

Joe Lombardo
Governor



Richard Whitley
Director

Nevada Medicaid Children's Behavioral Health Transformation

Division of Health Care Financing and Policy

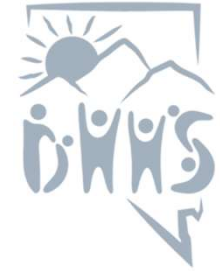
Stacie Weeks, JD, MPH, Administrator

June 10, 2024

Department of Health and Human Services

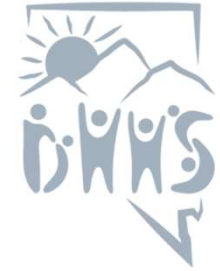
Helping people. It's who we are and what we do.





Agenda

1. Background
2. Snapshot of Children with Severe Emotional Disturbance (SED)
3. The Vision
4. Behavioral Health Continuum and Benefit Changes
5. Strengthening Quality in Residential Settings
6. Other Medicaid Investments & Changes
7. Delivery System Reforms & Nevada's Funding Strategy
8. Timeline
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Background

- On Oct. 4, 2022, the U.S. Department of Justice (DOJ) found that Nevada does not provide children with behavioral health disorders with adequate community-based services.
- Instead, Nevada relies on segregated, institutional settings, like hospitals and residential treatment facilities, to serve children with behavioral health disabilities.
- This violates the federal Americans with Disabilities Act (ADA).
- The State is still in *confidential negotiations* with DOJ on a settlement agreement about what the State needs to do to come into compliance with the ADA.
- However, the need is too great to wait; Nevada Medicaid has begun moving forward with efforts that align with the activities needed to comply with the ADA for this population.

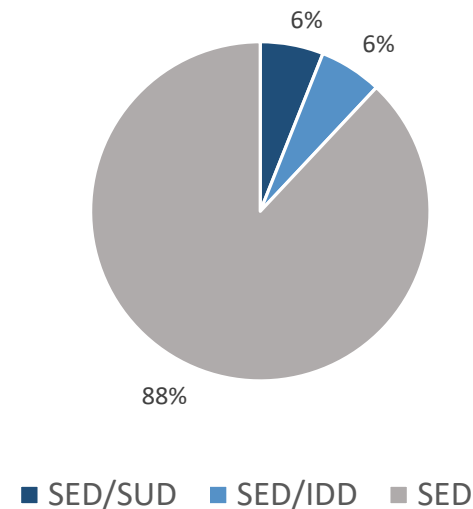


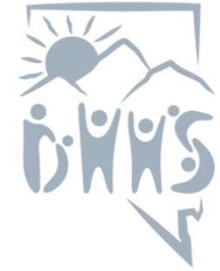
Snapshot of Children in Medicaid with SED



About 1 in 6 children (+67,000) in Medicaid have a serious emotional disorder designation.

Medicaid Child Population with SED and Dual Diagnoses

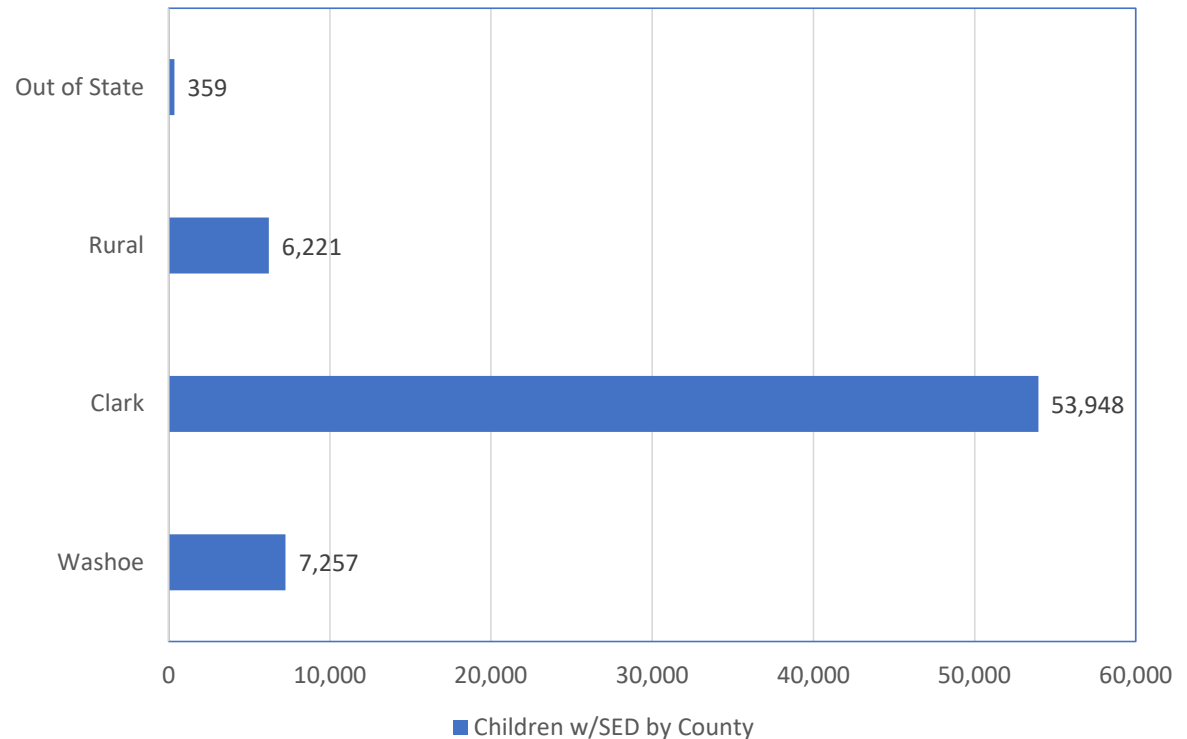




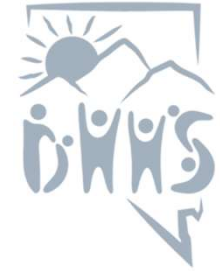
Snapshot, continued

- Majority live in Clark County.
- About **1 in 12 children** with SED in Medicaid are in the state's foster care system.
- In general, SED affects **female and male** children, equally.
- Most common reason for out of state care is **residential treatment**. Cost annually for these services to the state is roughly **\$5.8 million**, with the federal share covering the remaining costs.
- **About 60%** of kids being sent out of state are in the **foster care** system, with the majority being children between the **ages of 13-20**.

Children w/SED by County



Source: Office of Analytics & DHCFP, Data Analysis of Warehouse Data for Medicaid Recipients (2023).



The Vision & Values

Vision

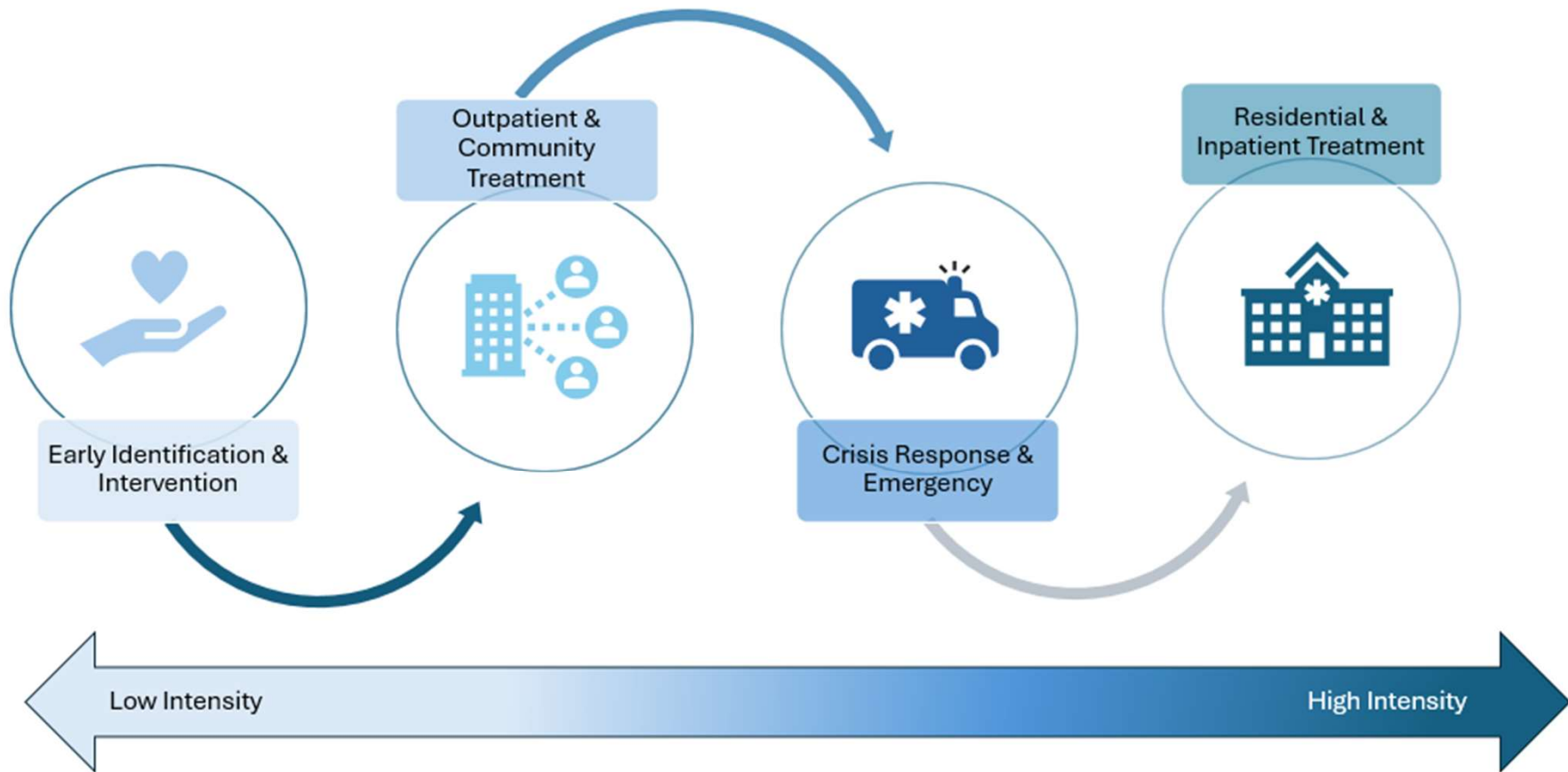
Nevada children have access to the behavioral health services they need to live and thrive with their families and in their communities.

Values

- Child-Centered
- Family-Focused
- Community-Based
- Accountable System of Care
- Coordinated Response



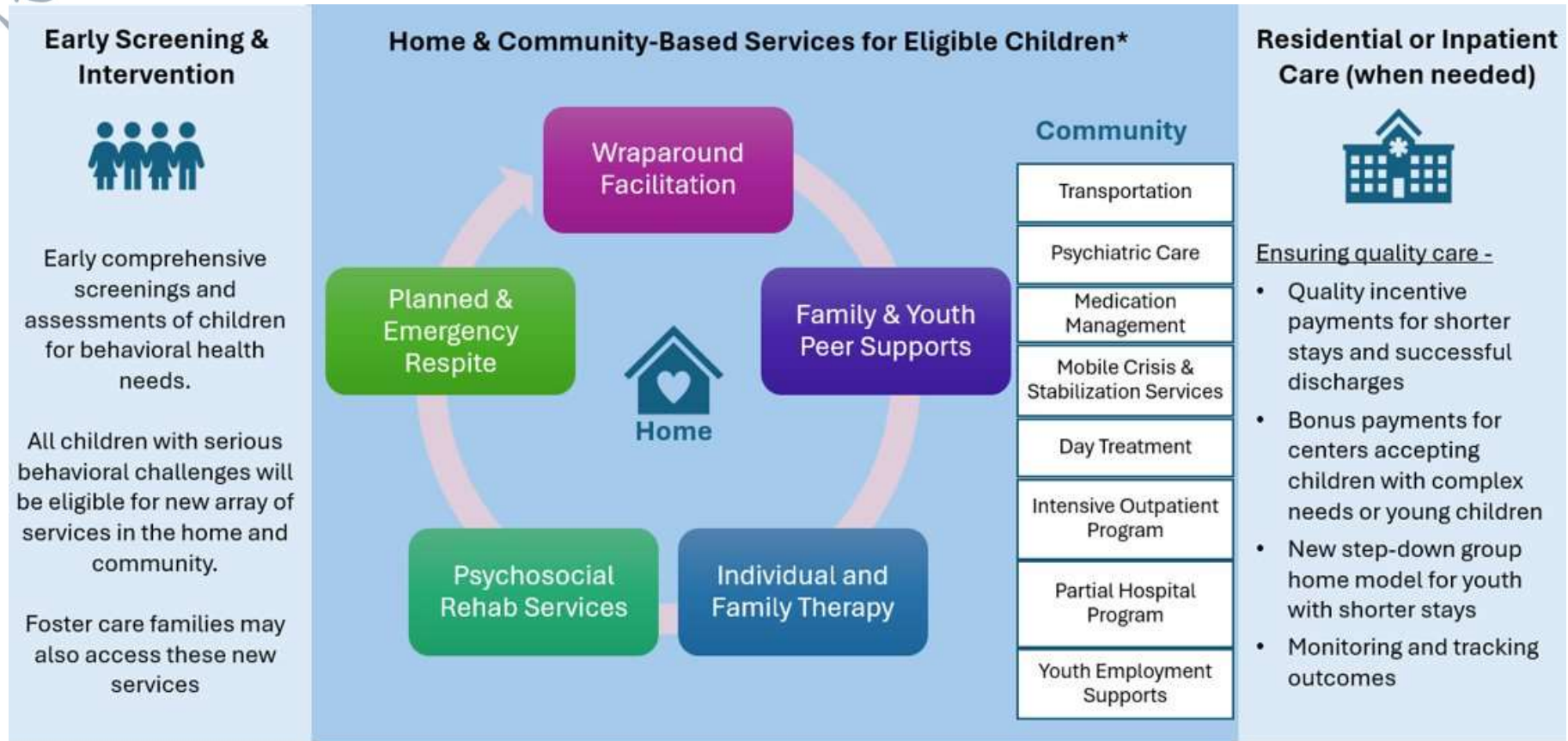
Recap: Behavioral Health Care Continuum



Source: Nevada DFCFP, DHHS, Behavioral Health Care Continuum, 2024.



New Medicaid Home & Community Services



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

Source: DHCFP, DHHS, Visual for New Medicaid Home & Community Based Services for Children with SED, 2024.



Detailed Continuum of Care with Benefit Changes

Screening & Early Intervention Services	Outpatient & Community Services	Crisis & Emergency Response (Acute)	Residential Treatment & Inpatient
Wraparound Services (Intensive Care Management & Care Coordination)			
Peer Supports and Services (youth and family)			Residential Treatment
	Respite Care (Planned & Emergency)		QRTP-Like Model for Youth
Intensive Targeted Case Management Services			
	Intensive In-Home Supports		Inpatient Hospital
	Psychosocial Rehab Services		
Individual & Family Therapy Services			
Screening & Assessment Services			
School Screenings	Day Treatment	Mobile Crisis Response	
Child Check Up Services	Medication Management		
	Intensive Outpatient	Partial Hospitalization	
	Crisis Intervention	Crisis Stabilization	
		988 Hotline & Referrals	

New Covered Service or Rate Change

Existing Covered Services

Source: DHCFF, DHHS, Table of Services for Benefits under Continuum of Care, 2024.



Strengthening Quality in Residential Settings

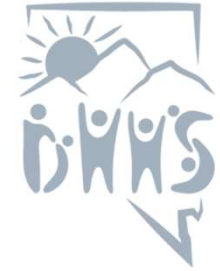
Goal: Residential treatment settings for children should only be used short term, when clinically appropriate, and if there are no safe community alternatives due to a child's behavioral health condition.

New Medicaid Investments

- New flat base rate of \$800 per day for all Residential Treatment Centers (RTCs)
- Add-On of \$100 per day for children under the age of 9
- Add-On of \$100 per day for children with complex needs

Medicaid Changes to Improve Quality

- New quality bonus payment for RTCs tied to robust discharge planning, shortened lengths of stay and successful community transitions and low re-admissions
- Require federal certification as a Psychiatric Residential Treatment Facility (PRTF)
- Strengthen policies and oversight around discharge planning, admissions, and preventing abrupt terminations and transfers of children
- Increased monitoring and transparency of data and quality metric performance



Other Medicaid Investments & Changes

Coverage of a Qualified Residential Treatment Programs-like Model

- Children with SED/SMI who are 13-to-20 years of age
- Group home setting (most under 16 beds)

Expansion of School Health Services, Statewide

- Incentivize screening for behavioral health conditions
- Removing county share



Other Medicaid Investments & Changes, continued

Individual and Family Therapy Rate Increases

- Add-On for Services in Rural Areas
- Add-On for In-Home Services or Telehealth In-Home for Rural

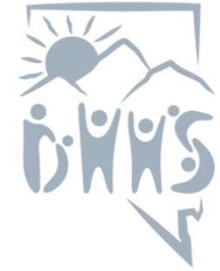
Behavioral Support Services & Psychosocial Rehabilitation Services

- Rate Increases and expansion to all children with SED

Rate Parity for Inpatient Psych with Acute Hospital

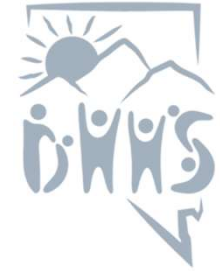
- For Psych + Detox

Removal of Prior Authorization for Crisis Intervention Services



Delivery System Needs

- Today, children in foster care and many children with serious behavioral health needs are covered through the state's **Medicaid Fee-For-Service system**.
- Fee-For-Service delivery model can often lead to **fragmented care** because there is **no clear lines of accountability** for coordinating care, developing an adequate provider network, or ensuring quality services.
- **Specialized Managed Care plans** have been successful in filling the void in capacity at state and local levels for adequately managing the delivery of care for children with behavioral health needs and children in foster care. (**Arizona, Washington, and Ohio**)
- Specialized Managed Care plans can help **bolster state and local resources** for supporting the delivery of services, including care coordination and case management services, for children in the foster care.



Specialized Managed Care Plan



MEDICAL SERVICES

BEHAVIORAL HEALTH CARE

TRANSPORTATION SERVICES

INTENSIVE CASE/CARE MANAGEMENT

Provider Network Adequacy & Access Requirements

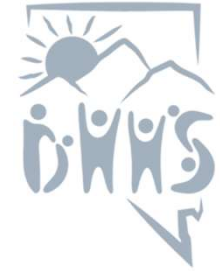
Value Add Services (Employment & Housing Supports & Meals)

Collaboration Agreements with Schools, Child Welfare, Courts, etc.

24-Hour Family Nurse Support Line

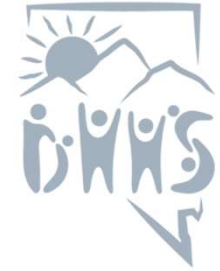
Quality Incentives & Performance Monitoring

Community Reinvestment & Workforce Development

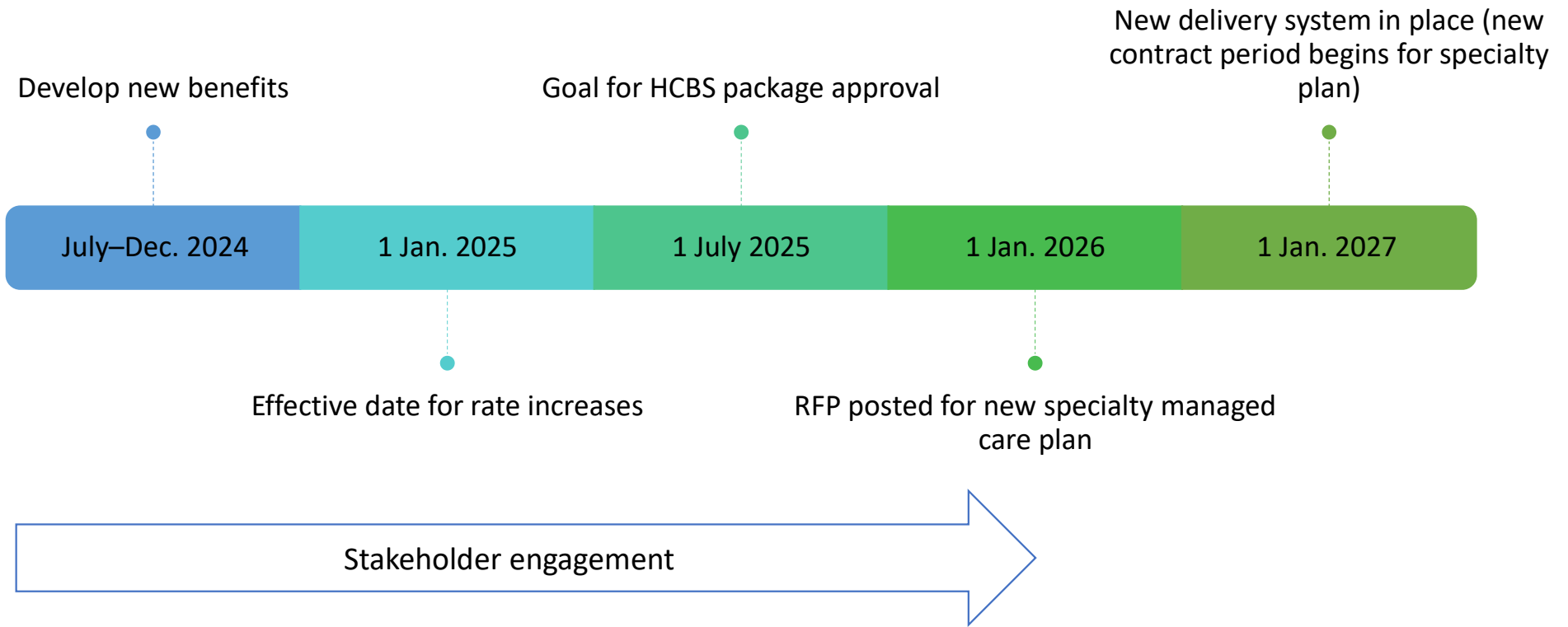


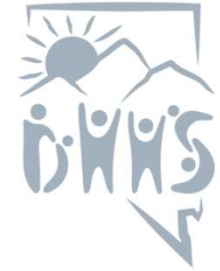
The Financing Mechanism

- [SB 435](#) allows Nevada Medicaid to use up to 15% of the revenue from the private hospital tax for administrative costs for the tax and any remaining funds to improve access to Medicaid behavioral health care services in the community.
- Nevada Medicaid will leverage these dollars and match them with federal Medicaid dollars.
- To access these funds for these new services, Nevada Medicaid will seek approval from the state's legislative Interim Finance Committee.
 - April IFC – Services and Investments – Approved!
 - June IFC – Delivery System Modernization and Vendor/Staff



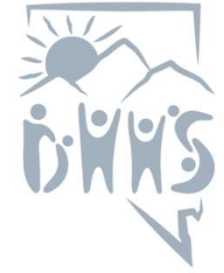
Estimated Timeline



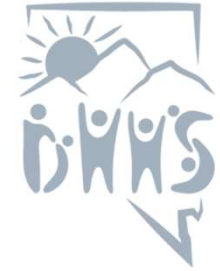


Other Medicaid Gaps and Opportunities

- Assertive Community Treatment Model (establishment and funding)
- School BH services – centralized school billing vendor support
- Sufficient skilled (licensed/certified) workforce for services for children
- Services that meet needs of children with IDD/SED
- Additional rate gaps for Outpatient Services (Day Treatment, Partial Hospitalization, and Intensive Outpatient Services)
- Gaps in primary care and pediatric workforce reduce capacity for screening and assessing children for services
- Rural access challenges for children with behavioral health needs



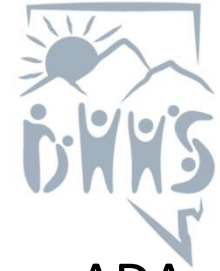
Questions?



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Acronyms

ADA – Americans with Disabilities Act

DHCFP – Division of Health Care Financing and Policy

DHHS – Department of Health and Human Services

DOJ – Department of Justice

HCBS – Home and Community Based Services

IDD – Intellectual and Developmental Disabilities

PRTF – Psychiatric Residential Treatment Facility

QRTP – Qualified Residential Treatment Program

RTC – Residential Treatment Facility

SED – Severe Emotional Disturbance

SMI – Serious Mental Illness

SUD – Substance Use Disorder