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Governor



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Children's Behavioral Health Transformation: Medicaid Benefits Working Group

Nevada Medicaid

July 10, 2025



Division Administrator Ann Jensen



Agenda

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|--------------------------------------|----------------|
| 1. Introductions & Roll Call | 4:30 – 4:35 PM |
| 2. Follow-ups from June | 4:35 – 4:45 PM |
| 3. Baseline Data Review & Discussion | 4:45 – 4:55 PM |
| 4. Respite Care Design Discussion | 4:55 – 5:20 PM |
| 5. Wrap-up | 5:20 – 5:25 PM |
| 6. Public Comment | 5:25 – 5:30 PM |
| 7. 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 the June CBHT Working Group



Summer Stakeholder Update Workshop

Please join us on **Monday, July 28, 2025 at 2:00 pm!** This virtual event will provide updates for broader stakeholder community on:

- The organizational structure and vision for the new **Nevada Health Authority (NVHA)**
- Analysis on impacts of **Federal legislation** (One Big Beautiful Bill Act) on Nevada
- **Nevada Medicaid bill implementation** from the 2025 Legislative Session
- Key **project updates** across programs within NVHA, including the Children's Behavioral Health Transformation.



View the agenda and Teams access link [HERE](#).

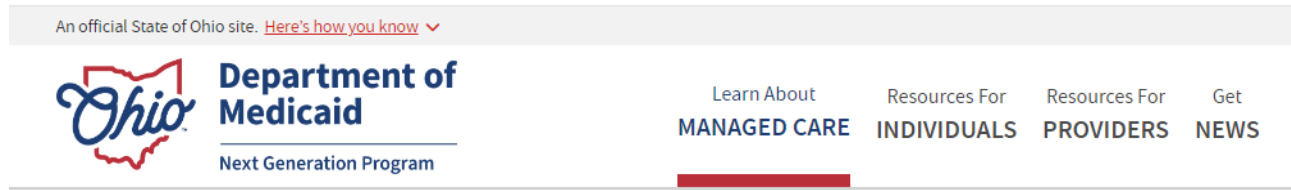
We encourage all partners, providers, advocates, and families to join this important update.



We need your ideas! Help us name the Specialty Managed Care Plan.

We are looking for a name that is:

- **Clear and meaningful** to families, youth, and providers
- Reflective of **Nevada's transformation goals**
- Appropriate for **public communications and outreach**
- Short, catchy, and positive!



MC Procurement / Managed Care / OhioRISE (Resilience through Integrated Systems and Excellence)

OhioRISE (Resilience through Integrated Systems and Excellence)



**Children and Youth with
Special Healthcare Needs**

www.doh.wa.gov/CYSHCN



Examples from other states



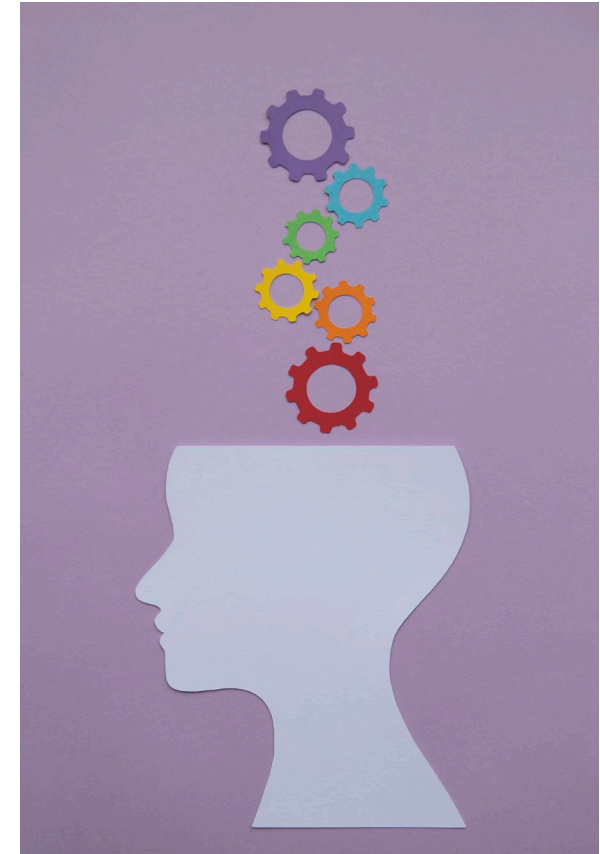


Help us name Nevada's plan!

Timeline:

- We welcome all attendees to submit your name ideas in the anonymous form linked below by **Friday, July 25th**.
- Representatives will vote on the top name via Microsoft Forms. Keep an eye out for an email from us in **late July!**
- We will announce the final name at our **August Working Group meeting**.

Submit name ideas [HERE](#)
by Friday, July 25th.





Coming Soon: Youth & Family Deep Dive on Care Coordination

Coming Late August/September 2025: Longer, virtual discussion session with youth & family member Working Group Representatives.

- **Purpose:** To co-design core elements of care coordination for Nevada's Specialty Managed Care Plan – *what should this program look and feel like to members and their families?*
- **Goals:**
 - Elevate youth and family voice in plan development
 - Identify key challenges and priorities in care coordination
 - Develop shared values and design principles
 - Explore care team roles, communication, and accountability
- **Who's invited:** Youth and family representatives in the CBHT Working Group.
We welcome input from all other Working Group representatives and members of the public during our August Working Group meeting and future discussions!



Baseline Data Overview

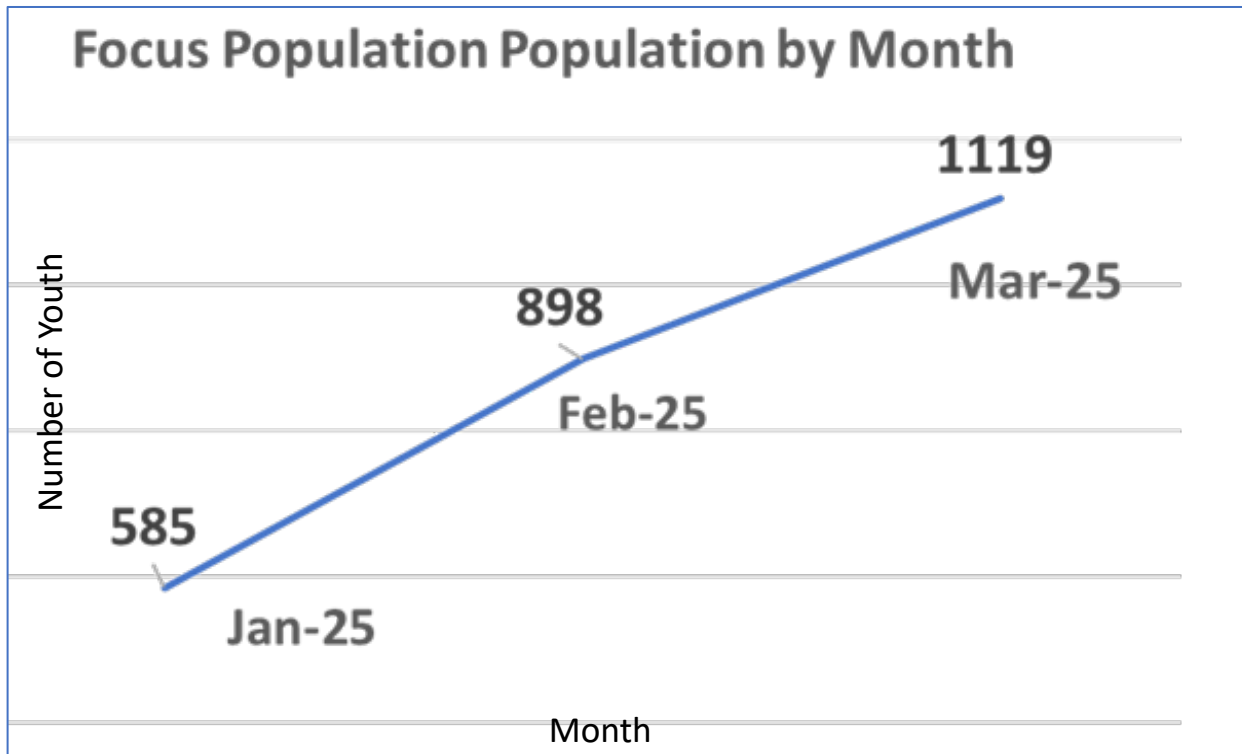


Overview: What is Baseline Data?

- Goal of the baseline report is to establish an **initial "snapshot"** of youth in the Focus Population and identify areas for system improvement.
- Key Points:
 - Baseline data are required under Nevada's **DOJ Settlement Agreement**
 - The report provides the DOJ and our Independent Review the first integrated data snapshot of our system using:
 - Medicaid claims
 - Data from our county partners on child welfare and juvenile justice services
 - Mobile crisis response data
 - It shows data from **January to March 2025**



Who is currently in the Focus Population?

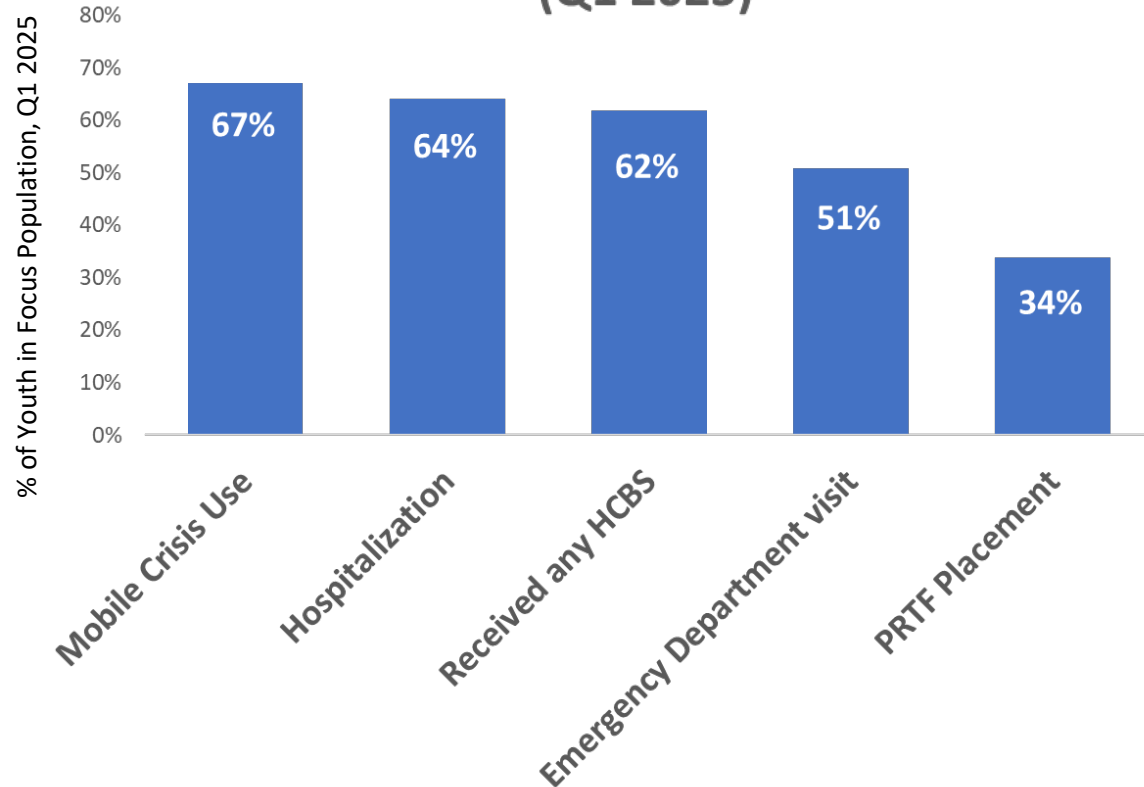


- **1,119 youth** identified as part of the Focus Population based on data from January to March 2025
- Demographics:
 - **68%** are ages 13-17
 - **40%** also have a diagnosed substance use disorder
 - **35%** also have a diagnosed intellectual or development disability (IDD)
 - **19%** involved in foster care
- Compared to the general Medicaid population of youth, our Focus Population is:
 - More likely to be white (37% vs. 26%)
 - More likely to live in rural areas (13% vs. 7%)



What services are the Focus Population using?

Service Use Patterns – Focus Population
(Q1 2025)



- **Crisis & Institutional Care:**

- 51% (568 youth) visited the Emergency Department (933 total visits)
- 64% (717 youth) were hospitalized for behavioral health needs (most lasted 5-13 days)
- 34% (379 youth) had a stay at a Psychiatric Residential Treatment Facilities (average stay: 114 days)
- 67% (745 youth) had at least one mobile crisis encounter; 28% had multiple

- **Community-Based Services (HCBS):**

- 62% (691 youth) received any HCBS during Q1 2025
- Top services:
 - Individual Therapy (38%)
 - Behavioral Supports (34%)
 - Case Management (26%)



What does this tell us?

- Youth with the most complex needs are primarily served through **crisis or institutional care**. The additional home- and community-based services being developed in the Transformation are crucial.
- **System overlap is** common, but ongoing efforts are needed to remove data silos
- There is a clear need for:
 - Early intervention
 - Stronger cross-agency coordination
 - Shared data systems and tracking





Baseline Data **DISCUSSION**

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

1. What data surprised you?
2. What types of data would be most helpful to display in a public dashboard?



Respite Care

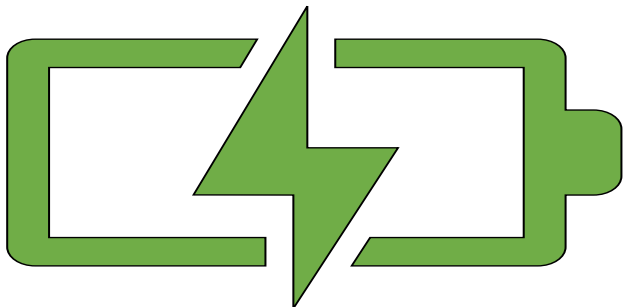


What is "Respite Care"?

The **goal of Respite Care** is to:

- Provide parents or caregivers a temporary break and additional support;
- Reduce family stress and improve youth and family functioning; and
- Prevent out-of-home placement and promote family stability.

And most importantly...to give families a break!



DOJ Settlement Definition of Respite Care:

"Respite Care" provides Families with short-term care for a Child in the Focus Population by natural supports or formal providers.

Respite Care offers temporary relief, improves family stability, and reduces the risk of abuse or neglect.

Respite Care can be planned or offered during emergencies or times of crisis to the Family of a Child in the Focus Population. It may be provided in the Child's home or in other homes or home-like settings.



What happens during Respite Care?

Respite Care can encompass a wide variety of activities, including:

- Assistance with daily living skills
- Assistance with accessing community activities (including transportation)
- Assistance with grooming and personal hygiene
- Meal preparation, serving and cleanup
- Administration of medications
- Supervision
- Recreational and leisure activities





What can a Medicaid Respite Care benefit look like?

Respite Care can look different based on a youth and family's needs. Here are some examples of the different ways Respite Care is delivered:

- **When can Respite Care happen? Do I need to schedule ahead?**
 - Respite Care can both be scheduled ahead of time (planned) or utilized as an intervention during an unexpected hard time (crisis/emergency).
- **How long can respite services last?**
 - Respite Care can be a day-service (usually a few hours) but can also be available as an overnight service, typically up to a few weeks.
- **Where can respite occur?**
 - Respite Care can be provided in a youth and families home, other community-based settings (e.g. camps, outings), or in a center or residential facility.
- **Who can provide respite?**
 - Respite Care can be provided by licensed behavioral health professionals, trained/certified paraprofessionals, as well as trained volunteers, including family members (typically not parents) and other adults who play a role in youth's life.



Next Steps and Timeline



- Nevada Medicaid is working to design Medicaid coverage for respite care delivered to youth with behavioral health needs and their families.
- This will require federal approval and likely a more involved process than other services.
- Nevada Division of Medicaid aims to have Respite Care available as a billable Medicaid service by **January 2027**.



What are we talking about today?

We're here to get your initial feedback so we can design this new service in the right way – the first of many discussions...



Respite Care **DISCUSSION**

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

1. What would a good Respite Care service look like to you?
2. What do you think might concern or worry youth and families about accessing or using Respite Care?
3. What do you think might concern or worry service providers, public agencies, and other partners about accessing or using Respite Care?
4. What kind of experience, background, and/or training should Respite Care providers receive? How should this look different for professionals vs. family and other “natural supports”?
5. What else should we be considering as we design Respite Care as a new service under Nevada’s Medicaid program?



Wrap-up



Meeting Takeaways

Please join us at our next meeting on
Thursday, August 14th from 4:30-5:30 pm.





Public Comment Period

Time limit: 3 minutes



Thank you for your time!

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