

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

Draft Meeting Minutes July 12, 2018

Meeting Location

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

Members Present

Alan Feldman
Carolene Layugan
Denise Quirk
Lana Robards
Merle Sexton
Ryan Gerchman

Members Absent

Jeff Marotta
Sarah St. John
Don Yorgason

Also Present

Aaron Lyons, Mental Health Counseling and Consulting
Cindy, Rise Health
Lori Follett and Cathy Council, OCPG
Lori Chirino, The Problem Gambling Center
Lori Flores, Mental Health Counseling and Consulting
Rick Smith, Mental Health Counseling and Consulting
Sydney Smith, Rise Health

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 10:00 am. Attendees on the phone introduced themselves and a quorum was confirmed.

II. Public Comment

None

III. Discussion on Treatment Reimbursement Rates (TRR)

Ms. Quirk discussed the current rates put together for the next quarterly Advisory Committee on Problem Gambling meeting. Current rates are less than they should be. Purpose of this group to put rates together and send forward to the full ACPG Committee. Intent to make reasonable fee for service treatment. Reasonable rate that fits with current financial structure and meet basic administrative needs. Reimbursed to expected needs as clinicians and cost of running businesses because many of them are small businesses and getting hourly rate met doesn't mean it meets the cost of running a business. Desire to get more donations, more reimbursements, more support from legislature moving forward.

Lana Robards with New Frontier Treatment Center, spoke on her concerns which she stated that most of her gambling clients are in residential. She would like to see longer stays minimum of 30 days in the gambling program and see increase of rates. She Relying on past due dollars through the state primarily SAPTA for residential beds. Their reimbursement rate \$141.83. Currently gambling reimbursed rate is

\$140. Residential bed rates are still not at the level where it pays for the entire cost of putting a person into the residential gambling program. Outpatient services the majority of Ms. Robards clients are coming from referrals from other providers that don't offer residential services, so when the clients go back they get their outpatient services from other providers. Ms. Robards can't speak on the outpatient services too much, but the reimbursement rates for interns are extremely low and makes it difficult to be able to provide the services. Ms. Robards welcomes other comments on outpatient due to Ms. Robards clients are more residential.

Ms. Quirk- the usual cap is \$2200 per person. How many days are you able to do residential treatment. Lana- \$2200 includes the whole intake process so the days they can keep them in ranges from 19-21 days. Reimbursement rate is different for services between intern and certified. At New Frontier, a certified problem gambling counselor will be paid at a higher rate. Ms. Robards facility uses a 6-week rotation program. It works better for their client's base.

Lori Chirino with The Problem Gambling Center, spoke on her main concern which would be needing to have a higher cap. Rate of client currently goes over the current amount now. The information in the reports gets diluted, it doesn't just take the active people it takes the people that have only come to the program a couple times. a person that comes in 4 days a week 3 hours a day plus the one on one time for 6 weeks they go over the the cap now. The numbers on the rates report that come from Sarah St. John shows not only the clients that use the whole program, but clients that only come a couple of times so this shows the rate of what is needed is less. Makes it look like we don't spend as much on a client. prevention billing reporting model

Ms. Quirk spoke on the [Strategic Plan](#) chart that showed the current reimbursement rates, read over the rates on page 32.

Merle Sexton with Bridge Counseling spoke regarding his CPGCI-I are fully licensed mental health therapists and when they do the gambling individual and group sessions it doesn't match what they do with their regular clients. They are getting paid at the intern rate being a fully licensed therapist. Possibility for an additional type of provider rate on the strategic plan such as a CPGC- intern who is already licensed.

Sydney Smith spoke on her clinicians are dually licensed and they being billed at an intern rate She would like to also Like to see a family code with a higher rate code. They come in for sessions but not a full intake and would like to capture that with a family therapy code at a higher rate and raises the overall payout rate and increases the gap client's longer retention rate and an IOP burns through the money faster. If a couple goes into the room we can roll both of them but you are only reimbursed for one person in that couple. Would like the couple code would be higher than an individual therapy code. Sydney we are a small business all providers are dually licensed with gambling certification. Want to ensure able to keep doors open and pay clinicians for what they are bringing to the table and not hire at an intern level to meet the finances.

Ms. Robards spoke on the [Sapta 2018 Rates](#) and there is no family and couples rate. Qualified mental Health Professionals (QMHP) are always billed at a higher rate under SAPTA existing rates that has a Masters level rate. Would need to create a QMHC rate that no matter if they are an intern or not we want to pay them higher because they have the masters rate. The service code description for 908-32-34-37. Ms. Robards has Been lobbying a long time for the mental health providers and how they get 2 hours of gambling specific training. And They are reimbursed as an intern when providing those services.

Rick- Would like to listen only thing to comment on is the family coding. Also, a small business the family coding is an issue. Treated a lot of family that don't want to do a full intake so they are being treated for free because there is no current code.

Sydney would like the cap raised to \$4000 to allow flexibility and administrative time.

IV. Approve Recommendations to ACPG:

V. Approve ACPG Treatment Reimbursement Rates Workgroup Action Plan

Ms. Quirk would like to take an action plan to increase a residential, individual and group rates for Certified gambling counselors and interns to the national median rate.

Change new rates changing rates and descriptions

lori- need to raise the cap increase from \$2200 currently to \$

Sydney- fully licensed family therapy rate \$150 and \$110 for intern

Ms. Quirk would like to discuss in the next TRR meeting with Jeff Marotta and Sarah St. John the prevention billing reporting model and how we report and calculate what is needed and what is being used.

VI. Next Meeting, Future Agenda and Action Items

Put together action plan for framework of a goal with increased rates, strategic plan suggestions based on needs. How it can fit with the next RFF. Lana- Exhibit 4 G codes in strategic plan. Reimbursement rates are too low. Framework to develop reimbursement model.

1. Change rates and description of them.

Ms. Quirk announced the date of the next ACPG TRR meeting as Thursday, August 3, 2018 at 2:00 pm.

VII. Public Comment

None

VIII. Additional Announcements and Adjournment

- Ms. Quirk moved to adjourn the meeting. The meeting adjourned at 10:58.