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Nevada Medicaid: 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 monthly virtual meetings from October 2024 to July 2025, 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 – July 2025

	What We're Hearing from You	What We're Doing About It
Case Management and Care Coordination Needs in PRTF facilities	• 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.	• Implemented new Psychiatric Residential Treatment Facility (PRTF) requirements for care coordination and discharge planning implemented in policy revisions. **(Effective: 1/1/25).**

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	• 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. • Concerns that "readmission" metrics for PRTF quality could penalize providers due to factors outside their control (e.g., family follow-through, provider shortages).	• 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**). State is reviewing transition measures and provider collaboration metrics for quality incentive payment. • 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	• 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.
		• Implemented new Medicaid investments to increase PRTF reimbursement:
		  ○ $800/day base rate with $150/day add-on for complex needs **(effective 1/1/2025, pending Federal approval).**
		  ○ 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

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		general acute providers **(effective 1/1/2025, pending Federal approval).** • Continued monitoring of access trends. State is soliciting feedback on quality metrics to avoid unintended provider behaviors.
Medicaid Reimbursement Challenges	• 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. • Need to simplify enrollment processes for small or independent providers and suggested options such as auto-enrolling RBTs when they are licensed.	• 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. • Medicaid is reviewing how to align licensing and provider enrollment processes to streamline participation. Follow-up discussions with current respite providers are underway

Family Supports to Promote Safe Community Living	• 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,
		• Implementing Medicaid coverage expansions:
		  ○ Wraparound services (effective with Specialty Plan launch in 2027)
		  ○ Family and youth peer supports (effective summer 2025)
		  ○ Respite care (effective with Specialty Plan launch in 2027)

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	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. • Strong support for a Medicaid respite care benefit, but concerns about provider shortages, training standards, and rural access.	• 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 conducted in **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. • Nevada Medicaid is designing a Medicaid-covered respite benefit for youth with behavioral health needs (**target launch: January 2027**). Feedback will inform workforce strategies, tiered reimbursement models, and credentialing pathways including RBTs and natural supports.

Youth Reentry Services and Warm Handoff Coordination	• Reentry success is hindered by lack of early connection to outpatient providers prior to release.
	• Families and schools often unaware of reentry plans—coordination gaps exist.
		• Drafting Nevada's 1115 waiver to expand Medicaid-covered services 30–90 days pre-release for youth and young adults. Includes:
		  ○ Case management
		  ○ Screening/diagnostics

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	• Youth frequently have undiagnosed neurodevelopmental needs not addressed during detention. • Peer and parent support is critical during reentry, especially if youth return to environments that contributed to initial system involvement. • Education continuity issues persist—schools may not honor educational credits earned while in placement.	○ MAT, prescriptions, lab services, and community health workers • Hosting bimonthly Reentry Advisory Committee meetings to engage stakeholders in design and feedback. • Evaluating integration of neurodevelopmental assessments in pre-release screening protocols. • Collaborating with schools, child welfare, and juvenile justice to strengthen care transitions and academic reintegration supports. • Exploring expansion of parent-focused supports, such as counseling and skills training, during reentry.
Provider Network Expansion and Evidence-Based Practices (EBPs) within the Connect Nevada program	Key areas of feedback regarding the Connect Nevada program: • Wraparound services are positively received but difficult to access due to staffing limitations. • Provider shortages and caseload limitations restrict family access to Connect Nevada and related supports. • Providers want clarity and flexibility in delivering EBPs (e.g., in-person vs. virtual). • High cost and time commitment of EBP training are barriers to statewide network expansion.	Steps taken to address this feedback by the Connect Nevada team: • Magellan posted three new wraparound staff positions for Washoe/Carson City and expanded recruitment. • Youth Peer Support and Family Peer Support provider capacity is growing (now 22 YPSS providers statewide). • Supporting self-directed respite care through training of trusted community members. • Building EBP provider flexibility with both in-person and telehealth options (where appropriate).

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		• Partnering with DCFS and Medicaid to validate additional EBPs and streamline approvals for new practices.
System Navigation and Referral Transparency within the Connect Nevada program	Key areas of feedback regarding the Connect Nevada program: • Families often unaware they've been referred to wraparound programs or peer support services. • Some feel pressured into participation, especially when referrals come from courts or child welfare agencies. • Youth and families benefit most when services are explained clearly and engagement is voluntary.	Steps taken to address this feedback by the Connect Nevada team: • Strengthening communication with families during intake and expanding transparency tools (digital materials, pre-referral outreach). • Promoting family voice and informed consent in all levels of care coordination. • Magellan reaffirming program goals of strengthening natural supports and building family-driven plans.
Transportation & Accessibility to Services	• Transportation reimbursement barriers exacerbate access issues. • Limited availability of mobile crisis and community paramedicine services.	• Enhancing Medicaid reimbursement for mobile crisis services and implementing the 988-crisis line (effective: 2025-2027, pending legislative approval of Medicaid budget request). • Exploring improvements to non-emergency medical transportation. (Timeline pending legislative approval of Medicaid budget request.)
Working Group Engagement and Governance	• Representatives want meaningful co-leadership roles and greater influence over meeting agendas. • Members request deeper discussions, more time for Q&A, and suggest pre-recorded presentations.	• Launched Co-Chair role (**May–Dec 2025**) with monthly planning meetings to support shared leadership. • Exploring options to pre-record presentations and distribute slides before meetings to maximize dialogue time.

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	• Interest in one-on-one engagement opportunities and thematic focus groups to foster dialogue • Members want roles that allow meaningful co-leadership. • Requests for deeper discussion time and more space for dialogue during monthly meetings, suggesting pre-recorded presentations. • Desire for one-on-one engagement opportunities and thematic focus groups. • Ongoing interest in co-leadership and influence over agenda setting.	• Considering post-meeting focus groups and optional "office hours" for extended engagement. • Maintaining ongoing monthly feedback summaries and updated public materials to reflect new input.
Youth-led Advocacy and Leadership	• Strong support for youth-led policy efforts and paid leadership opportunities. • Recognition of the Black Youth Mental Health Advisory Board as a model for training and engagement. • Calls to replicate youth-centered advocacy structures across other services and agencies. • Youth-driven leadership and legislative advocacy model. • Recognition of the value of paid youth engagement and storytelling in shaping Medicaid policy. • Interest in replicating training and policy engagement structures in other youth services. • Support for youth-led forums and partnerships with state agencies to advance culturally competent mental health policy.	• Highlighting youth leadership in CBHT planning and inviting youth advisors to future meetings. • Partnering with youth-led organizations to ensure statewide visibility and sustainability. • Exploring how youth legislative advocacy models can inform Medicaid youth engagement strategies.
Youth Peer Support Services	• Widespread support for a Medicaid-covered youth peer support benefit.	• Drafting a new Medicaid youth peer support benefit aligned with DOJ requirements and best

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	• Emphasis on developmentally appropriate supervision, emotional support, and manageable caseloads. • Recommendations to include younger peer providers (under 18) in future phases. • Desire for culturally responsive, trauma-informed, and evidence-based training (e.g., MI, SafeTALK, YMHFA). • Advocacy for clear peer role definition, adequate pay, and school-based integration. • Importance of developmentally appropriate supervision, caseload limits, and burnout prevention. • Calls to include youth under 18 as peer providers in future phases. • Emphasis on onboarding, ongoing team support, and emotional wellness. • Recommendations for culturally responsive training tailored to tribal and underserved communities. • Suggestions for incorporating evidence-based models such as Motivational Interviewing, SafeTALK, ASIST, and Youth Mental Health First Aid. • Advocacy for competitive compensation, access to mental health supports, and peer role clarity. • Recommendations to integrate youth peer services into schools and mobile crisis systems.	practices (**target: Summer 2025 pending federal approval**). • Designing benefit structure with supervision protocols, peer wellness support, and defined roles. • Incorporating family and youth input into policy drafts, training, and implementation materials. • Community partners developing a Youth Peer Implementation Guide reflecting national models and Nevada-specific needs. • Exploring benefit delivery through schools, mobile crisis response, and virtual platforms. • Reviewing training frameworks to include endorsed practices and culturally tailored components.

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Screening and Assessment System	• Support for statewide implementation of standardized screening and assessment tools across systems (behavioral health, education, child welfare, and juvenile justice). • Screening tools must be age-appropriate, trauma-informed, and culturally responsive. • Families and youth request clear protocols for informed consent and transparency in how results are used. • Providers and community partners asked for clarity on workflows, roles, and referral processes. • Recommendations to engage stakeholders early in tool selection and ensure cross-agency alignment. • Youth adopted outside the formal foster system (e.g., through churches or relatives) may be excluded from Medicaid supports despite high need.	• Developing a cross-system screening and assessment framework aligned with DOJ Settlement Agreement. • Screening & Assessment Summit planned for Fall 2025 to co-design tool selection and implementation steps. • Vetting core tools for trauma and developmental appropriateness; identifying options for different age groups. • State exploring consent, referral, and data-sharing protocols that protect privacy and promote continuity of care. • Stakeholder input from the June working group meeting will directly inform implementation planning and cross-system alignment strategies. • Medicaid is exploring pathways to ensure Medicaid-eligible youth in informal placements can access services and will incorporate this into Specialty Plan access criteria.
Data Access and System Transparency	• Include data on youth who are unable to access care or are denied services (e.g., due to prior authorization). • Importance of regional data to identify rural service gaps, especially for mobile crisis response.	• Baseline data tracking will expand to reflect unmet need and authorization denial metrics. These measures will be included in future dashboard updates. • Nevada Medicaid is working to include regional data views in public dashboards and ensure rural areas are represented through expanded data partnerships with counties.

Please reach out to ChildrensBH@nvha.nv.gov with any questions.
For more information and resources, visit: Nevada Kids Behavioral Health.