AB 387 Task Force to Prevent Relinquishment of Children with Mental Illness or Emotional Disturbances to Child Welfare Agencies

Meeting Minutes

April 29, 2020

Meeting location: Via Teleconference

1. Call to Order:
Chairman Tina Gerber- Winn called the meeting of the AB 387 Taskforce to order at 3:00 pm, Wednesday, April 29, 2020.

Taskforce Members Present:

Tina Gerber-Winn
Ross Armstrong
Dr. Lisa Linning
Elisa Cafferata
Meghan Wickland
Cara Paoli
Will Jensen

Staff Members Present:

Dana Popovich

Taskforce Members Absent:

None

Guest Speakers:
Nicholas Castellanos

Dana Popovich
Gladys, who are your guest speakers today?

Gladys Cook
Yes. So I have one guest speaker and his name is Nicholas Castellanos. Nicholas do you want to go ahead and introduce yourself?

Nicholas Castellanos
My name's Nick Castellanos and I work for DFCHP and in the DPMU I am responsible for some of the TPS stuff. On more of the nuts and bolts kind of issues than policy. But I will try to help out the best I can.

3. Public Comment:
Tina Gerber- Winn
OK. Thank you. So I think we're ready to roll to the public comment, which is number three.

Tina Gerber- Winn
Did we have any public comment?

4. Approval of Minutes:
Tina Gerber- Winn
OK, so I'll move to number four, which is reviewing our meeting minutes. And I'm sure this took you a while, Dana. So I hope people have had a chance to read through them. I think for the titling of them, I'm sure that the format to put the meeting date and time and the attendees, so it just needs labeling on the top. I believe Dana once they are final. And then I didn't know if people had corrections they wanted to make or how you wanted to manage that. I mean, I have a few typos that I found. I can just send them to you or?

Dana Popovich
That would be perfect.

Tina Gerber- Winn
OK. Did other people have a chance to read the minutes?

Gladys Cook
I reviewed them and I agree with you. There are a few typos and also in one of the minutes It's recorded that I mentioned something but I'm not listed. I will work with Dana and I will send my edits.

Dana Popovich
OK, perfect. Thank you.

Tina Gerber- Winn
Was there anything else people wanted to mention on the minutes? I think there's a lot of detail in there, almost verbatim. So if anybody wanted to know what we talked about, it's all right there. OK. I will scan my comments and send them to you. And my request to the other members is to do the same. And then I would like to vote. As a group, if we agree to send our corrections to Dana and assume they're typographical, that she'll make those changes and finalize both on February 26th and March 25th meeting minutes.

Will Jensen
So moved.

Tina Gerber- Winn
OK. And is there a second? Or do we need one? I guess. Do we all agree? Let's take a vote. If everybody agrees to that plan, everyone who agrees to say "I".

Members
Motion approved by members.

Cara Paoli
I'm just not sure if we can vote on something that's not finalized. I mean, I'm no expert, and honestly, I trust that you would do a good job, but I'm just not sure if that's something we technically can do.

Will Jensen

Yeah, I believe you can. My experience is with the Special Education Advisory Committee, and open meeting law they're in and as long as we know that the corrections are non-substantive as we have in the motion. I think that you're able, but I do think that you have to have a second.

Ross Armstrong
I second.

Tina Gerber- Winn
Okay so Will was the first and Ross was the second. We will note Cara's comment about whether we can approve or not. But I believe we can and Dana can provide updated corrections to us you to have our records at the next meeting. Can we take another vote on the motion? All those who agree that Dana can make some minor typographical changes based on our comments to her and finalize our meeting notes. Please say "I".

Members
Motion approved by members.

5. Timeline Regulation Adoption- For possible Action
Tina Gerber- Winn
OK. Very good. So we'll have those finalized.
Then number five for possible action was the timeline regulation adoption.

Tina Gerber- Winn
And that was if we needed to adopt regulations for members. The last time we met, Ross went through and explained the areas in which we could consider adopting regulation. Cara mentioned that it would be best if we had a timeline so we know and work backward from there to set our meeting dates so I can say in general for regulation adoption within the Division of Public and Behavioral Health, that we would have to have something available for the Legislative Council bureau to draft by July, late June. Then we would have to hold a workshop, impact statement, or public workshop adoption process that would be considered complete by September. Then we would have to wait to see if anybody else objected to our impact statements for us to be done by December. That's how I've seen it from a previous review of our promulgating regulations that are inside of DPBH. But the director has the opportunity to create procedures, to create the review teams, and he can create any procedure he wants to. So we could create the procedures for the clinical teams without regulations. That's how I'm reading it. I don't know if other people had a chance to review that.

Ross Armstrong
I agree with that, at least in terms of the timeline that would be needed. I don't see an urgent need to do regulations until we kind of figure out more how that process would want to go. And I think it might be the smarter move to try it via policy and procedures so that we have kind of a pilot period of six to nine months before we place anything into regulation. There's a freeze when the legislature is in session. There's a freeze on new regulations. I'm supportive of scheduling the regulatory adoption following the next legislative session. If we determine any regulations are necessary to execute the intent of the bill.

Tina Gerber- Winn
I appreciate your comment. So I'm not sure if other people had thoughts, according to the law, the clinical teams develop a plan for the care of each child that they might be reviewing and arrange for the provision of care. And that could be also in terms of payment. I don't think we'll know what we have to enhance until, as Ross said, the clinical teams have looked at cases to see what authority might be missing. I also didn't see any act related to the Director's Office because it's basically saying she would develop the regs. But for clarification, Ross, do you see that if we were to develop regulations, they would be under DCFS?

Ross Armstrong
No, I think it would be under the Director's Office. This team and DCFS since we're helping the staff this committee would help manage that regulatory process. But when there are regulations that are not approved by a board or commission like the Board of Health. For DCFS we don't have any real regulations that are approved by a board. So the official paperwork is signed off by me as the administrator adopting the regulations. In this case, it would be the Director of DHHS that would sign that final document, creating the regulation, and making it effective.

Tina Gerber- Winn
OK, so I don't know if other people had comments. We can set a timeline for when we want to have procedures completed and that would be up to the group depending on what? Because what we had said we needed to work on would be the parameters of the review teams, how to request to a review, the timeframes in which they would be completed, the frequency of the meeting, the plan of care format that we would expect is beneficial to the children that we're reviewing. Those are all procedural items we could figure out as a team and decide which ones we wanted to work on and finish whatever portion we wanted to every month or do it all at once and review it all at once in three months. That is just a decision the group would have to see together as to how they see the work process going. So does anybody have other comments?

Elisa Cafferata
I think that the idea of having a presentation about the regulatory timeline, just so we kind of have a sense of how long it would take to adopt regulations if we needed to do that. But really, we do have to figure out what the work looks like and identify what else we need, and to the extent, we can do this by policy and procedure. As you have both recommended, that's a much better approach, than doing it by regulation, which is just a long, drawn-out process so we can avoid it. That's great.

Will Jensen
I took some regulations for the workshop on December 6th. The information has been sitting over there at LCB and I got an e-mail from those folks yesterday that they're just swamped and they're not able to issue a regulation number at this time. They're not sure when they're going to be able to. The comment about running up against the session is accurate. I think we're going to have some logistical issues moving forward with regulations by December. But that's just my thought based on my recent experience.

Tina Gerber- Winn
That's valuable Will. Okay. I appreciate that comment. So do we have any other discussions for this possible item of timeline on the regulation adoption? So the group has decided not to complete regulations at this time and to manage the workflow through procedures and policy until further evaluation requires a regulation.

Meghan Wickland
I agree with that, that seems to make the most sense at this point.

Tina Gerber- Winn
So that was my motion, it sounds like Meghan seconded it. So can we vote and agree that's our course of action? All of those who agree say "I"

Members
Motion approved by members.

6. Discussion of Barriers with Dual Insurance:

Tina Gerber- Winn
OK. So we're flying through this. What about number six? The discussion of barriers with dual insurance. And I did see that mentioned in the minutes. And I am not sure what dual insurance means. So can whoever be brought it up, can you refresh and then we'll have our discussion? I believe that might be part of the reason why Nick is on the phone.

Cara Paoli
My understanding is that they're duly covered either by insurance through their parents. If they're in child welfare, they would also have Medicaid, Medicaid is the payer of last resort. So then they are duly insured. So that's my understanding of dual insurance.

Nicholas Castellanos
That's pretty accurate to me, in a real basic level understanding of it.

Tina Gerber- Winn
So does dual insurance mean the same thing as PPO?

Nicholas Castellanos
It's just the way that we coordinate who is responsible for payment of service. As mentioned, yes, Medicaid is the payer of last resort. However, there are very few exceptions to that rule. Sometimes there are other times that Medicaid will pay first. It's always kind of like pulling teeth, trying to figure all that out because nobody wants to be the payer of first resort.

Tina Gerber- Winn
So I think the group is interested in knowing when Medicaid pays first.

Nicholas Castellanos
I don't have that information there are a few exceptions to the rule. Tribal coverage will pay for tribal coverage kicks in. There's a couple here and there but it doesn't come up very often. What my primary function is working with the Medicaid system and trying to fix system issues to make sure the claims get paid and that there aren't issues with dual coverages or different coverages that are put in the system. We have a vendor that handles all the commercial policy inputs into our system, manages those as we remove them, changes them. So we do sometimes have issues with that information, not getting either to us from them or not getting updated directly with them. So we do have a staff member that kind of handles those complaints as they come in. We also deal with Medicare, kind of the same thing. We look at Medicare to make sure that people who are eligible for Medicare, Medicaid can still get their services. If there are specific questions maybe I can help with that?

Tina Gerber- Winn
One of the things I recall in their discussion was that children have coverage under, for example, Culinary insurance and they exhaust those benefits if they were duly covered would Medicaid pick up from there?

Nicholas Castellanos
If we had the culinary policy on file in our system, we knew about it and it was active, then we would coordinate whatever the rules with Medicaid we had the coverage in the system, but it's expired or it's no longer valid. That update was never made so a bill comes through from a provider, Medicaid says we're not going to pay the bill, you need to bill Culinary and the providers that don't know they don't have culinary. Well, we have to update the system to remove that Culinary and then attempt to reprocess that claim. So I think that's probably the most common issue that we run across with these types of dual insurance cases. Does that make sense?

Tina Gerber- Winn
Yes, it does. Did anyone else have questions on dual insurance for Nicholas?

Cara Paoli
I sent a whole list to Dana that I think she was going to forward.

Nicholas Castellanos
I do have a list of some questions, one of the TPL's and I took a look at them briefly and we weren't exactly sure how to respond. We want some more information. So if you would like to maybe send those with a little more detail, we can take a look at those and try to get them to the right people, but some of the stuff we don't have a lot of control over. We're trying to fix the website to make sure that the portal works and is accessible. So if there are issues with that, we'll be looking at those.

Tina Gerber- Winn
Do you mind reading the questions? Because I don't think the group has seen them.

Nicholas Castellanos
So what I have says TPL recipients either don't understand the benefits i.e. able to have full continuum and or seem to have a hard time accessing the benefits? Again, those TPL workers, basically Medicaid will just cover some services that are not covered by the other insurance. But we have special rules too, certain things that Medicaid can or cannot pay for it based on statute. So it's not a guarantee of payment or service or coverage just because there is an active Medicaid case.

Cara Paoli
I just want to point out so kind of a frame of reference that this came up in is how can we work through some of these issues that create barriers for these kids that are in child care or are at risk of going into child welfare. So keep that in mind as you go through that list because these are real issues that keep parents from being able to access care for kids or that we have to try to sort through and our whole objective or one of them anyway, is to provide preventative care for these kids so that they're not getting in our system. Please be aware that these are real barriers and they do result in kids going into child welfare at times. So I understand you can't fix anything right now, but I think being paid by the identified areas that we need to address if we are going to achieve what we're trying to accomplish.

Nicholas Castellanos
Right. That makes sense. Again, what I have is kind of bullet points, which there's not a lot of contexts to which makes it more difficult to come up with a specific solution.

Tina Gerber- Winn
I think Medicaid had care coordinators in their district offices. So if we were trying to develop resources, would they be the individuals to explain to families what their benefits might be?

Nicholas Castellanos
I think that the Medicaid District Office would be a great resource to direct the recipients to. Absolutely.

Cara Paoli
This also depends on the type of service they get. For example, do they fall on the rule? Probably a better question would be what percent of the members are dual-eligible and what age group are we looking at?

Nicholas Castellanos

Yeah, I'm sorry. That is not something I'm prepared to answer or even attempt to try to answer here. If you have specific questions you would like to be answered but I can send them through the various streams to get them to the right people try to get back to you that.

Gladys Cook
Absolutely. I will ask, what does the rest of the team members think about that? I think we can start that way. Just get a sense of what percent have dual insurance and what age group is we looking at. And take a look at how that will interact as we move forward with the dual insurance and TPL.

Cara Paoli
I don't know that we need to do that because it's any child is under 18 and if their parents have insurance and there's a variety of insurances, Medicaid is not going to pay in those circumstances. We recently had a youth that came in that their parents had insurance that only applied to California. But yet we were needing to get her into acute care and RTC. So we kept getting a denial from both insurances because we didn't get pre-authorization from the father's insurance and they weren't pre-authorized because we're in Nevada, and the child was here visiting the mother and that fell apart. So we were not able to access services unless we paid for it with general funds because neither insurances would pay.

Nicholas Castellanos
Can you send me some information on that so I can take a look into that to see what we could have done?

Cara Paoli
This happened a month ago. We had 100 emails in correspondence between the private insurance with Medicaid and it did get resolved, but it took a lot of time and effort from various people in our agency, from case management to administrators to fiscal unit to get it worked out. I'm sure it took a while for Medicaid as well. So my only point is, we really need to have it figured out ahead of time, these issues come up regularly and they do create barriers. And I mean, I'm happy to forward it to some of the e-mails.

Nicholas Castellanos
It sounds like one of the things that my unit typically handles. I don't know anything about that one, which is maybe because we're working from home now. But that's something that I would have been involved in.

Cara Paoli
Greg Young ended up getting involved and straightening it out after it went to Richard Whitley. So it did get worked out but it went to the very top to get worked out. But it was before COVID and you may have been involved. I'm not sure.

Tina Gerber- Winn
I think one of the things to pack up perhaps and to give more history to Nicholas, I understand what Cara is saying and I think it's a great example that we're trying to help children who are otherwise going to be relinquished to welfare because their parents can't figure out how to get their children into care. So the question that we ask is how do we make it a process that when we have an assessment team, they know who, where, how to contact to provide a resolution for coverage, for a situation, and instead of going all the way up to our director, which people can't emotionally and physically do all of those things vs. who do we talked to resolve an issue at a lower level and not have to get authorities involved to resolve coverage issues.

Ross Armstrong
Yeah, I would echo that. As clear as we look at putting together the membership of the clinical team that's going to be together, is that we need to figure out what level a person is going to be appropriate for

Medicaid. The clinical team even if and just really take the broader perspective of it's the Division of Health Care Financing and Policy that is a financing expert, regardless of whether Medicaid is going to get involved or not. We have some sort of billing financial expert associated with that clinical team to knock down that barrier.

Nicholas Castellanos
I think you're also going to need someone from policy to tell you the not just if we can pay for it, but if we're going to be allowed to do anything with it based on our regulation. A lot of times we come into that where our hands are tied too.

Tina Gerber- Winn
Do you ever look at those cases and work with welfare to make sure the person has the correct coverage?

Nicholas Castellanos
Yeah, so that's pretty much the unit that I work in. We try to resolve the eligibility issues between what's in the system, what they qualify for, what our system shows, what Social Security shows and that can be on a timely basis as well. Welfare determines eligibility they put the information in the system and we're only able to change our system to match what their system says. So I think there's a little bit of red tape in there that gets in the way, too. One of my former co-workers worked for Washoe County and he called me recently for a child welfare problem recently having problems with something very similar. We had to work with them to try to get the Medicaid worked out, too. I'm sure it's not just you guys that have these issues.

Cara Paoli
And I work for Washoe County. So it may be the thing. there would be somebody like yourself or somebody from your office that could sit on a panel and be part of troubleshooting these things as they arise so that it doesn't result in weeks or months before they get this resolved and we can find an answer. Back in the day many years ago, all the kids that triaged real high within the state would be reviewed by a group of people to figure out what could happen to give them the services they needed. And we did have somebody from Medicaid on that panel, and it was really helpful. To try to knock down some of these barriers as they were happening before it turned into a kid going into child welfare. So if that's the vision that we have that will come out of this, then maybe something we can look at doing again.

Tina Gerber- Winn
So what I hear Nick saying is, correct me if I'm wrong, is that there are income requirements that we know welfare determines whether or not someone meets a category for coverage and if there are some errors in the file, your team and I don't know the name of your team decides whether the information that Welfare has is accurate and verifies and updates that. Is that correct?

Nicholas Castellanos
Yeah, that's a good portion of what the eligibility does they have two teams in the BPMU, Business Process Management Unit, and that's one of the tasks that we're responsible for, is fixing these issues that exist between Nomad's welfare system and Medicaid's system.

Tina Gerber- Winn
OK and then the other piece of policy and whether or not it's a benefit that's covered.

Nicholas Castellanos
Correct. Different aid codes might cover different services or not cover different services. And depending on what the individual qualifies for, what aid code they have will determine whether Medicare is going to pay for this surgery or that transportation.

Tina Gerber- Winn
So one of the things the clinical team has to do is develop a plan of care. And I can guarantee you they wouldn't have the expert piece that you are talking about to even know what might be covered under an aid code in looking in the eligibility system. Unless you're practiced at milling, what an aid code covers. The team that we have looking at these cases wouldn't know. So is there paperwork that you would need for us to request the business process management unit to look at a case? If we understood the child was on Medicaid or somewhat covered by a program to see what their benefits package is.

Nicholas Castellanos
So we have these requests coming to us, and a lot of times these requests come from our deputy administrators, from Director Whitley or other administrators or even community members. So there is some sort of process in place to get those things to us. We could take a look at them. I'm just not exactly sure how they would go from you specifically to them to get to me.

Tina Gerber- Winn
Well, I think that's what we're asking for your advice because we're going to develop a procedure on how to streamline getting this information so we can make a good plan to care for children who are in crisis.

Nicholas Castellanos
I think it's a great idea to try to get this stuff figured out ahead of time and not try to reinvent the wheel with every case.

Elisa Cafferata
So Medicaid has certain benefits generally and one of the things you've been talking about is sort of the exceptions, like if there's an error in their eligibility determination, which is an exception, not the rule. So I do believe there are probably a dozen standard treatments that these kids end up needing, whatever it is applied behavioral therapy or, you know, mental health. We could get a list of sorts of your run of the mill Medicaid coverage covers these services and it will be behind private insurance so that we can sort of give the clinical team kind of the blueprint of what services are generally available and then give them the resource. And if there's an exception, if you can't get approval or preapproval, then you can call these resources at Medicaid or welfare. But I would start with sort of a standard menu of what's available, not with the exceptions.

Cara Paoli
That would be helpful. I mean, you do have that right over Medicaid.

Gladys Cook
All that information that you're talking about can be found in our medical services manual. There's way too many of them that you don't get from a general view. We have MSM 100 but all of that is available to the public. We follow for children and this is more for providers and so forth. But in terms of well checks, they follow the American pediatric periodically schedule. So all that information, again, is provided in our Medicaid services manual.

Tina Gerber- Winn
I appreciate what you're saying. I think the reality is we're trying to develop a process that makes it efficient for a team to figure out how to solve a problem. Based on our availability and capability, I know we could all probably read the manual. But the reality is we intend to make it a pretty quick process that's efficient and specific to the child. I appreciate all of the things that people have said. But I think when Elisa had gotten to is that we need a cheat sheet or some kind of process to look at it and say this doesn't

make sense. This child has this aid code or this type of insurance and can't get to X. So who do we give it to at Medicaid or Welfare to figure out why isn't this child able to get to X?

Elisa Cafferata
To sort of clarifying. I think this clinical team could come up with what are the services we're going to recommend? We're not talking about a six-year-old well check or an immunization appointment. What we're talking about our mental health or behavioral health, there are certain services that they're going to recommend for these kids. So, yes, we can pull out a list from the clinical team if we can get our clinical experts to sort of involved, like we are going to refer these kids for these 10 services, then find out what Medicaid coverage is. And then we can also probably find out what our private insurance company is doing. They're supposed to be offering mental health parity, but reality, they're probably not. So I think that if we can get that, that would be super helpful.

Gladys Cook
We at Medicaid can review that and we'll let you know if it's a public service from Medicaid.

Tina Gerber- Winn
I think there were other questions that Cara may have sent to Nicholas and they may be relevant or different than what we've just talked about. I'm not sure. But our request is to have guidance from Medicaid about the basic coverages and the different varieties of plans. So we know what we can offer to the clinical team that we know. Some things are paid, some other things might not be paid by Medicaid, but then we have to figure out who and how we get to those services as well. And that wouldn't include Medicaid being involved, but at least we would use Medicaid as the base of what we could consider as an efficient and relatively complete model of care.

Nicholas Castellanos
Well, a lot of what I received is more, I think, about barriers to care. There's a workforce issue. There are few contracting providers, not TPO things specifically. I understand that our Medicaid providers are sometimes limited, depending on where you're going. Like not every doctor wants to take Medicaid. I understand. I know the agency is working on trying to expand those numbers, the best they can they're to recruit more providers to accept Medicaid.

Tina Gerber- Winn
So just to follow up on that comment, if the treatment team knew of a provider who offered the service that the team felt was best for the child. Is there a process that you can outline for our team of requesting Medicaid to make that agreement with a provider for that child?

Nicholas Castellanos
I know we do have letters of agreement, sometimes with other providers to provide services for specific costs or specific things on an individual basis. There is a process for that. We could try to get you the contact information for that to explain that process a little more clearly.

Tina Gerber- Winn
Yeah, I think would be great. And the group can add in if they want for written instruction on how we make those requests, because, again, the treatment team is going to be part of the department asking other divisions to help with the care of a child. So how do we do that to the right people within your division or any other division sufficiently to have the process addressed, what information is needed? Who do we send it to? I'm not sure if that's Nick or if that's Gladys as far as information sheet or deliverable.

Nicholas Castellanos
I can work with Gladys and we can get this figured out if that's okay with you guys.

Tina Gerber- Winn
Yeah, that'll be great.

Nicholas Castellanos
I have some ideas and some names. I don't want to give you the wrong information. So let us work on that and I'll get back to you guys.

Tina Gerber- Winn
Yeah, I think even just to have the unit that does the work would be helpful. OK. So what's the next question? And we can see if we are asking the right entity to get information.

Nicholas Castellanos
HPN anthems Silver Summit primary Medical with behavioral health options. Rehab services are not typically used. So we're not sure what to do with that.

Tina Gerber- Winn
So, Cara, does that mean people have managed care coverage but the companies or coverage companies aren't allowing for the rehabilitative care?

Cara Paoli
Yes, I think that's what we came up with. And I know they don't contract with a lot of resources that typically serve kids. So that is a barrier.

Nicholas Castellanos
OK. So the MCO's that we have are not providing services that the recipient needs is essentially what you're saying?

Cara Paoli
Right, and they won't contract with those that do.

Nicholas Castellanos
And do we have, and it says here, primary medical with behavioral options. Are there specific services or codes or something that are not public again, that we can use as an example to dig in a little more.

Cara Paoli
I don't know if we in the county would have specific instances. I know back in the day when I was at DCFS, we had several early childhood services where a provider through one of those groups listed said that they offered services to that age group and population. And then when the parent would call, they would refer them to the state of Nevada to get services. So those types of things happen regularly. They either say they don't provide the service or they're full and they couldn't take anybody else regardless of their priority level. Those types of things. And I know that you're in the process of getting input. I'm thinking that would be important to spell out in that RFP that if you're one of our MCO's, and saying you're providing the service that it's happening and they're not waitlisted and language that would give assurances to people where they're primary providers are going to give you the service. If that means hiring more professionals and those types of things, that's what you need to do.

Nicholas Castellanos
It makes sense to me.

Tina Gerber- Winn

So I don't know what the terminology to that is. I know there's probably a specific term. And again, to Gladys and Nick, if there's somebody else that needs to be circling back with us, I think we have a theory that the plans will cover care. But in reality, they're not. And when we have someone in crisis, how do we get to the solution? And again, either make the managed care hire professional that we've found to provide the care that's not on their network or opt-out for that service so that Medicaid fee for service can pay. I know that's a big question. You talked about regulation, but that's what I hear Cara describing as a concern that just feeding that there's a waitlist or they don't have someone enrolled to provide that service is not adequate as a solution for a child who might otherwise need to be placed out of state or relinquished from the custody of a parent. So if that's an item to take back to the managed care unit to give us some guidance on how we get past that roadblock. That would be helpful.

Nicholas Castellanos
So that's not a problem. I'll figure out who would be responsible for that and get back to you on that.

Cara Paoli
That's great. Thank you.

Tina Gerber- Winn
OK. Do you have another question on that list, Nick?

Nicholas Castellanos
Let's see. Does that require prior ops that cause delays? We can't just dismiss them.

Cara Paoli
And again, I think we're looking at when people are in crisis and what can be done. And I know there are crisis intervention codes through Medicaid, but if they're not eligible for Medicaid, how are they going to access services? And if their provider group, MCO, is saying that they're full and there's nothing they can do, then that leaves us Mobile Crisis, which is great. But they're just a short-term service to try to get people stabilized and then pass it on to another provider.

Cara Paoli
So it's kind of a whole series of issues that can get jumbled together because there are multiple problems.

Nicholas Castellanos
This is noted here too, little to no crisis intervention available access MCRT as an alternative. And some contracts with the state of Nevada.

Cara Paoli
Yeah. So, again, if it's the MPO that supposed to be providing crisis intervention and you know the Mobile Crisis Response Team, is trying to pass off, then there's no one to hand off to.

Nicholas Castellanos
It seems like something we should look into it. We may already have somebody or a policy person or someone that deals with this every day. I just have to figure out who they are. Okay, I see cycles psychosocial rehabilitation, says workforce, not a lot of providers. Is the moratorium still in place?

Cara Paoli
Yes, hiring psychosocial rehabilitation workers.

Gladys Cook
We can reach out to our mental and behavioral health unit to find that answer for you.

Cara Paoli
Thank you. OK. Yeah. That was over a year ago. There's been a moratorium put in place for an agency to be able to hire psychosocial rehabilitation workers. So it's lacking in our community.

Nicholas Castellanos
Next on the list, limited residential treatment services, coverage of service, limited days, providers and requires single case agreements.

Cara Paoli
I don't know how much we need to talk about that on this call because we're more focused on the front end of trying to get people immediate resources. I think the person I was brainstorming with just put down everything that we kind of deal with. So although that's an issue, it may not be something we need to tackle with this task force.

Nicholas Castellanos
OK, and this says TPO primary must be billed with recent Medicaid policy change, Medicaid now follows TPL decision equals limited access to service and delays. Was there a little more detail about that?

Cara Paoli
That's all I have right now, kind of what tends to happen.

Nicholas Castellanos
We're not sure which Medicaid policy change you're referring to. Next, Medicaid is the payer of last resort except in very few circumstances and less than one hundred as the policies out that outline providers must confirm that TPL cannot limit services based on their TPL. Part of the policy says Medicaid providers cannot refuse to provide Medicaid coverage services to a Medicaid eligible recipient due to potential TPR coverage. They are supposed to provide the care especially in children and then bill us.

Cara Paoli
Well, maybe I can ask one of our staff to e-mail you to tell you more about what that looked like for our agency, just so you have a better idea.

Nicholas Castellanos
Yeah, if we can identify issues and get things fixed that's what we're all about here. So we just need the information to make it happen. Sometimes know we look into it and we find that there is a reason that there was something else going on that caused it to turn out the way that it did. But a lot of times there are issues that we can fix and get resolved.

Cara Paoli
OK, yes. I'll ask Chris if he'll get in touch with you.

Nicholas Castellanos
That's fine, I wish that I had more for you guys.

Tina Gerber- Winn
I think you're willing to at least go back and figure out some of the processes that we questioned. There are payment concerns and coverage concerns that don't specifically have to do with the insurance policy, has more to do with the provider availability, and asking for the service to be paid and also the payment

process being inaccurate as far as the record. So were there other things on the list? I think we had six, which is dual insurance and the third party liability and other questions on the list that Cara took the time to put together. So were there other things on the list or other questions for Nick? We try to meet monthly, So I'm not sure if you will have time to pass up our questions. And Gladys, if you wanted to make sure we had the right name or information to do the follow up on the items that we had to help our treatment team or our assessment team. If you could do that on behalf of the group?

Gladys Cook
Absolutely and if I have any questions I reach out to Dana.

Tina Gerber- Winn
OK, perfect. And thank you for punching on some of those questions, Nick, and I appreciate your time. So I'm going to close out six and seven unless there's any objection.

8. Discussion- Maternal Mortality Group:
Tina Gerber- Winn
OK, so number 8 was the Maternal Mortality Group. I know Elisa mentioned a group that was looking at the circumstances of infant death. That is managed through Public and Behavioral Health. And the question was, did they develop regulations for their operations for their review group? I talked to Vicki Ives, who's in charge of staffing the group, and she had indicated no. So we don't have an example if we wanted to use some of their formats for our assessment team and our workflow. So I don't know if there are other things that I missed in speaking to Vicki or if we finished item 8 with that comment?

Elisa Cafferata
That was the question was did they? I know when we were looking at the maternal mortality review or specifically there was an issue of doctors that had to address liability for them being involved. Not so much with the mortality cases where you're not going to find to give your professional opinion. But in the cases of the near misses and maternal mortality, I thought they had found a way to address the professional liability issues for them to come together. So it sounds like they haven't necessarily got any special processes that they've developed.

Tina Gerber- Winn
No, and I don't believe they have a public forum. That's one of the things that Vicki mentioned in their review process.

Elisa Cafferata
So that solves the problem then if it's private clinical teams.

9. For Possible Action- Workgroups
Tina Gerber- Winn
That's what I took away from our conversation. So then we have for possible action, any workgroup we were going to. I don't know if we're ready to create workgroups. I'm not sure people have enough information. Again, going back to creating procedures for our clinical team to look at the cases of children who are at risk of having parents relinquish custody. How do the referrals get to the team, who should be on the team? We have the liberty to make suggestions to the director.

Elisa Cafferata
To me, there are two tracks of work here. And maybe those are the two working groups we need. I mean, one is creating the clinical teams and sort of coming up with the roadmap of how they would operate, which is more sort of down at the level of this is the treatment these kids need. These are the services they need. That's the stuff that's way more specific than I have expertise on. But several of the folks on this

task force are dealing with kids and cases at that level. So maybe we have one workgroup that makes the recommendations for what the clinical teams look like, what their operating procedures are, how they get cases, all that. And another team looks at the issues that are sort of more universal issues and what that workgroup would work on is what number of cases do we have? And I think we have some of this information that I just don't have in front of me. But how many cases are we talking about? What things do these kids have in common? What is sort of the issues? You're not going to make a policy change to deal with an exception. Like you have the wrong eligibility information. But you could make a policy recommendation to say that Medicaid should add these three services that they should cover as part of a package.

Elisa Cafferata
So I think there's sort of a policy recommendation level committee and then work or not committee workgroup and then a workgroup to sort of establish the clinical teams because the work feels very different.

Tina Gerber- Winn
Well, I appreciate your clarification, and I agree. So as a group, what do other people think about developing the workgroups? I mean, we can meet another time and talk about a list of issues. I haven't heard anything that we haven't talked about before. And I don't mean that negatively,

Ross Armstrong
I think we're ready to kind of start the work of figuring out that clinical team with the recommendation for the director of who needs to be on that clinical team, how cases should come to it and what they need to produce at the end of it and then have that same track going, like Elisa said, in terms of the bigger picture policy things. But I mean, I think ideally if we're talking about potentially doing regulations after the next session, if by September 1st of this year, we're ready to kind of pilot what those clinical teams look like, then we'll have a good nine months of trial and error before we start creating regulation or maybe finalize the process. But I think it makes sense to kind of set a late summer, early fall deadline for us to have. What does that clinical team look like? Who's on it? I think we've figured out today a financing expert needs to be on that team. And we can start to kind of work on the actual nuts and bolts of what information gets submitted to the team. How long do they have to come up with a plan and then what the plan has to look like?

Tina Gerber- Winn
So I agree that's the clinical team road map and the universal issues policy team. I don't know. That's a crappy name. And that would be some of the more specific requirements to grease the wheels. I would say getting more work done with easier access to care.

Elisa Cafferata
Yeah, that makes sense.

Tina Gerber- Winn
So as a group, do we agree that we need two workgroups, one, to devise the clinical team process, including referral information, timeframes for assessment, and then another team to work on universal access issues and policy reformation?

Meghan Wickland
Yes, I agree.

Tina Gerber- Winn
Okay, we have a second so all who agree say "I".

Members
Motion passed by the members.

Tina Gerber- Winn
Are there any other comments about our workgroups? So are people ready to volunteer for one or the other at this point?

Cara Paoli
I'll be on the clinical workgroup.

Tina Gerber- Winn
I would like to be as well. Anybody else?

Will Jensen
Where do you all think I can be helpful?

Meghan Wickland
I think I'm leaning towards your access and policy workgroup.

Elisa Cafferata
I'll be on the policy group.

Gladys Cook
I think the policy would probably be the best fit.

Tina Gerber- Winn
Yeah. We're gonna keep you busy, Gladys.

Tina Gerber- Winn
So Lisa had an emergency. She had to leave so Will did you want to be on the access team?

Will Jensen
Yeah, wherever you think. So I have a background in policy. State policy and things like that. But I'm happy to help. I'll do the work wherever you put me.

Tina Gerber- Winn
OK, so I think Cara and I kind of make a workgroup.

Ross Armstrong
I'll be on the clinical team. Less for policy more for just the mechanics and logistics piece.

Tina Gerber- Winn
OK. I think that's all of this except for Lisa and she's not able to decide right now. Well, if everyone agrees, then Dana can you make sure she knows we need to know what she wants to which group she wants to be on?

Dana Popovich
Yeah, I will reach out to Lisa.

Tina Gerber- Winn

OK. So at this point, can one person under the access group agree to be the one to get people together to start working on the topics?

Meghan Wickland
I'll do it.

Tina Gerber- Winn
Thank you, Megan. I'll volunteer to do the clinical group. So I think we all have a strong idea of what we went through on paper and a process for either the access or the clinical. So I'm ready to move on to 10 unless there's more discussion on 9.

10. Next Steps:
Tina Gerber- Winn
OK, so for 10 we have the next steps. So, assign tasks to members, specify agenda items, and confirm the next meeting date. So I think we already assign tasks to members. So it's not necessarily needed. Do we want to confirm our next meeting date? I'm assuming the teams will meet. They're gonna need a little bit of time to meet and come together with their ideas. Do we want to do our next meeting in a month? Or do the teams think they might need a little bit more time to get together?

Cara Paoli
I think a month is good.

Tina Gerber- Winn
OK. So we'll meet in a month. So, Dana, if you wanted to throw out a date?

Dana Popovich
Yes. I was thinking a month from today would be Wednesday, May 27. And then if 3:00 pm- 4:30 works for you guys?

Tina Gerber- Winn
Okay sounds good.

Tina Gerber- Winn
So the agenda items, of course, we'll have our typical which is our roll call, public comment, and approval of our minutes. Then I think we need to do the workgroup and report out. That would be both the Clinical Team Formation Group and Universal Access Group. And then we had a whole list of items from that we peppered at Nicholas. So can we make that one item to follow up to their questions to Medicaid, if we could do that first that would be good?

Elisa Cafferata
Yes. As far as the questions to Medicaid go, it seems like it might be helpful if we just did that as a communication to the committee and then an attachment to the meeting notes for the next meeting. So that way it sort of empowers Medicaid to get clarification on the questions and maybe just do a write- up, this was the question, this is what we found out. So we don't have to sort of go through it in real-time.

Tina Gerber- Winn
As long as if there's any discussion or concerns. I mean, maybe just the outcomes of reviewing their information. If we had suggestions unless the teams are going to use that detail for their processes. Meaning we get the detailed information for Medicaid, they'll review it and apply it to whatever their suggestions are under the workgroups. That's what you're saying. Right?

Elisa Cafferata
Yeah, I mean, we can still keep it as an agenda item in case people had a follow-up.

Tina Gerber- Winn
OK, that sounds good. So were there any other items that we needed to consider on our agenda? All right. Well, if you come up with any others, you can e-mail to Dana.

11. Public Comment or Discussion:
Tina Gerber- Winn
I want to move on to, so is there any other public comment or discussion?

Meghan Wickland
Who is on the access policy group that I need to contact again?

Tina Gerber- Winn
Elisa, Gladys, and Will.

Meghan Wickland
OK. Thank you.

Tina Gerber- Winn
Well, there is nothing else. Thank you so much for your participation and time We're inching forward. And we'll talk to you all next month.

12. Adjourn