

Joe Lombardo  
*Governor*



Richard Whitley  
*Director*

# Children's Behavioral Health Transformation: Medicaid Benefits Working Group

Division of Health Care Financing and Policy

March 13, 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

- **Introductions & Roll call** 4:30-4:35 PM
- **DOJ Introductions & Overview of Settlement Agreement** 4:35-4:45 PM
- **Follow-ups from January Working Group** 4:45-4:50 PM
- **Settlement Review: Home and Community-based Services Summary** 4:50-5:00 PM
- **Discussion: Psychiatric Residential Treatment Facilities** 5:00-5:20 PM
- **Wrap-up** 5:20-5:25 PM
- **Public comment period** 5:25-5:30 PM
- **Adjournment**



# Roll Call: Working Group Representatives

## Youth, Family, and Disability Self-Advocate representatives:

Representative Seat	Representative	Affiliated Org
Family representatives	<b>Matt Lehman, BCBA</b>	Foster parent, ABA Group
	<b>Leah Skinner</b>	Parent
	<b>LaNesha Battle</b>	Foster parent, Washoe County School District
	<b>JayDee Porras-Grant</b>	Foster parent
Youth representatives	<b>Devin Daniels</b>	Black Youth Mental Health Project
	<b>Analicia Cruz</b>	Black Youth Mental Health Project
Disability self-advocate representative	<b>Luke Dumaran</b>	Autism Treatment Assistance Program



# Roll Call: Working Group Representatives

## Behavioral Health Provider representatives:

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



# Roll Call: Working Group Representatives

## Community Partner representatives:

Representative Seat	Representative	Affiliated Org
Tribal Health representative (Urban Health Center)	<b>Angie Wilson</b>	Reno Sparks Tribal Health Center
Tribal Health representative (Rural Health Center)	<i>Open</i>	<i>Open</i>
Juvenile Justice system representative	<b>Gwynneth Smith, PhD, JD</b>	Clark County District Attorney Juvenile Division
Washoe County representative	<b>Jessica Goicoechea-Parise, MFT</b>	Washoe County Human Services Agency, Children's Mobile Crisis Response Team
Clark County representative	<b>Meambi Newbern-Johnson, LCSW, PLLC</b>	Clark County Family Services
Rural County representative	<b>Shayla Holmes, MA</b>	Lyon County (Human Services)



# Roll Call: Working Group Representatives

## Community Partner representatives:

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



# DOJ Team Introduction



# Follow-ups from January Working Group





# Feedback Summary

We are publishing a **"feedback summary"** after each Working Group that documents feedback from you all and the steps the State is taking to address each of them.

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	<ul style="list-style-type: none"><li>Limited support during inpatient services.</li><li>Delayed or incomplete discharge and transition plans.</li><li>Barriers in communication and record transfers.</li><li>Challenges with timely referrals for follow-up care.</li></ul>	<ul style="list-style-type: none"><li>Implemented new Psychiatric Residential Treatment Facility (PRTF) requirements for care coordination and discharge planning implemented in policy revisions. <b>(Effective: 1/1/2025)</b>.</li><li>Increased monitoring of PRTFs and public performance transparency. <a href="#">Public Dashboard</a> released in <b>December 2024</b>.</li><li>Working to build a specialty managed care plan to include case management &amp; care coordination benefits. <b>(Effective: 1/1/2027)</b></li></ul>
Access to	<ul style="list-style-type: none"><li>Insufficient inpatient and residential</li></ul>	<ul style="list-style-type: none"><li>Implemented new Medicaid investments to increase PRTF</li></ul>

- This running document is available on our website now and will be updated monthly.
- We will also develop a "Frequently Asked Questions" document for families and providers as new benefits go live.



# Working Group Structure: Co-Chair Role

- We will select a **co-chair** who is a current CBHT Working Group representative. They will serve in this role from April to December 2025.
- The co-chair will meet with the CBHT Medicaid team **in preparation for each meeting** to help craft the agenda and discussion questions for the group.
- This would require a **1hr per month** additional commitment for an additional virtual meeting and can be flexible to your schedule.

*Nominations (self or peer) should be sent to  
[childrensbh@dhcfnv.gov](mailto:childrensbh@dhcfnv.gov) by **EOD Friday, March 21st.***

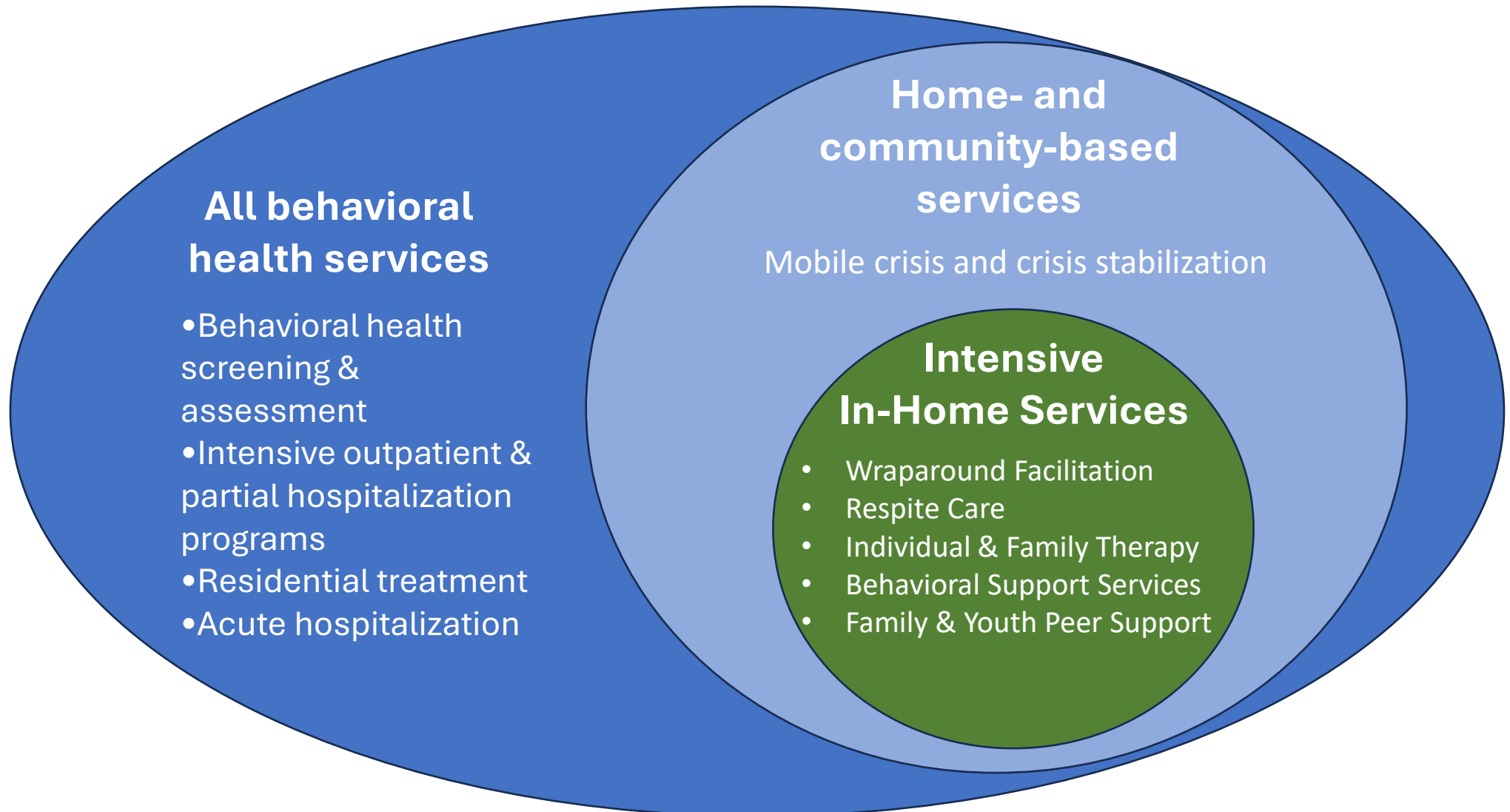
*Representatives will vote on the chair via Form at the April 10th meeting.*



# Settlement Review: Home & Community-based Services Summary



# How does the settlement define behavioral health services?





# Breaking this down by category...

Settlement Benefit Category	Benefit	Definition in Settlement
Home- and Community-Based Services	<b>Mobile Crisis Response</b>	Section II(R)
Intensive In-Home, Home- and Community-Based Services	<b>Behavioral Health Support Services</b>	Section II(B)
Intensive In-Home, Home- and Community-Based Services	<b>Family Therapy</b>	Section II(J)
Intensive In-Home, Home- and Community-Based Services	<b>Individual Therapy</b>	Section II(N)
Intensive In-Home, Home- and Community-Based Services	<b>Family Peer Support</b>	Section II(I)
Intensive In-Home, Home- and Community-Based Services	<b>Youth Peer Support</b>	Section II(EE)
Intensive In-Home, Home- and Community-Based Services	<b>Respite Care</b>	Section II(U)
Intensive In-Home, Home- and Community-Based Services	<b>Wraparound Facilitation</b>	Section II(CC)
N/A; general behavioral health benefits	<b>Hospital</b>	Section II(M)
N/A; general behavioral health benefits	<b>Residential Treatment Facilities</b>	Section II(T)
N/A; general behavioral health benefits	<b>Intensive Care Coordination</b>	Section II(O)
N/A; general behavioral health benefits	<b>Supported Employment</b>	Section II(AA)



# What benefits do we currently cover?

Benefit	Is this benefit currently covered?	Federal Authority	When do we anticipate receiving federal approval?
Mobile Crisis Response	<div><input checked="" type="checkbox"/></div> Yes, currently covered by Nevada Medicaid	1905(a) State Plan	None needed
Behavioral Health Support Services			Will request approval of IFC approved rate increases effective 1/1/2025. Anticipate receiving that in <b>Spring 2025</b> .
Family Therapy			None needed
Individual Therapy			Requested approval of PRTF rate structure changes effective 1/1/2025. Anticipate receiving that in <b>Spring 2025</b> .
Inpatient/Acute Care			
Residential Treatment Facilities	Under development	1905(a) State Plan	Will request coverage of all peer support services later this month. Anticipate receiving approval in <b>Spring or Summer 2025</b> .
Family Peer Support			Will request coverage of all care coordination services later this summer. Anticipate receiving approval in <b>Fall 2025</b> .
Youth Peer Support			
Incentive Care Coordination			
Wraparound Facilitation		1915(i) State Plan	Will request coverage and reimbursement for these services for a <b>January 1<sup>st</sup>, 2026</b> effective date.
Respite Care		1115 Waiver	Will submit an amendment to the current 1115 Substance Use Disorder Waiver in summer 2025
Supported Employment			



# Benefits Spotlight: Family Peer Support

## What is Family Peer Support

Family peer support is a strength-based service that connects parents or primary caregivers of children and youth with behavioral health care needs including those with co-occurring ID/DD to parents with lived experience.



Help struggling families feel less alone



Enhance family and provider collaboration



Support family confidence and self-efficacy



Empower families to actively partner in their child's care



Encourage parental self-care and family resiliency



# Spotlight: Family Peer Support Services Policy

## Benefit definition

- What medical services is Medicaid paying for?
- Who is eligible?

Services: structured, recovery-oriented support to parents and caregivers of children and youth with mental health or substance use disorders.  
Eligibility: youth under 21 with a diagnosed mental health or substance use disorder. Services must be identified as within the child's treatment plan



## Provider qualifications

- Who can provide these services?
- How are they qualified to provide them?

Certified Family Peer Support Specialists must be trained and certified through a Nevada Medicaid-approved program.



## Reimbursement methodology

- How is the provider compensated for providing these services?

Reimbursement for Family Peer Support is billed by 15- minute units.



## Limitations

- What limitations are there on how recipients access these services?

First 18 hours annually do not require prior authorization; additional hours require approval.





# Settlement Benefits **DISCUSSION**

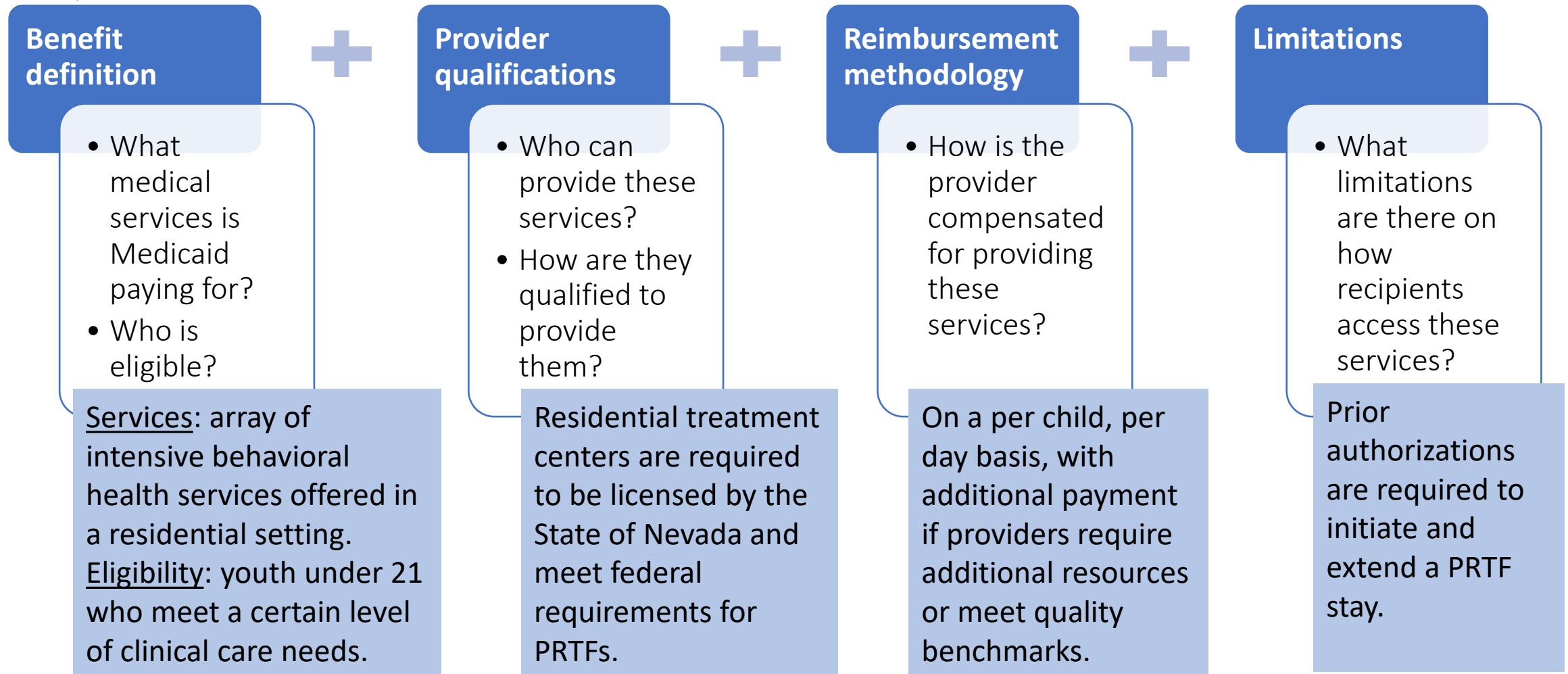
1. What questions do you have on the **benefits definitions or federal approval** timeline?
2. What feedback or questions do you have on the **Family Peer Support** policy?



# Discussion: Psychiatric Residential Treatment Facilities



# How does Medicaid policy define PRTFs?





# What does the Settlement Agreement require of PRTFs?

PRTFs should provide high quality services, including comprehensive discharge planning and care coordination. Settlement requires include:

- ✓ **Reduce unnecessary PRTF placements** by expanding community-based behavioral health services.
- ✓ **Limit out-of-state PRTF placements** and prioritize in-state service development.
- ✓ **Ensure effective discharge planning** for children in PRTFs to support a smooth transition to community settings.
- ✓ **Collect and publicly report data** on PRTF usage, discharge outcomes, and service gaps.
- ✓ **Independent monitoring** will review PRTF placements and ensure Nevada is making progress.

*More details can be found in Section VI of the Settlement Agreement: "Diversion & Transition."*



# What improvements have we made to our PRTF policy?

- Aligns with **current federal regulations** for children in residential settings
- Provides a **clearer definition of the PRTF level of care** that a child must meet for a PRTF provider to receive reimbursement from Medicaid, including all types of services to be provided for this level of care
- Clarifies which **services can be billed separately** to ensure youth in PRTF setting can access other needed services (For example: ABA therapy for IDD/SED youth)
- Removes a three-day limit for **therapeutic leave**.
- Requires **discharge planning** for all youth leaving PRTFs.

Effective  
Feb. 26<sup>th</sup>, 2025



# What improvements have we made to the way we pay for PRTF services?

Quality incentive payment

**\$50** per child per day *if quality threshold is met*  
Goal effective date: measurement period starting **1/1/2026**

Complexity add-on

**\$150** per child per day *if the youth has complex needs requiring additional staffing or sources to support*  
Effective date: **1/1/2025**

Standard base rate

**\$800** per child, per day for all Medicaid-enrolled PRTFs  
Effective date: **1/1/2025**



# Why a "complexity add-on" payment?

- Data shows **youth with complex needs face greater challenges in securing placement at a PRTF**, including experiencing higher rates of denied clinical approval and out of state placement.
- These complex needs can be due to **young age, behavior challenges, complex medical needs, and/or co-occurring developmental disabilities**.
- Our complexity add-on allows PRTFs to request an additional **\$150 per day** (for a total of \$950 per diem) to provide the additional staffing or resources that these youth need.

## *By the numbers:*

- **0.1%** of Medicaid youth (674) had at least one PRTF stay.
  - Of those, **25%** (167) have an IDD diagnosis.
  - This is a higher proportion than all Medicaid youth, of whom **8%** (36,077) have an IDD diagnosis.
- Out of state placements for youth with IDD (**30%**) are higher than the overall rates (**23%**)
  - They have decreased since 2021, when it was **43%**.

Source: DHHS Office of Analytics; claims from 9/2023 to 8/2024.



# How is “complexity” defined?

- **9 years old or younger; AND/OR**
- Youth has a demonstrated **need for additional services and support and meets at least one of the following criteria:**
  - Co-occurring diagnoses of autism, developmental disability, or intellectual disability
  - Significant history of trauma
  - History of trafficking
  - History of sexually acting out
  - History of violent behavior
  - 3 visits to an ER in a 6-month period
  - Recommended by the Mobile Crisis Team combined with a psychiatrist’s recommendation for PRTF
  - Parents are unable to take the child back home due to safety concerns for them or for other minor children in the home and there is a psychiatrist’s recommendation for PRTF





# What is the PRTF Quality Incentive Payment?

- **Goal:** Measure PRTF performance and assess eligibility for a Quality Incentive Payment (QIP).
- **Sources of information:**
  - Medicaid claims data
  - Provider licensing and regulatory datapoints (e.g. licensing violations, elopements)
  - Provider surveys
  - Family and youth surveys
- **Timeline:**
  - 6-months vs. 1-year measurement periods
  - Measurement will take time; payment will follow review of final claims data





# How will we design the QIP?

## Approach

- We are partnering with researchers at Stellation to understand the **current quality of PRTFs**. They will use **research-backed provider performance analytics** to evaluate PRTF quality and effectiveness.
- This will help inform where further improvements are needed. The QIP will be designed to **target those areas of improvement**.

## Strategies

1. **Develop PRTF Quality Framework:** Identify key measures to evaluate PRTF performance
2. **Score PRTFs:** Assess facility performance for various patient segments
3. **Inform Quality Incentive Payment Design:** Use quality framework and PRTF scores to support the QIP



# Initial Framework Review: Potential Performance Measures

1. **Length of stay** in the PRTF
2. **Hospital admissions** during and after a PRTF stay
3. **ER visits** during and after a PRTF stay
4. **Re-admissions** to the PRTF within 30 days of discharge
5. Licensing, health, safety **violations**
6. Successful **transitions back to the community**



# Quality Incentive Payment **DISCUSSION**

1. How would you define a **successful PRTF stay**?
2. Which of the listed performance measures do you think will be most **useful and meaningful in measuring PRTF performance**?
3. What other measures do you think could help us assess whether the PRTF is supporting our goal of increasing **successful PRTF stays** and **preventing unnecessary lengthy stays**?



# Wrap-up



# March Meeting Takeaways

## Asks:

1. *Working Group representatives:* submit your nominations for a co-chair to [ChildrensBH@dhcfp.nv.gov](mailto:ChildrensBH@dhcfp.nv.gov) by **Friday, March 21<sup>st</sup>**.
2. *All attendees:* Provide feedback on the Family Peer Support policy (posted to the KidsBH website & NV Medicaid Public Notices page) by **Monday, March 17th**.

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



# Public Comment Period

Time limit: 3 minutes



# Thank You

## Thank you for your time!

*Questions? Feedback? Please reach out to [ChildrensBH@dhcfp.nv.gov](mailto:ChildrensBH@dhcfp.nv.gov).*