

Joe Lombardo
Governor



Stacie Weeks
Director

Children's Behavioral Health Transformation: Medicaid Benefits Working Group

Nevada Medicaid

October 9, 2025



Division Administrator Ann Jensen



Agenda

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|---|----------------|
| 1. Introductions & Roll Call | 4:30 – 4:35 PM |
| 2. Follow-ups from August Working Group | 4:35 – 4:45 PM |
| 3. 1115 Waiver Amendment Update | 4:45 – 4:55 PM |
| 4. Youth & Family Summit on Care Coordination | 4:55 – 5:20 PM |
| 5. Wrap-up | 5:20 – 5:25 PM |
| 6. Preview: Screening and Assessment Summit | 5:20 – 5:25 PM |
| 7. Public Comment Period | 5:25 – 5:30 PM |
| 8. Adjourn | 5:30 PM |



Roll Call

Representatives: *please add your name and affiliation/organization to the Teams chat to confirm your attendance! If you are joining by phone, please verbally confirm your attendance.*



Follow-ups from the August Working Group



A few updates since we last met...

Wins:

1. Care Coordination Summit
2. Washoe Youth Mental Health Summit
3. CMS approval of coverage for Family & Youth Peer Support



Challenges:

1. Cyberattack
2. Government shutdown

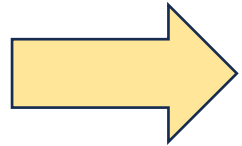




Update: 1115 Waiver Amendment



There are many “pieces to the puzzle” for Federal approval of our Specialty Plan.



Medicaid Authority	Proposed Services
1915(i) State Plan	Respite Care
1115 Waiver Amendment	Single Specialty Managed Care Plan
1905(a) State Plan	Targeted Case Management, Family and Youth Peer Support Services
1915(b)(1) Waiver	Managed Care Delivery System



Overview: Section 1. Introduction

Nevada is requesting federal authorization to amend this waiver to require all Medicaid-eligible children in the care and custody of Nevada, those receiving adoption subsidy assistance, and other children and youth who meet defined clinical or risk-based criteria to enroll in a single specialty managed care plan. Mandatory eligibility groups will include Medicaid eligible children and youth ages 0-21 or up to age 26 if aged out of foster care in Nevada at age 18 and who meet additional criteria as defined further in Section III. Background.

This amendment does not impact the current OUD and SUD demonstration, nor would it impact the November 2024 pending amendment request to receive federal Medicaid matching funds for Serious Mental Illness or Severe Emotional Disturbance treatment provided in an Institution for Mental Disease. Rather, Nevada seeks to amend the current demonstration to support the design of a new managed care program with a single managed care organization (MCO) that would operate under concurrent 1115 and 1915(b) federal authorities.

Nevada is committed to reducing federal and state Medicaid expenditures by shifting services away from costly institutional settings and investing in care models that provide accountability, care coordination, and improved outcomes. The single specialty health plan will provide quality, comprehensive, family-integrated care targeted to eligible children and youth.



Section II. Goals and Objectives

Accountability for the Population: The needs of the focus population require specialized and integrated medical services and support systems, and these evidence-based & trauma-informed service models may be delivered by providers unaccustomed to interacting with Medicaid managed care plans. The provision of an enhanced benefit package under a single MCO supports continuity of care, transitions between settings of care, and reduces provider burden by streamlining service authorization procedures for more timely service delivery. With this system of care, Nevada hopes to reduce institutional placements, as well as drive efficiency by increasing the use of lower levels of care. The MCO must have experience with multi-system involved children and youth and ensure key staff, case managers, and member/provider support systems have the requisite knowledge and expertise.

Accountability as a Risk-Based Entity: The projected size of the target population is 20,000, combined with the costs of intensive services and specialized operations suggests a single MCO can remain financially viable as a risk-based entity and be held to financial obligations (e.g., meeting a minimum medical loss ratio based on credible experience).



Objective 1: Provide child and family centered care coordination practices for each member enrolled

Members will have access to a care coordination model that takes into consideration the unique needs of each child and family to address individualized issues. This includes enhanced cross-system partnerships and trauma informed care across child-serving systems in alignment with requirements outlined in the DOJ Settlement Agreement, including the development of individualized care plans, assignment of care coordinators, and cross-agency team-based planning to strengthen coordination and improve the well-being of children, youth, and families who are often involved in multiple child-serving systems.

Objective 2: Drive system efficiencies by reducing utilization of higher levels of care

While members will be able to have freedom of choice of providers within the specialty health plan network, the care coordination model will reduce institutional placements, provide effective access to lower levels of care, establish a comprehensive physical and behavioral health provider network that is trauma-informed and specializes in the targeted population, and reduces over-utilization of services.



We are preparing to submit the 1115 Waiver Amendment and are soliciting public input.

Materials can be found on our website:

www.dhcfp.nv.gov/pgms/waivers/1115

- *Meeting Agenda Notice (South 9/5/25 – North 9/17/25, All 10/9/25)*
- *Full Public Notice*
- *Abbreviated Notice*
- *1115 Waiver Amendment*
- *Tribal Notification*
- *Power Point Presentation (full version)*

Public comment period runs from now through October 18th, 2025

Comments can be shared via email: 1115waivers@nvha.nv.gov



Presentation & Discussion: **Youth & Family Summit on Care Coordination**



Youth & Family Summit Background

- **Context:**

- DOJ Settlement Agreement requires Nevada to strengthen care coordination services to better support youth with complex behavioral health needs.
- Youth & Family Summit (Sept 16, 2025) convened to gather lived experience feedback.
- Findings inform the Specialty Managed Care Plan contract Statement of Work (SOW) and Request for Proposals.

- **Methods & Input**

- **Families:** Focus group, email, survey (~150 Nevada PEP families & foster families).
- **Youth:** YouthMOVE Nevada sessions, survey, Foster Kinship Youth Advisory Board.
- **Working Group:** Reflection questions to guide input.
- **Summit:** Structured discussion, lived experience quotes, group recommendations.



Summit Feedback: What helps youth and families feel supported in care coordination?

What Helps Families & Youth Feel Supported

- **Families:** being heard, respected, treated as partners. This can look and feel like:
 - Getting a reliable, quick response (e.g., 24-hour call-backs)
 - Navigation help beyond provider lists.
- **Youth:** want a single point of contact, clear explanations, family involvement, and simple supports.

“Support for youth must be accessible, understandable, and personalized.”

Barriers & Frustrations

- *Fragmented systems and silos.*
- *Long waitlists, staff turnover, limited services.*
- *Paperwork duplication, repeated storytelling.*
- *Stigma and discrimination.*

“They gave me a list, and I had to search for services. I felt stuck on my own.”



Summit Feedback: What should this look and feel like to youth & families in the Specialty Plan?

Care Team Design

- **Families:** caregivers lead the process, with clinicians, schools, and family peer support.
- **Youth:** main coordinator, therapist, peers, friends, teachers.

“I want to be included in the planning of my care.”

Communication Preferences

- **Families:** flexible (email, text, phone, in-person); privacy & consent matter. Avoid unnecessary “check-the-box” meetings.
- **Youth:** want one main contact, concise updates, simple written plans.

“Don’t hold meetings just because it’s a requirement, it’s just another burden.”

Guiding Values

- **Families:** respect, equity, compassion, collaboration, empowerment.
- **Youth:** choice, safety, privacy, cultural responsiveness.
- **Shared:** services must be family- and youth-driven.

“Care coordination should mean: you keep your child safe, and I’ll do the background work.”



Youth & Family Summit Recommendations

Emerging Recommendations:

- ✓ Embed youth and family voice in all policies
- ✓ Expand & integrate service array
- ✓ Require timely follow-up (24-hour standard)
- ✓ Build a centralized provider directory with easy methods to update
- ✓ Align case management standards and processes across agencies while allowing a local, community-driven approach
- ✓ Embed System of Care principles.
- ✓ Provider resource support for care coordinators via enhanced reimbursement and reducing non-billable burdens.

• **Key Takeaways:**

- Care coordination must be more than meetings and paperwork.
- When building the care management program in the Specialty Plan, we must bridge systems, simplify navigation, and center lived experience of youth and their families and caregivers.

• **Next Steps:**

- Incorporate findings into SMCP SOW & RFP requirements: **done**.
- Share draft recommendations with October Working Group: **today!**
- Continue to incorporate this feedback in Care Coordination policy (Medicaid Service Manual) development: **ongoing through winter 2025**. Stay tuned for more public workshops & feedback!



Youth & Family Summit **DISCUSSION**

The following questions are provided as prompts to help think about different aspects of feedback shared on care coordination. Please reflect on the ones that resonate most with your experience or perspective.

- 1. What are your takeaways from this initial feedback on care coordination? Did any of this surprise you?**
- 2. How can these guiding principles inform your work or how care coordination is delivered going forward?**



Wrap-up



Preview: Screening Tool Summit

- Stay tuned for a **Provider and Community Partner Survey** to gather information on:
 - **Screening tools** – Current, past, recommended
 - **Availability** - Convenient day and time for a summit
- What to expect at the **Screening Tool Summit**:
 - **Deep dive on Settlement requirements**
 - **Potential tools** – List of options with information
 - **Checklist** – Evaluate tool options
 - **Hypothetical Patient Case** – Scoring test to determine accuracy and reliability of some tools
 - **Sample algorithms** - Hypothetical screening protocols
 - **Breakout discussions** -Tool selection, as well as implementation and resource concerns
- **Final Steps** – What will happen after the summit?
 - Discussions with CMS, DOJ, the State, and our independent reviewer to finalize the tool and state guidelines
 - Additional opportunities for public input will be available throughout the process



Meeting Takeaways

Please join us at our next meeting on **Thursday, November 13th** from 4:30-5:30 pm.





Public Comment Period

Time limit: 3 minutes



Thank you for your time!

Feedback or questions?
Reach out to us at childrensbh@nvha.nv.gov.