

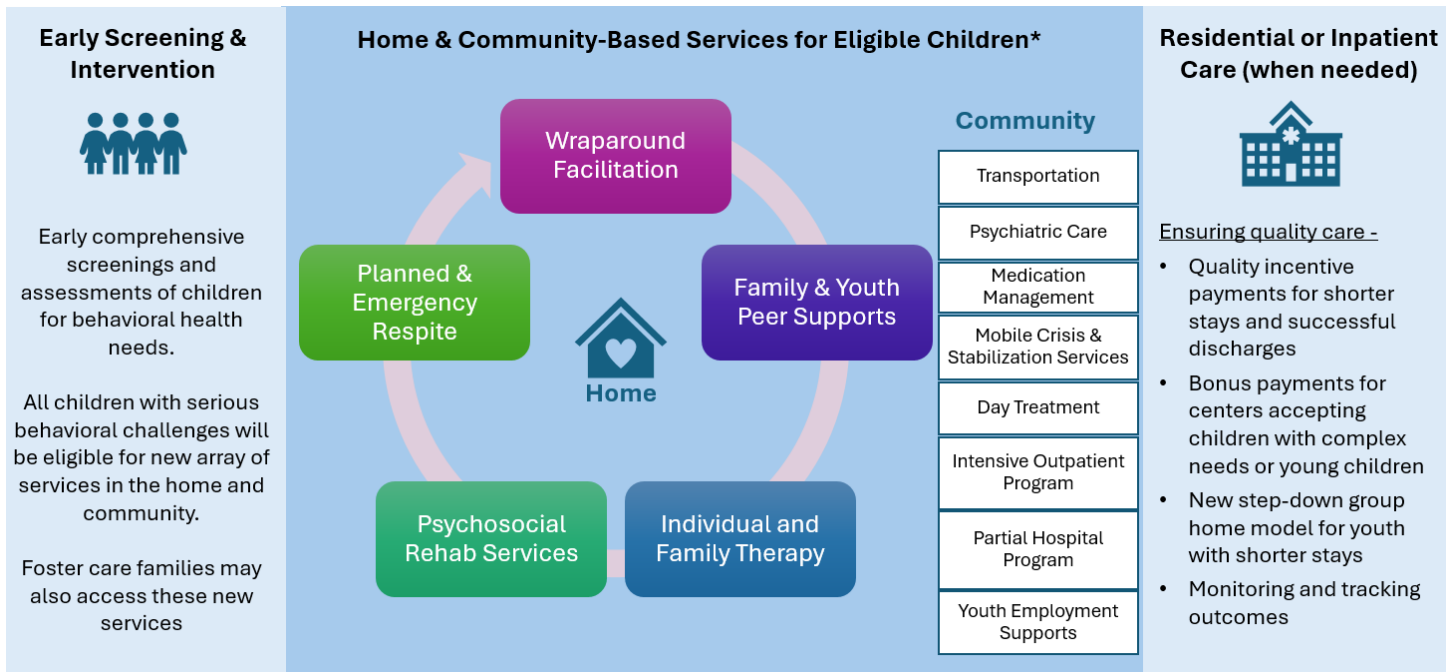


Transforming Children’s Behavioral Health Care

Nevada Medicaid is working in partnership with stakeholders to transform the state’s system for children in foster care and children with significant behavioral health needs. This transformation seeks to avoid unnecessary institutionalization of children in Nevada with behavioral health needs. As shown in Figure 1, the proposal consists of new policies and procedures to screen and assess children early and often for behavioral health needs. Any children with a serious emotional disorder or in foster care would be connected to a new home-and-community based services program funded by Medicaid. The goal would be to wrap services around the child and family in support of the child remaining in the home and community. The state estimates between 10,000 and 15,000 children would be eligible for this new program with nearly \$200 million (state and total federal Medicaid funds) invested in the program by the end of year three.

The services available to an eligible child in the home would include individual and family therapies, psychosocial rehabilitation services (skill building and intensive in-home services), family and youth peer supports, caregiver respite care, and wraparound facilitation. Community-based services would include, but not be limited to, nonemergency medical transportation, day treatment, psychiatric services, medication management, mobile crisis services, crisis stabilization services, partial hospitalization or intensive outpatient care, and youth employment supports.

Figure 1: New Continuum of Care of Children with SED and/or Foster Care



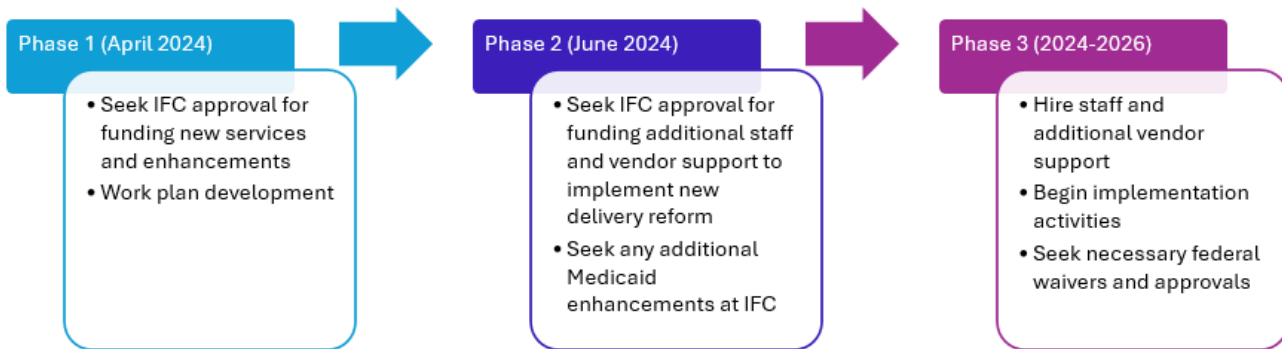
*Services may be provided through telehealth if appropriate and necessary to ensure access in certain remote areas of the state.

This proposal also includes a new step-down option from residential treatment for youth and young adults to a group-home model with a shorter length of stay—like a Qualified Residential Treatment Program.

Phases for Implementation

There are several key phases to implementing these new reforms so that Nevada children have access to a robust continuum of care for behavioral health services. The first phase consists of obtaining authority to spend up to 15 percent of revenue from the state’s private hospital tax to finance new services and enhancements for children’s behavioral health care. The next phase consists of seeking additional funding authority to support the establishment of certain reforms to the state’s Medicaid delivery system for this child population. Such reforms are necessary to build an adequate provider network and provide an integrated benefit set to eligible children. The third phase consists of the activities necessary for implementation of these new services and enhancements and changes to the delivery system.

Figure 2: Initial Phases for Implementation



Detailed Continuum of Care for Children’s Behavioral Health Care

Below is a table of services organized by the continuum of care for children’s behavioral health in Nevada.

Screening & Early Intervention Services	Outpatient & Community Services	Acute Intervention Services	Residential & Inpatient Services
Wraparound Facilitation Services			
Peer Support Services (Family & Youth)			Qualified Residential Treatment Program
School Health Services	Planned & Emergency Respite for Caregivers*		
	Intensive Case Management		Residential Treatment
	Intensive In-Home Supports		Inpatient Psychiatric
	Psychosocial Rehabilitation Services		
Individual & Family Therapy Services			
Screening & Assessment Services			Inpatient Hospital
Well-Child Visits	Mobile Crisis Response Services		
	Medication Management		
	Medical Transportation Services		
	Intensive Outpatient	Partial Hospitalization	
	Day Treatment Services	Crisis Stabilization	
	Psychiatric Services		
		988 Hotline & Referrals	
	DCFS Mobile Crisis Response		

New or Enhanced Medicaid Services
 Current Medicaid Services
 Other Agency Programs