

**Division of Public and Behavioral Health
Palliative Care and Quality of Life Council**

Summary Meeting Minutes

DATE: Thursday, July 7, 2022

TIME: 3 p.m.

Meeting Locations

This is a virtual meeting and there is no physical location to attend.

Note: Agenda items may be taken out of order, combined for consideration, and or removed from the agenda at the chairperson's discretion.

Call to Order and Roll call – Chair Veneta Lepera, BA, BSN, RN

Members:

Marilynn Jeanne Hesterlee, Council Administrator
Veneta Lepera, BA, BSN, RN, Council Chair
Kim Anderson, Council Vice-Chair
Mary-Ann Brown, RN, MSN, CHPCA, GCHCE HEC-C
Melissa St. Jean, MSW
Patricia Pollina, APRN. ACHPN, NP-PC
Tom McCoy, JD
Lucille Walker

Excused

Stephanie Schneider
Kelly Conright, MD

Others in attendance:

Eddie Belloumoni, RN

Bureau of Health Care Quality and Compliance support staff:

Nathan Orme, education and information officer
Nenita Wasserman, administrative assistant

A quorum was established and the meeting convened at approximately 3:10 p.m.

PUBLIC COMMENT

Public testimony under this agenda item may be presented by computer, phone or written comment. Due to time considerations, each individual offering public comment will be limited to not more than three (3) minutes.

No one commented under this item.

Review and possible approval of meeting minutes from May 19, 2022. **Possible Action Item – Veneta Lepera/ Kim Anderson**

THERE WAS A MOTION FOR APPROVAL OF THE MEETING MINUTES BY PATTI POLLINA. KIM ANDERSON SECONDED THE MOTION. MOTION PASSED UNANIMOUSLY. The ayes were unanimous. There were no nays.

Presentation: Ethics in Government and Open Meeting Law. Discussion Item – Pierron Tackes, deputy attorney general, Nevada Division of Public and Behavioral Health

Pierron Tackes, Deputy Attorney General, explained she was asked to give an overview of ethics and government and Nevada’s Open Meeting Law. She gave a summary of the statutory authority for the Palliative Care and Quality of Life Council on a PowerPoint presentation. There are a number of members that have been members since it was created in 2017. Her PowerPoint presentation can be found here at this link go to https://dpbh.nv.gov/Reg/HealthFacilities/Advisory_Councils/PalliativeCare/PallCareMeetings/.

Ms. Tackes explained this body is subject to the Open Meeting Law and subject to Ethics and Government, Chapter 281. Today’s meeting was properly noticed. Subcommittees must properly be noticed, have an agenda and meeting minutes.

If a member has a conflict, please contact Pierron Tackes ptackes@health.nv.gov to discuss before the meeting.

Mary Ann Brown asked if members will be required to take the ethics and government training. Tom McCoy said that leadership and chair would be good to have the training.

Discussion of submission to the Department of Health and Human Services requesting that the Standing Committee for Health and Human Services designate each November 2-9 as Palliative Care Awareness Week in Nevada, in coordination with [National Palliative Care and Hospice Month](#). Discussion Item – Veneta Lepera

Chair Lepera said that there were several different ways that they can address the Palliative Care Awareness Week November 2-9, 2022. Jeanne Hesterlee said that there were some questions from one of the deputy director regarding the Palliative Care and Quality of Live by-laws.

Veneta Lepera commented our council does have the ability to put on an awareness week for this year.

Tom McCoy said the deadline to submit the recommendation to the Department of Health and Human Services Standing Committee for Health and Human Services is July 8, 2022.

The chair noted that other items such as National Healthcare Decision Day, Advanced Care Planning and Healthcare decisions should be highlighted as well.

Presentation: Medicaid Palliative Care Benefit Growth and Opportunities for Cooperation in Palliative Care for Children and Adults. Discussion item – Kim Anderson; Angela Berg, APRN, director of nursing for Carousel Pediatrics a Division of Procure Hospice of Nevada; and Eddie Belluomini, RN, vice president of operations for 1Care Hospice.

Kim Anderson introduced Angela Berg and Eddie Belluomini, RN.

Angela Berg reviewed her PowerPoint handout which is posted at the Palliative Care and Quality of Life Council web site:

https://dph.nv.gov/Reg/HealthFacilities/Advisory_Councils/PalliativeCare/PallCareMeetings/.

Angela Berg explained that Kim Anderson requested her to speak about the history of pediatric palliative care and Hospice in Nevada. She was one of the original providers to start the program in 2008 and 2009 at another. It was strictly hospice at that time because that was pre-concurrent care. At that time, they were able to serve between 10 and 20 patients average census and in 2010 when the concurrent care legislation passed with the ACA. Enthusiastic at moving forward with developing that current concurrent care model, but as in most of the country, wasn't a lot of states still aren't even really practicing concurrent care. Nevada has adopted concurrent care and under Medicaid practice concurrent care in Nevada.

Continuing, Angela Berg commented that in 2013 was when Procure adopted the concurrent care model and have been able to grow from 10 to 20 patients and now serve an average of 95. This was a huge plus for the State of Nevada compared to many states when she did her doctoral project. There are still a lot of patients who could really benefit from this type of care. The biggest win is that they are really helping a significant amount of parents to navigate our very broken health care system and manage their child with dignity and let the child be a child in the family; be with family and stay out of the hospital. Patients do better when they stay home. Some of their biggest issues though is that there is a huge amount of overhead as an agency in trying to manage going through and navigate through these systems. Most of these kids don't have pediatricians outside of their service, so they serve to monitor growth and development, maintain vaccinations, all the things that they would do at a that they would gain at a pediatricians office as well. They know that they have been able to decrease hospitalizations.

Angela Berg commented they are now 12 years out from ACA and continue to struggle with a lot of built-in barriers that they have in the Medicaid system. They seem to experience a lot on the DME side and the pharmacy side.

The other obstacle she explained is even though they are doing the medical home environment, and all the extra home visits that they do as providers, for example, she is the 24/7 provider, the ear infections that she takes care of at home instead of sending the patient to a quick care or an urgent care, she can bill for those, but they are not paid outside of that.

Eddie Belluomini, RN thanked Angela for her presentation. on't even try to bill once a patient is on hospice. When it comes to that, Medicaid will ask for more records. Medicaid is strict on timely filing.

Eddie Belluomini, RN thanked Angela for her presentation. He introduced himself and state he works for One Care Hospice. He commented that pediatric palliative care is new to him and that has over ten years experience in hospice care.

He noted that he was going to touch on many of the items that Angela brought up. The current issues that they are having is with medication and treatment authorizations. Many times it seems that those third party vendors, do not know how to differentiate the patients are on palliative care right away. It seems they hear the word hospice and then just automatically deny. They don't even take into consideration of the Medicaid concurrent care clause because it's kind of unknown to them. Vendors like Optum and DME vendors like preferred home care and won't even try to bill Medicaid for DME once they hear the patients on hospice because they fear that they won't even be paid. That is an issue they deal with on a regular basis

Continuing, Mr. Belluomini stated that with the director of operations, she comes from a home health background and she was telling him that patients that if they come on, if the patient is with Medicaid MCO, they revert automatically back to fee for service and that affects their authorization and that will ultimately in the end they have to reapply back for a fee for service, Medicaid. And so when it comes to that, of course, you know, Medicaid is going to do their due diligence and ask for more records to support the admitting diagnosis. Medicaid is strict on timely filing and the authorization process to start over again because things don't get submitted on time.

Continuing, Mr. Belloumoni stated it would be nice to have a few things put in place to make the process simpler. If the Optum RX staff were trained by someone on the Medicaid side, they would understand and hopefully the process would be smoother.

Presentation: Reimbursement Changes Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, Medicaid. Discussion Item – Kirsten Coloumbe, Bureau Chief, Division of Health Care Financing and Policy, Long-Term Services and Supports. Kirsten Coloumbe thanked everyone for invitation today.

Kirsten Coloumbe said they do not have the information readily available on utilization that was requested. She commented that the Palliative Care and Quality of Life Council asked her agency what is

the biggest issue serving the population. To answer this question, they defer to the providers to tell us what the biggest issues are. Her office may provide the policy but their goal is to have quarterly meetings with providers to find out what those issues are. She is not aware of any current issues besides the one that they were working with Angela Berg on prior authorizations.

Nevada Medicaid has an app to access their Medicaid accounts and notices. All of their information is updated with Welfare. She stated they don't want anyone to lose their eligibility. In response to the question as to how are recipients told about palliative care, Ms. Coloumbe said it is listed in the Medicaid brochure that lists all the services.

Responding to Mary Ann Brown who stated that pediatric hospices are different and she was not sure there are many pediatric care providers, Kirsten Coloumbe said that pediatric hospice is able to have concurrent hospice.

Veneta Lepera remarked there is the possibility that there would be more participants in the pediatric hospice program if it was called pediatric palliative care program because you are essentially practicing palliative care because you are still seeking curative treatments and providing curative treatments. So that might be something interesting for Medicaid to consider clarifying that terminology.

Discussion of and possible action on council members to participate in meetings with legislator representatives upon approval of DHHS on behalf of the council for the 2023 session of the Nevada Legislature. Possible Action Item – Tom McCoy and Kim Anderson

Veneta Lepera nominated herself, Tom McCoy and Kim Anderson as representatives of the Palliative Care and Quality of Life (PCC) to be able to participate in meetings with legislators and their representatives upon the approval of DHHS for the 2023 Session of the Nevada Legislature. The spokesperson representatives will attend the legislative session with the understanding that those three individuals are well aware that they have to abide by the Department of Health and Human Services (DHHS) and go through the Director and the administrator to make sure that we're not saying something that is not in line with DHHS goals and what they want to move forward for.

THERE WAS A MOTION MADE BY CHAIR LEPERA TO NOMINATE VENETA LEPERA, TOM MCCOY AND KIM ANDERSON AS REPRESENTATIVES OF THE PCC TO MEET WITH LEGISLATIVE REPRESENTATIVES UPON APPROVAL BY THE DIRECTOR'S OFFICE. SECONDED BY JEANNE HESTERLEE. THE AYES WERE UNANIMOUS AND THERE WERE NO NAYES. THE MOTION PASSED UNANIMOUSLY.

Pierron Tackes said as long as the individual who is authorized to make the comments to the legislator, determine what you want the member or members to provide comment on. Relay that in a memo to the department to seek approval from the department and the director's office.

Tom McCoy said that as an individual you can represent what you want.

Pierron Tackes clarified that if you are representing that you are speaking for the Palliative Care and Quality of Life Council, you need to supply your comments to the department.

Tom McCoy said that the whole idea of setting aside that week is to bring attention through events of the whole topic and what we need to do to get the average person to be a little bit more knowledgeable about palliative care. The BDRs are being submitted and we would hope the bdr turns out to be a resolution. We encourage the legislature to set aside a week for Palliative Care. We can still get it done through a legislator in the assembly or senate.

Recommendation for Eddie Belluomoni to be added as new member. Possible Action Item – Jeanne Hesterlee.

Jeanne Hesterlee explained that Eddie Belluomoni will be added as a member.

VENETA MADE A MOTION TO EXPAND THE MEMBERSHIP BY ONE ADDITIONAL MEMBER AND TO ADD EDDIE BELLUOMONI AS A VOTING MEMBER. THE MOTION WAS SECONDED BY KIM ANDERSON. There were no Nays. The Ayes were unanimous. MOTION PASSED UNANIMOUSLY. Veneta Lepera

Kim Anderson stated that Angela berg will be put on the agenda for the next meeting for nomination to fill the opening for the palliative care nurse on the council.

Discussion and possible approval of items regarding communications, social media and expanding awareness of palliative care. **Possible Action Item – Nathan Orme**

There was a roundtable discussion regarding communications, social media and expanding awareness of palliative care. Nathan Orme informed the council the cartoons that were submitted to him were rejected by the Director's Office as they were not comfortable with them. He asked the members to continue to send him articles. The bureau just got their social media tool Hootsuite which they are finalizing so he will have access soon. He posted on the web a brief summary of today's meeting. It was sent to all health and all health facilities.

Dates of future meetings.

- Thursday, Aug. 18, 2022, at 3 p.m.
- Thursday, Nov. 10, 2022, at 3 p.m.

Chair Lepera explained that the primary meeting dates would remain the same. She would like the subcommittee to meet bi-weekly until November to focus on the healthcare day. These meetings fall under the Open Meeting Law and require an Agenda to be posted, a quorum in attendance and meeting minutes.

The following are the meeting dates for the additional meetings.

Thursday, July 21, 2022 at 2:30 p.m.

Thursday, Aug. 4, 2022 at 2:30 p.m.

Thursday, Aug. 18, 2022 at 2:30 p.m.
Thursday, Sep. 1, 2022 at 2:30 p.m.
Thursday, Sep. 15, 2022 at 2:30 p.m.
Thursday, Sep. 29, 2022 at 2:30 p.m.
Thursday, Oct. 13, 2022 at 2:30 p.m.
Thursday, Oct. 27, 2022 at 2:30 p.m.

PUBLIC COMMENT

Action may not be taken on any matter brought up under this agenda item until scheduled on an agenda for a later meeting. Public testimony under this agenda item may be online, by phone or written comment. Due to time considerations, each individual offering public comment will be limited to not more than three (3) minutes.

There was no comment under this item.

Adjournment – **Veneta Lepera – Chair**

The meeting was adjourned at approximately 4:45 p.m.