

Joe Lombardo  
Governor

Richard Whitley, MS  
Director



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

*Helping People. It's who we are and what we do.*



Stacie Weeks,  
JD MPH  
Administrator

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### MEETING MINUTES CHILDREN'S BEHAVIORAL HEALTH: MEDICAID BENEFITS WORKING GROUP OCTOBER 23, 2024

The Nevada Department of Health and Human Services held a public meeting pursuant to NRS 241.020(3)(a) online and by phone on Wednesday, October 23, 2024, beginning at 4:00 PM.

#### 1. Call to order: Roll call

**By: Ann Jensen, Innovations Officer and Stacie Weeks, Administrator**

The meeting was called to order at 4:00 pm by Ann Jensen, Innovations Officer. Administrator, Stacie Weeks proceeded with roll call.

#### Staff Present

Ann Jensen - Innovations Officer, Stacie Weeks - Administrator, Darlene Wolff - Administrative Assistant 3, Sarah Dearborn - Social Services Chief, Carin Hennessey - Social Service Program Spec 3, Christina Cobeo - Social Service Program Spec 2, Ky Plaskon - Public Information Officer, Marcel Brown - Social Service Program Spec 3, Kerisa Weaver - Social Service Program Spec 2, Theresa Carsten - Deputy Administrator, Dr. Roshanda Clemons - Medicaid Medical Officer, Matt Burdick - Behavioral Health Policy Expert, Dr. Malinda Southard - Deputy Administrator

#### Guests Present

Abby Grossa, Alana Rogne, Alicia Hines Alinejad, Nima, Angie Wilson, Ann Polakowski, Areli Alarcon, Barbara Scaturro, Battle, LaNesha D, Belz & Case Government Affairs, Beth Kurtz, Beverly Hart, Brandon Ford with Best Practices NV LLC, Baurghouti, Jinan, Bre Taylor, Brian Evans, Brittany Bowden, LCSW, Carley Murray, Casey Casillas, Casey Walker, Cassandra Fox, Catherine Morrison, Chance Bonaventura, Char Frost, Cheri Glockner, Chriss Doss, Christy Nguyen, Cynthia Stephenson, Dan Musgrove, Dave, Doyle Eagle Quest, De, Denise Tanata, Dr Megan McGrew, Elyse Monroy-Marsala, Ester Quilici, Esther Badiata, Fiddymont, Mina, Freeman, Megan, Fireflies AI Notetaker, Alex, Fireflies AI Notetaker, Sabrina, Glenda Cruz Juarez, Goicoechea – Parise, Jessica, Gwynneth Smith Hollister, Nicholas Holmes, Maya Janelle Hoover, JayDee Porras-Grant, Jennifer Christie, NNLA, Jeremy N Riddle, Jesus Salazar-Sandoval, Johnson, Sarah, Johnathan Norman, Joseph Filippi, K.R, Karen K Rogers, Karen Taycher, Karen Metcalf, Kathryn Smith, Ken McKay, Kim Abbott, Kimberly A Purinton, Laurie Curfman, Lea Case, Leah S, Lee McAllister, Nevada AAP, Linda Anderson, Lisa Glick, Luke D, Lynsey Moreton, MSW, Magdalena Ruiz, Mariani, Lisa, Marla McDade Williams, Matthew Lehman, Meambi Newbern-Johnson, Michael's Assistant, Mills, Tricia, Nadine Kienhoefer, Nancy Kuhles, Natalie Filipic, Natalie Sanchez, Nicole L Figles, Nicole M King, Nina McCartney BCBA, Ratti, Julia, Rebecca Preddie, Rianna White, Robin Reedy, ED NAMI NV, Sabrina Schnur, Samantha, Sandra Stone, Santosha Veeramachaneni, Sarah Johnson, Shelby Prows, Sprunger, Joshua, Staci Mclaughlin, Starr Jones-Peat, MA Human Services, Takesha Cooper, Trent Hansen, Velez, Eva, Wilcox, Valerie

Members Absent:

Devin Daniels and Analicia Cruz for Black Youth Mental Health Project, Nikky Redpath for LPC-S - Shoshone-Piaute Tribe, Samantha Brown, and Shayla Holmes

**2. Public Comment:**

No Public Comment was made

**3. Introductions for the Working Group Representatives:**

**By: Ann Jensen**

Innovations Officer, Ann Jensen introduced the 29 selected Representatives for our Children's Behavioral Health Working Group.

**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  
JayDee Porras-Grant, Foster Parent  
Devin Daniels, Black Youth Mental Health Project  
Analicia Cruz, Black Youth Mental Health Project  
Luke Dumaran, Autism Treatment Assistance Program

**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  
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  
Stephanie Brown, Reno Behavioral Health  
Janelle Hoover, MSN, RN with Carson Tahoe Health

**Community Partner Representatives:**

Angie Wilson, Reno Sparks Tribal Health Center  
Nikky Redpath, LPC-S with Shoshone-Piaute Tribe  
Gwynneth Smith, PhD, JD with Clark County District Attorney Juvenile Division  
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  
Karen Taycher, NV PEP  
Robin Reedy, NAMI NV  
Jonathan Norman, Esq with NV Coalition of Legal Service Providers (Legal Aid Center of Southern NV, NNLA, SLP, VARN)  
Santosh Veeramachaneni, American Academy of Pediatrics, Nevada Chapter

#### 4. Overview and Transformation:

**By: Stacie Weeks, Administrator**

The background if this work was pushed forward on the faster trajectory was the DOJ, Department of Justice, came in 2 years ago and found Nevada was out of compliance with ADA, Americans with Disabilities Act, for children with disability behavioral disabilities. Under the ADA, in the Olmsted case that was passed many years ago, has been used across the country to help kids with behavioral health needs. They had found that we do not have the community support needed for children with behavioral health disabilities and that they can stay in their community with their families and their foster care family in a way that they thrive. Children in Nevada really just have this impatient or residential institutional care available to them. We are trying to find the best ways to support children in the community, so they do not end up going out of state for residential treatment or even going into the state residential treatment. That is the last option on the table.

We really want children to remain and be thriving in their homes, schools and with their families. When we first started out on this vision, we kind of set this out for some of our earlier public workshops. Our vision for transformation is for Nevada Children to have access to behavioral health services. We want children to thrive and live with their families and in their community. Our values around this have been to wanting children to be centered, family focused, community based and accountable system of care and to coordinate responses. What we want is to have a very clear layout for the families. They lay out for families are what are the options are and who's accountable for it? We want families to know who they can hold accountable for getting the services they need. We have very helpful and engaging sister agency partners that we are going to coordinate in a way with our local partners. Clark County, Washoe County, and others that we work with on a regular basis to ensure that we are coordinating to do better for children.

We have four buckets for services:

**Early Identification and Intervention** is for any door that a child should enter into, like a provider setting, healthcare provider, school setting even if they come in contact with the county or state, that they are being screened and identified early on for behavioral health services. We know that this is more effective in treating and ensuring all children can remain in their communities. It is a low intensity service, which means it is cost effective overall. It is a low hanging fruit that we need to do better in Nevada and that is the big piece right now.

**Outpatient and Community Treatment** is our next bucket of services. We do not cover enough of this broadly for everyone in Medicaid and that is a big piece of what we are adding to the table. We are going to be starting to implement those pieces soon.

**Crisis Response and Emergency** is our third bucket and ensuring that families can access and get crisis stabilization and mobile crisis if needed.

The last bucket on our services is **Residential and Inpatient Treatment** and have a higher intensity service. This is also costly and also institutionalized in many ways for children is that residential inpatient psych hospital treatment. We really want that to not be necessary for every child that has services or in need of services. There are a lot of different partners, counties as well as state partners working on this. This entire continuum and ensuring that we have the stabilization services available. The residential treatment will not go away. We know that there are some children that are still going to need to go to a residential treatment setting but it should not be forever. Same with inpatient psych, it is needed but needs to be appropriate. We are trying our best to ensure children are avoiding that scenario as much as we can.

We are looking at the Katie Beckett option because behavioral health when it is serious and significant enough, it is a disability. We do not want to do this in a way where it's a waiver or wait list. We want this to be a coverage program for any children who is at risk of a serious emotional disorder, who has a serious emotional disorder, or a child who is in the foster care system, all the way up to the age of 21, unless their foster care is 26. Katie Beckett is an option where you could but into it, but it is something we are still talking through. We do need to work with CMS on how best to do that.

## 5. Implementation Time Line:

**By: Ann Jensen**

It's a really special time to have this level of focus and resources on this is really important work and we want to do it the right way. That involves listening to our community, to our families, our youth, and our providers. We will have a number of other community meetings on more specific topics such as school-based health care and how we figure out the best way to integrate behavioral health screenings. We will have our standard public workshops and hearings for any new policy that we are rolling out.

The next 2 years will be spent on developing new and enhanced benefits that Stacie was describing. Once we have those within our Medicaid system, we will then be implementing that delivery system reform. We have a numerous opportunity for folks to be involved and provide their input on Nevada policy. Our goal is really to ensure that our discussion and our feedback in the working group is being shared throughout this forum as well as to make sure that we are able to present and answer any questions.

Engaging our community members, providers, and sister agencies with monthly working group meetings to review all new policies and RFP process, regular community meetings on a range of deep-dive topics and on-going public workshops and hearings for new policies. Develop new and enhanced benefits with therapies for children and families to provide at home and in community, peer support and connecting children and families with support from their peers, Respite care, give caregivers planned or emergency short-term relief and Mobile Crisis Services.

Modernize the care delivery system with **Specially managed care plan** that launches January 1, 2027. A single health plan will cover all medical and behavioral health benefits for eligible youth. **Wraparound providers** will ensure enhanced care coordination of all services and benefits for children and families to keep them at home and in their communities whenever possible.

What does our Medicaid data look like for this population of youth that we are serving? We want to make sure that that's really inclusive to all the youths who are struggling with behavioral health, disabilities, and other conditions. We will have some working on a branding project. We want to kind of demystify some of the language we use and the work that we need to do to share a little bit more about what it means to develop something new for Medicaid to cover. Specifically, we will use an example of peer support, something our teams have been working really close on for the past few months.

## 6. Feedback:

**Dr. Takesha Cooper** shared that Southern California had a family peer support program called "Parent Partners." The parents successfully navigated the mental health system for their own child. As part of their job, they would partner with parents and help navigate throughout the mental health system and so they were pivotal parts. They would come with you to medication management visits. They would also talk with you if you were having a hard time understanding something. They also participated in consultation meetings and were so helpful. Dr. Cooper proposed exploring a similar model in Nevada.

**Alana Rogne** shared that Working with CCBHC and seeing this is something that we provide every single day for all of our clients, wraparound services, and peer support. Seeing this is really amazing and seeing all the different people on the panel.

**Angie Wilson** shared that she loves the continuum of care and how it is out. Angie shared that she is proud to be a part of the group and help however she can. Angie also shared that she loves that our state is taking this initiative for behavioral health, especially access for kids and seeing what some of the challenges are and addressing them and what it looks like on that service model and with this working group that's coming from different facets to be able to contribute.

All meeting dates and times will be posted on the DHCFP Public Notices page. Public Notices will be sent to the BH ListServ to notify of future meetings. If you would like to be added to our ListServ, please email [ChildrensBH@dhehp.nv.gov](mailto:ChildrensBH@dhehp.nv.gov). With that we still conclude with our Public Comment. This is open to anyone on this call if you have trouble providing telephonic comment, please press \*5 to unmute.

**7. Public Comment:**

No public Comment was made.

**8. Adjournment:**

Ann Jensen adjourned the meeting at 5:02pm