Joe Lombardo
Governor

Richard Whitley
Director

Children's Behavioral Health Transformation: Medicaid Benefits Working Group

Division of Health Care Financing and Policy

January 9, 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

Meeting Agenda

1. **Introductions & roll call**	4:30-4:35pm
2. **DOJ Settlement Agreement update**	4:45-5:10pm
3. **Follow-ups from December working group**	5:10-5:20pm
4. **Wrap-up**	5:20-5:25pm
5. **Public comment period**	5:25-5:30pm

Roll Call: Working Group Representatives

Youth, Family, and Disability Self-Advocate representatives:

Representative Seat	Representative	Affiliated Org
Family representative (1)	**Matt Lehman, BCBA**	Foster parent, ABA Group
Family representative (2)	**Leah Skinner**	Parent
Family representative (3)	**LaNesha Battle**	Foster parent, Washoe County School District
Family representative (4)	**JayDee Porras-Grant**	Foster parent
Youth representative (1)	**Devin Daniels**	Black Youth Mental Health Project
Youth representative (2)	**Analicia Cruz**	Black Youth Mental Health Project
Disability self-advocate representative	**Luke Dumaran**	Autism Treatment Assistance Program

Roll Call: Working Group Representatives

Behavioral Health Provider representatives:

Representative Seat	Representative	Affiliated Org
Certified Community Behavioral Health Center	**Alana Rogne, DNP, PMHNP-BC**	Rural Nevada Counseling
Current specialized foster care (1915i) provider	**Dave Doyle**	Eagle Quest & Family Focused Treatment Association
Home & Community-based provider (1)	**Megan McGrew, PhD, BCBA, LBA**	Impact ABA Services
Home & community-based provider (2)	**Megan Freeman, PhD**	Boys & Girls Clubs of Southern Nevada
Psychiatrist or psychologist (MD/DO)	**Takesha Cooper, MD, MS, FAPA**	UNR Med and Renown
Social worker	**Glenda Cruz Juarez, LCSW**	Veridian Wellness
Therapist	**Natalie Sanchez, LMFT**	Health Psychology Associates
Psychiatric Regional Treatment Facility	**Stephanie Brown**	Reno Behavioral Health
In-patient Behavioral Health Services	**Janelle Hoover, MSN, RN**	Carson Tahoe Health

Roll Call: Working Group Representatives

Community Partner representatives:

Representative Seat	Representative	Affiliated Org
Tribal Health representative (Urban Health Center)	**Angie Wilson**	Reno Sparks Tribal Health Center
Tribal Health representative (Rural Health Center)	**Nikky Redpath, LPC-S**	Shoshone-Paiute Tribe
Juvenile Justice system representative	**Gwynneth Smith, PhD, JD**	Clark County District Attorney Juvenile Division
Washoe County representative	**Jessica Goicoechea-Parise, MFT**	Washoe County Human Services Agency, Children's Mobile Crisis Response Team
Clark County representative	**Meambi Newbern-Johnson, LCSW, PLLC**	Clark County Family Services
Rural County representative	**Shayla Holmes, MA**	Lyon County (Human Services)

Roll Call: Working Group Representatives

Community Partner representatives:

Representative Seat	Representative	Affiliated Org
School system representative	**Bre Taylor, MSN**	Humboldt County School District
Advocacy representative (1)	**Karen Taycher**	NV Pep
Advocacy representative (2)	**Robin Reedy**	NAMI NV
Legal Service Provider representative	**Jonathan Norman, Esq**	NV Coalition of Legal Service Providers (Legal Aid Center of Southern NV, NNLA, SLP, VARN)
Provider Organization representatives	**Santosha Veeramachaneni**	American Academy of Pediatrics, Nevada Chapter

Settlement Agreement Updates

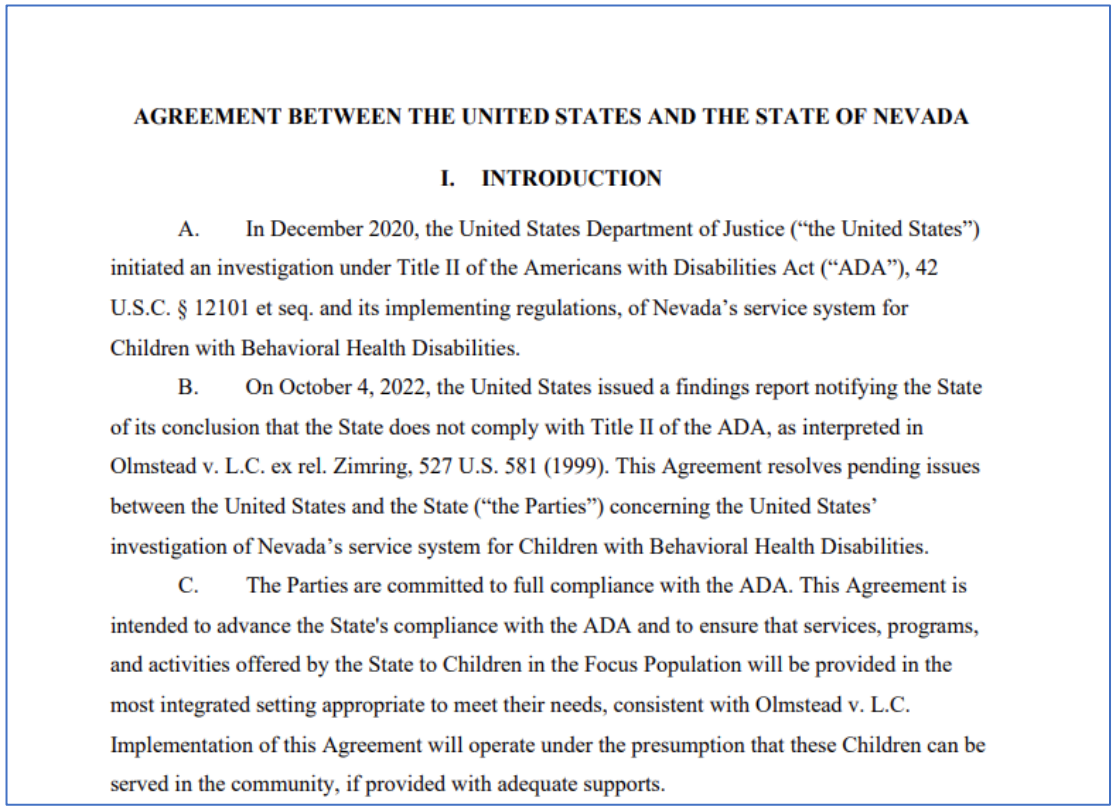
Settlement Agreement between the United States & Nevada has been reached.

Settlement is effective January 2nd, 2025.

Full settlement can be found here.

How should I read the Settlement Agreement?

- Thirteen sections outline all requirements for Nevada to achieve compliance with Title II of the Americans with Disabilities Act.
  - **Section 2** includes important definitions, such as the behavioral health services included.
  - **Section 7** outlines stakeholder requirements, including this Working Group.
- Compliance will be audited by an Independent Reviewer team.
- 5-year term for the state to achieve compliance with the agreement.



AGREEMENT BETWEEN THE UNITED STATES AND THE STATE OF NEVADA

I. INTRODUCTION

A. In December 2020, the United States Department of Justice ("the United States") initiated an investigation under Title II of the Americans with Disabilities Act ("ADA"), 42 U.S.C. § 12101 et seq. and its implementing regulations, of Nevada's service system for Children with Behavioral Health Disabilities.

B. On October 4, 2022, the United States issued a findings report notifying the State of its conclusion that the State does not comply with Title II of the ADA, as interpreted in Olmstead v. L.C. ex rel. Zimring, 527 U.S. 581 (1999). This Agreement resolves pending issues between the United States and the State ("the Parties") concerning the United States' investigation of Nevada's service system for Children with Behavioral Health Disabilities.

C. The Parties are committed to full compliance with the ADA. This Agreement is intended to advance the State's compliance with the ADA and to ensure that services, programs, and activities offered by the State to Children in the Focus Population will be provided in the most integrated setting appropriate to meet their needs, consistent with Olmstead v. L.C. Implementation of this Agreement will operate under the presumption that these Children can be served in the community, if provided with adequate supports.

Overarching Agreement Purpose & Goals

Purpose

- Prevent children from being removed from their family home to obtain treatment for behavioral health conditions;
- Prevent children from unnecessarily entering Hospitals and Residential Treatment Facilities due to unmet behavioral health needs; and
- Support the transition of children who have been placed in these settings back to their family homes and communities with needed services when appropriate.

Goals

- Develop a system of community-based services that effectively engages families in service planning and ensures coordinated and family-centered care;
- Ensure services are sufficient, meaning they prevent unnecessary institutionalization (residential treatment); and
- Ensure children with behavioral health needs have the supports they need to live at home with their family and obtain the skills needed to live independently upon reaching adulthood.

Note: *"Children" are defined as in the agreement as children in the "Focus population" as later discussed.*

What population is the Settlement Agreement focused on?

What does this mean?

- Focus on Medicaid eligible youth (1 in 2 youth in NV)
- Eligibility is based on need for high acuity behavioral health services
- All settlement terms (new benefits, delivery system) apply to this population.
  - Exception: Screening & assessment and mobile crisis response & stabilization apply to <u>all</u> youth in Nevada.

<u>Settlement Item II.K.:</u>

"Focus Population" is the population of Children served by this Agreement. A Child in the Focus Population is a **Medicaid-eligible** Child who has a **Behavioral Health Disability**; and

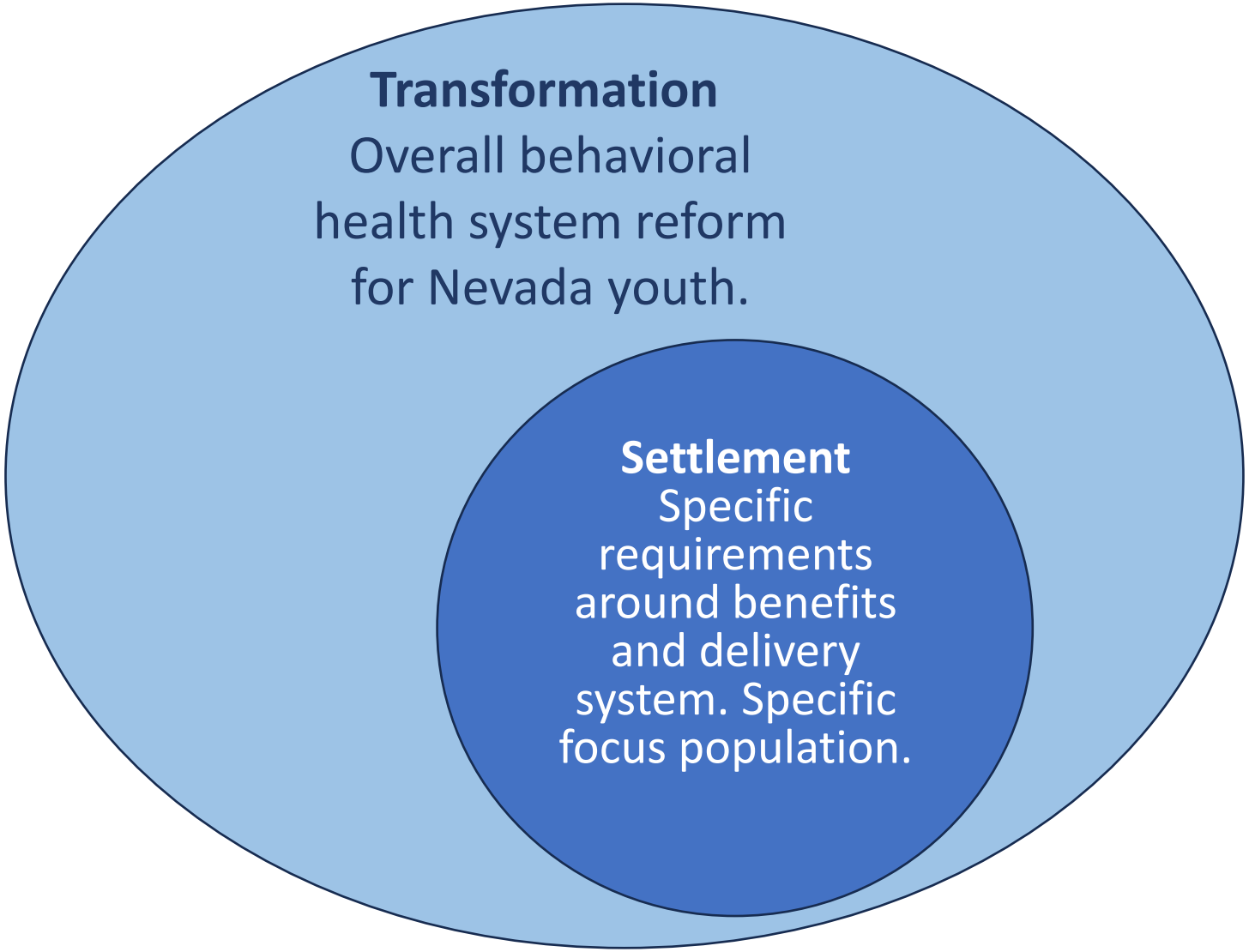
a. is in a Hospital or Residential Treatment Facility; or

b. meets at least one of the following criteria:

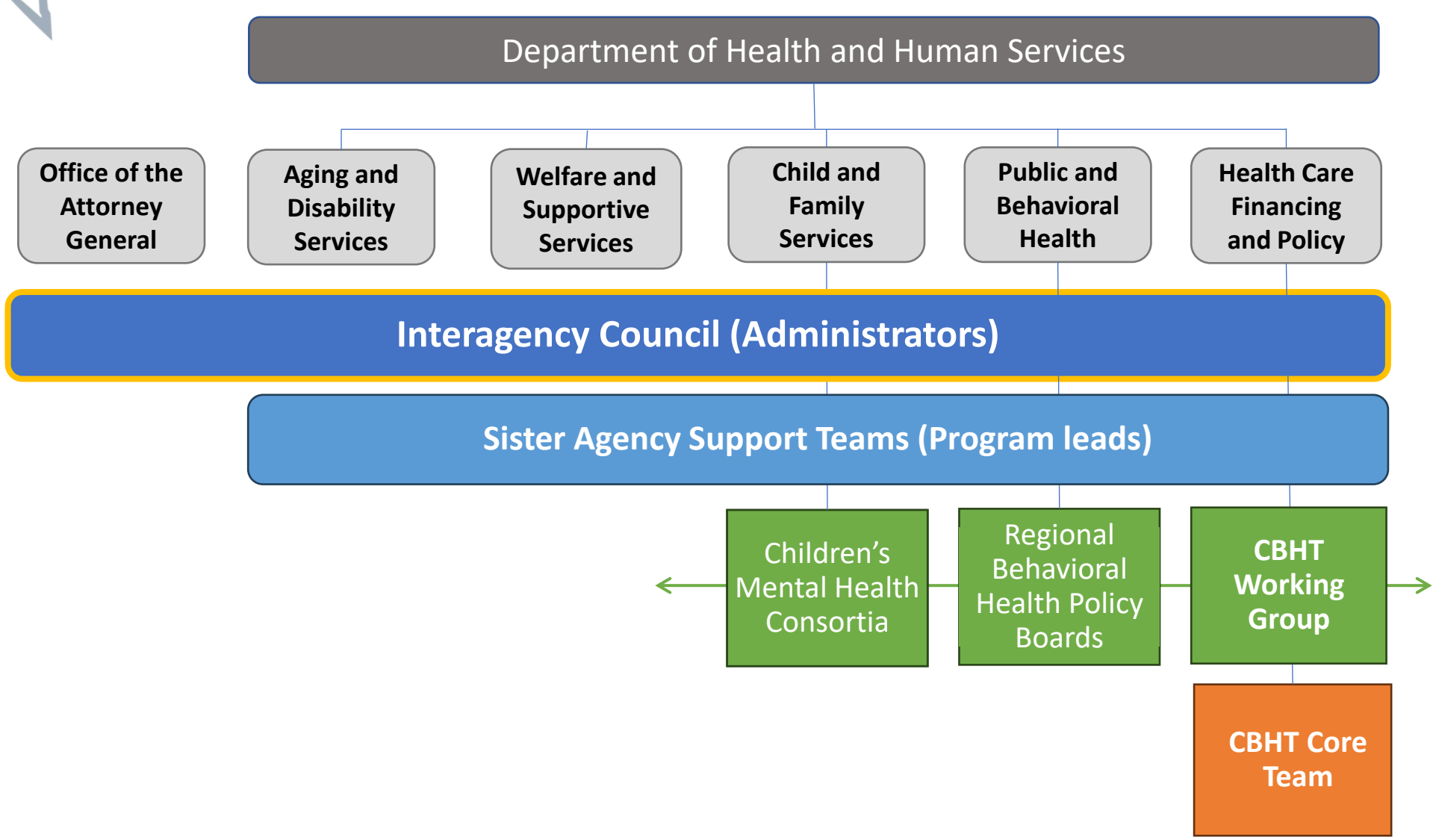
1. Is referred to, seeks authorization for, or is discharged from a Hospital or Residential Treatment Facility;
2. receives a score on a Clinical Assessment Tool that indicates eligibility for hospitalization in a Hospital or a Residential Treatment Facility placement;
3. receives Mobile Crisis Response and Stabilization Services three or more times within a twelve-month period;
4. is released from a county juvenile detention center or state Youth Parole Youth Center and receives a score on a Clinical Assessment Tool that indicates the Child is at risk for hospitalization in a Hospital or Residential Treatment Facility services; or
5. has been in a child welfare emergency shelter care for more than 7 days and receives a score on a Clinical Assessment Tool that indicates the Child is at risk for hospitalization in a Hospital or Residential Treatment Facility services.

For the purposes of this Agreement, all services with the exception of Screening, Assessment, and Mobile Crisis Response and Stabilization Services apply only to Children in the Focus Population.

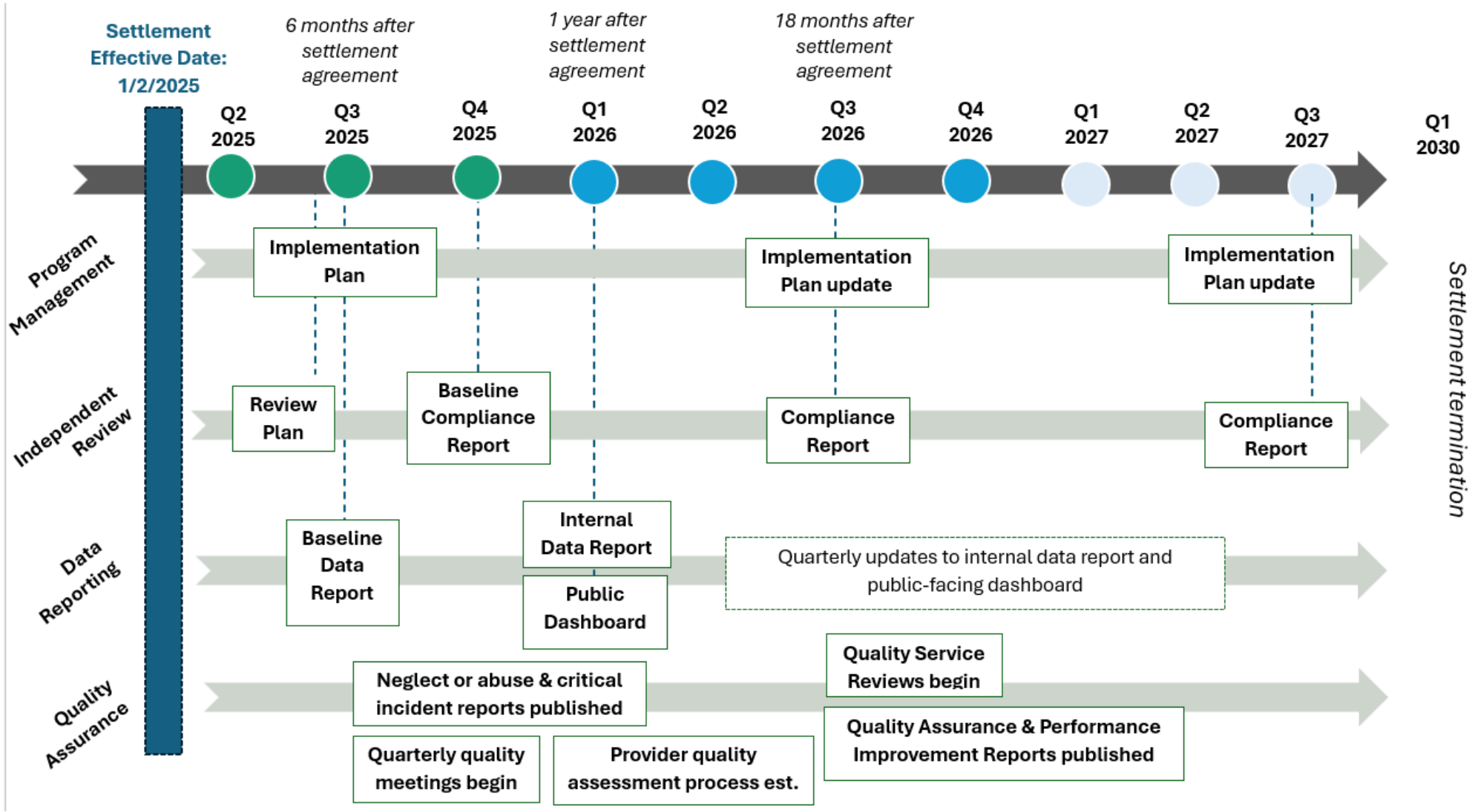
How does the settlement relate to the transformation?



Who is involved with achieving compliance with the Settlement Agreement?



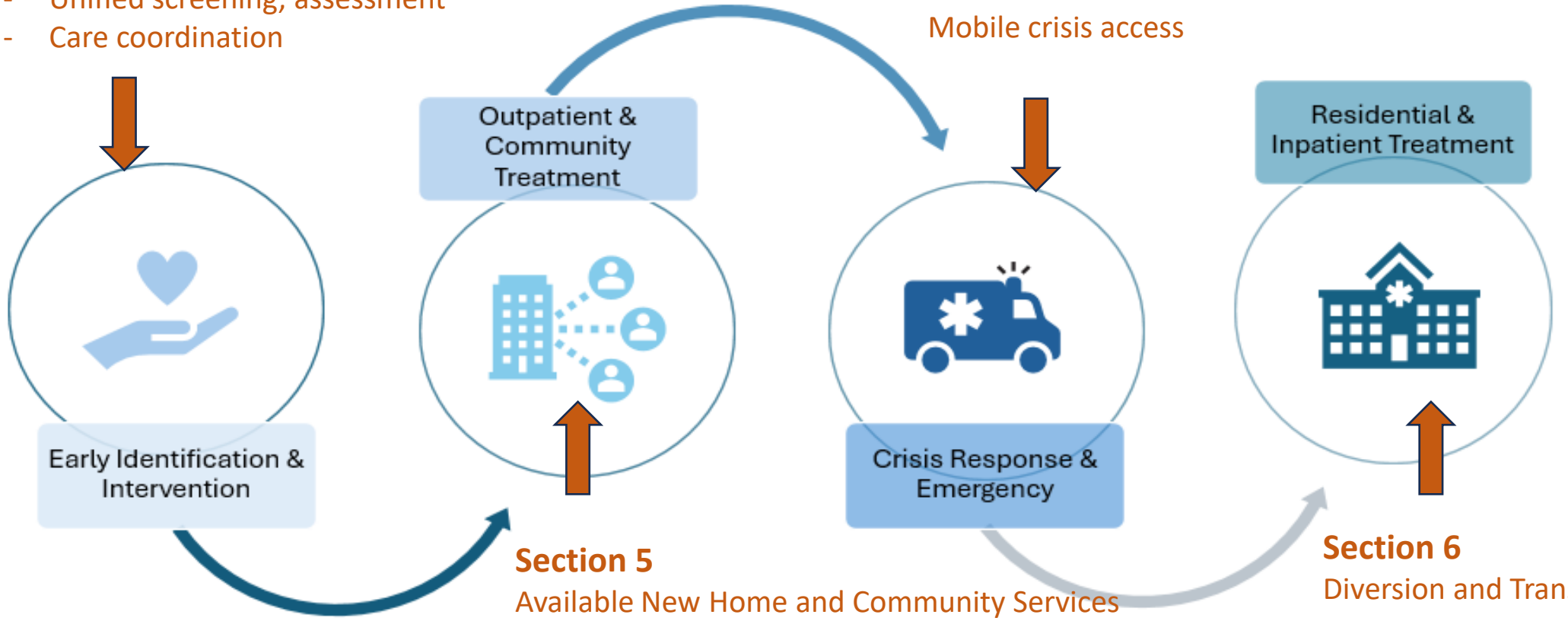
The State and Independent Reviewer will publish many public reports regarding our path towards compliance.



How does the settlement align with the behavioral health care continuum?

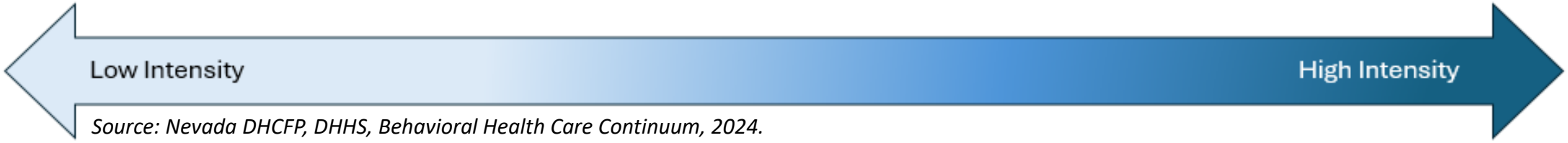
Sections 3 & 4
- Unified screening, assessment
- Care coordination

Section 5b
Mobile crisis access



Section 5
Available New Home and Community Services

Section 6
Diversion and Transition



Source: Nevada DHCFP, DHHS, Behavioral Health Care Continuum, 2024.

How does the Settlement Agreement require these benefits be delivered?

What does this mean?

- The State is required to utilize a n**ew delivery system** to deliver benefits to eligible youth
- This Specialty Managed Care Plan must meet **basic requirements** outlined in the settlement, such as:
  - Sufficient provider network
  - Full Medicaid benefit set
  - Targeted BH benefits
- This delivery system will be held to standards **beyond** standard Medicaid managed care.
- **Stakeholder input** will be crucial to design this program in a manner that best serves our youth.

Settlement Item II.X.:

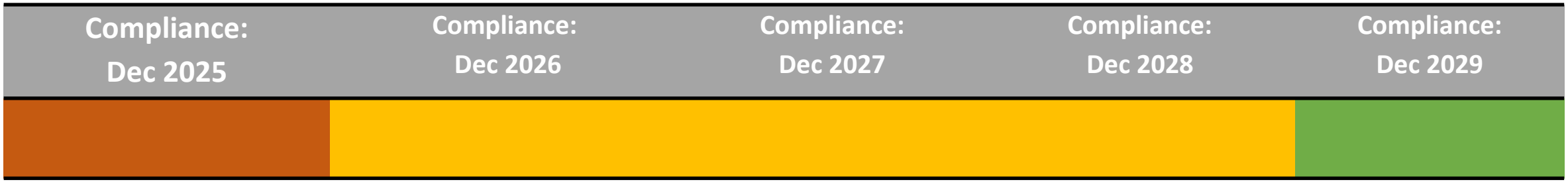
"Specialty Managed Care Plan" is a Medicaid managed care entity or entities that the State contracts with to meet the unique needs of Children in the Focus Population and Children in the foster care system. Through this arrangement, the State's Medicaid program will require this entity or entities to develop a sufficient network of providers to deliver and manage the full Medicaid benefit set for this population in addition to certain targeted benefits for this population, such as home and community-based services, specialized care coordination and care management, and screening, among other benefits as outlined in this Agreement. The Plan will also be required to meet specific reporting requirements and quality measures beyond what is typically offered in a standard Medicaid managed care program. The Plan may also subcontract certain services including case management to other public or private entities as long as the requirements of the Agreement are met for the Focus Population. The Plan will require that subcontractors report on compliance requirements and quality metrics on a regular basis.

Our path to compliance is a 5 year process.

	Dec 2025	Dec 2026	Dec 2027	Dec 2028	Dec 2029
Progress Towards Compliance	**0-15%:** Foundational components to be developed with stakeholder input. New benefits launched. Performance monitoring (via online dashboard) begins.	**16-25%:** New benefits implemented & delivery system developed in Medicaid. Performance monit oring and improvement ongoing.	**26-50%:** New managed care delivery system launches for all youth in the focus population.	**51-75%:** Continued quality assurance efforts to ensure statewide access & compliance.	**76-100%:** One year of successful compliance of new system of care.

Summary of Section 3: **Screening and Assessment**

- **Goal:** Develop state-wide system of assessment to ensure all Medicaid eligible youth receive timely screening and referral to a streamlined comprehensive assessment process where clinically indicated.
- **Agency partners:** DHCFP (lead), DCFS, NDE, DPBH, DWSS, ADSD
- **Next steps:** DHCFP to launch a screening & assessment workstream in Q1 2025 to begin tool selection & development process with stakeholders and providers.
- **Working Group discussion:** Planned for April or May 2025.

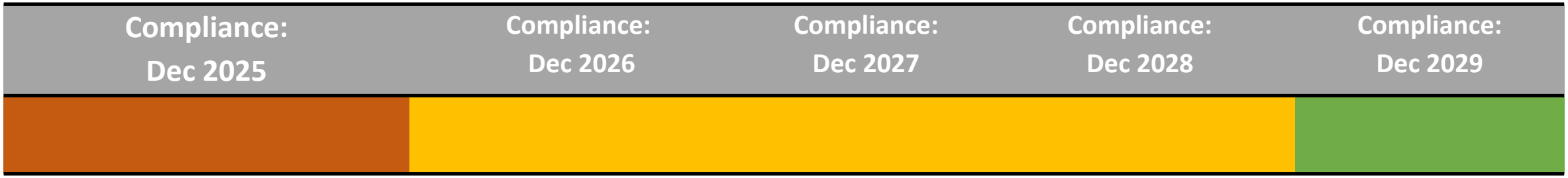


Summary of Section 4:
Service Planning and Coordination

- **Goal:** Develop tiered, state-wide system of care coordination to ensure all youth in the focus population receive direct support via intensive care coordination or wraparound facilitation. Ensure a single “front door” to services.
- **Agency partners:** DHCFP (lead), DCFS, ADSD
- **Next steps:** DHCFP working with national expert vendor on care coordination best practices. Kickoff of effort to design this Medicaid benefit in Nevada will occur in January.
- **Working group discussion:** planned for Q3 2025.

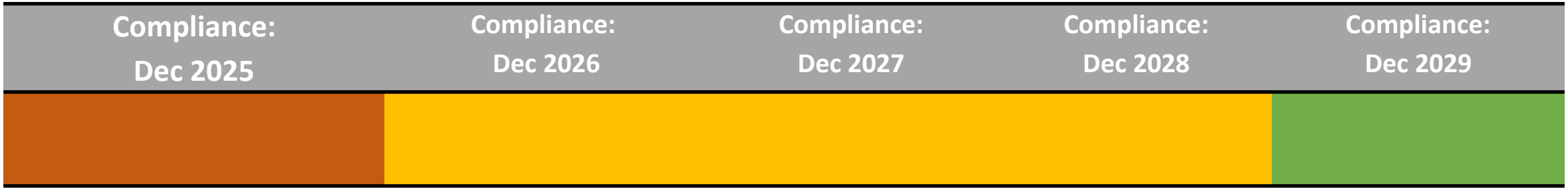
Summary of Section 5:
Home and Community Services

- **Goal:** Build a comprehensive continuum of behavioral health services for youth across Nevada, with a focus on home and community-based services. Ensure provider workforce efforts support the increased demand of our new delivery system.
- **Agency partners:** DHCFP (lead), DCFS, DPBH
- **Next steps:** New benefit development ongoing, with input provided via Medicaid Benefits Advisory Group and funding from the hospital provider tax (with legislative approval)
- **Working group discussion:** Deep dive on benefits timeline and stakeholder input planned for February 2025.



Summary of Section 6: **Diversion and Transition**

- **Goal:** Ensure youth only enter residential treatment facilities when this is the clinically necessary level of care. PRTFs will work with wraparound coordinators to ensure timely and successful transition for the youth back to their home and community.
- **Agency partners:** DHCFP (lead), DCFS, DPBH, OOA
- **Next steps:** Revised PRTF policy, state plan amendment, and rate increases effective 1/1/2025. Dashboard available here. Quality incentive payment under development.
- **Working group discussion:** Planned for February 2025.



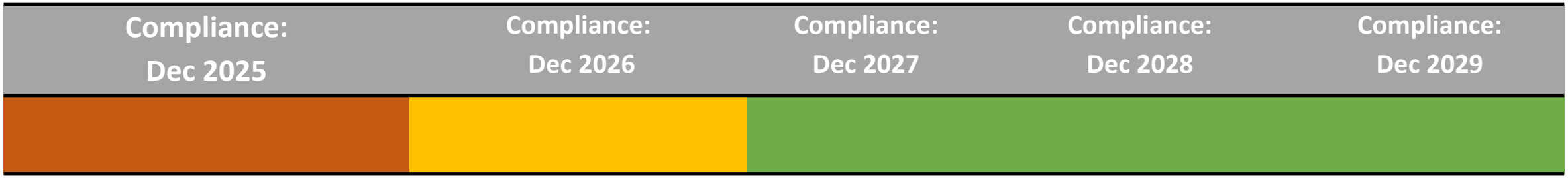
Summary of Section 7: **Stakeholder Engagement**

- **Goal:** Solicit input from youth, families, and providers on all new Medicaid programs to ensure transformation efforts are successful for all Nevadans. Ensure coordinated response across all state agencies.
- **Agency partners:** DHCFP (lead), DCFS, DPBH, ADSD, DWSS
- **Next steps:** Working group established; monthly meetings are ongoing. We will also hold specific meetings on the new delivery system (specialty plan) design beginning summer 2025 along with additional meetings with other stakeholders to inform the design (e.g., counties).

Compliance: Dec 2025	Compliance: Dec 2026	Compliance: Dec 2027	Compliance: Dec 2028	Compliance: Dec 2029

Summary of Section 8:
Workforce & Provider Development

- **Goal:** Supercharge ongoing behavioral health provider workforce efforts to ensure new Medicaid benefits are available to all eligible youth across the state. Launch a "Center of Excellence" to train all child-serving providers and community partners who work with youth with behavioral health needs.
- **Agency partners:** DHCFP (lead), DCFS, DPBH, OOA
- **Next steps:** Independent Reviewer team to conduct an analysis of Center of Excellence capacity within Nevada and will propose recommendations to the State.
- **Working group discussion:** Planned for Fall 2025.



Section 9:
Quality Assurance & Performance Improvement

- **Goal:** Develop a robust quality assurance process to ensure provider and specialty plan compliance with all settlement terms. Utilize data analytics to identify and address population health trends in the focus population, including regular public data reporting.
- **Agency partners:** DHCFP (lead), OOA, DPBH
- **Next steps:** Population Health analysis conducted by OOA on the current population and provider trends in preparation for baseline data report in July 2025.
- **Working group discussion:** Planned for summer 2025.

Compliance: Dec 2025	Compliance: Dec 2026	Compliance: Dec 2027	Compliance: Dec 2028	Compliance: Dec 2029

Looking Ahead

We will spend our **February Working Group** meeting discussing our draft plan to achieve compliance with **Section 5: Home and Community Services.**

We will look for the Working Group's input on how we develop or enhance our Medicaid coverage of these benefits.

V. HOME AND COMMUNITY-BASED SERVICES

A. General Requirements

34. The State will cover Home- and Community-Based Services in its Medicaid program to address the needs of the Focus Population. The State will expand capacity for Home and Community-Based Services to support home and community living for Children in the Focus Population. To ensure the capacity meets the need, the State will monitor the accessibility and utilization of Home- and Community-Based Services to Children in the Focus Population and take appropriate action if the Children are not receiving Home- and Community-Based Services, according to their needs as identified in their Plans of Care.

35. These services will be offered in the home and community, Child- and Family-centered, individualized to the Child's and the Family's strengths and needs, of sufficient quality, and available and accessible statewide to all Children in the Focus Population in the necessary amount, location, and duration.

36. The goals of Home- and Community-Based Services will be to help Children in the Focus Population build the skills necessary to function successfully in the home, improve the Family's capacity to help the Children develop such skills, and to prevent crises and promote stability in the home.

37. The State will establish and monitor compliance with timeliness standards for delivery of Home- and Community-Based Services. The timeliness standards will be established by the State after receiving and considering feedback from community partners, service providers, the United States, CMS, and the Independent Reviewer.

Representative Discussion

Any thoughts, feedback or questions on our high-level overview of the requirements and initial action plans?

Public Comment Period

Time limit: 3 minutes

Follow-ups from December Working Group

Introduction: Dr. Pebbles

Dr. Christine Pebbles, DNP, APRN, PMHNP-BC has joined our team as a Clinical Advisor for the Children's Behavioral Health Transformation.

- She is a **psychiatric nurse practitioner** that serves youth across Nevada, both in her Reno-based practice and via telehealth in Clark County, supporting foster youth.
- She will be contributing her perspective as Medicaid provider (and parent!) to our **development of all Medicaid benefits**, as well as changes to **screening & assessment** and **managed care delivery** systems.
- She will be reaching out to all providers in our Working Group for 1:1 discussion. All are welcome to reach out to her (cpebbles@dhcfp.nv.gov) with any questions or input!

Family & Stakeholder Feedback

Family Support and Safety

- Families feel unprepared with safety plans during crisis episodes.
- Lack of providers and resources for follow-up care post-discharge makes crisis stabilization challenging.
- Need robust, accessible respite care to help families maintain custody safely.
- Desire for creative family and caregiver education to build coping skills through crises.

Systemic Barriers and Gaps in Care

- Difficulty admitting children with complex needs into programs, often leading to repeated denials or placement on exclusion lists
- Concerns about transitions in the delivery system due to providers shortages and past challenges.

Programs and Policy Suggestions

- Development of mental wellness and social-emotional learning programs to reduce the need for high-intensity care.
- Safe family transition programs to support reunification and stability.
- Data collection to better understand and address the needs of families new to the mental health system.
- Suggestions for supervised online Partial Hospitalization Programs (PHP) or Intensive Outpatient Programs (IOP) with community-based staff to mitigate transportation barriers.

Family & Stakeholder Feedback

Case Management and Care Coordination Needs

- Limited case management support during inpatient services.
- Need for early coordination with hospitals and residential facilities to start discharge planning before children leave care.
- Lack of clear communication channels between treatment centers and schools for care coordination.
- Barriers to transferring records between facilities and schools.
- Re-entry and transition plans from providers are often delayed or incomplete.
- Challenges in securing timely referrals to external providers for discharge plans.

Access to Treatment and Facility Shortages

- Insufficient inpatient and residential treatment facilities for children in Nevada, leading to out-of-state placements.
- Difficulty gaining admission to facilities due to behavioral health issues or complex diagnoses.

Reimbursement Challenges

- Need for reimbursement for providers to conduct comprehensive care coordination plans before and after treatment.
- Medicaid reimbursement barriers limit provider participation and create administrative challenges.
- Transportation reimbursement is complex, reinforcing transportation challenges.

Action Steps for Systemic Issues Identified

Issue #1: Inadequate Discharge Planning & Care Coordination Needs

- New requirements for PRTFs (e.g., **care coordination and comprehensive discharge planning** for children)
- Increased **monitoring of PRTFs** at Medicaid/HCQC and public transparency on PRTF performance
- Implementing **specialty managed care plan** to ensure provider coordination and improve provider network oversight and auditing of provider compliance (PRTFs & Hospitals)

Issue #2: Lack of Sufficient Access to Residential Treatment and Inpatient Psychiatric Care

- New Medicaid investments in PRTF reimbursement
  - Increase in rates to **$800 a day per child** with **a $150 add-on payment for PRTFs** caring for youth with complex needs, effective 1/1/2025. (Rates today range from $450-$850)
  - **Quality Provider Bonus Payment** of up to $50 a day
  - Rate increase for **inpatient psych. stays** at parity w/hospital stays

Action Steps for Systemic Issues Identified (Continued)

Issue #3: Medicaid Reimbursement Challenges

- Removing **Prior Authorizations** for crisis services
- Conducted a comprehensive analysis of **outpatient behavioral health rates** to align with national Medicaid rates & costs of local inflation
- Implementing Outpatient Behavioral Health Rate **improvements, effective 1/1/2025**, pending federal approval

Issue #4: Lack of Family Supports to Promote Safe Community Living

- Adding Medicaid coverage of **wraparound services** in 2025
- Adding Medicaid coverage of **family/youth peer supports** in 2025
- Adding Medicaid coverage of **respite care** in 2025
- Expanded coverage to **all school districts** (behavioral health care) without cost to the county, effective July 1, 2024
- Expanded access to **Intensive In-Home Supports** in 2025
- Community reinvestments to support families via new specialty plan

Action Steps for Systemic Issues Identified (Continued)

Issue #4: Transportation & Accessibility to Services (Crisis and Non-Crisis)

- Improvements in Medicaid reimbursement for **mobile crisis** and implementation of 988 underway at DPBH
- State exploring opportunities to add coverage of **dead-head miles** and other changes to improve access to these services including improvements for community paramedicine program and changes to the non-emergency medical transportation benefit and delivery system

Public Comment Period

Time limit: 3 minutes

Next meeting: Thursday, February 13th from 4:30-5:30pm

Thank you for your time!

Questions? Feedback? Please reach out to ChildrensBH@dhcfp.nv.gov.