

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

MINUTES

DATE: September 11, 2013
TIME: 9:30am
LOCATION: Truckee Meadows Community College
Redfield Campus
1800 Wedge Parkway
HTC Room 103
Reno, NV 89511

Video-Conference

University of Nevada, Las Vegas
4505 S. Maryland Parkway
Carol C. Harter Classroom Complex
CBC-B, Room 117
Las Vegas, NV 89154

Great Basin College
1500 College Parkway, MH Room 102
Elko, NV

BOARD MEMBERS PRESENT

Reno Site

Kevin Quint (Chairperson)
Michelle Berry – for Nancy Roget (Vice Chair)
Diaz Dixon
Steve Burt
Lana Robards
Michele Watkins
Tammra Pearce
Ed Sampson

Las Vegas Site

Ron Lawrence
Jamie Ross
Debra Reed
Richard Jimenez

Elko

Ester Quilici – for Dorothy North

Join Together Northern Nevada
CASAT
Step 2
The Ridge House
New Frontier Treatment Center
Central Lyon Youth Connections
Bristlecone Family Resources
Frontier Community Coalition

Community Counseling Center
PACT Coalition
Las Vegas Indian Center
WestCare

Vitality Unlimited

BOARD MEMBERS ABSENT

Frank Parenti

Bridge Counseling Associates

STATE OF NEVADA STAFF

Reno Site

Deborah McBride
Charlene Herst
Lisa Tuttle (recorder)
Chuck Bailey
Sheri Haggerty
Betsy Fedor
David Lenzner
Dave Caloiaro
Agata Gawronski

SAPTA, DPBH
Mental Health, DPBH
BOE for Alcohol, Drug, & Gambling Counselors

Las Vegas Site

Kim Davis

SAPTA, DPBH

PUBLIC

Reno Site

Darrin Dykes
Stuart Gordon
Janice Maddox
Dani Doehring
Kelly Bown
Becky Bailey

J. K. Belz & Associates
Family Counseling Service
Family Counseling Service
Step 1
QuantumMark
QuantumMark

Las Vegas Site

Peter Singleton
Anna Cedro
Judy Marshall
Wendy Hoskins
Kevin Morss
Kelly Swan
Paul Del Vacchio

Foundation for Recovery
CARE Coalition
Las Vegas Indian Center
UNLV
WestCare
Las Vegas Recovery Center
Las Vegas Recovery Center

1. **Welcome and Introductions**

Chairperson Kevin Quint opened the meeting at 9:50 am with introductions and acknowledged the meeting was properly posted.

Kevin recognized Deborah McBride who has announced her retirement. Speaking on behalf of the Advisory Board, he thanked her for her years of service with SAPTA. Deborah has been in public service for nearly 29 years. She expressed it has been an honor working with everyone because of their compassion and commitment to the work they do.

2. **Public Comment**

Ester Quilici addressed the uncertainty of the SAPTA reimbursement process. Vitality has been working with Steve McLaughlin and Debi Reynolds to create a consistent payment schedule, but that has not yet happened. She hopes this will be addressed to establish a definitive pay date. She wants to understand why payments are being delayed and is hoping for other input. They must plan financially and change their payroll cycles to meet demands for the draw. She appreciates the work being done at SAPTA and the Division level and believes there will be a solution. It is difficult for the programs to meet the rigors of this new draw request system. She suggests that a specific timeframe be established for submittal and payment so they know what is expected. She hoping it will go back to the first in order to benefit by an early payment date.

Kevin reminded everyone due to open meeting law, discussions or decisions cannot be made at this time because it is not an agenda item.

Ron Lawrence agreed with Ester's comments. He also had to change his payroll date twice to accommodate various payment schedules and wants to consider this as a future agenda item. Deborah McBride discussed the possibility of forming a subcommittee to establish a better process. Everyone is trying to make this work to fit within this new system.

3. **Approval of Minutes from the July 10, 2013, Meeting**

Kevin Quint had a question on the minutes in the last paragraph on page 10 where is states, "he is hoping at least 50 percent of providers have burned their grants." Steve Burt explained the meaning as to spend out the cash of their grants due to the reimbursable Medicaid model taking effect after January 1, which clients will be eligible.

Steve Burt made the motion to approve the meeting minutes as written and Lana Robards seconded. All were in favor and the motion was carried.

4. **QuantumMark Update – Discussion and Recommendations**

Kelly Bown of QuantumMark gave a status update that 15 providers are now enrolled with Medicaid and only 4 are still pending. She believes the target date of September 15 will be met and is confident three of the four will be approved by the end of the year.

The first phase of their project was to have all providers Medicaid eligible and approved which should be done by next week. She thanked everyone, and also Becky Bailey, for their commitment in meeting this part of the phase. The second phase now begins to ensure everyone is up and running on how to bill Medicaid. The first step is to take the online classes through Hewlett Packard (HP) on how the process works. A concern from the programs seemed to be determining eligibility for their clients. Kelly said it is about executing the CAC certification, and she was excited to hear there is a program for which they can be reimbursed. Most providers, with the exception of three, have completed the authorization form which is beneficial for understanding Medicaid and third party insurance eligibilities. There was a lot of discussion in a conference call Friday regarding the MCO follow up. There will be many Medicaid service changes going forward, and she asked the group to make connections with HPN and Amerigroup. Part of QuantumMark's focus will be the actual contracting and also to help facilitate myAvatar trainings to the providers.

Before deciding to decline joining panels for HPN and/or Amerigroup, Becky Bailey suggested the organizations reach out and use each others' resources because it will benefit them. She has heard some organizations are declining, or possibly they are confused about HPN and Amerigroup. She asked the group to contact her or Steve for any clarification before they opt out of their offer to put them on the panel, especially for Washoe and Clark counties. Becky will be visiting each of the programs within the next three months. New Frontier is a good resource because Lana has been billing Medicaid since 1995. Becky is only allowed to walk through the processes with them but will give them resources on how to get their questions funneled. She will be visiting providers during the next week, and she gave a breakdown of her schedule of events. She will email the contacts for CAC certifications to notify them what to do regarding submission for reimbursement, and the executive directors will also be notified. She asked to be notified when they are through the process with HPN and Amerigroup in order to update the project plan. Kelly explained the procedure code audit is in place because of the work around before all the providers are on the new myAvatar system. When doing client submissions to Medicaid, it will identify who is already eligible against the entered codes to give them a roadmap of the clients that could have been billed. Becky will use the report to help the programs identify those clients for additional income sources to bill Medicaid. They are hoping to get the operational HP trainings done for the organizations within the next 30 days.

Kelly clarified the Friday conference calls are scheduled to be every other week at 11:00am, and she encouraged feedback as an avenue between the providers and SAPTA.

Kelly discussed the combination of steps in the CAC certification equal almost \$500, and that portion is reimbursable once the test has been passed and the applicant gets certification through the Department of Insurance. The approval comes back once the application is turned in; the process is within that approval. The attachment sent by QuantumMark a few weeks ago has a breakdown of the upfront costs, and they can apply for more than one. Everything is ready to go at this point. All steps have to be met before reimbursement.

5. **Follow-up on Letter from the SAPTA Advisory Board to the Division of Public and Behavior Health Regarding Medicaid Issues**

Kevin discussed the Medicaid issues in the letter addressed to SAPTA back in June. There were a few iterations of the letter; the last was submitted to Deborah McBride on June 24, 2013.

Stu Gordon spoke on the email he sent to Kevin regarding Medicaid. The major concern is primarily for those in Washoe and Clark counties dealing directly with the MCOs. The bulk of their staff will not be qualified to provide or be reimbursed for Medicaid. BHI is only going to credential fully licensed LCSWs and MFTs and may credential LADCs with a Master's degree. Those without the appropriate degree will be at a huge void to provide services. He had a discussion with Dr. Karam about not stepping below this level regardless of what fee-for-service Medicaid does. It serves him to draw that line because it will allow him to provide services down the road.

Stu believes they need a level of licensed individuals in Washoe and Clark counties to be able to bill Medicaid and receive reimbursement. Otherwise they may have to let people go and look to hire fully licensed individuals, which will increase the cost of services of minimally \$20,000 per year, per individual. He questioned how they will find these individuals at this licensure level, be able to pay them, and keep their agencies' doors open. He feels they are in a huge crisis, and he discussed his concerns about obtaining higher level degrees, licensure, and internships and waiting periods it may take to be able to work in this field. He touched on how the Legislature thinks it is tough to reimburse the agencies, not realizing that most of them are non-profit organizations owned by citizens of Nevada and that this is a board of trustees which holds the mission in trust for the people of the State of Nevada. He stated that currently their missions are in jeopardy and they need all the key Medicaid providers to be at the same table with their groups to get clear answers. The message conveyed to him was that most of them will be turned down.

During the August meeting with Coleen Lawrence and Medicaid, it was clear to Kevin they will not allow anything below a Masters-level degree. They discussed the two other Medicaid players that were not at the meeting will raise the bar even higher. Possibilities of treatment facilities, even the field in general, may not survive. Barriers will be the rising costs, declining reimbursement, and threats that people will be on waiting lists to receive substance abuse treatment. Kevin reiterated the main point to the letter was not about agencies' survival, although very important to him. The real issue is who will serve the chronic users of services if there is little or no safety net. In his experience, the for-profit sector will not serve these people in the same degree non profits do. Steve Burt said there is no discussion of the safety net of the Block Grant funding being eliminated. According to Pam Hyde, sequestration did not affect their block grant monies. Yet, somehow at the state level, there was reduction of funding to force them into Medicaid billing. They need to be vocal with the state toward the maintenance of efforts with Block Grant monies to keep the safety net in place because they will need to rely on it. No private reimbursement units will do what the Block Grant was intended to take care of. If Stu's scenario of increasing treatment costs is true, agencies will need a clear picture of what to do and will need to increase their points of advocacy.

During Becky's visits, she will be concentrating on how the agencies can use the avenues available to them for communication. On Friday during a conference call with Mary Wherry, there was a request for information put out after the public workshop by Coleen. Specifically she was looking for information on what the agencies wanted to see covered in their own language. They can have strength as a group by coordinating efforts and communication and making sure every provider responds with exactly what they want. QuantumMark has had communication with Mary and Deborah in making sure the agencies' voices are heard in this Medicaid process. She believes there is an open to listen by Coleen and that Steve is instrumental in helping to write the new coverage policies. From a Medicaid-eligible client base, there will be a lot of changes for what they can bill Medicaid. Medicaid is looking at potentially licensing facilities, so whoever performs services can bill for straight Medicaid-eligible services. It will not be a matter of level of education, but by facility. Not many people had responded to what was asked for from the conference call meeting. It is encouraged from a Medicaid standpoint to capture as much of what can be billed. QuantumMark can help to facilitate their communication needs. Tammra Pearce said the frustration is this being brought up time and time again about needing to have better communication. She feels as a group they have been communicating but isn't sure what else to do. Per Kevin, the Division of Public and Behavioral Health had not responded to the formal letter communicating their issues and concerns. He had a telephone conversation with Tracey Green after the first iteration was drafted, but no other communication was had since then which gave him important feedback on how that was viewed. Diaz believes there is a clear message being sent due to the changes with SAPTA. He expressed that no one at the state level better understands all they do. Due to the rapid changes in the field, the group is concerned and unclear as to who will be their advocate when Deborah leaves. Because Mary is new coming into this and due to the group's uncertainty of her role, Becky asked them to give her a chance and to invite her into their conversations. Medicaid will reimburse for a small portion of services, and it does not mean the agencies' only options are to provide those Medicaid reimbursable services. Most of what is currently happening will remain the same. Becky understands Stu's points about outpatient counseling, but stressed not to lose sight of the services that will continue to be reimbursed by SAPTA. Diaz is concerned that SAPTA will not be able to reimburse for services if more changes come. It is still unclear what certain benefits will be paid through the Joint Block Grant. QuantumMark spoke with SAPTA about potentially bringing the agencies together in October or November to discuss what will be covered going forward, which by that time there should be a clearer picture from Medicaid. The group discussed the tight timeframes, the processes for the new provider types and

NPIs to take effect, how they would like a clear direction and plan established, and how it will affect those agencies in the rural areas. On the next conference call Kelly suggested addressing these concerns and devising an action plan to begin dialog between SAPTA and Medicaid. The two processes will go in tandem. At this point, she doesn't believe everyone has all the answers and there is no hidden agenda. SAPTA is doing their best to be a support to the providers. Deborah suggested inviting Dr. Green on the next conference call because she is the contact person for Medicaid and the health care plans. Lana discussed her attempts to communicate with State Medicaid and the frustration she experienced from not being acknowledged. Kelly encouraged them going forward to copy Mary on all communications. It is Mary's focus for the agencies to be heard, and she is committed to those communication calls.

Ron discussed the \$6M taken from state money and turned over to the Medicaid expansion system which HMOs will manage. They will take 30 percent, \$1.8M, off the top which could create a new culture for the agencies. The non profits become subjected to a for-profit situation, and they must reserve as much treatment money as possible for serving people that need them. Deborah said SAPTA has been open about making this process easier for the agencies by bringing QuantumMark on board to help make this process easier for the agencies.

Kevin discussed the letter which was written from a ground-level perspective of what is happening in the programs, and the changes are coming from the higher levels above SAPTA. In his opinion there is a theoretical model that is expected to work. Kevin went on record to state it is unfortunate that so much of what has happened at levels above SAPTA is done behind closed doors and has not been revealed to the agencies. As Chair of the SAPTA Advisory Board and Mental Health Commission, he had to ask questions and request answers from people. Communication during this process has been very poor. Ester said they have rights as Nevada citizens and should be able to contact their legislators to inform them of what is happening. Instead of strengthening the back bone of the health care delivery system in Nevada, this could be an unintended lethal blow. She commented that treatment counseling services are paid, but not residential treatment, and is hoping it will change because it is an encompassing situation and continuum of care. This is a topic that cannot be resolved in this meeting, and Kevin appreciates the other opportunities for meetings to discuss this further. He wants to send the letter to Mary Wherry and ask for some point by point answers to uncertainties to the issues that have not yet been addressed. Ron agrees with Ester's comment because he had two legislators on his board who were unaware of what agencies were being subjected to. He thanked Deborah for the caring and attentiveness received from SAPTA. He believes on a federal level they knew exactly how this was going to turn out.

Stu summarized that there is angst in the community of providers and with people who are licensed or certified that spent their life moving toward these helping careers. Bringing everyone involved in this process to the table before January would help to come up with some definitive answers. Kevin suggested holding a special meeting before the SAPTA Advisory Board meeting in November or during the November meeting to personally invite Mike Willden, Richard Whitely, Tracey Green, Mary Wherry, and whoever needs to attend to get the agencies' perspectives. It was suggested to have a representative from HMOs, such as Dr. Karam and/or Greg Gibbs. Richard Jimenez from WestCare discussed there will be changes in January regarding staffing requirements, and they will have to examine their projects due to their fixed costs. During the next meeting they can present their issues and how it will affect their communities. He has not seen the letter previously generated and requested Kevin send him a copy.

Kevin discussed planning an October meeting depending on leadership schedules, which may include attendees from Division level, Department level, Medicaid, HMOs, Legislators, and possibly the Governor. The group all agreed it is a good idea. He asked Michelle Berry, Stu Gordon, and Steve Burt to pick a date for the meeting.

Kevin Quint called the meeting for a break at 11:10 am.

Kevin Quint called the meeting back to order at 11:30 am.

- 6. Division of Public and Behavioral Health Presentation Regarding Fiscal Procedures and Forms**
This item has been tabled for another date.

7. **Discussion and Recommendations Regarding the Nevada Peer Support Plan and Activities**

Dave Caloiaro discussed the peer support program. Building up the peer support network is a public health model that Behavior Health and Mental Health want to espouse. Nevada is one of 15 or 16 states not doing this, or is at least looking into it. Five months ago they applied for the Bringing Recovery Support to Scale Technical Assistance Center Strategy (BRSSTACS) award through the feds. Nevada was one of nine states awarded and received \$50,000. Technical assistance put together several face-to-face meetings for the development of a plan.

Dave reviewed the distributed power point presentation. As part of receiving the award a team had to be assembled of both state and private entities wanting to build up peer support. Nevada will have a sustainable peer-driven system of care to increase covering whole health outcomes through statewide public peer partnerships called "Nevada Partnership for Peer Support." As part of the formal strategic plan, a team of approximately 11 people are addressing the subcomponents to complete by the next fiscal year which they want to create a workforce development for peers. The state has had a consumer assistance program, which is not new to the private side. Nevada has 13 statewide, primarily one-half in the south and several in the north and throughout the rural clinics. Public health models will open it up to partner with the community. Peers would be trained and certified. This would empower organizations that are both mental health and substance abuse to hire these peers who would be shoulder to shoulder in treatment teams with psychiatrists, psychologists, licensed alcohol and drug abuse counselors, and social workers. The Strategic Plan numbers outlined in the presentation are detailed in terms of priority, strategy, and action. Ultimately, they would like to incorporate the peer services systems of care. Nevada Medicaid covers peer support services; however, the state has not taken advantage of this. The 13 positions are paid out of the Mental Health Block Grant. A few weeks ago, they submitted the Joint Block Grant with Mental Health and Substance Abuse. The feds will rightfully say they cannot double dip for peer services. There is interest by peers on the CABHI team to develop and sustain a peer leadership council. They will develop a peer certification training which would enhance the marketability and credentialing of peers. Ohio is one of the few states providing peer support certification training for both mental health and substance abuse combined, which has its pros and cons. Currently a team is examining this to see what would best benefit Nevada. A big part of peer support is to take advantage of the Affordable Care Act (ACA) and how it involves peers to help people with their insurance rights through the Health Care Exchange. He is hoping Nevada peers will be intermediaries between the general public and the navigators that are responsible for helping clients through the system. Nevada would call those positions Certified Application Counselors (CACs). The cost to obtain certification would be approximately \$500 to \$600 dollars which would entail 20 hours of in-person training and 30 to 40 hours of on-line training. Their job is to educate the public and certain populations that wouldn't know to go to a navigator. Sometime during this fiscal year, the next action steps are to gather information and to look at the best type of certification training. They are also looking at work performance standards from other states, which a document is out showing all their peer programs. Once peers are trained, certified, and employed in the work force they are looking on how to educate them to help clients with mental health, substance abuse, and co-occurring disorders and to accept them as colleagues in a very professional, non-obtrusive way.

Two town hall meetings were held to discuss Peer Link. A meeting was held in Reno a few months ago to build up the peer network and get people together who may have interest. Another meeting was held yesterday at the Southern Nevada Adult Mental Health Services (SNAMHS) in Las Vegas. Attendees included peers, supervisors, organizations, coalitions, and military population. Within the next few years, the goal is have peers work with veterans, homeless, substance abuse, mental health, co-occurring, youth, and elderly persons. He and Deborah have discussed ways to use the Joint Block Grant to empower this program. The technical assistance award will largely help through the first year, primarily with certification training of peers state-wide. Their partners at the Nevada Recovery Center have joined forces and will be the project coordinator to help oversee the program under Dave's purview. They will help with meeting timeframes and ensuring progress is made. They have concluded formal meetings with the feds to develop the vision statement, name, and strategic plan. The team meets every two or three weeks to discuss the progress and to join partners that were not on their academy team, for example, rural services and Dr. Sandra Owens at UNLV.

Dave's supervisor is Mary Wherry, the Deputy Administrator for Community Services in the Division of Public and Behavioral Health, one of four deputy administrators under Richard Whitley. The SAPTA umbrella falls under Community Services. Mary oversees the entire nursing program through the state and prevention awareness. On the mental health side they are looking at doing promotion through prevention awareness, something never done prior to the merge.

In a meeting Mary attended a few weeks ago, it was understood that SAPTA providers are not interested in pursuing the Medicaid peer reimbursement aspect, so as a result Medicaid will not put that in their encounter rate. This is globally tied to SAPTA providers' certification. Dave doesn't claim to know this very well, so asked for clarification. Steve Burt said this is not true. Since none of them were at that meeting there would be no cause to counter that, and he had no idea. Speaking on behalf of the group, Steve said no one would specifically exclude an opportunity to be reimbursed. Dave will contact Medicaid to clear this up. He briefly discussed the requirements in Medicaid Chapter 400 for peer services. No one in the group had any recollection of this meeting specifically regarding Medicaid covering certification for peer services. Dave will pursue this to make sure peers are included with the alcohol and substance abuse component, as well as integration with Behavioral Health. He will come back with an update to the board at the next meeting or whenever deemed necessary. Kevin thanked Dave for bringing up this point. Dave will approach Medicaid and then get in touch with Kevin.

8. **Update, Discussion, and Recommendations for SAPTA Treatment Standards and Subcommittee Report**
In Frank's absence, Steve Burt reported that Mark Disselkoe is currently writing it and will have something to present at the next meeting.
9. **Report, Discussion, and Recommendations on Performance Measurements from Other States**
This subject is tabled for Steve McLaughlin to present at the next meeting.
10. **Standing Item – Legislative Update Discussion**
Kevin will discuss items for the upcoming session and gave a brief report on the Interim Finance Committee Meeting regarding Avatar. The committee has been presented with a request to fund the Avatar switch out of federal funds. This just came up and no one knew, and they are unclear why this had not been mentioned to them during the session. The committee is talking about the possibility of charging providers for Avatar which could cost a substantial amount of money, and it is important for this to be followed up. Kevin asked Frank Parenti who is the executive director of NV AADAPTS to develop some advocacy points. They need to do this quickly because the next meeting is October 7, 2013. It has been perceived that the programs are lagging behind, which he doesn't believe is true. They need to educate the committee on what is happening. It is Lana's interpretation they were unhappy with SAPTA providers because they were falling behind and didn't feel they needed reimbursement to make this happen. She questions how they are being portrayed. Mary Wherry had made the presentation at the Legislative hearing. Lana did not remember any notice that this would be discussed. Senator Debbie Smith is the Chair of the Senate Finance Committee, and Kevin said it is good that they can reach out to her and Dr. Eisen on the assembly side to discuss the needs of this situation and how to better understand it. Because Mary is taking on this new role, she may not fully understand what the organizations are doing. However, she is the one speaking on their behalf. Lana stands on record as saying she will be glad to speak for them. Kevin feels the Legislators don't understand what is happening, and his personal opinion is they need to be educated.
11. **Standing Item – Discussion and Recommendations Regarding Health Care Reform**
No discussion was made.
12. **Standing Item – Discussion and Recommendations Regarding New Funding Streams**
Lana discussed New Frontier's four-year grant award. They partnered with Quest Counseling and the Fallon Paiute Shoshone Tribe to do multi-disciplinary family therapies for ages 12 to 18 and transitional ages 18 to 24. It is not limited and will open up opportunities for kids in all populations. It was written that Native Americans will partner with families who are non-natives. They just had their first meeting, and she will send out notice when they begin. It will be available at all New Frontier offices and also at Quest. Also, Join Together Northern Nevada will be contracting on the evaluation. The grant is \$950,000 per year for four years, and one-third is for New Frontier.

Deborah mentioned SAPTA's three pending grant applications which they haven't yet received notice: Partnerships for Success that addresses prescription drug misuse, Safe Schools Healthy Students, and CABHI which benefits homeless individuals. Lana feels they have a good chance of getting the CABHI grant since the feds invited them to write it. Deborah stated they asked additional questions, and she is hoping for notice back anytime.

13. **Standing Informational Items:**

Chairperson's Report

No report was made.

SAPTA Report

Deborah McBride introduced David Lenzner, SAPTA's new Grants and Projects Analyst II. David came over from the University of Nevada, Reno. His responsibilities will include Block Grant coordination, contracts, RFAs, and tracking fiscal expenditures and revenues.

Theresa Mitchell-Hampton, SAMHSA's Block Grant officer, will be conducting a site visit to the treatment providers in November. SAPTA will keep them informed on when to expect her. Deborah has kept her up-to-date on Health Care Reform and Medicaid expansion.

Data Team Update

No report was made.

Prevention Update

Charlene Herst touched on the accelerated work Prevention is doing with their counterparts on Fetal Alcohol prevention under the new Division of Public and Behavioral Health. They are working on a media campaign, including a website. She is excited about taking on the role of gathering data from the assessments at the provider level for pregnant woman or woman considering getting pregnant. The Four Ps is an assessment, a brief intervention if needed, and referral to treatment if needed. The forms are in Spanish and English. The federal grant for the data analysis received by Children's Research Triangle (out of Chicago) has timed out.

SAPTA's data team and the data team run by Julia Peek and Jay Kvam offered to take provider data and analyze it, rather than not receiving it. They are meeting about it and are very excited that their data will continue. They also want to do focus groups. Diaz has collected data on the Four Ps for the last 2.5 years, but Renown Pregnancy Center has since dropped out and will get Charlene that information.

Treatment Update

SAPTA has hired a new treatment person in the Las Vegas office. Monitors are proceeding as usual and are working on writing up what SAPTA versus Medicaid will reimburse. Betsy Fedor is working on the ICD 9 codes, a crosswalk with the DSM and the Medicaid reimbursement. The integration is moving forward.

Deborah also mentioned a standardized sliding fee scale is currently being drafted.

Center for the Application of Substance Abuse Technologies (CASAT) Report

Michelle Berry said two DSM V webinars were done and very well attended. There were many questions that Mark Disselkoen, the facilitator, was able to answer about the differences between the DSM IV, DSM V, and the new pieces. Those will be available to the general public to view beginning October 1. Reno and Las Vegas will each hold two upcoming face-to-face classes. Currently, these classes are full in each city, but there will be additional training on the DSM V if needed.

The clinical supervision track is going extremely well. They have another face-to-face training in Las Vegas next week and other tracks in October, November, and January. Notify Michelle Berry for any further training requests.

14. **Review Possible Agenda Items**

The next SAPTA Advisory Board Meeting will be held November 13, 2013. The special SAPTA Advisory Board will be held sometime in October.

The initial comment earlier from Ester Quilici regarding the uncertainty of the SAPTA reimbursement process should be added as an official agenda item for the November meeting.

15. **Public Comment**

No public comment was made.

16. **Adjourn**

The meeting was adjourned by Kevin Quint at 12:08 pm.