

Joe Lombardo
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF HEALTH CARE FINANCING AND POLICY
Helping people. It's who we are and what we do.



Stacie Weeks,
JD MPH
Administrator

Nevada's 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, December 5, 2024, January 9, 2025, and March 13, 2025 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 2024 – March 2025

Case Management and Care Coordination Needs in PRTF facilities	<ul style="list-style-type: none">• 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.• Families report inadequate coordination with the child's treatment team during PRTF stays. Return to care decisions sometimes do not reflect prior treatment history or existing team recommendations.	<ul style="list-style-type: none">• Implemented new Psychiatric Residential Treatment Facility (PRTF) requirements for care coordination and discharge planning implemented in policy revisions. (Effective: 1/1/25).• 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.)• Clarified expectations for discharge planning and coordination in revised PRTF policy (effective 2/26/25).
---	--	--

	<ul style="list-style-type: none"> Concerns that “readmission” metrics for PRTF quality could penalize providers due to factors outside their control (e.g., family follow-through, provider shortages). 	<p>State is reviewing transition measures and provider collaboration metrics for quality incentive payment.</p> <ul style="list-style-type: none"> State will refine quality metrics to account for broader context (e.g., community system capacity, access to follow-up care). Additional evaluation of transition planning quality underway.
Access to Treatment and Facility Shortages	<ul style="list-style-type: none"> Insufficient inpatient and residential treatment facilities. Out-of-state placements due to local shortages. Admission barriers for children with complex diagnoses. Stakeholders support use of “complexity add-on” to improve access for youth with co-occurring needs (e.g., IDD, trauma), but caution that providers may still deny admissions due to quality incentive structures. 	<ul style="list-style-type: none"> Implemented new Medicaid investments to increase PRTF reimbursement: <ul style="list-style-type: none"> \$800/day base rate with \$150/day add-on for complex needs (effective 1/1/2025). Quality Provider Bonus Payments of up to \$50/day (effective 2026). 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, pending Federal approval). New base and add-on rate structures implemented (effective 1/1/25, pending Federal approval). Continued monitoring of access trends. State is soliciting feedback on quality metrics to avoid unintended provider behaviors.
Medicaid Reimbursement Challenges	<ul style="list-style-type: none"> Insufficient reimbursement for care coordination plans. Medicaid reimbursement barriers limit provider participation. Complex transportation reimbursement reinforces access challenges. Requests for faster access to post-PRTF services. Prior authorization delays interrupt continuity of care and place youth at risk of crisis. 	<ul style="list-style-type: none"> Removing of service limitations for mobile crisis services (effective summer 2025). Adjusting outpatient behavioral health rates to better align with rising inflation and cost of delivering care (effective 1/1/2025, pending Federal approval). DHCFP reviewing policies for expedited access to outpatient care following PRTF discharge. Exploring process updates to reduce gaps in service authorization and delivery.

Family Supports to Promote Safe Community Living	<ul style="list-style-type: none"> Families are often 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. Stakeholders strongly support Family Peer Support Services becoming a Medicaid benefit. Feedback emphasized importance of training, communication skills, and peer roles within teams. Need to ensure providers understand how to integrate Family Peer Support into treatment teams and plans. Concerns about family system challenges post-discharge. 	<ul style="list-style-type: none"> Implementing Medicaid coverage expansions (effective throughout 2025 and 2026): <ul style="list-style-type: none"> 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 starting fall 2025) Draft policy developed; shared for review March 2025. Certification, prior authorization limits, and provider type structure incorporated into Medicaid Services Manual. FAQ in development. Public hearing scheduled May 2025. Medicaid exploring how to ensure providers receive guidance on team-based integration and treatment plan documentation for the Family Peer Support benefit to maximize service effectiveness.
Transportation & Accessibility to Services	<ul style="list-style-type: none"> Transportation reimbursement barriers exacerbate access issues. Limited availability of mobile crisis and community paramedicine services. 	<ul style="list-style-type: none"> Enhancing Medicaid reimbursement for mobile crisis services and implementing the 988-crisis line (effective: 2025-2027, pending legislative approval of Medicaid budget request). Exploring coverage for dead-head miles and improving non-emergency medical transportation. (Timeline pending legislative approval of Medicaid budget request.)
Working Group Engagement and Governance	<ul style="list-style-type: none"> Working group requested more opportunities to shape meeting agendas and feedback summaries. Members want roles that allow meaningful co-leadership. 	<ul style="list-style-type: none"> Launching Working Group Co-Chair role (May–Dec 2025). Monthly planning meetings with CBHT staff. Voting to occur in April. Feedback summary will be updated monthly and FAQs developed for broader public.

Please reach out to ChildrensBH@dhcfp.nv.gov with any questions.
For more information and resources, visit: [Nevada Kids Behavioral Health](#).