

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

Draft Meeting Minutes October 25, 2018

Meeting Location

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

Members Present

Denise Quirk
Lana Robards
Lori Chirino
Jeff Marotta

Members Absent

Don Yorgason
Merle Sexton
Sarah St. John

Also Present

Lori Follett, Kim Garcia and Cathy Council, Department of Health and Human Services (DHHS), Office of Community Partnerships and Grants (OCPG)

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 1:00 pm. Cathy Council took roll call and a quorum was not confirmed until 1:35PM and the meeting supervened.

II. Public Comment

None

III. [Approve Meeting September 7, 2018 Workgroup Minutes](#)

Ms. Quirk called for corrections or comments on the meeting minutes.

Lana Robards, New Frontier, moved to approve the minutes. The motioned was seconded by Denise Quirk and carried unopposed.

IV. Discussion on Problem Gambling Strategic Plan Workshop Presentation

Ms. Quirk asked for a group discussion on cap and rate increases.

- Lori Chirino, Problem Gambling Center, stated she since run groups and one-on-one to the full extent of the assessment units; there's a \$175 short per client if they do all of the services with the current rates. The rates being so low, the cap increase would allow to do the service and be paid for it, but the rates are so low which would allow other treatment providers to do it. Ms. Chirino would choose a cap increase.
- Lana Robards, New Frontier, specified it is difficult to choose; the ideal would include both increases. In the outpatient services there is a need of rate increases; if the rates were increased it would help with the cost of doing business. Ms. Robards would like to see a combination of increases in some services provided and an increase in Qualified Medical Health Providers (QMHP) and the actual provision of the individual and group therapy to increase enough to the outpatient providers that New Frontier is sending the clients back to are able to close the gap in the budget. Ms. Robards would also like to see a cap increase on residential, so the length of engagement for the individual in the residential program could be pushed out from 18 to 20 days into the 30-day range. Ms. Robard's priority would be a rate increase to the clinics for outpatient services.

- Ms. Quirk agreed with Ms. Chirinio and Ms. Robards and stated she would like to see a rate and cap increase, because the rates are too low to do the cost of doing business and having a cap increase for the group, individual and QMHP increase with adding Family Treatment rates.
- Jeff Marotta explained if the program budget does not change there is a possibility to increase the rates and not be able to move the caps, increase the caps but not the rates, or prioritize what exact rates to increase.
- Ms. Robards stated a rate increase discussion has already ensued, but it was put on hold due to the excess reserve funds being needed.
 - Ms. Quirk explained the funds that were requested from the reserves were approved for the \$75,000.
 - Ms. Robards stated New Frontier had less referrals from the previous years and told DHHS that there was excess money and see if other providers could use it. Ms. Robards suggests a discussion what caps have been met or exceeded. Even with \$75,000 not being brought into administrative costs, it may be used in other areas like individual group assessments or clinical.
 - Ms. Quirk asked if the \$75,000 can be allocated for clinical use or only administrative costs?
 - Ms. Follett answered it can be utilized for administrative or treatment. There needs to be education on billing the dollars if used for other than administrative costs.

V. Discussion on Treatment Rate Survey

Mr. Marotta went over the [TRR Workgroup survey results](#). The impact on client care with the average score being in the detrimental range. There was a consensus of the rates being too low to cover the cost of doing business with various supporting responses to why the rates are insufficient. Mr. Marotta went over the rates that were suggested for:

- 50-Minute Outpatient Therapy Session for Interns; with the average of \$118
- 50-Minute Outpatient Therapy Session for Certified Gambling Addiction Counselor (CGAC); with the average of \$118
- 90-Minute Therapy Group for Interns; with the average of \$34.25
- 90-Minute Therapy Group for CGAC; with the average of \$47.25
- 120-Minute Therapy Group for Interns; with the average of \$47.25
- 120-Minute Therapy Group for CGAC; with the average of \$63.25
- Assessment/Intake for Interns; with the average of \$206.40
- Assessment/Intake for CGAC; with the average of \$276.40
- Residential Day Treatment; with the average of \$187.50
- Transition Housing Rate; with the average of \$155

Ms. Robards was concerned with her survey and responses not being conveyed or received. The results did not reflect Ms. Robards responses.

- Mr. Marotta explained that Sarah St. John, UNLV, used an online survey tool that collected the results and reported out and Mr. Marotta put the information from an excel sheet to a word document for reading accessibility.
- Ms. Robards would like to verify with Ms. St. John that her survey was received.

Ms. Quirk suggested an executive summary to be put together with Mr. Marotta's help to present at the Strategic Plan Workshop. Ms. Quirk asked for a group discussion on the talking points that need to be presented.

- Mr. Marotta suggested to speak on the rates being insufficiently low with the funding level not changing what changes need to be made? What priorities need to be made I.G., adding new codes, increases specific rates or increasing the cap?

A group discussion ensued regarding a breakdown of all the codes and having the breakdown provided to the Strategic Plan Workshop meeting with talking points.

- Ms. Quirk asked if an increase of outpatient per person usage unit numbers being evaluated?
 - Mr. Marotta replied that successful and unsuccessful completions were being evaluated and it varies per center.
- Ms. Chirino stated she reached out to Ms. St. John regarding the numbers and suggest a different way to collect the data and break it down.
- Mr. Marotta suggested instead of changing the rates to provide an extra incentive for a successful completion.
- Ms. Robards stated a family rate is needed with a higher rate than an individual rate.
- Ms. Chirino would like on the talking points more of an explanation and decision on the \$75,000 and what it will be used for.
- Mr. Marotta remarked that the \$75,000 is for the next fiscal year.

VI. Approve Psychoeducation and Counseling Group Strategic Plan

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

VII. Approve Treatment Reimbursement Rates

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

VIII. Approve Strategic Plan Treatment Reimbursement Rates

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

IX. Next Meeting, Future Meeting Agenda Items and Action Items (if necessary)

Ms. Quirk suggested to meet after the beginning of year. Ms. Council will send a doodle poll out to schedule the meeting.

X. Public Comment #2

None

XI. Additional Announcements and Adjournment.

Ms. Quirk moved to adjourn the meeting. The meeting adjourned at 2:30 PM.