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

MINUTES

DATE: April 13, 2016
TIME: 9:00 a.m.

	Meeting	Videoconference	
LOCATION:	**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	Ridge House
Dani Tillman	Ridge House
David Robeck	Bridge Counseling
Ester Quilici	Vitality Unlimited
Frank Parenti	HELP of Southern Nevada
Jolene Dalluhn	Quest Counseling
Lana Robards	New Frontier
Michelle Berry, Vice Chair	CASAT
Michelle Watkins	Central Lyon Youth Connections
Tammra Pearce	Bristlecone Family Resources
Jamie Ross	PACT Coalition

BOARD MEMBERS ABSENT

Debra Reed	Las Vegas Indian Center
Diaz Dixon	Step 2
Jennifer Snyder	Join Together Northern Nevada
Pauline Salla-Smith	Frontier Community Center
Richard Jimenez	WestCare
Ronald Lawrence	Community Counselling Center

OTHERS PRESENT

Barry Lovgren	Citizen
Mark Disselkoen	CASAT
Mary Canzarro	PACT Coalition
Michelle Padden	CASAT
Roxane DeCarlo	Empowerment Center
Stephanie Boreen	UNLV
Stephanie Hagen	UNLV

SAPTA/STATE STAFF PRESENT

Kevin Quint	SAPTA Bureau Chief
Sara Weaver	SAPTA Administrative Assistant

1. Welcome and Introduction:

   Steve Burt opened the meeting at 9:09 a.m. Mr. Burt noted that there was a quorum present.

2. Public Comment:

   Barry Lovgren read from a written statement pertaining to agenda item 8:

   > The Block Grant regulations have required since 1993 that SAPTA have a capacity and waiting list management system for funded treatment programs. SAPTA's required to have programs which serve injection drug users notify the agency when they reach 90% capacity. SAPTA's required to have programs which serve pregnant women notify SAPTA when the program can't admit a pregnant because it's full; SAPTA's then required to use its capacity and waiting list management system to find a program that can admit her, or to ensure that she gets interim services if no program can admit her within 48 hours of her request for treatment.
   >
   > When those regulations first went into effect, SAPTA, then BADA, relied on telephone contact with the programs for its capacity and waiting list management system. The agency didn't have e-mail back then and electronic health records systems didn't yet exist.
   >
   > Later SAPTA built a capacity and waiting list management system based on NHIPPS, but in December 2014 CSAT found that the system was no longer functional. SAPTA was using both NHIPPS and Avatar. NHIPPTS had reliability problems, Avatar didn't provide the requisite data, and then some programs began using AWARDS.
   >
   > CSAT found that SAPTA no longer had a functional capacity and waiting list management system. It appears that SAPTA may still not have one. A system that relies on electronic health records may simply be impossible with the programs using three different systems. I don't know.
   >
   > But last December a pregnant woman was having trouble getting admitted to treatment and SAPTA didn't know what programs would be able to admit her. SAPTA was required by federal law to be able to do that, but without the requisite capacity and waiting list management system it wouldn't be possible. It appears that she got into treatment only because of a very persistent probation officer. Other indications that SAPTA may still not have a functional capacity and waiting list management system is that it's been unable to report waiting list data to the Behavioral Health Commission and no waiting list data was included in the Needs Assessment provided to the Behavioral Health Planning and Advisory Council for its Block Grant planning meeting.
   >
   > When you get to agenda item #8, the CSAT report, I'm hoping that SAPTA will give an update on what's been done about the problem CSAT found 15 months ago. Does SAPTA now have a capacity management and waiting list management system that requires programs that provide treatment to injection drug users to report when they reach 90% of capacity, that requires treatment programs that can't admit a pregnant woman because they're full to notify SAPTA, that provides for SAPTA to then refer the woman to refer the woman to a program that can admit her and to ensure that she receives interim services if no program can admit her within 48 hours of her asking for treatment, and that compiles waiting list data?

Ms. Quilici responded that Elko Broadcasting regularly runs advertisements encouraging pregnant women and intravenous drug users to seek help. The broadcast reaches all of the state, including rural Nevada.

3. Approval of Minutes from the February 17, 2016, Meeting:

   Ms. Robards moved to approve the minutes with one correction. Ms. Berry seconded, and the motion carried.

4. Standing Informational Items (Chair's Report, SAPTA Report, CASAT Report):

   Kevin Quint reported on SAPTA staff vacancies and new hires.

   Mr. Quint explained the provider rate study. He stated the majority of participating programs submitted their billing information at the end of March. The next phase of the process will be staff analysis. Kendra Furlong is working on parameters for targeted case management and peer support and support services, due July 1.

   Mr. Quint reviewed the requests for qualification process. He stated there were 36 applications received. Two previously funded programs did not reapply (Solutions Recovery and the Las Vegas Indian Center). Mr. Quint contacted them and stated he was hoping to receive further communications from them. Qualified providers will be notified by the last week of April or first week of May.

   Mr. Quint stated that Quantum Mark had completed review of the billing processes of participating providers. The process has progressed out of SAPTA's hands and is now in fiscal. If there are awards for technical assistance (TA) or staff upgrades, the funding will occur immediately.

   Mr. Quint advised Members of the SAPTA Summer Institute, August 4 and 5, at the Orleans Hotel and Casino in Las Vegas. Official registration will open in May. They will be soliciting for recommendations from the field for the Chapel and Oracle awards, and more awards handed out during the conference. The conference will integrate topics on HIV/AIDS with behavioral health, and will provide opportunities for networking and learning about future directions and TA opportunities. Next summer it will be in northern Nevada. For more information, the website is: https://nevadasi.com/

   Mr. Quint stated that Jon Perez from SAMHSA [Substance Abuse and Mental Health Services Administration] visited in late February. Mr. Quint stated he toured rural locations with Mr. Perez. Another tour is scheduled in June.

   Mr. Quint advised Members that the new Bureau name, of which SAPTA was combined with Mental Health Services Planning and HIV/AIDS Ryan White, was renamed the Bureau of Behavioral Health Wellness and Prevention. The SAPTA part of the Bureau is called Behavioral Health Prevention and Treatment (BHPT). Mr. Quint said that nationally, there is growing sensitivity to the word, "abuse" and the stigma the word may connote. Other stigmatizing terms are the use of combative concepts such as "fighting" the drug problem.

   Mr. Quint stated he met with Michelle Agnew, Garren Ramos, and Dr. Karam to gather information regarding what the Bureau could do to facilitate client access to treatment. Mr. Quint

stated that MCOs [Managed Care Organizations] are working to find levels of care for which Medicaid will pay.

Mr. Quint stated that, effective March 11, Provider Type (PT) 17 now includes SAPTA-certified providers. Also revised on March 10, billing guidelines were changed to allow federally qualified health centers to bill for one service two times a day. Medicaid is in ongoing discussions on reimbursement issues regarding PT 14 and 17. Mr. Disselkoen said the goal is to create one provider type to include CDC codes across mental health, substance use, and co-occurring.

Mr. Quint stated that the BHPAC [Behavioral Health Planning and Advisory Council] might be combined with the Advisory Board. He stated that the conversation is not to dissolve the Advisory Board. Both the Advisory Board and the BHPAC serve to advise the Agency, but BHPAC is mandated in the NRS [Nevada Revised Statutes] and the members are appointed by the Governor, while the Advisory Board is not mandated in the NRS. As the Agency has been combined, Mr. Quint stated it makes sense to streamline the process by combining the two advisory entities. It is still in discussion and nothing has been decided at this time. Mr. Quint has asked for further TA from SAMHSA.

Mr. Quint stated there are proposed changes to the confidentiality regulations in 42 CFR. A summary paper has been written by NASADAD [National Association of State Alcohol and Drug Abuse Directors]. One of the proposed changes will allow one's consent covering the broad release of information of all an individual's services covered under the Affordable Care Act. This could include release from a drug and alcohol counselor, a mental health provider, a psychiatrist or a medical facility. While it makes the consent process easier, it would not accommodate an individual's privacy regarding specific services.

Mr. Quint stated that representatives of coalitions were currently in Oregon at a Marijuana convention. Mr. Quint stated he would ask for a presentation from them at the next meeting.

Mr. Quint reviewed the SAPTA Annual Audit. He stated there were six audit findings, five of which were related to program monitoring. He stated that monitoring activity slowed down due to lack of capacity, but the Bureau was in the process of getting back on track beginning with the coalitions, and would visit the treatment providers beginning in June, with a goal of doing 30 monitors per year. On that schedule, facilities can expect to be monitored every two years. The fiscal and program monitoring will be combined to avoid multiple visits. The monitors are based on the CFRs and NAC [Nevada Administrative Code]. It is important to begin the new fiscal year correctly so there are not a repeat finding in the next audit.

Ms. Berry gave the CASAT report. She stated that, for the past year and a half, in anticipation of PT 17 opening to all certified providers, there was an influx of new applications. The new applications have been coming mostly from private, for-profit companies in Clark County that want to provide levels of outpatient services. They are seeking certification for insurance purposes only and they are not interested in accessing Medicaid money. Mr. Disselkoen said the PT 14 providers would probably wait before seeking certification. Mr. Quint added that of the 36 new applications, 18 are new providers to the Bureau.

Ms. Berry added that there would be a webinar, 10:00 to 11:30 a.m., April 15, to cover updates to NAC 458. She stated that CASAT was also arranging training for LADC Supervisors in June in Las Vegas and in August in Reno.

Mr. Burt gave the Chair's report. He commented on the logistics of combining the SAPTA Advisory Board with the BHPAC. Mr. Lovgren explained that BHPAC was established by Governor's order, and bound by federal law for mental health planning councils. The order was rewritten to include behavioral health, and substance abuse issues were included. Less than half the membership of the Council can be comprised of state employees and providers, and more than half of the members must be private citizens. If combined, there will need to be a large number of private citizens appointed, and the subsequent size could present a problem in achieving quorum. Mr. Quint said there was no guarantee that the Governor would appoint all the current members of the Advisory Board to the BHPAC, so it may be that a complete merger would not work. Mr. Quint stated it might be feasible to have the Advisory Board act as a subcommittee under the BHPAC through an additional provision in the BHPAC bylaws, which are currently being revised. That would be mutually beneficial to both the BHPAC and the Advisory Board. In addition, Mr. Quint advised Members that the BHPAC has been provided with technical assistance, and key members of Advisory Board should participate.

5. Discussion of Medicaid Reimbursement for Substance Abuse Treatment:

   Ms. Berry conveyed that Ms. Tucey requested to be provided with claim numbers that have been denied along with how long it took for resolution. Ms. Tucey would take the issue to the MCOs. Ms. Dalluhn and Mr. Robeck both commented that they had previously provided specific information, which was still not resolved. Mr. Robeck expressed frustration with the MCOs because they would not consider reimbursements from Medicaid. He expressed that bringing the specific billings up for response would not be beneficial when the problem is so much larger.

6. Update on Medicaid Meetings on Fee-for-Service and Managed Care Organizations:

   Mr. Quint said the MCOs are currently applying for renegotiation of their contracts with the State. They want to expand to rural Nevada as well. There is a third MCO that is trying to be recognized by the State as it renegotiates the contracts, but nothing further had been done to date. It is a large contract that would have to go to the Interim Finance Committee to be decided.

   Ms. Quilici said she called her Legislative representative and provided information about the MCO that had been good to work with. The Legislator provided the name of the point person in the Legislature regarding the MCOs, but added that he did not think the decision would be made by them. She encouraged citizens to talk to their Legislators so that they could make their issues heard, and said the more they hear from providers and the public, the more they would respond. Mr. Robeck concurred, and added that the larger picture was what the agencies could relay to the State decision makers about whether the MCOs are doing an adequate job or not.

7. Discussion of Division Criteria, Certification Instrument, and Policies:

   Mr. Disselkoen provided a brief summary of revisions to NAC 458. He stated that SAPTA had taken over certification of detoxification technicians.

   The criteria developed by ASAM [American Society of Addiction Medicine] had officially informed Division criteria, especially with regard to the five dimensions of assessment as the assessment process, and ASAM's continued service transfer/discharge criteria for utilization program.

   - Elimination of duplicate language
   - Expansion of telehealth

- Removed language relating to prevention and coalitions, scopes of work, that were being covered in contract management and monitoring.
- More clarity on clinical and treatment requirements such as for co-occurring disorders.

Mr. Disselkoen highlighted Division protocol for NAC 458.118. The Advisory Board needs to approve Division criteria. Mr. Disselkoen asked for feedback so the language could be developed for approval at the next meeting.

Criteria presented to the Advisory Board would be amended and approved; it would be recommended to the Administrator for review; if the Administrator approves, the Agency would then give notice.

The revised language in the Certification Instruments for Prevention and Treatment comes straight from the NAC 458. Mr. Disselkoen said during site visits, they look at other laws as well, such as NAC 641B. For clarity and ease of review, all policy requirements were grouped together. Regulations that were duplicated in NAC 449 and, thus, inspected by Health Care Quality and Compliance were not included.

Targeted Case Management policies were in development, and would be included when they were finalized. Certification policies and procedures, and the certification instrument would be brought back before the Board when ready for final approval.

Mr. Disselkoen reviewed the Division Criteria 2016 and the Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Toolkit. The ASAM treatment approved for OMTs (opioid maintenance therapy) is methadone. Suboxone is prescribed by licensed physicians, approved by the FDA, and is not an activity regulated by the State.

The drafts of proposed Certification Instruments for Prevention and Treatment providers, Division Criteria 2016, and the DDCMHT may be found at: http://dpbh.nv.gov/Programs/ClinicalSAPTA/Meetings/SABHome/

8. Discussion of the Nevada Technical Review Report from the Center for Substance Abuse Treatment (CSAT):

Mr. Quint reviewed a report from CSAT (Center for Substance Abuse Treatment) that was received in February 2016. One of the outcomes of the visit was the provision of TA on developing maintenance of effort policies.

Mr. Lovgren referred to his public comment, and asked about capacity management and waiting list management systems. He suggested fixing the Block Grant application before October. Mr. Burt commented on the recurring theme of performance measures and the Advisory Board's role. Mr. Quint commented that the Bureau is not using enough of its data, and had begun weekly meetings with the data team for the Block Grant. Ms. Robards commented that with regard to data, much has been submitted to the Bureau but rather than using it, the provider is asked to submit new data as the need arises. Mr. Quint pointed out that data from the providers is inconsistent since some providers were not entering their data into the system.

9. Discuss the 2017 Legislative Session:

   Mr. Quint said budgets would go to the Governor on September 1. The Bureau has submitted their internal BDRs [Bill Draft Requests]. He solicited input on what needed to be done with policy.

10. Public Comment:

    There were no public comments.

11. Adjourn:

    Mr. Burt adjourned the meeting at 11:09 a.m.