

Division of Mental Health and Developmental Services  
Substance Abuse Prevention and Treatment Agency (SAPTA)  
Advisory Board (SAB) Treatment Standards Subcommittee

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**MINUTES**

<b>DATE:</b>	August 19, 2013	Teleconference Number
<b>TIME:</b>	10:00am	1-888-363-4735
<b>LOCATION:</b>	Substance Abuse Prevention and Treatment Agency 4126 Technology Way, 2 <sup>nd</sup> Floor Main Floor Conference Room Carson City, NV 89706	Access Code: 1602938

**BOARD MEMBERS PRESENT**

Via Teleconference

Frank Parenti (Chairperson)	Bridge Counseling Associates
Steve Burt	Ridge House
Mark Disselkoen	CASAT

**BOARD MEMBERS ABSENT**

Ester Quilici	Vitality Unlimited
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**STATE OF NEVADA STAFF**

Carson City Site:

Inna Botcharov	Treatment, SAPTA
Lisa Tuttle (recorder)	Admin, SAPTA
Steve McLaughlin	Treatment, SAPTA

**PUBLIC**

Barry Lovgren	Member of the Public
Michelle Padden	CASAT

**1. Welcome and Introductions**

Chairperson Frank Parenti opened the meeting at 10:07am and introductions were made.

**2. Public Comment**

There were some significant difficulties Barry Lovgren found with the Treatment Standards document that he wanted to bring to attention.

Page 6 of the treatment standards manual shows the policy requirement for claims, receiving and recording funds, expenditures, fiscal reports, implemented internal controls, and the standard for compliance with that regulation 458. The standard for compliance specifies there is only a policy requirement. That orientation pervades throughout the manual. If programs are certified according to these standards, it is great on paper but nothing would necessarily be implemented. He pointed out Rawson-Neal Psychiatric Hospital in Las Vegas is paying serious dues for having adopted that practice and not following its policies for discharge claim. It is important to check that policy is being implemented. On page 6 of the manual, it specifically excludes this.

The other difficulty is the misconception that SAPTA policy and ASAM criteria are identical. He believed this was resolved a few years ago when Las Vegas Recovery Center was certified based on CASAT inspection which found it to be in compliance with ASAM criteria for hostile based detox; however, at the time, the Division did not have the criteria. That was resolved in November 2011 when the Division adopted those standards. The manual shows that ASAM and Division criteria are not the same because at the end of the

manual is a listing of the Division criteria. They differ because (1) there are levels of service that don't exist in ASAM and (2) the Division criteria only provide a general description. ASAM criteria provide a general description, but goes on to specify utilization management, admission, continued state, and discharge criteria. This is not done with Division criteria. Originally he had asked the Division criteria be revised upon adoption because, for example, civil protective custody has no discharge criteria which can cause problems due to it being an involuntary level of service. The difficulty is this manual presumes they are the same which will also cause some problems with Medicaid. Medicaid is providing for funding based on ASAM criteria but being certified according to Division criteria. The distinction was to be resolved through adoption of regulation revision in NAC458 which adopted ASAM criteria as Division criteria. Unfortunately that regulation was adopted by the Mental Health and Developmental Services Commission which had no authority to adopt regulations. The regulation remains in draft form at LCB. It's been presented several times to the Legislative Commission, but the commission won't approve it. Regulation adopting authority has now been transferred to the Board of Health, which he suggests should now be passed through the Legislative Commission. However, until then there are two different criteria sets. Page 20 states the regulation looks for compliance with the regulation stating that service can only be certified or funded in accordance with Division criteria, yet the manual is assessing for compliance with ASAM criteria. If a program is certified according to ASAM criteria by NAC458.118, it is illegal for SAPTA to fund the program. This needs to be corrected. His suggestion to the group was to hold off on the manual until the regulations are changed.

Frank said this will be addressed in Item #4, which some of this has been resolved.

3. **Approval of Minutes from the July 22, 2013, Meeting**

Steve Burt moved and Mark Disselkoe seconded to approve the minutes from the July 22, 2013, Treatment Standards Subcommittee meeting. All were in favor and the motion was carried.

4. **Discussion and Recommendation for Development of Treatment Standards Manual**

Mark Disselkoe explained the scope of this particular subcommittee is to examine the existing NAC458 and make sure they are in agreement so everyone understands the intent of the specific rules.

Changes to NAC458 which Barry Lovgren referenced will have to be addressed as part of another process. In the second part of the process there was interest in developing standards of practice or best practices, not necessarily related to NAC458, but that would guide providers to improve their practices. Mark created an outline of key areas he believed would enhance the system. Standards create a minimum compliance, but they also want programs to aspire to a higher level of service. They would be congruent and not in conflict with any existing standards or Health Division policy, which would be helpful to providers. His experience is based on working with the three mountain west rural states of Idaho, Nevada, and Wyoming. He cross referenced them with New York and Utah specifically and added additional elements. He will begin writing narrative under each of the areas if there is good feedback on the draft outline. However, he will make changes if there are suggestions of additions, enhancements, or revisions. Steve Burt said it looks great and cannot find anything missing at this point. New York's standards tend to be very exhaustive and Utah's tends to be moderately exhaustive. Mark's sense for a manual cannot be overly exhaustive, because it won't be useful to providers. Finding a happy medium and providing a good foundation for people to begin building more holistic types of services for serving clients is critical, and not to overwhelm them with information. Other resources and references will also be added to provide information for people, such as credible publications. Steve Burt is looking for what addresses people's treatment needs, such as employment, medical, and wrap around services and how they are partnered with another agency. Mark covered that under case management and coordination.

Frank asked everyone to submit their suggestions to Mark to prepare something prior to the September 11 SAPTA Advisory Board Meeting. Mark will have the changes out to everyone one week prior to the meeting. Mark made utilization management a more generic statement at this point under clinic practices, so they will have continued state criteria and transition criteria. The new ASAM manual is not currently out, but will be sometime this fall. Mark has not done enough research on the content in terms of changes, other than

it has been enhanced and updated. Dr. Mee-Lee will do a brief, non-comprehensive training on this subject at the ASAM conference in Las Vegas in October. It is hoped the manual will be out by then, but as of last week there was still no publication date. In regard to ASAM and utilization management those issues are being addressed. There is more detailed information Steve and Mark discussed to add into Division criteria. Utilization management is a nation-wide concern with ASAM because it isn't concrete or detailed, so a state or a payer has to really define this parameter. This something Steve is working on with Medicaid for services, and SAPTA will take Division criteria and provide authorization and utilization management parameters for the services they provide. There are UM descriptions in SAPTA Division criteria. It states how long a service should last (e.g., Level 1, Level 2, Level 3) and include a majority of what ASAM mentions. There will be changes which will be in response to what Medicaid is going to do with their plan. There will not be a lot of concrete changes until they see what the new manual looks like. Steve and Coleen Lawrence at Medicaid walked through the entire Division criteria and discussed how it correlates to ASAM, and Steve and Mark will need to make changes that will better speak to ASAM criteria. Utilization management never had to be extremely detailed because Nevada was not a fee for service state. However, utilization management is now required. Other states mention ASAM criteria in their regulations. Their SSA and departments have similar policies and procedures that mirror ASAM, but they call it something different. This will enable Nevada to do the same.

Frank asked everyone to contact Lisa or Mark with their suggestions or additions, so at the SAPTA Advisory Board meeting on September 11, they can present the specific definitions under these categories and what is coming next.

Steve Burt moved and Mark Disselkoe seconded to use this document as a template, make additions, and clarify definitions under the headings. All were in favor and motion carried.

5. **Review Possible Agenda Items and Future Meeting Dates**

Mark Disselkoe will present what was discussed during this meeting at the next SAPTA Advisory Board Meeting on September 11, 2013. The group agreed on having the next SAB Treatment Standards Subcommittee meeting on September 16, 2013, at 10:00am.

6. **Public Comment**

Barry Lovgren is pleased to see the discrepancy between Division criteria and ASAM criteria being addressed. The Division criteria includes some levels of service that do not exist in ASAM, and are those levels of service going to continue to exist and continue to be Division criteria, and is anything being done to get Medicaid reimbursement. Steve McLaughlin said they can add comprehensive evaluation because they can have ASAM criteria and also different levels of service that the SSA provides. The ASAM manual discusses this, and Barry commented that is not a problem. Steve said they may change the title to align more with what Medicaid prefers. Barry suggested looking at the Division levels of service to find the ones that do not appear in ASAM, and of those, which are they to keep and will they receive Medicaid reimbursement. Transitional housing comes to mind, as well. Steve said in the ASAM manual it specifies under a level 3.1 that it could be considered halfway house and transitional housing. Utilization management is when the payer can identify the parameters of the UM. Steve appreciates Barry's concerns. It is something he has discussed with Medicaid based on what they already offer. Steve and Mark have to make sure this aligns with Medicaid's plan. The comprehensive evaluation shouldn't be called a level of service, but a service payable by SAPTA and will be removed from ASAM criteria.

Barry reiterated the importance of this in order for programs to stay in business. Steve assured Barry they will be sure to do this, and he thanked him for bringing it up.

7. **Adjourn**

Steve Burt moved and Mark Disselkoe seconded to adjourn the meeting. The meeting was adjourned by Frank Parenti at 10:32am.