MINUTES

DATE: December 11, 2015
TIME: 9:30 a.m.

LOCATION:

Meeting	Videoconference	
Carson City	**Las Vegas**	**Elko**
4126 Technology Way	**HCQC**	**DHCFP**
Second Floor Conference Room	**4220 S. Maryland Pkwy.**	**1010 Ruby Vista Dr.**
	Building D	**Suite 103**

BOARD MEMBERS PRESENT

Steve Burt	Ridge House
Jeanyne Ward	CASAT
Denise Everett	Quest Counseling
Frank Parenti	HELP of Southern Nevada
Ester Quilici	Vitality Unlimited
Ron Lawrence	Community Counseling Center
David Robeck	Bridge Counseling
Jamie Ross	PACT Coalition
Lana Robards	New Frontier
Jennifer Snyder	Join Together Northern Nevada
Kevin Morss	Westcare
Michele Watkins	Central Lyon Youth Connections

BOARD MEMBERS ABSENT

Diaz Dixon	Step 2
Pauline Salla-Smith	Frontier Community Coalition

OTHERS PRESENT

Barry Lovgren	Citizen
Linda Lang	NSCP
Mike Adams	Solutions Recovery
John Firestone	The Life Change Center
Michelle Guerra	Health Plan of Nevada
Keith Beagle	HBI
Allyson Hoover	Amerigroup
Mark Disselkoen	CASAT
Patrick Bozarth	Community Counseling Center
Sheila Leslie	Washoe County Social Services
Tenea Smith	Rural Nevada Counseling
Troy Matthews	Tahoe Youth Family Services

SAPTA/STATE STAFF PRESENT

Kevin Quint	SAPTA
Martie Washington	SAPTA
Stephanie Robbins	SAPTA
Curtis Wiersma	SAPTA
Sheri Haggerty	SAPTA
Sara Weaver	SAPTA
Michael McMahon	Behavioral Health Services Planning
Agata Gowronski	Board of Examiners For Alcohol, Drug, & Gambling

1. Welcome and Introductions:

   Steve Burt called the meeting to order at 9:40 a.m. Mr. Burt noted a quorum was present.

2. Public Comment:

   Ron Lawrence stated his financial department staff told him that, prior to the Medicaid enhancement, they were able to discern via the State website whether a given individual would be accepted for insurance immediately; however, now they are unable to determine if an individual is eligible for insurance for as many as six weeks after applying. Mr. Lawrence indicated this presents a problem because individuals have started treatment and his agency receives no funding. He stated that Community Counseling Center is suffering from a financial standpoint. Mr. Lawrence stated that SAPTA billing last month was one ninth of what is usually billed because of the rules that have been put in place. Mr. Lawrence indicated he was not sure how agencies could continue under the current circumstances. He stated he was looking to SAPTA for assistance in this regard.

   Barry Lovgren read from the following email sent to the SAPTA Advisory Board:

   > The agenda for the Board's meeting this Friday, 12/11/15, shows for agenda item #6, "SAPTA Targeted Case Management and Avatar Policies for Approval." Upon reading these documents, Board members may find they have questions to be answered prior to deciding whether to approve these policies. Questions I have which I hope SAPTA will answer to the Board prior to asking the Board to approve these documents are the following:
   >
   > 1. Is it appropriate for the Board to approve a Targeted Case Management document, which specifies that, "All facilities that will be performing Targeted Case Management must be certified by CASAT prior to services being performed" when there are no providers certified by CASAT?
   >
   > CASAT only performs certification inspections for SAPTA. It's SAPTA, not CASAT, which certifies SAPTA providers. This is an important distinction: SAPTA must retain responsibility for certification if only because NAC 458.401 provides for appeal of actions taken by the Division - not of actions taken by CASAT. If programs are certified by CASAT, not by SAPTA, there is no mechanism for a program to appeal an adverse certification decision.
   >
   > 2. Is the Board is being asked to approve Division policies, or drafts of what may become Division policies?
   >
   > If these are drafts, which have yet to become Division policy, is it appropriate for the Board to approve drafts with retroactive effective dates? The Targeted Case Management document has an effective date of 11-1-15 and nine of the Avatar policies have effective dates ranging from 2-2-15 to 11-29-15.
   >
   > If these are current Division policies, is it appropriate for the Board to approve policies with no effective dates? 39 of the 48 Avatar policies do not specify an effective date.
   >
   > 3. Is it appropriate for what is essentially a desk manual for how to put data into the Avatar system to be 48 Division policies, with "(2) PC Requirements needed for Avatar" not even in the format of a Division policy, but instead a webpage giving Netscape information on the

specifications for computers running the Avatar system? It seems odd for the specifications for computers running the Avatar system to be Division policy.

3. Approval of the Minutes from the August 19 and September 16 Meetings:

   Ester Quilici motioned that the August 19 minutes be approved. Lana Robards seconded the motion. The August 19 meetings were approved.

   Ester Quilici motioned to approve the September 16 minutes. Denise Everett seconded the motion. The September 16 minutes were approved.

4. Medicaid Reimbursement Update:

   Mr. Quint indicated that there were no representatives present from DHCFP although there were representatives from MCOs. Mr. Lawrence indicated that the system is not recognizing them as a Mental Health Provider and, therefore, they have not been paid for mental health treatment. This issue has cost his entity referrals as well.

   Ms. Everett indicated that her billing manager has sent correspondence in this regard to Medicaid. Neither Coleen Lawrence nor Alexis Tucey of DHCFP have replied. PT 14 allowable services did not carry over to PT 17. Mr. Lawrence indicated that he, too, had sent correspondence in that regard and received no response from DHCFP.

   Ms. Robards indicated that she has experienced the same issue. There are communication gaps regarding these issues between DHCFP and SAPTA.

   Michelle Guerra indicated that under PT 14, HPN would cover code 90834 for 45-minute psychotherapy sessions. The code mentioned, H004, is counseling provided in the community—in the individual's home, at a designated meeting place—but it would not be covered in the treatment office. In addition, it is not covered under PT 17 in a treatment facility.

   Ms. Everett asked for clarification. It was her understanding that if a given service would be covered under PT 14 it would be covered under PT 17. Mr. Burt indicated that this was his understanding as well.

   Ms. Guerra stated that they were following the guidelines given to them by DHCFP.

   The consensus of SAPTA providers was frustration that there was no representative from DHCFP at the SAPTA Advisory Board meeting.

   A question was posed to Mr. Lawrence regarding QMHPs (interns). Mr. Lawrence stated that there has been no resolution to the problem of licensing QMHPs. Mr. Lawrence indicated he received correspondence from Senator Parks stating he wanted to resolve this matter by submitting a bill draft request for the 2017 Legislative Session.

   Ms. Guerra stated that QMHPs need to be credentialed through HPN and, as long as that is done, there should not be any issues.

Mr. Lawrence indicated there are difficulties with HBI certifying staff. Amerigroup provides a provisional credentialing, which only takes two to three weeks.

Ms. Everett indicated that she recently attended a public meeting during which she spoke with Betsy Aiello of DHCFP. Ms. Aiello indicated that there was a movement to move everyone to an MCO and eliminate fee-for-service.

Mr. Burt indicated that there would be a competitive process in moving to MCOs. He encouraged providers to attend public meetings that DHCFP holds. Mr. Burt encouraged attendees to forward emails to which there was no response from DHCFP to SAPTA (see Attachment A).

5. Standing Informational Items (Chair Report, SAPTA Report, CASAT Report):

Jeanyne Ward of CASAT gave the update for the Peer Support initiative. The Nevada Board of Peer Leadership Advisory Council meets quarterly. The last meeting was conducted on November 12. There are currently five online courses on the CASAT site. These online courses are free to peers. They are one-hour webinars. There is a Subcommittee designated and it is tasked with working on individual peer certification. CASAT is looking to other states to determine what they do in this regard. The next Subcommittee call is January 13, 2016. Current notes and other relevant information can be found on the Nevada Peer Leadership Advisory Council website (nv.pps.com).

Mark Disselkoen stated he was awaiting Nevada Administrative Code 458 to be finalized. The next step will be to create a workgroup to develop the Division criteria. Then the new certification instrument will be developed. Mr. Disselkoen stated he would be working with Kevin Quint and Stephanie Woodard to develop a co-occurring treatment capacity initiative beginning in January 2016. This will be helpful to providers to determine if they can provide co-occurring treatment. CASAT will be providing technical assistance and training as it relates to that process.

Mr. Burt requested that Mr. Disselkoen contact him in January 2016 for Mr. Disselkoen to provide technical assistance as it relates to certifications for those on the AWARDS system.

Mr. Quint gave the SAPTA report. He stated that SAPTA has only three vacancies. He gave other staff updates. In addition, Dr. Stephanie Woodard has joined our Bureau. Dr. Woodard will oversee the Mental Health Block Grant as well as other various initiatives, including the Certified Community Behavioral Health Clinics (CCBHC) grant.

Mr. Quint stated SAPTA would be performing a rate study in the future. SAPTA staff has also discussed the sliding fee scale in an effort to simplify business.

Mr. Quint stated that SAPTA is looking at targeted case management and level II.5. No one in our system is certified for level II.5. SAPTA's target is to open these services up for PT 17 in January 2016. SAPTA wants to open all levels to PT 17 in January 2016. Mr. Burt asked if SAPTA is opening up all services to PT 17 and if SAPTA would be using CPT codes. Stephanie Robbins stated that currently PT 17 providers are using CPT codes that are not being billed to SAPTA; however, those codes could be billed to SAPTA. This will open the ability to bill all CPT codes to SAPTA. This is an effort to allow providers to bill not only service levels but to bill CPT codes as well. Mr. Quint stated that this is an effort for SAPTA to be helpful to providers and to increase access to treatment.

Mr. Burt asked what the Request for Applications (RFA) would look like. Mr. Quint answered that SAPTA was going to release an RFA; however, SAPTA was advised to release an RFQ [Request for Qualifications]. Mr. Quint advised providers to contact him with their concerns. Mr. Burt stated that his team is developing a strategy for the RFQ that will be released by SAPTA. There is anxiety about the RFQ because providers do not know what it will look like. Mr. Burt indicated it sounds like it will essentially become a contract. Mr. Burt wanted to know what the RFQ would look like. Mr. Burt asked where SAPTA is in the development of the RFQ. Mr. Quint stated that there has been an evolution from an RFA to an RFQ. SAPTA has been instructed to develop an RFQ. This will be a better way to make services available and help providers plan. Martie Washington stated she is in the process of writing the RFQ. She stated it would be a two-step process. First, SAPTA will be releasing the RFQ with a goal of January. It must go through the Purchasing Division. Then, providers respond to the RFQ. This is simply a means to determine what services will be provided and whether providers are qualified to provide given services. At that point, those that qualify are placed in a pool of qualified candidates. It is at that point that SAPTA will make an agreement for those services to be performed. There will be a close date, but the pool is open for the full contract amounting to four years. This will be ongoing for a four-year period. Mr. Burt inquired as to whether the contract would be capped. Ms. Washington stated there would be no funding attached to the pool. It is only when applicants have been reviewed and determined to be qualified. When SAPTA determines who qualifies, SAPTA determines what and who can be funded.

Ms. Washington added that the Prevention RFAs are coming in and a meeting will be held on January 14. Ms. Washington indicated that the due date was December 11 for the Prevention RFA. The RFAs have been coming in. There will be an objective review for these as well.

6. SAPTA Targeted Case Management and Avatar Policies for Approval:

   This item was tabled.

7. Peer Support Update:

   This issue was addressed in Agenda Item 5.

8. Coalition Prevention Specialist Credentialing:

   Linda Lang gave a brief history about the prevention certification process in Nevada. This issue has been discussed for years. The initiative hinges on funding. In September, the Subcommittee for Statewide Partnership was developed. Ms. Lang contacted the IC&RC [International Certification and Reciprocity Consortium]. This was also discussed at the Nevada Behavioral Health Network meetings. Ms. Lang indicated that she then attended the NPN [National Prevention Network] conference. Ms. Lang handed out two documents that spell out the next steps. Ms. Lang indicated that the first handout laid out the standards to become certified. The second document entitled, "IC&RC Prospective Member Information." Ms. Lang indicated that this document spelled out all the specifications to become certified as well as development of members or certification board with their own bylaws.

   Mr. Quint inquired if this initiative needed to go through the Nevada Legislature for their approval. Ms. Lang recommended that as long as participants use an existing entity it would be much simpler. Ms. Lang also recommended that the SAPTA Advisory Board needed to determine which member certification board is best for this matter. Ms. Lang stated that she thought it would be best to

approach the Board of Examiners for Alcohol, Drug, and Gambling. Mr. Quint indicated that these provisions would need to be included in the Nevada Revised Statutes (NRS). He stated that it would have to go before the 2017 Nevada Legislative Session. Ms. Lang suggested that the SAPTA Advisory Board collectively approach the Board of Examiners for Alcohol, Drug, and Gambling to determine if they are interested in adopting this initiative. Mr. Quint stated that if this needs to be a law, it must go before the Nevada Legislature. Ms. Lang stated that she did not want to put it into law; it will not be a requirement to be certified. Ms. Lang stated she would inquire with other states to determine how they have handled this issue. Agata Gowronski stated it might be best to introduce the issue with SAPTA. Ms. Lang indicated that she had approached CASAT and they cannot sponsor such a board.

Ms. Washington stated that Nevada is one of two states who do not participate in this initiative. She stated that it seems to naturally fall under SAPTA. Ms. Lang stated she would like to see it fall under a nonprofit organization.

Mr. Quint stated the first step is to determine where this initiative will reside.

9. Discuss 2016 SAPTA Advisory Board Meeting Schedule:

   This item was tabled.

10. Review Possible Agenda Items for the Next SAPTA Advisory Board Meeting:

    This item was tabled.

11. Public Comment:

    There were no public comments.

12. Adjournment:

    Mr. Burt adjourned the meeting at 12:05 p.m.

[redacted]
From: David Robeck [redacted]
Sent: Friday, December 11, 2015 4:26 PM
To: Sara R. Weaver; Steven Burt; Kevin Quint
Cc: Ronald Lawrence; Patrick Bozarth
Subject: Fwd: assistance and feedback requested

Greetings,

As promised, I am forwarding this October email thread which began with a message from Ron Lawrence upon which I sent a piggy-back message, both addressed to our NV Medicaid representative Coleen Lawrence. These messages along with the attachment letter, directing us to abandon our Provider Type 14 and become a Provider Type 17, are being forwarded for inclusion in the minutes of today's SAPTA Advisory Board meeting since they did not even receive a courtesy acknowledgement from the original addressee. Perhaps having them as part of the public record will make their content more relevant to state officials.

Thank you for allowing us to have another discussion on this very important topic today. This topic remains vital to the vulnerable, mental health population in Nevada which we are currently prohibited from treating based on current Nevada medicaid interpretation.

Thank you,
David Robeck
President/CEO
Bridge Counseling Associates
[redacted]

---------- Forwarded message ----------
From: **David Robeck** <[redacted]>
Date: Tue, Oct 27, 2015 at 12:52 PM
Subject: Re: assistance and feedback requested
To: Ronald Lawrence <[redacted]>
Cc: Coleen Lawrence <[redacted]>, Patrick Bozarth <[redacted]>, Kevin Quint <[redacted]>, Kay Velardo <[redacted]>, Sjghertner <[redacted]>, Steven Burt <[redacted]>, Kate Coronado-Johnson <[redacted]>, Garth Winckler <[redacted]>

Hello Coleen,

We haven't met, but if you've attended a recent SAPTA Advisory Board meeting or even read the minutes of the board you may be aware that I'm President/CEO of Bridge Counseling Associates in Las Vegas. (Perhaps your colleague Alexis Tucey mentioned me from our short table conversation at the Medicaid Conference October 22nd.) I'd like to take a moment to piggy-back on Ron Lawrence's thoughtful email here.

Our agency is similar to Community Counseling Center in that it does a great deal of addiction counseling, but also provides mental health treatment and always has. This does not simply include co-occurring diagnoses, but straight mental health as well. Except for two strategic staff exceptions, all of our clinical staff have both Nevada addiction licenses and Nevada mental health licenses including MFTs, CPCs, and LCSWs. These expensive dual qualifications are not simply to provide treatment for a dual diagnosis.

When I took over the helm at Bridge Counseling over a year ago, I was stunned to learn how we were treating (or not treating) the same client population which is need of mental health therapy. Because the state of Nevada moved our agency into a Provider Type 17 from a Provider Type 14 my predecessors apparently just referred mental health clients down the street to a friend's practice if they had insurance, to a Provider Type 14, or to SNAMHS. These referrals often meant there would be NO mental health treatment at all. These clients likely mustered every ounce of ability to even make that call to Bridge or to Community Counseling, so the anticipated trek to follow a referral was likely too big of a hurdle to even attempt in their fragile state. I don't think this is what Nevada's leaders want for the ever-growing population of residents suffering with mental illness.

These days, Bridge and I'm sure Community Counseling and other SAPTA agencies simply provide mental health services because we can and should, but knowing there will be NO reimbursement from the state or via Medicaid. This lack of funding isn't because funding sources don't exist, but because of our Medicaid system in Nevada.

In fact, when our staff and I attended the Medicaid Conference in Las Vegas last week, we weren’t at all surprised to hear some of Dr. Tracey Green’s data on the significant rise in Medicaid clients including the substantial number of behavioral health, specifically mental health, clients documented in our state records.

We agree wholeheartedly that the Provider Type 17 as it currently stands and is understood (or perhaps misunderstood) places us in a category that prevents reimbursement from any state Medicaid entity and prevents our agencies from receiving mental health referrals as well for a mental health diagnosis. Whether the solution is to add a Provider Type 14 designation to each of our agencies or to re-define the possibilities for the Provider Type 17 agency, something must be done soon. This is not a sustainable financial model for any nonprofit agency in Nevada.

Typically, I would focus only on the principal issue brought up by Ron Lawrence here, but we can never revisit the sleeping giant which has undue and perhaps inappropriate influence on Medicaid funding in Nevada. You are undoubtedly aware that Human Behavioral Institute (HBI) recently "terminated" our staff/agency from their network. Despite oral reassurances at a SAPTA Advisory Board meeting to the contrary by the HPN representative overseeing HBI and BHO, this termination stands and has never been revised in writing. Other SAPTA certified agencies in this state also received letters from HBI. That point is effectively moot, however, since HBI had certified very few Bridge clinicians historically as it built its own competitive and for-profit practice. Behavioral Health Options (BHO), another HPN entity, does certify individual therapists with waits of up to four months. Despite the evident intention that Provider Type 17 agencies would be certified as an agency, rather than as individual therapists, HPN Managed Care Organizations (HBI and BHO) insisted on maintaining therapist-only certifications which resulted in months of unpaid treatment or in some cases no treatment for vulnerable clients at

all. Amerigroup is the only MCO which provides Medicaid reimbursement based on agency certification.

Despite this ray of hope from Amerigroup, there is NO Nevada Medicaid MCO that reimburses for mental health diagnoses to a Provider Type 17 and none will refer clients to our nonprofit agencies as long as we are exclusively a Provider Type 17. As delineated earlier and expressed well by our good colleague Ron Lawrence, Executive Director of Community Counseling Center, the Provider Type 17 financial model as understood and implemented by MCOs is not only not viable, long term, it restricts good mental health treatment in Southern Nevada and throughout our state, at a time when mental health treatment is not only necessary and a growing issue, but also as it is deemed more necessary by a greater number of Nevada's constituents.

As a reminder, I am attaching a copy of a letter, we believe is very important to revisit at this time. This is the December 9, 2013 letter from DHCFP directing our agency and others to leave the Provider Type 14 model and to accept the Provider Type 17 model. Perhaps the actual outcomes were not perceived or anticipated and perhaps the implementation by MCOs was not well understood or predicted, but this directive had significant and markedly challenging results. As we have presented here and at several SAPTA Advisory board meetings and elsewhere, the financial outcomes of this directive were significant. They continue to make a profound impact on the finances of nonprofit agencies in Nevada which provide a great deal of the treatment for mental health issues along with addiction counseling in Nevada's communities, especially for the most vulnerable of Nevada's citizens.

Your review of this policy at this time would be greatly appreciated.

Kind regards,
David Robeck
President/CEO
Bridge Counseling Associates
[redacted]

On Mon, Oct 26, 2015 at 4:33 PM, Ronald Lawrence <[redacted]> wrote:
Greetings Coleen,
Here, in the field we are having a program/business related issue. Your feedback and assistance would be appreciated. I believe that the best way for me to describe is in outline form.

A. Our business model and the model of many State SAPTA funded agencies has been in a format where substance abuse treatment is only part of what we do. The rest of our agency structure has involved a reasonable volume of mental health treatment.
B. For us, the substance abuse and co-occurring part is going fairly okay. We have dealt with all major issues such as authorization, billing etc.
C. As you,will recall, in the Medicaid meetings we requested that the initial description of provider type 17 refer to substance abuse and / or mental health treatment. Medicaid followed through in supporting us and our business model, especially knowing that in regard to substance abuse treatment that our work also includes co-occurring individuals with both substance problems and serious mental illness.
D. During the time when we had a great many uninsured, our business model was balanced with both substance-related clients and mental health.
E. Now, however, some of the HMO's that facilitate our work adamantly refuse to view us as mental health agencies and have even refused to pay us for individuals that have purely a mental health diagnosis. As a result, we receive no mental health referrals. We have tried to reason with them to no avail. This issue is not only eroding our business model but hurting us financially. Now that many people have insurance, we could actually be supported financially better than we were in the past with sliding fee scales. The fact that we get no mental health referrals has also diluted our client population.
F. SOLUTION - I really feel that in addition to being a provider type 17, that we should also be a type 14 and end the dilution of our client population. Is that something for which you could offer assistance? please ge in touch. Thanks

Ron Lawrence

Ronald W. Lawrence, MFT
Executive Director
Community Counseling Center
[redacted]

David Robeck
President/CEO
Bridge Counseling Associates
[redacted]

BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

LAURIE SQUARTSOFF
Administrator

December 9, 2013

RE:SAPTA PROVIDER ENROLLMENT

Dear SAPTA Provider:

The Division of Health Care Financing and Policy (DHCFP) has created a new delivery model, the Substance Abuse Agency Model (SAAM), under Provider Type (PT) 17. Providers within this model are Substance Abuse Prevention and Treatment Agencies (SAPTA) that are certified and funded through block grant funding by the Division of Public and Behavioral Health. To efficiently bill and reimburse for the behavioral health services within the SAAM, your agency should not be simultaneously enrolled in a PT 14 Behavioral Health Community Network (BHCN) specialties 000 (Entity/Agency/Group) or 300 (QMHP).

The DHCFP has agreed to coordinate the enrollment process of the new SAAM providers. The procedures for this enrollment are as follows:

1. The previous enrolled PT 14 specialties 000/300 and PT group NPI will be transitioned to PT17 specialty 215 SAAM (Counseling Services).

    a. The DHCFP will email the necessary documentation to the SAPTA agencies for completion. The deadline for submission is **December 13, 2013**.
    b. The SAPTA agency will complete the NPI Inactivation Form.
    c. The SAPTA agency will have employees complete the SAPTA Enrollment Authorization Letter.
    d. SAPTA Agencies will submit both documents to the DHCFP. Documents can be submitted to Theresa Carsten, Behavioral Health Program Specialist, via email at Theresa.Carsten@dhcfp.nv.gov or by faxing to 775-684-3762.

2. The previously enrolled PT 14 000/300 and/or group NPI will be closed based upon the effective date on the NPI Inactivation Form. The PT 17 effective date will be no earlier than January 10, 2014.

Should you have any questions regarding this letter, please contact Theresa Carsten at (775) 684-3659.

Regards,

Marta Stagliano
Marta Stagliano
Chief, Program Integrity

ATTACHMENT 2
This is our string of emails asking Medicaid for answers without getting any reply that Kevin asked for at the SAPTA Advisory Board meeting... Thanks! Denise

Denise L. Everett
Quest Counseling and Consulting, Inc
[redacted]

Begin forwarded message:

From: Denise Everett <[redacted]>
Date: December 9, 2015 at 2:38:45 PM PST
To: Coleen Lawrence <[redacted]>, Alexis Tucey <[redacted]>
Cc: Annette Moran <[redacted]>
Subject: Fwd: Email Sent to Coleen

Dear Coleen and Alexis,

We have been asking about this issue since last September with no response. Is there someone else I should be going through or another avenue we should be pursuing? Please advise.

Thank you very much,
Denise

---------- Forwarded message ----------
From: **Annette Moran** <[redacted]>
Date: Tue, Dec 1, 2015 at 9:12 AM
Subject: Fwd: Email Sent to Coleen
To: Alexis Tucey <[redacted]>, Coleen Lawrence <[redacted]>

Alexis and Coleen:

I'm following up on this email, please let us know, especially about the PSYCHOLOGICAL TESTING BY PSYCH/PHYS CPT 96101.

We appreciate your attention to this matter.

---------- Forwarded message ----------
From: **Annette Moran** <[redacted]>
Date: Wed, Sep 16, 2015 at 11:51 AM
Subject: Re: Email Sent to Coleen
To: Alexis Tucey <[redacted]>
Cc: Denise Everett <[redacted]>

Thank you.

On Wed, Sep 16, 2015 at 11:45 AM, Alexis Tucey <[redacted]> wrote:

Thank you Annette. I will follow up with Coleen on this.

Alexis Tucey

Social Services Program Specialist III

Clinical Policy Team - Behavioral Health Supervisor

State of Nevada, DHCFP

[redacted]

[redacted]

[redacted]

[redacted]

From: Annette Moran [mailto:[redacted]]
Sent: Wednesday, September 16, 2015 11:37 AM
To: Alexis Tucey
Cc: Denise Everett
Subject: Email Sent to Coleen

Hello Alexis,

The following is the email I sent to Coleen:

Thank you.

Hello Coleen,

This email is continuing the conversation from the SAPTA Advisory Board meeting on 8/19/15. The following are the additions we'd like to see added to the PT17 Specialty 215 Medicaid FFS Reimbursement Rate Schedule;

No prior authorization for at least 26 visits (same as PT14)

Mental Health Assessment H0031

Case Management CPT T1016

PSYCHO TESTING BY PSYCH/PHYS CPT 96101

DEVELOPMENTAL TEST EXTEND CPT 96111

NEUROBEHAVIORAL STATUS EXAM CPT 96116

NEUROPSYCH TST BY PSYCH/PHYS CPT 96118

We would also like to be reimbursed for drug testing clients with substance disorders; do you know the procedures we would need to do so we could be eligible for reimbursement?

Drug Testing Codes:

80300

80301

80302

80303

80304

[redacted]

Billing Manager and Utilization Review Coordinator

Quest Counseling and Consulting, Inc. 501c3

[redacted]