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Governor



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Children's Behavioral Health Transformation: Medicaid Benefits Working Group

Division of Health Care Financing and Policy

June 26, 2025



Department of Health and Human Services

Helping people. It's who we are and what we do.



Nevada Department of
Health and Human Services
DIVISION OF HEALTH CARE
FINANCING AND POLICY



Agenda

- | | |
|-------------------------------------------------------------|----------------|
| 1. Introductions & Roll Call | 4:30 - 4:35 PM |
| 2. Follow-ups from May Meeting | 4:35 – 4:40 PM |
| 3. Presentation & Discussion: Screening & Assessment System | 4:40 – 5:25 PM |
| 4. Wrap up | 5:25 PM |
| 5. Public Comment Period | 5:25 – 5:30 PM |
| 6. Adjourn | 5:30 PM |



Roll Call

Representatives: *please add your name and affiliation/organization to the Teams chat to confirm your attendance! If you are joining by phone, please verbally confirm your attendance.*



Follow-ups from May Working Group



Legislative Session Recap

SB300: Behavioral Health Services

Expansion of the types of behavioral health providers that can practice at FQHCs. Also, a rate increase for Opioid Use Disorder therapies.

SB494:

Nevada Health Authority reorganization

AB514: Behavioral Health Residential Services

Requires Medicaid to develop a new reimbursement model for this "**step down**" level of **rehabilitative care** for both youth and adults.

Medicaid budget request:

Rate increases for **partial hospitalization and day treatment services**.

SB165: Behavioral Health & Wellness Practitioners

Establishes new training and certification model to allow "BHWPs" to provide preventative and early intervention services.

Medicaid budget request:

Developing Medicaid reimbursement for the **First Episode Psychosis program**.

SB353: BH Training Clinic

Requires Medicaid seek Federal approval for reimbursement for BH services provided by trainees at university-affiliated clinics.



Additional Follow Ups from May



Thank you for your feedback on our **youth peer support policy**. We have incorporated this feedback and submitted the State Plan Amendment to CMS, which was presented at our June public hearing.



Outpatient behavioral health rate increases are still pending CMS approval. We will provide updates on potential additional increases once Federal Medicaid policy changes are finalized.



The state's **Implementation Plan** (item 105 of the Settlement Agreement) will be shared with our Independent Reviewer and DOJ in August (a month delay, due to IR contract timelines). We will share the plan with our Working Group and public following their review period, likely in early fall.



Thank you to the respondents to our **request for public comment**. We are reviewing each in depth now and will offer additional feedback opportunities on our Specialty Plan design in the months ahead.

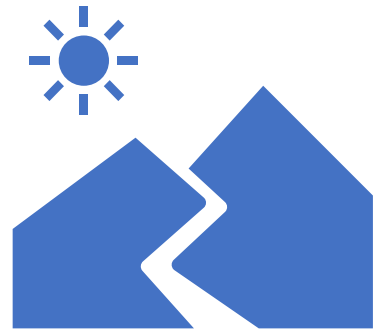


Presentation & Discussion: **Screening & Assessment System**



What is the goal of today's discussion?

- ☐ Provide an **overview** of the Settlement requirements on screening & assessment
- ☐ Share a **case study** to illustrate our initial thinking on how screening & assessment tools would be used within the Specialty Plan structure
- ☐ **Get your feedback** on how to design a screening & assessment system that works best for Nevada



This is the first of many discussions on this topic. We will not be discussing or selecting specific tools (yet!). Stay tuned for more Working Group discussions to come.



What does the Settlement Agreement say about screening tools?

What does this mean?

Nevada is required to:

1. Choose a set of screening tool(s)
2. Develop a protocol for required screening
3. Build these screening protocols into EPSDT requirements
4. Develop collaborative agreements with county partners using the selected tool(s)
5. Test and monitor implementation and compliance

- III(2) - "The State will **adopt a set of behavioral health screening tools** that are nationally recognized or validated tools" (these tools are also known as rating scales or questionnaires).
- III(4) "The state will ensure that a **screening tool (is) completed** for any Child **not already known to be receiving behavioral health services** when the Child begins receiving services through the State of Nevada Department of Health and Human Services child welfare, juvenile justice, or developmental services programs."
- III(5). The State will **develop collaborative agreements with county entities** so that the counties **use the screening tools adopted** pursuant to this Section to screen **Children who enter a juvenile detention facility or foster care shelter within established timeliness standards guidelines**. The State will monitor compliance following establishment of these collaborative agreements.
- III(6).The State **will establish a new requirement** that Children within its Medicaid program **receive periodic screening using the screening tool(s)**. The State will monitor compliance following establishment of this requirement.



A quick overview of key terms in the Settlement Agreement.

Tool	Settlement definition	Who is the tool for	Who uses the tool	When it is required to be used
Screening Tool (DOJ III.2)	Nationally recognized, validated, brief, mental health specific, developmentally appropriate questionnaire or scaled tool	All youth in Nevada	Parents Youth Providers Caregivers	<ul style="list-style-type: none">During periodic well child (EPSDT) visitsAt schools, foster care agencies, and juvenile justice facilitiesAfter general public inquiries through a hotline, website, etc.
Clinical Assessment (DOJ II.E)	Standardized, validated, evidence-based mental health assessment tool of a Child's functioning such as needs, strengths, life domains, inform level of care and services needed.	Medicaid-eligible children	Trained personnel if required	After a youth enters the Specialty Plan <ul style="list-style-type: none">This can be skipped to allow for direct transfer for a Comprehensive Assessment, dependent on acuity level per settlementUse of Enhanced Services prior to the completion of this Assessment is allowed if needed
Comprehensive Assessment (DOJ II.F)	Clinical interview for the evaluation of a Child's BH concerns, diagnosis, co-occurring illness, history, etc.	Medicaid-eligible children	QMHPs	<ul style="list-style-type: none">When a youth has acute need: receiving care at a PRTE, in an ED, or via mobile crisis responseIf screening indicates a need for further assessment



What do screening tools look like?

PEDIATRIC SYMPTOM CHECKLIST-17 (PSC-17)

Filled out by: _____ Record #: _____

Child's DOB: _____ Today's Date: _____

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:	NEVER	SOMETIMES	OFTEN
◆ Fidgety, unable to sit still ◆	0	1	2
※ Feels sad, unhappy ※	0	1	2
◆ Daydreams too much ◆	0	1	2
□ Refuses to share □	0	1	2
□ Does not understand other people's feelings □	0	1	2
※ Feels hopeless ※	0	1	2
◆ Has trouble concentrating ◆	0	1	2
□ Fights with other children □	0	1	2
※ Is down on him or herself ※	0	1	2
□ Blames others for his or her trouble □	0	1	2
※ Seems to be having less fun ※	0	1	2
□ Does not listen to rules □	0	1	2
◆ Acts as if driven by a motor ◆	0	1	2
□ Teases others □	0	1	2
※ Worries a lot ※	0	1	2
□ Takes things that do not belong to him or her □	0	1	2
◆ Distracted easily ◆	0	1	2

OFFICE USE ONLY

Total ◆ _____ Total □ _____ Total ※ _____ Grand Total ◆+□+※ _____

Form adapted with permission for *Fading Niall* Chuck Up's Tin, 2004
©1988, M. Jellinek & J.M. Murphy, Massachusetts General Hospital (PSC-17 created by W. Gardner & K. Kelleher)
and Bright Futures in Practice: Mental Health, 2002

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all □	Somewhat difficult □	Very difficult □	Extremely difficult □
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Some screening tools are longer – but should still be relatively quick.

Area Logo
PC1
Parent Report Measures for
Children and Adolescents
SDQ(P)04-10

Facility Name: _____
Code: _____

Please use gummed label if available Patient or Client Identifier: _____

Surname: _____
Other names: _____
Date of Birth: _____ Sex: _____ Male ☐ Female ☐
Address: _____

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last six months**.

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (P) 04-10 SELF-REPORT MEASURE (1 of 2)

SOURCE: Mental Health National Outcomes and Casemix Collection: Overview of Clinician-Rated and Consumer Self-Report Measures V1.50, Mental Health & Suicide Prevention Branch, Department of Health and Ageing

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

Over the last six months, have your child's teachers complained of:	No	A Little	A Lot
36. Fidgetiness, restlessness or overactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Poor concentration or being easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Acting without thinking, frequently butting in, or not waiting for his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered "Yes", please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
27. How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
29. HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (P) 04-10 SELF-REPORT MEASURE (2 of 2)

Signature _____ Date _____

Mother/Father/Other (please specify): _____

Thank you very much for your help.

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SOURCE: Mental Health National Outcomes and Casemix Collection: Overview of Clinician-Rated and Consumer Self-Report Measures V1.50, Mental Health & Suicide Prevention Branch, Department of Health and Ageing



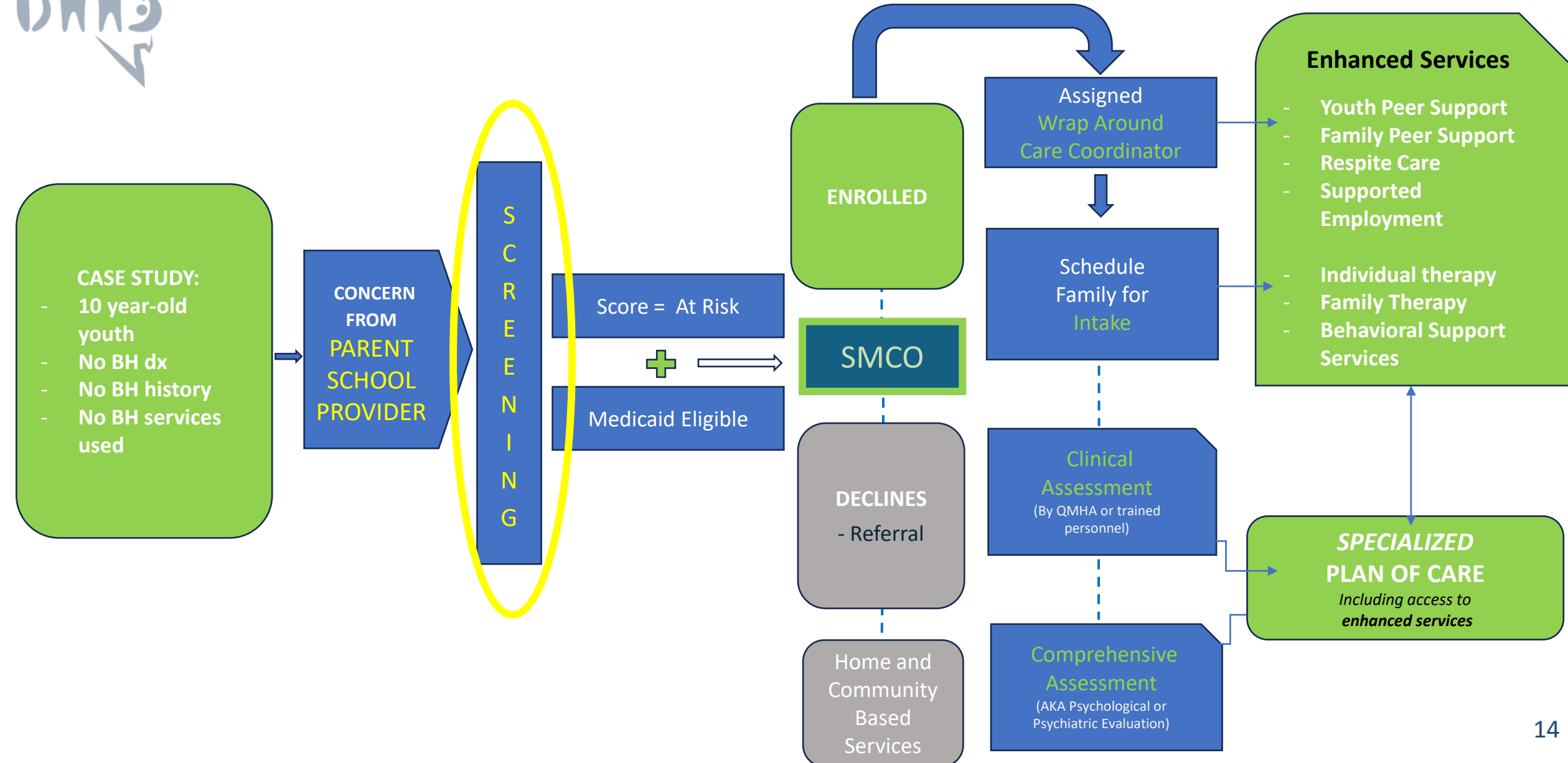
Whatever tool is ultimately selected should assess a youth's behavioral health needs.

Table 1: The individual SDQ items and the Total score derived from them.

		Not True	Some- what True	Certainly True	
Standard Values for Data Entry =====>		0	1	2	
Data element	SDQ Item number and description	Item Score			Summary Score
<i>Emotional Symptoms Scale</i>					0-10
Item 03	Often complains of headaches,	0	1	2	
Item 08	Many worries or often seems worried	0	1	2	
Item 13	Often unhappy, depressed or tearful	0	1	2	
Item 16	Nervous or clingy in new situations	0	1	2	
Item 24	Many fears, easily scared	0	1	2	
<i>Conduct Problem Scale</i>					0-10
Item 05	Often loses temper	0	1	2	
Item 07	Generally well behaved	2	1	0	
Item 12	Often fights with other children	0	1	2	
Item 18	Often lies or cheats	0	1	2	
Item 22	Steals from home, school.....	0	1	2	
<i>Hyperactivity Scale</i>					0-10
Item 02	Restless, overactive....	0	1	2	
Item 10	Constantly fidgeting ...	0	1	2	
Item 15	Easily distracted	0	1	2	
Item 21	Thinks things out before acting	2	1	0	
Item 25	Good attention span, ...	2	1	0	
<i>Peer Problem Scale</i>					0-10
Item 06	Rather solitary, prefers to play alone	0	1	2	
Item 11	Has at least one good friend	2	1	0	
Item 14	Generally liked by other children	2	1	0	
Item 19	Picked on or bullied....	0	1	2	
Item 23	Gets along better with adults ...	0	1	2	
<i>Prosocial Scale</i>					0-10
Item 01	Considerate of other people's feelings	0	1	2	
Item 04	Shares readily with other children, ...	0	1	2	
Item 09	Helpful if someone is hurt....	0	1	2	
Item 17	Kind to younger children	0	1	2	
Item 20	Often volunteers to help others ...	0	1	2	
SDQ Total Difficulties Score = Sum of Scales below					0-40
<i>Emotional Symptoms Scale</i>			0-10		
<i>Conduct Problem Scale</i>			0-10		
<i>Hyperactivity Scale</i>			0-10		
<i>Peer Problem Scale</i>			0-10		



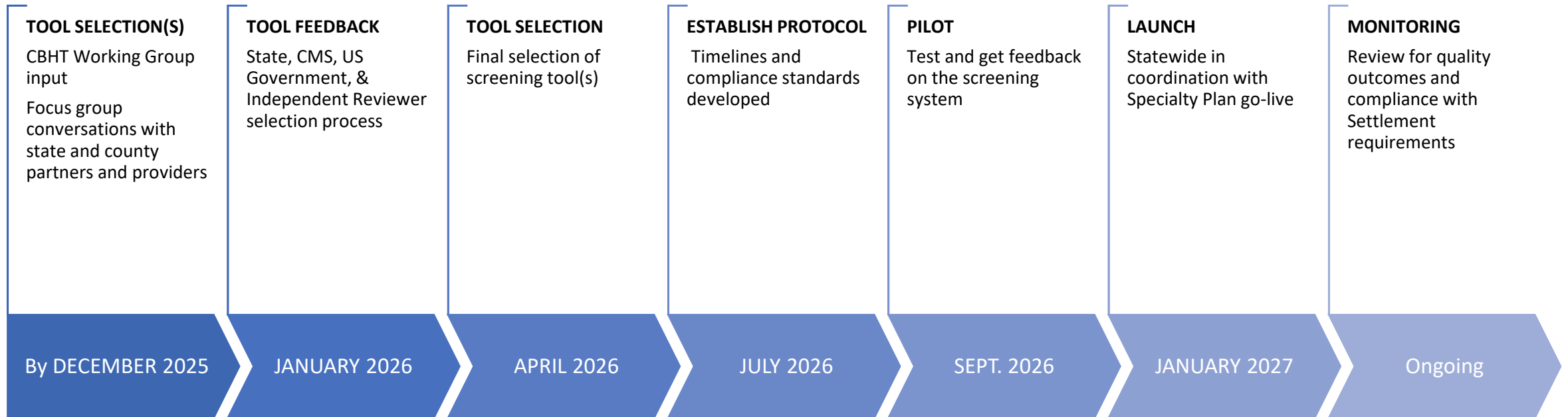
What could this look like for kids in Nevada?





Where do we go from here?

- **Goal:** Develop state-wide system of screening & assessment to ensure all Medicaid eligible youth receive timely screening and referral to a streamlined comprehensive assessment process where clinically indicated.
- **Agency partners:** Medicaid (lead), DCFS, NDE, DPBH, DSS, ADSD, Washoe & Clark counties
- **Community partners:** you all!





Screening & Assessment System **DISCUSSION**

The following questions are provided as prompts to help think about different aspects of Screening & Assessment Systems. Please reflect on the ones that resonate most with your experience or perspective.

1. (All) What is your **experience** with screening and assessment and how can we improve it in the new model?
2. (Parents, care team members) How do you see these **tools being used** to best support proper referrals and care?
3. (Providers, community partners) What **supports** would you need **to incorporate these tools** in your clinical practice?



Wrap-up



Meeting Takeaways

Please join us at our next meeting
on **Thursday, July 10th** from 4:30-5:30 pm.



Additional opportunities to provide detailed
input on screening & assessment will be
scheduled throughout the upcoming months.



Public Comment Period

Time limit: 3 minutes



Thank you for your time!

Feedback or questions? Reach out to
us at ChildrensBH@dhcfp.nv.gov.