS to continue the program and to incorporate it into the in the Nevada Medicaid State Plan. The demonstration period included three clinics, and seven additional clinics have expressed interest in participation since that time. All CCBHCs are required to have cultural competency training.
 - b. Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) services have been moved from the 1915(i) State Plan to the appropriate section of the State Plan under Rehabilitative Services. These treatment programs help with the prevention of inpatient care. The state is working on an expanded description of PHP services and there will be a public workshop on July 24th.
 - c. Public notices on upcoming workshops can be found at this link, <http://dhcfnv.gov/Public/AdminSupport/PublicNotices/>. Upcoming behavioral health public workshops are as follows:
 - Behavioral Health Community Networks on July 15th
 - Medicaid State Plan Financial Eligibility on July 18th
 - IOP and PHP Services on July 24th
2. Medication-Assisted Treatment (MAT) Trainings – Michelle Berry and Morgan Green, CASAT
 - a. The Purpose of the Nevada Opioid STR/SOR Initiatives are to address the tremendous opioid crisis by expanding access to Medication Assisted Treatment (MAT), reducing unmet treatment needs, and reducing opioid overdose-related deaths through the provision of prevention, treatment and recovery services for Opioid Use Disorders (OUDs) in Nevada.
 - b. The Nevada STR/SOR team has collaborated with IHS, the Tribal Training and Technical Assistance Center and the Opioid Response Network STR- Technical Assistance to provide culturally relevant training for opioid misuse. Trainings are being planned across Nevada including locations in Washoe County, Douglas County, Elko County, and Clark County. Ongoing Technical Assistance is provided for organizations initiating or expanding behavioral health and medication assisted treatment programs.
 - c. In addition to MAT expansion, another goal is to develop naloxone distribution sites within tribal communities. The goal is to support individuals with Naloxone kits while transitioning them to treatment. Currently, there are two organizations working on becoming naloxone distribution sites and are working with tribal law enforcement agencies as well.

- d. Alexis Tucey, DHCFP Behavioral Health Unit, added that MAT is a covered service under Medicaid on an individual basis to assist with sustainability.
3. Child Health Insurance Premium State Plan Amendment – Theresa Carsten, Managed Care and Quality Assurance Unit Chief
 - a. The DHCFP will submit a Child Health Insurance Premium (CHIP) State Plan Amendment for Section 3 for delivery systems to demonstrate compliance with the Medicaid Managed Care final rule (42 CFR 438). Boxes have been checked throughout the State Plan to show compliance.
 - b. A reminder was provided, by Jodi Patton, DHCFP Medical Program unit, that all Tribal Health Centers are considered in-network and they don't have to enroll with the Managed Care Organizations (MCOs). Theresa Carsten added to please let her know as issues arise with the MCOs. Her e-mail address is Theresa.carsten@dhefp.nv.gov.
 4. Tribal Federally Qualified Health Centers (FQHCs)– Jodi Patton, Medical Programs Unit Chief
 - a. On July 8, 2019, CMS approved the State Plan Amendment (SPA) updates on Attachment 4.19-B to allow for Tribes or Tribal organizations to be recognized as FQHC's. The SPA is effective April 1, 2019. This will allow these clinics to provide services outside the four walls.
 - b. We are still awaiting CMS clarification as they have stated the Tribal FQHCs would have to abide by the FQHC policy, MSM Chapter 2900, in which it states, "health centers provide primary health care services..." The question then becomes, could Tribal (638 contract and Indian Self-Determination Act) FQHCs provide services differently from the standard FQHC (Public Health Service Act Section 330) model and provide specialty care services via a care coordination agreement with specialty providers.

Action Item: The DHCFP has met with CMS in August 2019 and will continue to collaborate with them to get further direction.

5. Telepharmacy – Yen Long, PharmD, Nevada State Board of Pharmacy
 - a. Reviewed Nevada Revised Statutes around Telepharmacy.
 - NRS 639.0154 "Telepharmacy" defined
 - NRS 639.0151 "Remote site" defined
 - NRS 639.23277 Remote sites: Location; operation; regulations
 - b. Reviewed Nevada Administrative Codes related to Telepharmacy
 - NAC 639.010 Definitions, "Direct supervision"
 - NAC 639.250 Restrictions on supervision
 - NAC 639.391 Pharmacist required to obtain certificate of registration to dispense controlled substances (CS) or dangerous drugs (DD) at remote site
 - NAC 639.392 Telepharmacies required to be located within State; requirements concerning accessibility of pharmacist; procedure during interruption of communication between telepharmacy and remote site
 - NAC 639.393 Requirements for Pharmacy Techs
 - NAC 639.395 Transmission of new prescription to telepharmacy; consultation with pharmacist required before accessing CS or DD at remote site; prerequisites for dispensing at remote site

- NAC 639.396 Requirements for maintenance of records
 - NAC 639.397 Requirements for labeling
 - NAC 639.398 Establishment of policies and procedures for operation of remote site; monthly inspections
 - NAC 639.399 Responsibility of pharmacist concerning dispensing of CS or DD at remote site
- c. If the site or telepharmacy is on tribal land, then these federal regulations do not have to be followed. These sites or telepharmacies can adopt their own practices or the one's of the pharmacy board.
 - d. Jodi Patton provided a reminder that for the purposes of 100% FMAP, covered services includes any services that are under the approved Medicaid State Plan. Medicaid policies must be followed when addressing covered services.

Action Item: Jodi Patton and Briza Virgen, DHCFP Tribal Liaison, have had ongoing dialogue with the DHCFP Pharmacy Unit about the regulations and policies behind telepharmacy service.

6. Tribal Medicaid Administrative Claiming (MAC) – Briza Virgen, Medical Programs Unit, Tribal Liaison
 - a. Across the State's, two methods have been identified to complete a time study:
 - 100% time reporting for up to 30 days each quarter
 - Random moment time study (RMTS) is a look at the precise moment in time via an online system. This samples 1 minute in time sampled throughout the quarter. This is a statistical time sampling technique. Three questions are asked:
 - i. What were you doing?
 - ii. Who was with you?
 - iii. Why were you performing the activity?

The RMTS process is to identify the staff that performs Medicaid allowable services. Benefits of RMTS, the staff does not need to understand Medicaid codes and RMTS online only takes a few minutes to complete.
 - b. 1903 (a) SS Act on FFP and CFR 433.15 – Rates of FFP for Administration, state “all other activities the Secretary finds necessary for proper and efficient administration of the State plan: 50 percent.”
 - c. Consideration of a Tribal Health Center to complete a pilot for three to six months to get real numbers and for the centers to consider if they would like to pursue MAC.
 - d. Washoe Tribal Health Center volunteered to pilot MAC.

Action Item: Jodi Patton and Briza Virgen met with DHCFP fiscal staff and discussed MAC practices and procedures.

Division of Welfare and Supportive Services (DWSS):

1. Evette Cullen – Outreach Coordinator, Tribal Liaison
 - a. Outreach can now be provided via Skype for most rural tribal communities.
2. Ryan Studebaker – Policy Specialist, Tribal Liaison

- a. An update was presented to provide information that SNAP benefits are now disseminated throughout the first ten days of the month, in accordance with the first letter of the recipients last name.

Silver State Health Insurance Exchange (SSHIX)

Tiffany Davis, Tribal Liaison

1. Transition Updates –
 - a. Recently there was a demo for CMS and the Exchange, demonstrating 3 different scenarios of consumers. One of those scenario's included a father who had AI/AN status, had 4 income sources, and how eligibility could be determined. As a result of this demonstration, SSHIE will include AI/AN type scenarios in testing.
2. SSHIX's last board meeting was conducted on June 13th. A full report of information discussed at the board meeting is available on the SSHIX website <https://www.nevadahealthlink.com/meeting-types/silver-state-health-insurance-exchange-board-meeting/>. All tribal members are encouraged to subscribe to the SSHIX email list.

Legislative/Federal Updates –

- a. Legislature approved 9 new positions for SSHIX
 - b. Governor Sisolak also signed into law Senate Bills 481 and 482. Both bills were efforts to stabilize the ACA and provide for more consumer protections.
 - c. The Exchange provided comment in the multiple areas when the CMS released a proposed Notice of Benefit and Payment Parameters for Plan Year 2020 rule as follows:
 - Automatic Re-Enrollment
 - Navigator Program Standards
 - Special Enrollment Periods
 - Federally Facilitated Exchange (FFE)
 - Silver Loading
 - Prohibition on Discrimination
 - Premium Adjustment Percentage
3. Communications –
 - a. Consumer messaging plans are underway with regards to transition, and SSHIX is currently developing of a detailed consumer facing State Based Exchange (SBE) transition page. For now, you can see on our partner's transition page for navigators and brokers. <https://www.nevadahealthlink.com/partners-transition/>.
 - b. Additional outreach materials are being developed for the next Open Enrollment Period (OEP). If the Tribes would like to have anything included, please let Tiffany know.
 - c. The website will be getting an update to make the process more streamlined for consumers with more resources on the platform.
 - d. Project management staff have begun to develop user reference manuals and training materials for carriers, licensed enrollment professionals, and Exchange administrative staff. Training will be provided to Certified Application Counselor's (CACs) around August 19th. SSHIX will keep the tribes informed of the exact date as tribes are encouraged to have at least one CAC in their clinics to support enrollment. The Exchange intends to soft launch

Nevada Health Link's enrollment portal and call center on September 4, 2019. Consumers will be sent an email with an activation code that allows them to claim their user account.

Department of Health and Human Services:

Delaney Mercer, Director's Office, Tribal Liaison

1. AB 264, an act requiring a state agency to implement a policy that promotes collaboration between the state agency and Indian nations or tribes; requiring certain employees of state agencies to receive certain training; and providing other matters properly relating thereto, passed. The DHHS is for the most part compliant with the bill per the Medicaid Tribal Consultation meetings and monthly tribal health director meetings. Needs a reestablishment of cultural competency training.

Action Item: Delaney has sent out the cultural competency training previously developed and implemented by Jon Kirwan, previous DHCFP Tribal Liaison, to tribes for review, editing and approval.

Division of Child and Family Services:

Fran Maldonado, Tribal Liaison

1. There is a significant need in the state for licensed foster homes. They are working on creating licensed tribal homes. Fran's contact info is, fmaldonado@dcs.nv.gov.

Division of Public and Behavioral Health:

Vickie Ives, MA, Maternal and Child Health Section Manager

1. Maternal and Child Health Needs Assessment (MCAH)
 - a. MCAH is asking Nevada MCH communities, service providers and other stakeholders to identify their MCH needs, gaps and important population health indicators. This feedback will be used to set priorities for upcoming years, data from which will inform projects to lead to improved MCH outcomes. MCAH invites tribal representatives to participate in the needs assessment survey and focus groups to make their MCH needs known. Vickie welcomes feedback on how to distribute needs assessment.
 - b. Nevada Home Visiting program is a service offered to support positive parenting, develop nurturing homes and promote healthy child development through regular home visits by trained professionals. This program is for prenatal to age 5. Further information can be found at [http://dpbh.nv.gov/Programs/MIECHV/Nevada_Home_Visiting_\(MIECHV\)_-Home/](http://dpbh.nv.gov/Programs/MIECHV/Nevada_Home_Visiting_(MIECHV)_-Home/).
 - c. Safe Sleep program – REMSA gives out about 500 cribs across Washoe.

Aging and Disability Services Division:

Nikki Haag, Tribal Liaison (not in attendance, this notification was read by Delaney Mercer on her behalf)

1. The ADSD State Plan for Aging Services covers the period of October 1, 2016 to September 30, 2020 and is the blueprint for services to be provided over this time. This plan is required by the U.S. Administration on Community Living's Administration on Aging (AoA) and outlines the Division's strategy for meeting the needs of Nevada's older adults. It specifically addresses the Division's target populations: at-risk older persons, those with the greatest economic and social needs, particularly frail, low-income, minority individuals and those living in rural areas.

ADSD will be scheduling town halls to gain stakeholder feedback on the development of the next 4-year State Plan for Aging Services. We would request your attendance at any one of the scheduled town halls, scheduling information will be posted on the ADSD website by Wednesday, June 25, 2019. It will be available at www.adsd.nv.gov.