

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

**Draft Meeting Minutes September 7, 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  
Merle Sexton  
Sarah St. John  
Jeff Marotta

**Members Absent**

Don Yorgason

**Also Present**

Cindy Routh, Lori Follett, and Cathy Council, OCPG  
Jasmine Troop, Health of Southern Nevada  
Roxanne Lee, True Care Treatment Center

**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 confirmed.

**II. Public Comment**

None

**III. [Approve Meeting August 3, 2018 Workgroup Minutes](#)**

Ms. Quirk called for corrections or comments on the meeting minutes. Jeff Marotta called for a correction on the page 2, paragraph 2, stating “the supervision rate states it is currently \$270 an hour”; which is incorrect it is \$66.00 an hr.

- Lana Robards, New Frontier, moved to approve the minutes with changes noted. The motioned was seconded by Merle Sexton, Bridge Counseling, and carried unopposed.

**IV. Discussion on Treatment Reimbursement Rates**

Ms. Quirk remarked, the plan is to make a recommendation to change the strategic plan and go in front of the Legislature and ask for an increase of rates and an addition of new rates. Ms. Quirk asked Jeff Marotta to speak regarding the formation of a strategic plan group.

- Mr. Marotta specified the strategic plan does need to be updated this year; it will be ending this fiscal year. The process has been to speak with different stakeholders to gather information about recommended or suggested changes and what is and isn't working and to use this information to create a plan. Historically the strategic plan has been built using the parameter of the anticipated budget program; when looking at previous rates they were backed into the rates based on budget availability. Mr. Marotta does not think utilizing the verbiage “strategic plan” should be use when assessing rates; it should be a situationally assessment to call into question the ability of the current rates to support the providers to maintain their businesses.

- Ms. Quirk suggested to take the current budget restraints and go from there.
  - Mr. Feldman stated that it would be more of a continuation of the strategic plan as opposed to a whole strategic new plan.
- Ms. Quirk suggested to put the numbers out there and the justification on why those numbers are needed regarding the rates.
- Mr. Marotta replied that in the past there was a threat that funding was going to be decreased, a contingency clause was built into the strategic plan that listed the rates based on two-levels of funding. Mr. Marotta also stated that there was no mention in the previous minutes of the reason why the rates are not working.

Ms. Quirk asked the Workgroup members to converse why the current rates are not working:

- Ms. Robards commented she had a recollection that during the annual conference a session was developed to the strategic plan where the rates voted on did not end up on the final strategic plan. How will the review of the strategic plan be organized moving forward? Ms. Robards would like to see more input from the providers, because they are the ones that are providing the services.
  - Mr. Marotta stated he was waiting for the new Problem Gambling Coordinator and now that there is a new Coordinator the strategic plan review and update can move forward.
- Lori Chirino, Problem Gambling Center, spoke on the rates in Nevada are lower than everyone else's and trying to keep qualified trained professionals doing the classes with the rates being low is making doing business difficult.
- Ms. Robards stated that every provider looks at everything in a different way. Ms. Robards focus is in residential. The outpatient clinics encompasses one-stop-shops to cover the cost of doing business; her pitch would be to look at something new opposed to the current way.
- Mr. Sexton spoke on being dual licensed; Mental Health and Certified Problem Gambling Counselor Intern (CPGCI's). Using licensed Mental Health Professionals, their reimbursement under Medicaid is higher and in providing treatment with clients with gambling issues, but it is almost impossible to get reimbursement from Medicaid for treating clients with diagnosis of gambling disorder.
- Ms. Quirk commented that several providers are developing a waiting list and it is difficult to obtain more CPGC of CPGC- as by law must have CPGC supervisors for the workers but unable to obtain them without more funding.

Ms. Quirk spoke on the [rates](#) that were provided by Mr. Marotta in the previous meeting and the comparison of the rates with the National Average Rate, National Median Rate, and Nevada's Rate; a group discussion ensued.

- Mr. Marotta commented that the strategic approach would be to index it to an existing rate as opposed to what other states are paying. Every state is different on how it operates, and cost of doing business.
- Ms. Robards stated the reimbursement rates that are in the existence right now do not cover the cost of doing business especially for the outpatient clinicians.
  - Ms. Quirk seconded Ms. Robards comment.
- Sarah St. John, UNLV, stated that she referenced the rates from Mr. Marotta in writing an article in which Nevada ranked 13<sup>th</sup> in per capita funding in Problem Gambling Services for individual services. There were 40 states that had reported with Problem Gambling reimbursements.
  - Ms. Quirk asked Ms. St. John what she would recommend with the rates. Ms. St. John stated she agreed with Mr. Marotta to design the rates to match other addiction services

treatment providers are making in Nevada, not sure if they want to match through Medicaid and Substance Abuse Prevention and Treatment Agency (SAPTA) rates.

- Mr. Sexton commented that the CPCGIs that are dually licensed through Bridge Counseling received a higher rate through Medicaid.
- Ms. Quirk would like to have in the next meeting the Medicaid and SAPTA exact rates and would like to find a way to survey a Marriage Family Therapist (MFT) and a Clinical Professional Counselor (CPC) recently out of college rates for comparison.
- Ms. St. John suggested to look at other reimbursement rates that the agencies are funding through, that do not also get reimbursed from other funding sources, for overhead costs.
  - Ms. Robards stated she was not aware of any other funding for partnering with the fee-for-services.
- Mr. Sexton stated when researched regarding Medicaid in 2022 Medicaid would start covering Problem Gambling.
  - Cindy Smith stated she was not aware of Medicaid reimbursements with Problem Gambling, but she would confirm.

Ms. Quirk asked the committee if there should be a third-level of rates such as Master's and above, Bachelor's Level, and Interns.

- Ms. Robards stated that if there was someone that was not a Certified Problem Gambling Counselor (CPGC), but a Qualified Mental Health Professional (QMHP), and they met the two-hour specific gambling training requirement they would be reimbursed at the full rate rather than the intern rate. Mr. Robards is not opposed to three-level rates if the rates were fair. In the past SAPTA required a [unit cost worksheet](#) that was filled out for the actual cost of doing business.
- Ms. Quirk suggested to create an inner-state survey to speak on Treatment Reimbursement Rates on Problem Gambling Services.
  - Ms. St. John commented that would be great and would be happy to help design the survey.
  - Mr. Marotta made the statement not to compare the public sector to the private sector.
  - Ms. Quirk would like questions with a basic formula and methods to provide reliable information sent out to providers and anyone who treats gamblers.
  - Mr. Marotta suggested looking at the Medicaid rates, they are higher than what the committee chair has suggested as a fair rate.

Ms. Robards had a discussion on Provider Type 17 rates which are lower than Provider Type 14 and 82 for New Frontier. When looking at the higher rates for developing the rate schedules, not everyone bills the same.

- Mr. Marotta asked if the providers get reimbursed through Medicaid directly would they have to bill under Provider Type 17?
- Ms. Robards stated Provider Type 14, 17, or 82 provides for disorder gambling as a primary diagnosis. When Provider Type 17 was developed, it was called Substance Abuse Model (SAM), provider type 17 as an addiction model versus the SAM model or versus the Mental Health Model which is type 14.
- Mr. Marotta stated that Ms. Robards potentially outlined a strategy.
- Ms. Quirk stated that under Medicaid rate 17 is \$57.00 for a one-on-one. The Mental Health Model Rate 14 individual reimburses \$30.28 for a 15-minute unit. Ms. Quirk suggested to do the survey.

**V. Approve recommendations to ACPG: Treatment Reimbursement Rates**

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

**VI. Approve ACPG Treatment Reimbursement Rates Workgroup Action Plan**

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

**VII. Next Meeting, Future Meeting Agenda Items and Make Recommendations**

Ms. Quirk thanked Ms. Robards for the [Unit Cost Worksheet](#) that was sent out via Cathy Council and will be provided on the website. Ms. Quirk asked Mr. Marotta if there is any more information on Medicaid rates that he could provide.

- Mr. Marotta stated he could help Ms. Quirk work on a survey and Ms. St. John stated she would help also.

Ms. Quirk announced the next ACPG TRR meeting to be held on October 26, 2018 at 3:00 PM

**VIII. Public Comment #2**

None

**IX. Additional Announcements and Adjournment**

Ms. Quirk moved to adjourn the meeting. The meeting adjourned at 2:12 PM.