Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

ADVISORY COMMITTEE ON PROBLEM GAMBLING
DRAFT MINUTES
Thursday July 16, 2020
9:00 a.m. to Adjournment

CALL-IN NUMBER: (669) 900-6833 ACCESS CODE: 640 064 0064

To join the Zoom Meeting via a computer, use this link:
https://us02web.zoom.us/j/6400640064

1. Call to order/roll call- The meeting was called to order at 9:03 am. Quorum was met.

Members Present: Alan Feldman, Chair; William Theodore Hartwell; Constance Jones; Carol O'Hare; Denise Quirk, Vice Chair and Brenda Joy Rose

Members Absent: Donald Yorgason and Carolene Layugan

Staff and Guests Present: Kim Garcia, Joan Waldock, Brook Adie, Dr. Stephanie Woodard and Raul Martinez, Department of Public and Behavioral Health; Donna Meyers, Reno Problem Gambling Center; Lana Robards, New Frontier Treatment Agency; Jackie Schott, Community Counseling Center; Nann Meador, Nevada Council on Problem Gambling; Stephanie Goodman, Las Vegas Problem Gambling Center; Jeanyne Ward, Center for the Application of Substance Abuse Technologies (CASAT); Andrea Dassopoulos, University Nevada, Las Vegas; Paula Chung, Board of Examiners; Lori Follett, Sara Dearborn and Abigail Daly, Medicaid; Dr. Rory Reid; Trey Delap; Bo Bernhard and Sarah St. John, University of Nevada Las Vegas; Teri Baltisberger and Dr. Jeffery Marotta, Problem Gambling Solutions

2. Public comment
There was no public comment.

3. Approval of Minutes April 28, 2020 meeting
Ms. Quirk moved to approve the minutes. Mr. Hartwell seconded. Motion passed without abstention or opposition

4. Discussion with the Division of Health Care Financing and Policy to Present Possible Medicaid Options for Problem Gambling
Division of Health Care Financing and Policy
Ms. Follett discussed changes in the Medicaid Behavioral Health Unit.
- The requirement to have a medical supervisor for provider type PT-14 has been removed.
- The diagnosis code F360 can be used for problem gambling

- Providers need to read the check list and decide which provider type and diagnosis code works best for them and then enroll in one of the Managed Care Organization's (MCO)
- Ms. Dearborn brought attention to PT-17, specialty 215 which provides services to individuals who have a mental health only diagnosis as well as a substance use and cooccurring diagnosis. It is a group enrollment and would have to meet scope of practice standards, certification and licensure. She also mentioned the Certified Community Behavioral Health Centers, PT-17 specialty 188, which is a group enrollment as well. Dr. Woodard asked if a gambling diagnosis can be billed as primary. Ms. Follett said that in the preliminary data they pulled they did find it in primary physician as well as the primary physician with no additional diagnosis.

There was robust conversation regarding how problem gambling counselors can bill Medicaid for treatment. Ms. Adie mentioned that a certified problem gambling counselor does not qualify as a qualified mental health provider (QMHP) to provide the service and get reimbursed, even if they partner with a PT-17 215 such as Reno Problem Gambling Center, who has a contract with a PT-17 215 provider, the only individual that could provide services to a Medicaid eligible individual has to be a QMHP. Dr. Woodard mentioned that for a clinic or center counselor to bill Medicaid directly PT-17 215 and PT 17-188, must be Substance Abuse Prevention and Treatment Agency (SAPTA) Certified. Before the clinic can be enrolled as a Medicaid provider, SAPTA certification must be complete. Once complete the PT-17 215 can bill for services provided within the clinic by a problem gambling counselor.
Mr. Feldman asked how many patients would qualify? Dr. Woodard said that if the provider is eligible to reimbursed by Medicaid then yes, if the provider is enrolled within a clinic model and if the patient is eligible for Medicaid. Approximately 30% of patients receiving services currently are Medicaid beneficiaries.
Mr. Feldman asked what percentage of billings are currently running through Medicaid that we aren't seeing, are the 30% already being billed through Medicaid? Dr. Woodard replied that they probably aren't because only about 30 people a month are receiving a service as gambling disorder as a diagnosis, there is a gap between those eligible to receive reimbursement and those that are currently being reimbursed.
Mr. Feldman asked if 1/3 of the caseloads should be Medicaid reimbursable it could take a 1/3 of the budget and transition it to Medicaid. Dr. Woodard said that yes, common procedural technology codes are not on the list of services being reduced. Ms. St. John confirmed that is correct.
Mr. Feldman asked how long it takes for providers to be enrolled? Ms. Daly said that it takes about 5-10 days so long as there are no issues.
Dr. Marotta mentioned that reports from UNLV there are 30% eligible, but there is an imbalance from patient's perspective because they are in different kinds of treatment such as residential and outpatient. Medicaid will not pay on residential treatment services.

Dr. Woodard confirmed that residential treatment is not currently under the Medicaid state plan. There has been work on an 11-15-demonstration waiver, which allows the institutions for mental Diseases rule to be waived. The caveat is that within managed care organization contract they can contract with providers for up to 15 days, called crisis residential services.

5. Discussion with the Department to Discuss the Recommended State Fiscal Year 2021 Program Budget

Dr. Woodard discussed the budget projection process and the percentage of reduction. The proposals were made; the Directors office as well as the Administration made decisions as to which reductions, they were able to move forward with. Budget reduction Assembly Bill 3 (AB3) was heard, but it is not known when it will move the Senate. The division did budget reductions, at the division level Problem gambling reductions were balanced with the ability to continue to maintain as many direct services on the mental health side. Problem gambling is taking considerable reductions. There is a proposed reduction for transitional housing, which results in zero dollars for 240 patients with serious mental illness.

Ms. Garcia shared her screen showing the Planning for Department Recommended SFY2021 Budget Reductions slideshow.

Dr. Marotta went through the slides. He felt it was important to implement changes as soon as possible and that every component is fully funded. It is not healthy for a program to depend on one type of funds. One consideration may be a therapeutic payment of ten dollars the help patient's feel invested in their treatment. Reducing family member services could result in a lower outcome of problem gamblers being served. Some considerations for reductions are dropping the hosting of the website and social media campaigns.

There was robust discussion amongst members and guests regarding the budget reductions with committee members noting lack of collaboration with the ACPG in the process.

Mr. Feldman felt the numbers are very bleak. The budget won't be known for a few days, possible a few weeks and they don't want the bill to run up for work in July and August and find out he budget has been reduced 90%.

Ms. O'Hare wanted justification on the 426,000 budgets shown in the slides as opposed to the 524,000 budgets in AB3. Ms. Garcia said that the 426,000 number, when submitted to the governor's office included her numbers and support and was not supposed to be included. Ms. O'Hare asked what the 25,000 in administration line item. Ms. Garcia said it's Dr. Marotta's contract.

Ms. Goodman expressed her displeasure with the proposed budget. They have the Medicaid component and may be less that 30%. They have a lot of seniors and isn't sure if the 30% is accurate. She said private insurance is not an option for fear of people losing their jobs. A 10.00 copay is not an option either; as their clients have no money or are in debt to people they know.

Dr. Reid recommended a point guard with Medicare that can help with the consultation process. He also recommended a survey monkey for the ability to vote

on areas treatment providers can absorb some cuts. He had serious concerns that the monies are coming from the general fund. Mr. Feldman thinks that his suggestions are worthy for consideration and discussion. Ms. Garcia said the department is working on setting up provider calls more frequently as opposed to on a quarterly basis

Mr. Hartwell strongly advocates for the retention for the participation of family members. 1 in 4 Nevada households are affected by a gambling disorder. Feels there's a lack of parody in public awareness compared to other mental health and substance use disorders. He hears that most family members are grateful for funds available to family members. He was floored that at the Legislative session that the reason we needed to gut the budget is to serve other mental health resources and to provide housing to people that were homeless due to a mental health issue. This is perfect example of an illness that is a pathway to that homelessness. He wants to advocate for the retention of treatment and family services dollars.

Ms. O'Hare commented on the insurance issue and that the likelihood of insurance covering treatment is low. We have the highest unemployment rate right now, we have new people that are not part of any historical data, they are out of work and financially destitute and we have no way to project what the need will be. The process is backwards we are just having the conversation that should have been had for numbers for difference of the Legislature. In the Legislative testimony, when the question came up regarding what will be done with a reduced budget of 80%, and how it was going to be dealt with, with the grantees, the answer was to let he ACPG decide it. 15 years ago we knew Medicaid, insurance, SAPTA and mental health wouldn't cover it, which is why this fund was created. She is disturbed by the misrepresentation and the fact that the very things that are being talked about needing to go away is what was the key in the development of this program and the family codes need to stay so families have the resources available to seek treatment without the gambler. It was fought for 10 years to get the diversion law for gambling court the consequences are prison as opposed to treatment. This committee must have treatment. Dropping prevention from 250,000 to 10,000 is not a grant. It's a one-time contribution her non-profit organization. The only other support they get is charitable contributions from the gaming industry and they have been closed for 4 months.

Dr. Bernhard feels that the Department oh Health and Human Services blatantly presented incorrect information to the Legislature. The International Gaming Institute went to 6 continents and dozens of countries to import Nevada's largest business the first question that was asked was "What are you doing about problem gambling?" there was no understanding of it. Funds are being taken away from problem gambling to support mental health and treatment will be supported before research. Dr. Bernhard is part of a team of six and cannot even be a team of one with 25,000. A reduction from 400,000 to 25,000 could collapse the system.

6. Discussion and Possible Approval of State Fiscal Year 2021 Budget Allocation Recommendations

Mr. Feldman feels that there is not enough information to approve except with one possible caveat to advise the Department to put the contractors on formal notice of the potential of their 2021 contracts being terminated or severely reduced. Recommended that contractors discuss what a minimal program would look like.

Ms. O'Hare feels that information needs to be dealt with individually with contractors their minimum infrastructure of what must be supported. Treatment must be funded, and the numbers will have to work off the infrastructure questions. She feels same conversation needs to happen with other grantees because the treatments systems are different. The committee needs a real number to attempt to be ready. June 30, 2020 was the end of money; contractors need opportunities to discuss what their stabilization plan is.

Mr. Feldman asked what the departments go forward plan is with any providers for any service? How is the department expecting providers to do this now? Ms. Garcia said she has had conversations with providers and contractors. It's imperative that we have all the components for this program to work. Ms. Adie said that the biggest struggle is that there is no approved budget that it's challenging to get any contracts or sub grants through for approval.

Mr. Feldman asked how are they billing? Are they billing on last years numbers? Ms. Adie stated that they are closing out last fiscal year right now and they have not received any billing since it's the middle of the month.

Mr. Feldman asked what they are going to do since the end of the month is 2 weeks away? Ms. Adie stated that once the funds are available, they could be retroactive back to July 1, 2020 to cover July.

Mr. Feldman is concerned that providers will be providing the same level of service in July as they were in June. Ms. Adie said they could honor billings in July knowing that it going to impact the annual budget.

Mr. Feldman said that once the budget is approved, they should reconvene for recommendations. He assumes that as it pertains to treatment providers, that if there is a rollback of fees and add codes, it would mean, as they do their July billings, they are doing it with the rollback and reductions in July even though they already provided services in July.

Ms. Garcia said that the add-on codes should be suspended and stick with the original billing codes, reduced rates won't go into effect until billing rate is approved.

Ms. Adie said that we are in a tough spot because we don't have contracts with anyone to continue work on July 1 but work is still happening. We want to be able to reimburse the work, she agrees that the add-on codes should be suspended and we can work on sub grants to be retroactive back to July, but one month of billing for some could exceed what can be proposed in a future budget.

Ms. O'Hare mentioned that everybody who is under contract that ended June 30 are providing service that may or may not be reimbursed. Ms. Garcia will confer with the Fiscal Division to get more information and get it to the ACPG. Mr. Feldman feels we need answers before the group can reasonably respond.

Ms. Jones feels that no final decisions can be made until there is a final budget.
Mr. Feldman suggested tabling agenda item 6 pending the results with Ms. Garcia's discussion with fiscal and that KPS3 be told to stop working besides maintenance.
Ms. Garcia confirmed that KPS3 and CASAT have been put on notice.
Ms. O'Hare made a motion to table item 6. Ms. Quirk seconded with ability to form a subcommittee. Mr. Feldman will add it to the next agenda. Motion passed without abstention or opposition.

7. Discussion and Approval of the Reinstatement of the Legislative Workgroup
People who are interested in being part or the workgroup are: Ms. Quirk, Ms. Meyers, Mr. Feldman, Ms. O'Hare, Mr. Hartwell, Mr. Delap, Ms. Goodman, Ms. Jones Ms. St, John, Mr. Feldman, Ms. O'Hare. Ms. Goodman appointed as Chair.
Ms. Jones moved to approve reinstatement of the Legislative Workgroup. Ms. Rose seconded. Motion passed without abstention or opposition.

8. Discussion on Future Agenda Items
This has been discussed earlier in the meeting. Agenda item 6 will be on next agenda. A meeting has been set for August 20,2020 but will most likely meet earlier in August.

9. Additional Announcements
There were no additional announcements.

10. Public comment
There was no public comment

11. Adjournment
Ms. Jones moved to adjourn meeting at 12:30 pm