

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

MINUTES

DATE:	March 1, 2013	Teleconference Number
TIME:	10:30am	1-888-363-4735
LOCATION:	Substance Abuse Prevention and Treatment Agency 4126 Technology Way, 2 nd Floor MHDS Conference Room Carson City, NV 89706	Access Code: 1602938

BOARD MEMBERS PRESENT

Via Teleconference

Kevin Quint (Chairperson)	Join Together Northern Nevada
Frank Parenti	Bridge Counseling Associates
Diaz Dixon	Step 2, Inc.
Maurice Lee	WestCare, Inc.

BOARD MEMBERS ABSENT

None

STATE OF NEVADA STAFF

Carson City Site

Deborah McBride	Agency Director, SAPTA
Lisa Tuttle (recorder)	Administrative Assistant IV, SAPTA
Charlene Herst	Health Program Manager II, SAPTA

PUBLIC

Barry Lovgren

1. **Welcome and Introductions**

Chairperson Kevin Quint opened the meeting at 10:35am.

2. **Public Comment**

No public comment was made.

3. **Discussion, Recommendations, and Approval of Actions Regarding Legislative Issues and BDRs/Bills**

Kevin Quint opened the discussion regarding the various Legislative BDRs listed on the handout. He asked if there were any concerns they should be aware of. Deborah McBride said there weren't at this point but had listed the BDRs and bills that may be of interest regarding substance abuse. Copies of assigned bills were previously distributed to the members.

Frank Parenti discussed BDR89 (revises provisions governing the medical use of marijuana). He spoke to someone regarding the ACLU defeating that BDR based on violation of 4th amendment rights on unlawful search and seizure. He is unsure if the BDR will go further. He was curious about BDR1023 by Assemblywoman Kirkpatrick that revises provisions governing substance abuse treatment and would like more information. Charlene Herst informed them this is still a BDR and does not yet have a bill number. Frank's northern agency is trying to gather more information about it, but hasn't been too successful. Deborah also checked with Ron Lawrence and he also hasn't heard anything further.

Frank sent out this list for AADAPTS and it doesn't appear to be different from what they have supported in the past. He felt SB75 was unusual in that it was a provision by which people could sue their doctors if they were wrongly prescribed addictive medications. There are only a few paragraphs about it currently, and he believes it is in response to people who have died from opiate overdoses due to doctor shopping or doctor prescription mills. It doesn't make sense in terms of how the physicians are supposed to know that this is happening. He isn't clear if they should be checking the pharmacy database to see if people are getting multiple prescriptions. It seems to him a bit nebulous. He questioned if it is the idea to hold doctors accountable as prescription mills or writing unnecessary prescriptions. It doesn't seem to go beyond that. Deborah said it also allows consumers to bring civil action against the manufacturer of the prescription drug, as it states on the first page of the Legislative Council's Digest. Kevin said initially it sounds as if it is protecting the consumer; however, the fact may be how defensive and cautious the doctors may become to not making a mistake and then not do anything at all. Frank wondered how it would be proved. He understands due diligence, but he has had many conversations over the years regarding health care providers becoming more savvy when diagnosing or identifying problems. Charlene Herst suggested listening to the hearing pertaining to SB75 which will take place at 9:00 am on March 6, 2013, to learn what they are trying to accomplish.

Kevin asked if there was any discussion on marijuana. Everything Frank has heard has been related to people being able to obtain it legally. Even though it is legal for medical purposes, there is not a way for people to obtain it due to the way the laws are written. The usual conversations persist with this being the next step prior to recreational use. The Feds say it is still illegal, but the fact is that up to 92 percent of people issued medical marijuana cards use it for soft tissue injury. He believes they don't want to create a scenario to obtain the substance they have a right to under law if it continues to be illegal.

Kevin inquired about BDR 1141 (makes various changes relating to substance abuse prevention and treatment). Deborah has no information at this time because it is not a bill. She clarified she has no further information on any of the listed BDRs. There are a few items for special consideration tied in with the budget SAPTA is currently tracking: (1) referrals to treatment for adolescents and senior citizens from emergency room centers for drug overdoses and (2) funding for a clinical program planner to assist in transition from jail into the community and services.

Kevin asked for any BDRs or bills to discuss at the next Advisory Board meeting. Frank finds them confusing and would like more clarification on their direction. Kevin suggested having the current list of BDRs and bills on the March 13 agenda to discuss any new information that may arise between now and then.

Kevin discussed the ephedrine and pseudoephedrine issues on BDR218/AB39. The last time this came up, law enforcement would not support this. People said there is no such thing as smurfing; however, he has heard first hand from addicts that pseudoephedrine is still being produced and sold for \$50 a box. Some will argue against this, but then why would the users of the drug admit to these occurrences. He expressed it sounds like a conspiracy because it is hard to prove that this is happening. No one else on the subcommittee has heard much about this.

There was no further discussion on BDRs or bills.

4. **Discussion, Recommendation, and Approval of Actions Regarding the Governor's Budget**

Kevin's understanding of the Governor's Budget includes cuts to treatment reimbursable through Medicaid. SAPTA currently reimburses providers in a timely manner. After speaking to Deborah and Richard Whitley earlier in the week, he expressed concerns about Medicaid not showing the stability to be timely in their payments. The big issue is can any program in the system stand not to be paid for several months? His other concern is replacing State money with other money, which takes them back to State funding pre-2007 when

they had the big windfall. Frank also thinks it is an issue. He understands the intent but his concern is what will happen to the smaller agencies and will they have the ability to put everything in place. Unless agencies are staffed with MFTs, LCSWs, and CPCs, for example, they will not be reimbursed at a rate that will sustain them. Kevin stated there could be some movement after his conversation with Richard that the LADCs should be reimbursed through Medicaid also, but currently that is not how it works. Frank stated that if it were to happen, the underlying issue is the managed care model. He has been certain that SAMSHA has always worked toward evidence-based practices which has more to do with the longer someone is in treatment the more successful they will be. He is unsure how this will be done when 10 or 15 outpatient sessions will be preapproved under Medicaid. ASAM says determining what happens with the client cannot be done until passing the 90 day mark. Frank believes we are in a situation where money will be moved from the current model to one which will limit the amount of time and services agencies can provide. Kevin stressed how this is an important key point to this issue. (Deborah stated Barry Lovgren had just joined the meeting in the conference room.) Kevin is very concerned about this issue. It may sound good to say that Medicaid will pick up the slack, but with Frank's concerns plus the possible issue of timely obtainment makes Kevin worried for the agencies. WestCare may be okay; however, agencies like Bristlecone and Step 2 cannot wait six months to receive payment. Kevin's concerns regarding the budget are for the small agencies that don't have the capacity to take this on. He believes Richard is confident it will be fine because he is working on quicker mechanisms. Kevin wonders if it will really happen.

He asked how to approach this topic at the Advisory Board meeting. Frank said it just needs to be brought up. The Medicaid model will not be the same as what will be occurring January 2014. Frank's concerns are not treating the people the way they should be due to limiting the number of sessions or with prior authorizations.

Kevin remembered the history of President Clinton's health care from the 1990s, as it set the template for managed care. He mentioned the letter from Barry Lovgren when he was with BADA to New Frontier stating the outpatient length of stay had to be kept to an average of four months. This was the first time ever that he remembers being told of limitations by a funding agency. This is a direct reflection of the Clinton paradigm of managed care. He believes what Frank is describing is similar, but worse, because of all the requirements. Frank knows they will push for more recovery support services which can be reimbursed at a much lower rate, which has some value. Regarding the basics, a 90-day window is needed just to investigate what is happening and possibly another 90 days to help people further along in the process before the recovery support activity takes over. This will happen if they limit the number of sessions to be provided.

It was agreed by Kevin and the Subcommittee to discuss concerns regarding the Governor's budget at the next SAPTA Advisory Board meeting and will be added to the agenda.

Kevin is working through Kristy McGill to get a third party opinion about the budget from John Sasser, a lobbyist. He will try to have something from him prior to the March 13 SAPTA Advisory Board meeting. As a provider, Kevin doesn't feel he has in-depth understanding of the budget such as Mr. Sasser, and he simply wants to gain a different perspective.

Maurice Lee from WestCare joined the teleconference call. Kevin expressed the concerns of the Governor's budget promoting the \$3,000,000 shift from State funds to Medicaid to cover treatment costs. Prevention is flat funded, and there is no real way to connect reimbursement from Medicaid at this point. He also recapped the following: (1) SAPTA's timeliness of reimbursement and how Medicaid would compare, (2) possible delay of payment effects on agencies, and (3) prior authorizations and number of sessions and managed care issues. Maurice stated they fund other levels of preventive care for primary health, so he feels there is no reason substance abuse/mental health should fall outside that window. Preventive health is the lowest cost of care, so why would any managed care company not want to fund it. WestCare as an individual entity would be able to weather a delay in payment, but he is uncertain what it will do for the other funded agencies. It may hurt the smaller organizations. Kevin agreed that because WestCare is national, they may be able to

handle it. Kevin does not know for a fact there will be these kinds of delays. Richard Whitley is telling him that may not happen, but for some agencies the experience with Medicaid has resulted in delayed payments. Per Maurice, anything WestCare receives on a national level is not expedient, but they get paid. The problem for most organizations is efficiency in their billing. For the most part, no one receives 100 percent payment on their submissions. It becomes hurtful to an agency when the error rate for denied claims results in delayed payments. WestCare can absorb some of this cost, but by no means are they a juggernaut. Maurice and Amy Roukie have had a conversation about the proposed Governor's budget, but not at the executive level at WestCare.

Kevin reiterated this will be a topic for discussion at the SAPTA Advisory Board meeting on March 13 with the entire group. Maurice will ensure WestCare has representation at the meeting. Kevin looks forward to accessing different perspectives of ideas, thoughts, and knowledge, of the staff from the different agencies on this subject.

No other comments were made regarding the Governor's budget.

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

The next meeting should have a similar agenda with BDRs, bills, and budget discussions. It was decided by the subcommittee to meet again in late March to possibly have a better understanding of these BDRs and bills. SAPTA will arrange the meeting.

6. **Public Comment**

Regarding some of the Medicaid issues Kevin and the Subcommittee were discussing, Barry Lovgren encouraged everyone to pay very close attention to the development of the State Medicaid Plan. For example, in the past, a letter would be received stating that chemical dependency must be cured in four months of outpatient treatment. This came from Clinton care where they were moving toward diagnostic-related groups (DRGs). DRGs should be a red flag to everyone. This means based on diagnoses there are stipulations on what treatments can be provided. That led to strange assumptions of curing chemical dependency in four months of outpatient and curing schizophrenia in six outpatient visits with a good clinician. The point is that DRGs don't address chronicity, and that is a big issue with chemical dependency in that it is a chronic disorder. He stressed again to pay close attention to the development of the State Medicaid Plan. He believes that Medicaid could be redemption to the agencies. Lovgren discussed his experience with running a rural community mental health drug and alcohol program in California entirely on state grant funding. It didn't work because of the lack of money to do so, and the program was failing. However, through Medicaid billing they were able to generate enough revenue for the chronically mentally ill coming to the clinic and were able to expand the program. From his experience Medicaid can be a Godsend. However, if a program is undercapitalized they will have real problems with delays in payment.

Kevin thanked Lovgren for his comments. There was no other public comment made.

Kevin reminded the group about the upcoming SAPTA Advisory Board meeting March 13. Also, the Legislative Subcommittee will reconvene again in late March which will be scheduled by SAPTA staff.

7. **Adjourn**

The meeting was adjourned by Kevin Quint at 11:05am.