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Nevada Children's Behavioral Health Transformation Working Group

The Children's Behavioral Health Transformation Working Group serves as a critical forum for gathering feedback and insights from community members, providers, and advocates to shape Nevada's Medicaid and behavioral health initiatives for children. This document highlights key feedback shared during the October 23, 2024 and December 5, 2024, meetings, as well as the state's ongoing actions to address systemic challenges. By collaborating closely with stakeholders, Nevada aims to develop sustainable, community-based solutions that enhance access to care, improve coordination, and support the diverse needs of children and families across the state. We appreciate all stakeholder engagement as we refine and implement these transformative efforts.

All meeting minutes and recordings can be found on our website.

Feedback Summary: October and December 2024 Working Group Meetings

	What We're Hearing from You	What We're Doing About It
Case Management and Care Coordination Needs in PRTF facilities	 Limited support during inpatient services. Delayed or incomplete discharge and transition plans. Barriers in communication and record transfers. Challenges with timely referrals for follow-up care. 	 Implemented new Psychiatric Residential Treatment Facility (PRTF) requirements for care coordination and discharge planning implemented in policy revisions. (Effective: 1/1/2025). Increased monitoring of PRTFs and public performance transparency. Public Dashboard released in December 2024. Working to build a specialty managed care plan to include case management & care coordination benefits. (Effective: 1/1/2027)
Access to Treatment and Facility Shortages	 Insufficient inpatient and residential treatment facilities. Out-of-state placements due to local shortages. 	 Implemented new Medicaid investments to increase PRTF reimbursement: \$800/day base rate with \$150/day add-on for complex needs (effective 1/1/2025).

	Admission barriers for children with complex diagnoses.	 Quality Provider Bonus Payments of up to \$50/day (effective summer 2025). Implemented reimbursement rate increases for all freestanding psychiatric hospitals to be paid in parity with psychiatric/detox rates paid to general acute providers (effective 1/1/2025).
Medicaid Reimbursement Challenges	 Insufficient reimbursement for care coordination plans. Medicaid reimbursement barriers limit provider participation. Complex transportation reimbursement reinforces access challenges. 	 Removing of service limitations for mobile crisis services (effective Summer 2025). Adjusting outpatient behavioral health rates to align with national standards (effective 1/1/2025).
Family Supports to Promote Safe Community Living	 Families unprepared for safety planning during crises. Limited follow-up care resources post-discharge. Lack of accessible respite care. Need for family education on coping skills. 	 Implementing Medicaid coverage expansions (effective throughout 2025 and 2026): Wraparound services. Family and youth peer supports. Respite care. Expanded behavioral health services for all school districts (effective 7/1/2024). Exploring community reinvestment requirements in our specialty plan contracts. (Procurement and contracting in 2026.)
Transportation & Accessibility to Services	 Transportation reimbursement barriers exacerbate access issues. Limited availability of mobile crisis and community paramedicine services. 	 Enhancing Medicaid reimbursement for mobile crisis services and implementing the 988-crisis line (effective: 2025-2027). Exploring coverage for dead-head miles and improving non-emergency medical transportation. (Timeline pending.)

Please reach out to ChildrensBH@dhcfp.nv.gov with any questions.

For more information and additional resources, visit our website at: https://dhcfp.nv.gov/kidsBH/kidshome/