

Division of Public and Behavioral Health
Substance Abuse Prevention and Treatment Agency (SAPTA)
Advisory Board

MINUTES

DATE: February 8, 2017
TIME: 9:00 a.m.

LOCATION:	Meeting	Videoconference	
	Carson City	Las Vegas	Elko
	DPBH	SNAMHS	DHCFP
	4126 Technology Way	6161 W. Charleston Blvd., Bldg. 1	1010 Ruby Vista Drive
	Second Floor Conference Room	West Hall Conference Room	Suite 103

BOARD MEMBERS PRESENT

Steve Burt, Chair
Michelle Berry
Jeremiah Cotner
Darlene Terrill
Lana Robards
David Robeck
Patrick Bozarth
Ester Quilici
Tammra Pearce
Jolene Dalluhn
Kelly Robson
Michelle Watkins

Ridge House
CASAT
PACT Coalition
WestCare
New Frontier
Bridge Counseling
Community Counseling Center
Vitality Unlimited
Bristlecone Family Resources
Quest Counseling
HELP of Southern Nevada
Central Lyon Youth Connections

BOARD MEMBERS ABSENT

Pauline Salla-Smith
Debra Reed
Jennifer Snyder
Diaz Dixon

Frontier Community Coalition
Las Vegas Indian Center
Join Together Northern Nevada
Step 2

OTHERS PRESENT

Mark Disselkoen
Michelle Padden
John Firestone
Dani Tillman
Jessica Leman
Christopher Croft
Joshua Coello
Michelle Guerra
Cheryl Bricker
Lea Cartwright
Roxanne DeCarlo
Marika Baren
Sarah Marschall
Barry Lovgren
Judy Marshall
Sarita Edwards
Tenea Smith

CASAT
CASAT
The Life Change Center
The Life Change Center
The Life Change Center
Tahoe Youth & Family Services
Health Plan of Nevada
Health Plan of Nevada
Partnership of Community Resources
Nevada Psychiatric Association
The Empowerment Center
Social Entrepreneurs Inc.
Social Entrepreneurs Inc.
Citizen
Eternity's Path Counseling
Eternity's Path Counseling
Rural Nevada Counseling

SAPTA/STATE STAFF PRESENT

James Kuzhippala
Auralie Jensen
Alexis Tucey
Sara Weaver

Health Program Specialist
Health Program Specialist
Social Services Program Specialist
Administrative Assistant

1. Welcome and Introduction:

Mr. Burt opened the meeting at 9:06 a.m. He noted there was a quorum present.

2. Public Comment:

Ms. Quilici stated Vitality Unlimited submitted a letter to the Senate Committee on Finance, Subcommittee on Human Services (see Attachment A). Ms. Quilici read the first paragraph of the letter. She indicated that the letter was sent in an effort to ask Legislators for their continued support for maximizing Medicaid reimbursements. Ms. Quilici requested that all Members contact the Senate Committee on Finance, Subcommittee on Human Services, in support of this matter. Mr. Burt asked what potential problem Ms. Quilici foresaw. Ms. Quilici responded that she thought there was an initiative to cut Medicaid reimbursements. She added that the expansion of Medicaid was a positive, not a negative, for the State.

Ms. Bricker stated that in January, several coalitions applied for the 003 funding opportunity. She asked for the status of this funding. She stated potential funding was affecting scopes of work for other funding opportunities. Ms. Bricker added it was important to know the status since there was a limited time to spend the funds.

Mr. Robeck stated that southern Nevada still lacked a testing location for addiction counselors. Mr. Burt stated he would provide an update on this matter.

3. Standing Informational Items:

Mr. Devine gave the SAPTA report.

Mr. Devine gave an update on funding. He stated that treatment funding was moved to the Block Grant and reimbursements were at 77 percent of actual expenditures of the previous timeframe. He stated that staff had analyzed this matter and asked for requests for funding from providers. Mr. Devine stated that SAPTA received \$6 million in requests; however, SAPTA had only \$1.4 million to distribute. Mr. Devine stated that SAPTA was analyzing how best to distribute the funds. He stated that by Friday, February 10, providers would receive information regarding the amount of dollars that would be designated for treatment. He acknowledged that this might not make all providers whole, but that there was a 3 month overlap between the State and federal fiscal years, and it was his intention to work with providers to address reimbursement percentages during that period. He stated it was SAPTA's priority to build capacity.

Mr. Devine stated there were two funding opportunities including the women's set aside and primary prevention. Mr. Devine stated that providers should have been notified last week regarding the funding opportunities. He added that SAPTA would handle funding opportunities differently than had been done in the past. He stated it was his understanding that only two organizations had received this sort of funding in the past, but the opportunity had been open to every organization within the vendor pool. Mr. Devine stated that it was SAPTA's intent to open funding opportunities to more organizations than in the past. He stated that he would rather fund those programs that would be successful rather than to fund programs that would be partially successful. He advised the Board to contact a SAPTA analyst or him with any questions they might have regarding the funding opportunities. Regarding the prevention funds, Mr. Devine stated an announcement would be forthcoming at the end of the week stating which organizations would be funded and which would not.

Mr. Devine advised the Board that SAPTA would be undergoing internal structural changes within the organization to serve providers. He stated that 90 percent of the problems he had observed pertained to subgrants and the subgrant process. Mr. Devine stated that recently there had been a grants management unit created within the Bureau in an effort to alleviate those problems. Analysts would be the main contacts for technical assistance for providers. In addition, he stated that he was working with CASAT to look at SAPTA's long-term strategy and its structure.

Mr. Devine stated there would be a more formal funding announcement process in the future. He stated that staff were creating funding-announcement templates to achieve a more formal and efficient process. He stated that funding announcements would have all expectations, all requirements, and clear instructions for the user. Mr. Devine stated he intended to present the templates to the Board for approval prior to implementation.

Regarding confusion about monitoring, Mr. Devine stated that SAPTA needed to adopt a policy of "education before regulation." He stated that a technical assistance workshop had been given on the general federal contracting processes. He added that throughout the year, SAPTA would provide additional workshops so that participants would understand all the requirements. Mr. Devine advised that he was seeking input from Board regarding technical assistance needs. He added that SAPTA was also sending formal communications to providers so that it was clear what SAPTA's requirements were. Mr. Robeck indicated that sometimes his staff receives messages and they are not sure if the message is relevant to their organization. He requested that SAPTA staff sending messages identify themselves. Mr. Devine stated SAPTA would work to better its communications with providers.

Ms. Quilici stated that in the past, SAPTA alerted providers of regulatory changes and changes in HIPAA compliance. She requested that SAPTA do that in the future. Mr. Devine stated that SAPTA's HIPAA officer could attend future meetings. He added that he was not aware of any regulatory changes with the exception of changes to State regulations regarding laboratories. The regulatory changes to laboratories would open additional opportunities for HIV testing. Mr. Disselkoen stated that there would be upcoming changes to 42 CFR and that he would communicate those changes as soon as possible. Mr. Devine stated SAPTA would be sending out information related to 42 CFR via its listserv. Mr. Burt recommended that everyone subscribe to the SAMHSA listserv as well.

Mr. Devine advised the Board that SAPTA was actively recruiting two managers within the Bureau of Behavioral Health Wellness and Prevention. He stated the two open positions were for the HIV Manager and for the Health Program Manager. Mr. Devine stated it was his intention to include individuals from the prevention and treatment programs to participate in the interview process and sit on the interview panels.

Mr. Devine stated that SAPTA was moving ahead with its statewide comprehensive plan. He turned this portion of the meeting over to Ms. Marschall of Social Entrepreneurs Inc. (SEI). Ms. Marschall explained the process SEI was undertaking to prepare the comprehensive plan. She stated they began the process in January with a Steering Committee. She described the Steering Committee process as follows:

- Inform SEI what the issues were so SEI could have a better understanding of desired outcomes based on information collected.
- Collect information and data for situational analyses to identify critical issues that should be included in the plan.
- Identify goals and strategies to address critical issues.

Ms. Marschall stated the next steps would be to reach out to key informants and obtain additional data from additional resources. In addition, she stated SEI would be holding its first series of town hall meetings with community members and interested parties. During the second series of town hall meetings, SEI would put forth the draft goals and garner additional input from interested parties.

Ms. Marschall stated that SEI would accomplish the following with regard to the state plan:

- Guide the State plan process.
- Revise the plan based on the Steering Committee's recommendations.
- Make changes to the strategic plan template.
- Compile data for situational analyses.
- Work to identify needs and gaps.
- Schedule key informant interviews.

Ms. Baren of SEI read the schedule for the town hall meetings:

- March 10, 1:30 p.m., Las Vegas
- March 13, 1:30 p.m., Carson City
- March 14, 1:30 p.m., Elko
- April 24, 1:30 p.m., Carson City
- April 25, 1:30 p.m., Elko
- April 26, 1:30 p.m., Las Vegas

Ms. Berry gave the CASAT report.

Ms. Berry stated CASAT would be providing HIPAA training February 21. In addition, the training would be recorded and made available on CASAT's website. Mr. Burt stated that there were two certifications being managed by CASAT: Peer Recovery Specialist and Prevention Specialist.

Ms. Berry gave an update for a testing facility in Las Vegas for addiction counselors. She stated she was working with the PACT coalition to secure a testing site in Las Vegas. Mr. Robeck asked if there was a board that was certifying and credentialing individuals. She replied that the Nevada Behavioral Health Association was the certification board. She added that the Association would be meeting in early March. Individuals who had met continuing education requirements and those who had worked in the field would be grandfathered. Ms. Berry stated Natalie Powell of CASAT was the point of contact for any questions Members may have regarding this matter.

Mr. Burt gave the Chair report.

Mr. Burt addressed issues with the Behavioral Health Care Boards. He said State entities had received complaints about barriers that had led to workforce shortages in the areas of licensed marriage and family therapists and social workers. He stated that there were attempts by DPBH [Division of Public and Behavioral Health] to eliminate the Social Work Board and Marriage and Family Therapy Board. Mr. Burt acknowledged that the boards had had communications difficulties and were attempting to correct these issues. Mr. Burt stated that, to address the "perceived" issues of the boards, three bill draft requests (BDRs) were submitted to the Legislature. He stated that one of the BDRs proposed to move the Board of Examiners for Social Workers, the Board of Examiners for Alcohol, Drug, and Gambling Counselors, the Board of Examiners for Marriage and Family Therapists, and the Board of Psychological Examiners under

DPBH to manage licensing, investigations, et cetera. Mr. Burt stated the theory was the State could consolidate resources and eliminate the barriers that were perceived as affecting the workforce. He stated he was meeting with the DPBH Administrator regarding this issue and it was his belief that DPBH was open to other options aside from consolidating the boards under DPBH. Mr. Burt stated all the aforementioned boards had been audited. The audit revealed the strengths and weaknesses of each board, and this information was compiled in a report. He stated “we” (meaning the Board of Examiners for Alcohol, Drug, and Gambling Counselors) asked DPBH to edit the report to show that the weaknesses could be identified as corrective action plans so the boards could address the weaknesses before being moved under DPBH. After meeting with the DPBH Administrator several times, Mr. Burt stated the boards had agreed to address the weaknesses identified in the audit. In addition, there was an effort underway to combine all of the boards’ policies and procedures. Mr. Robeck stated the auditor had never reached out to him and that he would be terminating two employees who could not get past the “rigidity” of the board. Mr. Burt stated that the auditor was solicited to provide proof that the boards “sucked” and needed to go away. He indicated that the auditor’s report was skewed. He added that he needed specific information from Mr. Robeck so he could address the matter. Ms. Quilici expressed that she had had difficulties as well because her organization was located in a frontier area.

4. Discussion of Medicaid Reimbursement for Substance Abuse Treatment, and Update on Medicaid Fee-for-Service and Managed Care Organizations:

Ms. Tucey stated she had no update regarding this agenda item. Mr. Devine recommended that specific technical assistant issues pertaining to this agenda item should be addressed to SAPTA staff who would communicate them to Ms. Tucey. Mr. Devine recommended that this agenda item be removed as a standing item and only added to the agenda as issues arose.

Ms. DeCarlo stated she was having difficulty having her paperwork approved to become a Medicaid provider. Ms. Tucey advised her that she would look into and assist with this issue.

5. Approve the Division Criteria to Comply with NAC 458:

Mr. Disselkoen gave the background on the Division Criteria and the Subcommittee on Division Criteria. He asked that the Board approve the criteria.

Ms. Quilici motioned to approve the Division Criteria. Ms. Dalluhn seconded the motion. The motion passed.

6. Update on TEDS [Treatment Episode Data Set] Collection Efforts:

Mr. Kuzhippala gave the background on TEDS. He stated the data was typically analyzed for public policy and research purposes at the federal level. He stated that there were some issues with data from AWARDS systems and that he was working with treatment staff to resolve the data extract issues. Mr. Kuzhippala stated there were some limitations for providers using AVATAR. He indicated that, regardless of the system being used, missing data could be due to user non-input or could be provider specific. Mr. Kuzhippala stated that individual training might be provided to provider staff in the future.

Ms. Tillman asked that Mr. Kuzhippala provide a list of the data he needed because her organization did not use either of the aforementioned software applications. Mr. Kuzhippala stated he would follow up with Ms. Tillman on that issue. Mr. Devine stated that there were two

issues: systems and user input. He added that SAMHSA was beginning to ask that data issues be resolved.

7. Public Comment:

Mr. Coello, HPN [Health Plan of Nevada], stated there were recent visits with SAPTA-funded providers. He stated that HPN and BHO [Behavioral Health Options] originally had a contract with HBI [Human Behavior Institute]. He stated that Provider Type (PT) 17 had been “carved out” from HBI. He indicated that PTs 17 would be handled by either HPN or BHO. He distributed his contact information.

Mr. Robeck asked if credentialing was going to be performed by HPN. Mr. Coello stated that would be the case with anything related to Medicaid; however, standalone behavioral services would continue to go through HBI. Mr. Robeck asked if separate credentials needed to be submitted for credentialing of clinicians. He added that the credentialing took as many as three months. Mr. Coello acknowledged that credentialing was a lengthy process; however, he stated that providers could request a “Letter of Agreement” until the credentialing was complete. By doing so, clinicians could render care.

Mr. Burt stated that it was his fear that the mental health budget might be cut, which would result in providers seeing an increase in standalone behavioral health services. He asked when the contract with HBI would be ending. Ms. Guerra replied that she could not answer that question at the time.

Ms. Quilici asked what levels of ASAM [American Society of Addiction Medicine] would be accepted by BHO. Ms. Guerra replied BHO would accept Level 3.5, and the detoxification levels and rehabilitative levels.

Mr. Cotner asked when his organization could expect monitors. Mr. Devine advised Mr. Cotner he would have SAPTA staff contact him.

8. Adjourn:

Mr. Burt adjourned the meeting at 10:44 a.m.

Attachment A
Letter to the Senate Committee on Finance
Subcommittee on Human Services

February 6, 2017

Senate Committee on Finance Subcommittee on Human Services

RE: Maximizing Medicaid Reimbursement to Increase Services

Dear:

Some legislators have the erroneous idea that maximizing Medicaid will reduce services. Contrary to this Vitality Unlimited believes that maximizing Medicaid reimbursement has increased services and will continue to do so. Our letter is to highlight the beneficial aspects of maximizing Medicaid reimbursement and to thank you for helping us expand our services through maximizing Medicaid services to those in need throughout the State of Nevada. We ask for your continued support.

With the expansion of Medicaid services and funding through the state and federal government in recent years Vitality has been able to offer more services to more individuals and grow our community capacity in all of the locations in which we provide services. Medicaid represents this states strongest financial commitment to ensuring that health, mental health and substance abuse treatment are met and expanded. Your role in making this happen will be vital not only for this legislative session but for many sessions to come.

Wherever a Medicaid eligible individual receives a Medicaid-eligible service from a Medicaid-certified provider—the costs of that service are reimbursable by federal and state agencies. Moreover, unlike many other federal programs, Medicaid is an entitlement program. This means that it is not subject to a spending cap; as long as claims filed by local agencies meet the requirements of the state and federal agencies who administer Medicaid, there is no limit on the funds that can be paid out. Nor is Medicaid a competition in which a few fortunate grantees receive funding and other applicants are refused support. Finally, when programs draw down Medicaid funds to pay for existing services which were previously supported with other local or state funds, these funds can be freed up for other work, making possible program expansions and other improvements in the quality of service. This is revenue maximization at its best.

Vitality Unlimited also uses another strategy to maximize Medicaid funding by forming partnerships with other community agencies to create a formal partnership to ‘leverage’ new or additional Medicaid funding. Leveraged funds are generated through an agreement between two or more agencies, at least one of which has access to Medicaid reimbursement funds, and at least one of which has access to other non-Medicaid funds and resources. Alone, neither the Medicaid-certified agency nor the ineligible agency can generate new revenue; together, they can.

This last December the State of Nevada was awarded funding from the federal government for four Certified Community Behavioral Health Clinics. Vitality Unlimited was fortunate enough to be selected as one of these sites. Along with our other partners, New Frontier (Churchill County), Bridge Counseling Services (Clark County) and WestCare (Clark and Washoe Counties), Vitality Unlimited will be able to offer more services to a greater number

Attachment A
Letter to the Senate Committee on Finance
Subcommittee on Human Services

of individuals from the cradle to the grave. These services will include both a medical and behavioral health component which will allow all of us to even better leverage our state funding with federal funds.

According to several conservative estimates, taken from the National Institute on Drug Abuse, every dollar invested in behavioral health treatment programs yields a return of between \$4 and \$7 in reduced behavioral health episodes, drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also stem from fewer interpersonal conflicts, decreased domestic violence, greater workplace productivity; and fewer drug-related accidents including overdoses and death.

Founded in Elko in 1971, Vitality has expanded our services to include behavioral health in Elko and Carson City and outpatient substance abuse treatment in Winnemucca, Reno, Carson City and Las Vegas along with affordable housing in Elko County and a 30 bed homeless veterans program in Washoe County. We have struggled to maintain services in our frontier state. Without Medicaid expansion so many in Nevada would have been unserved. We appreciate past legislative efforts and the continuing help of our state representatives Senator Pete Goicoechea and Assemblyman John Ellison.

Again, thank you for your past support and your future commitment to growing our service opportunities through the maximization of Medicaid reimbursement.

Sincerely,

Ester M. Quilici
Chief Executive Officer