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CHILDREN'S BEHAVIORAL HEALTH TRANSFORMATION WORKING GROUP **MEETING MINUTES** **July 10, 2025**

The Nevada Health Authority held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on Thursday, July 10, 2025, beginning at 4:30 PM.

1. Introductions & Roll Call

By: Ann Jensen, Administrator, Nevada Medicaid

Ann Jensen welcomed attendees and conducted roll call of Working Group Representatives. Based on attendance, quorum was established. She acknowledged the short interval since the June meeting and thanked members for their ongoing engagement.

2. Follow-ups from June Working Group

By: Ann Jensen, Administrator, Nevada Medicaid

Ann Jensen provided a brief overview of current efforts and shared several program updates:

- The Nevada Health Authority (NVHA) officially launched on July 1, 2025, integrating Medicaid and public health functions under one statewide agency.
- A [Summer Stakeholder Update Workshop](#) is scheduled for Monday, July 28, 2025, at 2:00 PM, to provide an overview of NVHA, implementation of recent Medicaid legislation, and Children's Behavioral Health Transformation (CBHT) initiative progress.
- Working Group members are invited to [submit name suggestions](#) for the specialty managed care plan focused on youth with behavioral health needs. Submissions are due by July 25, 2025.
- A Youth & Family Deep Dive Session is planned for late August or early September to elevate lived experience in designing the care coordination structure of the specialty plan.

Ann Jensen previewed the meeting agenda, which included:

- (1) A presentation of Nevada's Q1 2025 baseline data on the DOJ-defined Focus Population, and
- (2) A policy discussion on the development of a Medicaid-covered respite care benefit.

3. Baseline Data Review & Discussion

By: Melorine Mokri, Nevada Medicaid

Melorine Mokri presented findings from the Q1 2025 CBHT Baseline Data Report, which analyzes Nevada Medicaid claims alongside information from mobile crisis, juvenile justice, and child welfare systems. The report focuses on the “Focus Population” as defined in Nevada’s Settlement Agreement with the U.S. Department of Justice (DOJ): Medicaid-enrolled youth up to age 21 with complex behavioral health needs.

Key Findings:

- A total of 1,119 youth met the criteria for inclusion in the Focus Population between January and March 2025.
- Of these youth, 68% were between the ages of 13 and 17.
- Forty percent had a substance use disorder, which is 15 times higher than the general Medicaid youth population.
- Thirty-five percent had an intellectual or developmental disability (IDD).
- Nineteen percent were involved in the foster care system.
- Youth in this population were more likely to be white (37%) and more likely to reside in rural areas (13%) than their peers in the general Medicaid population.

Service Utilization Patterns:

- Sixty-seven percent had at least one mobile crisis encounter.
- Sixty-four percent were hospitalized for behavioral health needs.
- Fifty-one percent visited the emergency department.
- Thirty-four percent experienced a stay at a psychiatric residential treatment facility (PRTF), with an average stay of 114 days.
- Sixty-two percent received at least one home- and community-based service (HCBS), with therapy, behavioral supports, and case management being the most commonly used services.

Melorine Mokri noted that the baseline report suggests Nevada’s system remains highly crisis-driven and lacks consistent early intervention pathways. She also noted that data across agencies remains siloed, which continues to impede coordinated care.

Discussion and Feedback:

Matthew Lehman (BCBA, Foster Parent ABA Group) asked whether the report included metrics showing the average time between a child’s behavioral health screening and the initiation of services. He also raised concerns about system-adjacent youth, such as those adopted from foster care or living with kin caregivers, who may no longer qualify for Medicaid but still have unmet behavioral health needs.

Natalie Sanchez (LMFT, Health Psychology Associates) recommended that future reports include data on unmet needs, specifically, instances where families attempted to access services but were unsuccessful.

Dr. Courtney Dandy asked whether denial rates related to prior authorization requirements were reflected in the baseline data.

Jessica Goicoechea-Parise (MFT, Washoe County Children's Mobile Crisis Response Team) and Cherylyn Rahr-Wood emphasized the importance of including regional breakdowns in the data. They noted that experiences with mobile crisis services vary widely between rural and urban areas, and that additional geographic granularity would be helpful for interpreting system performance.

Ann Jensen (Nevada Medicaid) responded that future iterations of the report could include regional analyses, data on denials, and metrics on unmet need. She thanked members for their insights and emphasized that the baseline report is a first step in identifying and addressing system gaps.

Matthew Lehman added that many children who fall outside the formal foster care system, such as those adopted or living with kin, are not eligible for wraparound supports but continue to experience high levels of need. He encouraged Nevada Medicaid to consider how the specialty managed care plan might fill this gap.

4. Respite Care Design Discussion

By: Matt Burdick, Nevada Medicaid

Matt Burdick provided an overview of Nevada's work to develop a Medicaid-covered respite care benefit for children and youth with behavioral health needs. The benefit is a required component of the DOJ Settlement Agreement. He described the policy goals and shared design options under consideration, including examples from other states.

Key Design Elements:

- Respite care is defined as short-term, planned or emergency support for children and families provided by natural or professional caregivers. The goal is to reduce caregiver stress and prevent out-of-home placements.
- Services may be provided in the home, in the community, or in licensed facilities.
- Providers could include both licensed professionals and trained natural supports.
- The benefit would require a separate submission to CMS and is not expected to launch before January 2027.

Discussion and Feedback:

Equity & Access Concerns

Cherylyn Rahr-Wood emphasized the need to ensure that rural and frontier families can access respite services. She highlighted the importance of workforce development in these areas.

Britt Young supported allowing natural supports to serve as respite providers but noted that many families lack informal networks. She cautioned that the benefit design should account for these disparities and avoid placing families at a disadvantage based on their support system.

Shayla Holmes (Lyon County Human Services) raised concerns about youth aging out of pediatric Medicaid, noting that respite care is generally not available in adult Medicaid unless a person is receiving hospice care. She encouraged the state to include transition planning for older youth.

Julia Ratti encouraged the state to coordinate the new Medicaid benefit with existing child welfare respite programs to promote alignment and avoid duplication. She recommended clear planning for smooth transitions across systems.

Provider Workforce & Training

Dr. Courtney noted that complex Medicaid credentialing requirements are a significant barrier for potential providers. She recommended streamlining processes for small or emerging providers who want to deliver respite services.

Sherrita Williams asked how Nevada Medicaid plans to ensure that enough qualified providers are available to meet demand. She also asked for clarification on the eligibility criteria for respite and how the state plans to define the number of hours families can access.

Dave Doyle (Eagle Quest, Family Focused Treatment Association) recommended convening a think tank or advisory group of existing providers, such as Magellan, to help inform the implementation of the benefit.

Amy Miller-Bowman emphasized the need for clear credentialing and billing guidance to support participation by independent and small providers.

Matthew Lehman proposed the development of automatic Medicaid enrollment pathways for individuals who already hold relevant licenses, such as Registered Behavior Technicians (RBTs).

Ideas to Support Delivery

Dave Doyle suggested that foster care providers with existing behavioral health training could be recruited and certified to deliver respite care, helping to build the provider base.

Julia Ratti proposed a tiered reimbursement structure for respite care based on the complexity of the youth's needs or the setting in which the service is delivered. She compared this approach to Nevada's tiered PRTF reimbursement model.

Britt Young emphasized that all respite providers, whether natural or professional, should be trained in behavioral health de-escalation techniques. She stressed that without this training, youth may be prematurely discharged from care settings, increasing instability.

Potential provider types discussed:

- Registered Behavior Technicians (RBTs)
- Specialized foster care providers
- Trained family members or other natural supports
- Occupational therapists with behavioral health training

5. Public Comment

By: Ann Jensen, Administrator, Nevada Medicaid

Anya Earl (SAFY – Specialized Alternatives for Families & Youth) asked about the status of the behavioral health rate increases and whether Nevada Medicaid had submitted the increase request to CMS.

Ann Jensen explained that the 10% increase was approved by the Nevada Legislature in April 2024 and is currently under CMS review. She clarified that CMS must approve the payment authority and that final approval has not yet been granted. However, Medicaid is prepared to implement the rate changes in the system as soon as federal approval is received.

6. Wrap-up

By: Ann Jensen, Administrator, Nevada Medicaid

Ann Jensen thanked Working Group members and the public for their participation. She provided the following reminders:

- The next CBHT Working Group meeting will take place on Thursday, August 14, 2025, from 4:30 to 5:30 PM.
- A recording of the meeting, presentation slides, meeting minutes, and a feedback summary will be posted on the Nevada [Kids Behavioral Health webpage](#).
- All Working Group members and the public are encouraged [to submit specialty managed care plan name suggestions](#) by July 25, 2025.

ATTENDANCE

A complete list of Working Group representatives, guests, and Nevada Medicaid staff in attendance at the July 10, 2025, meeting is maintained on file and provided below.

Youth, Family, and Disability Self-Advocate Representatives:

Matt Lehman, BCBA with Foster parent ABA Group

Leah Skinner, Parent

LaNesha Battle, Foster Parent, Washoe County School District - Absent

JayDee Porras-Grant, Foster Parent – Absent

Devin Daniels, Black Youth Mental Health Project - Absent

Analicia Cruz, Black Youth Mental Health Project - Absent

Luke Dumaran, Autism Treatment Assistance Program – Absent

Behavioral Health Provider Representatives:

Alana Rogne, DNP, PMHNP-BC with Rural Nevada Counseling
Dave Doyle, Eagle Quest & Family Focused Treatment Association
Megan McGrew, PhD, BCBA, LBA with Impact ABA Services - Absent
Megan Freeman PhD with Boys & Girls Clubs of Southern Nevada - Absent
Takesha Cooper, MD, MS, FAPA with UNR Med and Renown
Glenda Cruz Juarez, LCSW with Veridian Wellness - Absent
Natalie Sanchez, LMFT with Health Psychology Associates
Stephanie Brown, Reno Behavioral Health - Absent
Janelle Hoover, MSN, RN with Carson Tahoe Health - Absent

Community Partner Representatives:

Angie Wilson, Reno Sparks Tribal Health Center - Absent
Open Seat, Tribal Health Representative - Open
Gwynneth Smith, PhD, JD with Clark County District Attorney Juvenile Division - Absent
Jessica Goicoechea-Parise, MFT with Washoe County Human Services Agency, Children's Mobile Crisis Response Team
Meambi Newbern-Johnson, LCSW, PLLC with Clark County Family Services
Shayla Holmes, MA with Lyon County Human Services
Bre Taylor, MSN with Humboldt County School District – Absent
Karen Taycher, NV PEP - Absent
Robin Reedy, NAMI NV - Absent
Jonathan Norman, Esq with NV Coalition of Legal Service Providers
Santosha Veeramachaneni, American Academy of Pediatrics, Nevada Chapter - Absent

Guests and Observers:

Alexandria Cannito, Allyson Hoover, Amy Miller-Bowman, Anya Earl, Barbara Scaturro, Brenna Hardtner, Brian Evans, Britt Young, Cade Grogan, Cherylyn Rahr-Wood, Dawnesha Powell, Deanna Yates, Dr. Courtney Dandy, Donna Liendo, Esther Badiata, Eva Velez, James Lutz, Jana Borden, Jason Drake, Jennifer Jeans, Jess Angel, Jolene Zamora, Julia Ratti, Karen Rogers, Kellie Green, Koinonia Sandy Arguello, Lea Cartwright, Linda Anderson, Lisa Durette, Mari Nakashima Nielsen, Maya Holmes, Michael Flynn, Michael Wilden, Philip Ramirez, Robin, Sherrita Williams, Sherry Copeland, Stephanie Woodward

Nevada Medicaid:

Ann Jensen, Carin Hennessey, Casey Angres, Christina Cobeo, Christina Pebbles, Cristina Grajeda, Darlene Wolff, Deborah Jordan, Erica McAllister, Heather Lazarakis, Lindsey Bondiek, Lori Follett, Matt Burdick, Melissa Knight, Melorine Mokri, Minden Hall, Monica Romero, Sarah Dearborn