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Governor

NEVADA HEALTH AUTHORITY

DIVISION OF MEDICAID

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CHILDREN'S BEHAVIORAL HEALTH TRANSFORMATION WORKING GROUP

MEETING MINUTES

October 9, 2025

The Nevada Health Authority held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on Thursday, October 9, 2025, beginning at 4:30 PM.

1. INTRODUCTIONS & ROLL CALL

By: Ann Jensen, Administrator, Nevada Division of Medicaid

Administrator Ann Jensen opened the meeting, welcoming participants and noting that the CBHT initiative continues to draw national attention from other states exploring Nevada's transformation model. Roll call was taken via chat, with members asked to confirm attendance. Administrator Jensen acknowledged that October marks one year since the CBHT Working Group first convened, thanking members for their dedication and partnership.

2. FOLLOW-UPS FROM AUGUST WORKING GROUP

By: Ann Jensen, Administrator, Nevada Division of Medicaid

Peer Support Services CMS Approval

- CMS formally approved Family and Youth Peer Support Services as covered Medicaid benefits effective July 1, 2025.
- Providers may enroll and bill retroactively to that date.
- The approval represents the first new Medicaid covered service authorized under Nevada's behavioral health transformation.
- Ann thanked Nevada PEP, NAMI Nevada, and youth advocates for their years of work leading to this milestone.

Cyber Incident Recovery

- Nevada Medicaid systems are fully restored (99.9 percent) following the recent statewide cyberattack.
- Administrator Jensen commended staff for maintaining operations without interruption to member or provider services and encouraged follow-up if any communications were delayed.

Federal Context

- Although a federal government shutdown is ongoing, Medicaid funding and operations continue as an essential service.
- CMS reviews remain active but may proceed more slowly due to furloughs in other federal agencies.

Community Highlights

- Administrator Jensen recognized Jessica Goicoechea and Brenna Hardtner, who presented at the Washoe County Youth Mental Health Summit, sharing youth perspectives on behavioral health and peer support.

3. 1115 DEMONSTRATION WAIVER AMENDMENT UPDATE

By: Michael Gordon, Social Services Chief III, Nevada Medicaid

Michael Gordon provided a detailed update on Nevada's Section 1115 Demonstration Waiver Amendment to establish a Single Specialty Managed Care Plan (SMCP) for children and youth with behavioral health needs.

Context and Purpose

Michael Gordon explained that this amendment is being filed as an add-on to Nevada's existing 1115 SUD/ODU waiver, allowing the state to use an expedited amendment pathway rather than creating a new standalone demonstration.

The waiver provides the federal authority needed to:

- Transition from multiple vendors to a single managed-care entity dedicated to children and youth with behavioral-health conditions;
- Strengthen care coordination and accountability frameworks required under the DOJ Settlement Agreement;
- Expand access to home- and community-based services while reducing reliance on institutional and residential settings; and
- Support a risk-based contracting structure tied to child and family outcomes.

Michael Gordon noted that the draft amendment materials, public notices, and presentations are posted both on the Office of Emergency Management (OEM) website and the Nevada Medicaid (DHCFF/NVHA) website to ensure transparency following the recent state cyber incident.

He emphasized that the amendment is aligned with the Administration's priorities to increase flexibility, cost efficiency, and use of community-based care. Public comment is open through October 18, 2025, via 1115waivers@nvha.nv.gov.

The amendment defines a target population of approximately 20 000 Medicaid-eligible youth with behavioral health disabilities and proposes objectives that include:

1. Providing child- and family-centered care coordination for each enrolled member; and
2. Driving system efficiencies by reducing unnecessary use of higher levels of care such as hospitalization or residential placement.

Ann Jensen thanked Michael Gordon for the informational update and underscored that this waiver is a critical structural step in implementing the Children's Behavioral Health Transformation. She explained that the DOJ Settlement requires Nevada to move to a single statewide managed care vendor to ensure uniform quality, accountability, and fiscal oversight.

Key Takeaways:

- The amendment provides the federal foundation for the state's accountability framework and performance monitoring required under the Settlement Agreement.
- The waiver will serve as the umbrella authority under which new Medicaid benefits such as Family and Youth Peer Support Services and Care Coordination are implemented and monitored.
- *Next steps:* Following the close of the public comment period, Nevada Medicaid will review input, finalize the amendment package, and submit it to CMS for approval. Updates on CMS review, anticipated approval timelines, and the future pre-RFP conference will be shared with the Working Group at upcoming meetings.

Administrator Jensen reiterated that the waiver is not only an administrative requirement but also the mechanism that allows Nevada to deliver coordinated, accountable, and family-driven care through the Specialty Managed Care Plan beginning in 2027.

4. PRESENTATION & DISCUSSION: YOUTH & FAMILY SUMMIT ON CARE COORDINATION

Presenters:

- Jessica Goicoechea (Co-Chair), Washoe County Human Services Agency
- Carley Murray (Family Lead), Nevada PEP
- Brenna Hardtner (Youth Lead), YouthMOVE Nevada

Context and Purpose

Ann Jensen introduced the presentation as a continuation of the September 2025 Youth and Family Deep Dive on Care Coordination, conducted to ensure that lived experience directly informs Medicaid policy and the Specialty Managed Care Plan design. Jessica Goicoechea, Working Group Co-chair, explained that the summit brought together family and youth representatives from across Nevada, many with experience in behavioral-health, child-welfare, and education systems, to identify what effective care coordination looks like in practice.

Input was gathered through focus groups, surveys, and facilitated discussions coordinated by Nevada PEP and YouthMOVE Nevada. The team summarized the themes and guiding values developed through these conversations.

Themes from Family Feedback

Carley Murray reported that families view effective care coordination as being treated as true partners in their child's care.

Families valued professionals who:

- Listen actively and respond quickly to referrals rather than simply providing lists of resources;
- Collaborate across systems and clearly explain each step of the process; and
- Offer practical assistance such as help finding providers who accept Medicaid, navigating school supports, or completing SSI applications.

Barriers included fragmented systems, long waitlists, staff turnover, and services located too far from home. Some families said care coordination meetings sometimes felt like “just another meeting” that didn't translate into improved access. Respect, empathy, and genuine partnership were repeatedly emphasized as prerequisites for success.

Themes from Youth Feedback

Brenna Hardtner explained that youth want one trusted adult to guide them through services and keep them informed. They described frustration with having to repeat their stories to multiple providers and with poor communication between professionals. Youth also mentioned being pushed into services before they felt ready, leading to feelings of being unheard.

Youth requested simple, direct updates, often via text or brief calls, and stressed the need for emotional safety, privacy, and choice in their care. They emphasized that meaningful care coordination should be relational, not bureaucratic.

Shared Guiding Values

Across both family and youth groups, participants identified guiding principles for Nevada's care coordination system:

- Respect and trust as the foundation of engagement;

- Equity, inclusion, and cultural responsiveness;
- Transparency, flexibility, and collaboration in all communications; and
- Recognition that families and youth are co-creators in their plans, not passive recipients.

Families urged flexibility in scheduling and meeting formats and the inclusion of both formal and informal supports within care coordination teams.

Integrated Discussion

Following the presentation, Ann Jensen facilitated a robust discussion incorporating comments from representatives and members of the public:

- *School Integration and Scheduling Barriers*: Trina Bilich raised concerns about aligning care coordination meetings with school and work schedules. Jessica Goicoechea and Carley Murray acknowledged these longstanding challenges, noting that coordination with teachers and school personnel often depends on voluntary participation outside contract hours. Ann shared that Medicaid’s School Health Services Program is being expanded to simplify Medicaid billing and link school services to broader care coordination efforts.
- *Family Definition and Child Welfare Cases*: Kenneth McKay (Healthy Minds) highlighted complexities for children involved in foster care, such as conflicting relationships between biological and foster parents and varying definitions of “family.” Ann agreed that care-coordination policy must allow for flexibility and individualized planning to include natural supports and all relevant caregivers.
- *Standards and Accountability*: Karen Taycher (Nevada PEP) recommended the development of formal statewide standards for care coordination to ensure consistency and quality. Ann Jensen confirmed these standards will be codified in the forthcoming Medicaid Services Manual and reinforced in SMCP procurement and performance monitoring.
- *Data Sharing and Health Information Exchange (HIE)*: Trina Bilich and Dr. Takesha Cooper emphasized the need for efficient and secure information-sharing to prevent duplication and repeated trauma. Dr. Takesha Cooper spoke about reframing provider expectations, moving from “the family must call” toward proactive engagement. Ann Jensen acknowledged that Nevada Medicaid is addressing these concerns through the SMCP contract, which will require participation in the state HIE and adherence to behavioral-health privacy standards.
- *Youth with Dual Diagnoses and Disabilities*: Grace Larkins and Cady Stanton highlighted the lack of coordinated support for youth with both developmental and behavioral-health conditions. Ann Jensen confirmed that these youth fall within the SMCP Focus Population and that the state is exploring ways to integrate Katie Beckett eligibility into later implementation phases.

- *Provider Capacity and Access:* Natalie Sanchez (Health Psychology Associates) noted persistent workforce shortages and testing capacity barriers, particularly in rural areas. Ann Jensen thanked providers for filling gaps and stated that the waiver and SMCP design include measures to expand eligible provider types and incentivize telehealth and regional collaboration.

Takeaways and Next Steps

- The Youth and Family Summit established the core design principles for Nevada's care coordination model.
- These principles will be operationalized in policy and contract language, defining expectations for care team composition, communication standards, and family engagement.
- Nevada Medicaid will hold public workshops as the Care Coordination section of the Medicaid Services Manual is drafted.
- Ann Jensen reaffirmed that care coordination is central to the state's transformation, not a separate process linking service access, workforce capacity, and system accountability under one cohesive approach.

5. SCREENING & ASSESSMENT SUMMIT PREVIEW

By: Dr. Christine Pebbles, Behavioral Health Clinical Advisor, Nevada Medicaid

Dr. Pebbles previewed the upcoming Screening and Assessment Summit, which will fulfill DOJ Settlement requirements for standardized screening tools.

Participants will receive a short survey to identify screening tools currently used, preferred tools, and availability by region.

Feedback will inform recommendations submitted to CMS, DOJ, the State, and the Independent Reviewer.

6. PUBLIC COMMENT PERIOD

By: Ann Jensen, Administrator, Nevada Division of Medicaid

- James Lutz asked about the timing of the pre-RFP conference for the SMCP procurement. Ann Jensen responded that the date is not yet set; updates will be shared via the CBHT listserv and website.
- No additional public comments were offered.

7. ADJOURNMENT

By: Ann Jensen, Administrator, Nevada Division of Medicaid

Administrator Jensen thanked all working group representatives and attendees for participating in the Medicaid Benefits Working Group and encouraged continued engagement at the next monthly meeting scheduled for October 9, 2025. She reminded participants that the next meeting will be held on November 13, 2025, at 4:30 PM. The August working group meeting adjourned at 5:30 PM.

For more information on the Medicaid Benefits Working Group and Nevada's Children's Behavioral Health Transformation visit nvha.nv.gov/kidsBH or contact the Nevada Medicaid CBHT team at: childrensbh@nvha.nv.gov.

MEETING ATTENDANCE

A complete list of Working Group representatives, guests, and Nevada Medicaid staff in attendance at the October 9, 2025, meeting is maintained on file and provided below.

Youth, Family, and Disability Self-Advocate Representatives:

Matt Lehman, BCBA with Foster parent ABA Group - Absent
Leah Skinner, Parent - Absent
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 Dumanan, Autism Treatment Assistance Program - Absent

Behavioral Health Provider Representatives:

Alana Rogne, DNP, PMHNP-BC with Rural Nevada Counseling - Absent
Dave Doyle, Eagle Quest & Family Focused Treatment Association - Absent
Megan McGrew, PhD, BCBA, LBA with Impact ABA Services - Absent
Megan Freeman PhD with Boys & Girls Clubs of Southern Nevada
Takesha Cooper, MD, MS, FAPA with UNR Med and Renown
Glenda Cruz Juarez, LCSW with Veridian Wellness
Natalie Sanchez, LMFT with Health Psychology Associates - Absent
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
Jessica Goicoechea-Parise, MFT with Washoe County Human Services Agency
Meambi Newbern-Johnson, LCSW, PLLC with Clark County Family Services
Shayla Holmes, MA with Lyon County Human Services - Absent
Bre Taylor, MSN with Humboldt County School District – Absent
Karen Taycher, NV PEP
Robin Reedy, NAMI NV - Absent
Jonathan Norman, Esq with NV Coalition of Legal Service Providers - Absent
Santosha Veeramachaneni, American Academy of Pediatrics, Nevada Chapter - Absent

Guests and Observers:

Akhila Rammohan, Amy Levin, Amy Miller-Bowman, Amber Wilkins, Anaicia C, Angel Beus, Arlene Forsman, Barbara Scaturro, Beverly Hart, Brenna Hardtner, Brian Evans, Bridge Counseling, Brooke Greenlee, Cade Grogan, Cady Staton, Carley Murray, Cameron Casares-Crernoch, Cassius Adams, ChanceLyn Sisson, Cheryl Fisher, Concepcion Martinez, Dawnesha Powell, De Yates, Devan Seawright,

Erica Hanna, Esther Badiata, Garret Zayic, George Bakintas, Grace, Heather Koehler, Heather Thompson, Jacob Lockhart, Jacqueline Durham, Jason Embra, James Luntz, Jennifer Frischmann, Jess Angel, Jolene Zamora, Joshua Sprunger, Karen Rogers, Kathryn Rosaschi, Kelly English, Kelly Wooldridge, Kenneth McKay, Kimberly Purinton, Kristen Valentine, Kristin Tordoff, Lea Cartwright, Lee McAllister, Lee Tulumello, Linda Anderson, Lisa M, Lisa Mariani, Lorien Velozquez, Miah Bradshaw, Michael Wilden, Michelle Gonzales, Michelle Paul, Natasha Lukasiewich, Nicholas Hollister, Nima Alinejad, Philip Ramirez, Rebecca Gluckstein, Regina DeRosa, Sabrina Schnur, Sandra Stone, Sarah Paulsen, Shaneka Wiley, Shawna Derosse, Trina Bilich, Vera Sverdlovsky, WSeni Afualo, William Phipps, Yasi Chaidez, Yeni Medina

Nevada Medicaid:

Ann Jensen, Cristina Cobeo, Christina Pebbles, Darlene Wolff, Elizabeth Scott, Lindsey Bondiek, Matt Burdick, Melissa Knight, Melorine Mokri, Michael Gorden