

Joe Lombardo
Governor



Richard Whitley
Director

State of Nevada
**Department of Health and
Human Services**

Transforming Behavioral Health Care for Nevada Children

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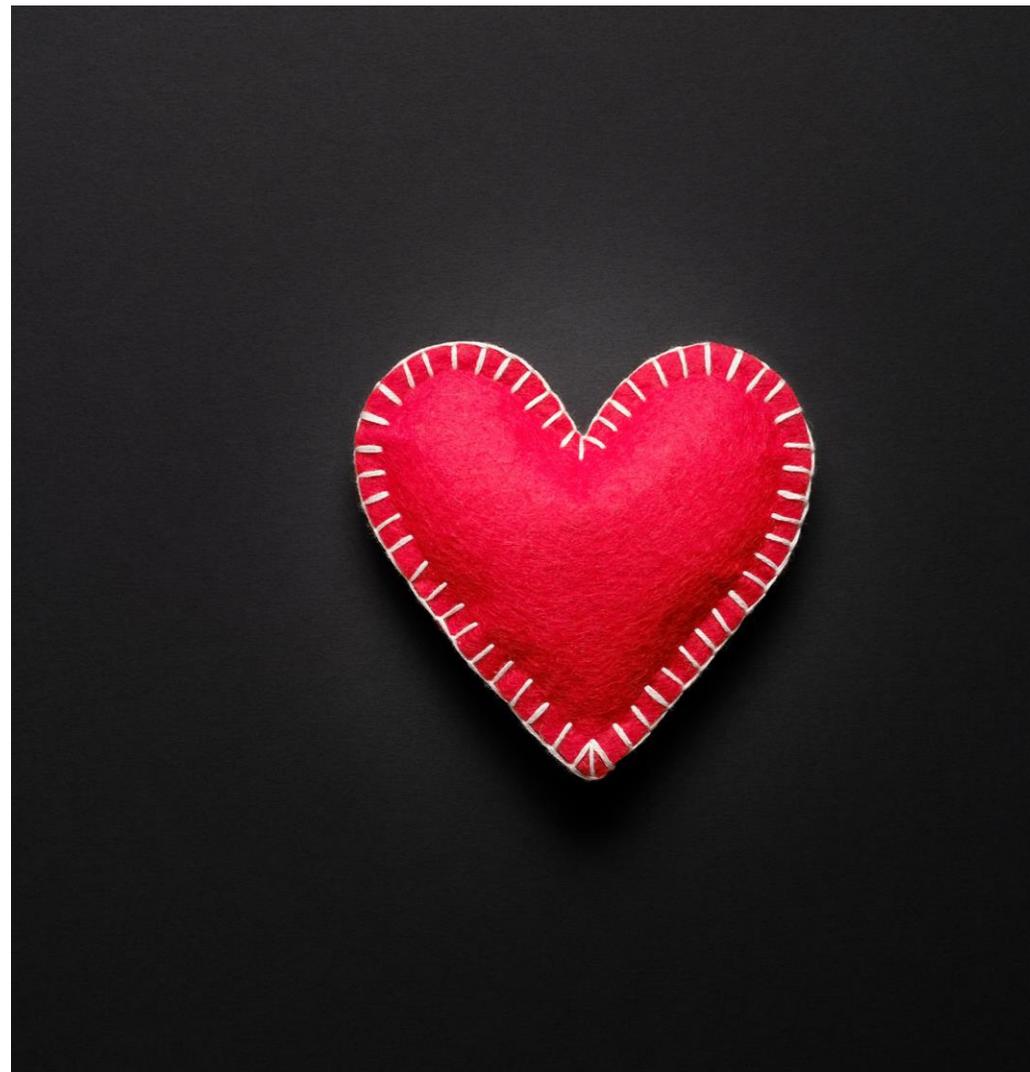
Agenda

1. Welcome
2. High Level Medicaid Overview
3. The Vision
4. New Medicaid Home & Community Services
5. Strengthening Quality of Residential Treatment Services
6. Other Medicaid Investments & Changes
7. The Financing Mechanism
8. Updates for Mobile Crisis Response
9. Next Steps
10. Discussion



Medicaid

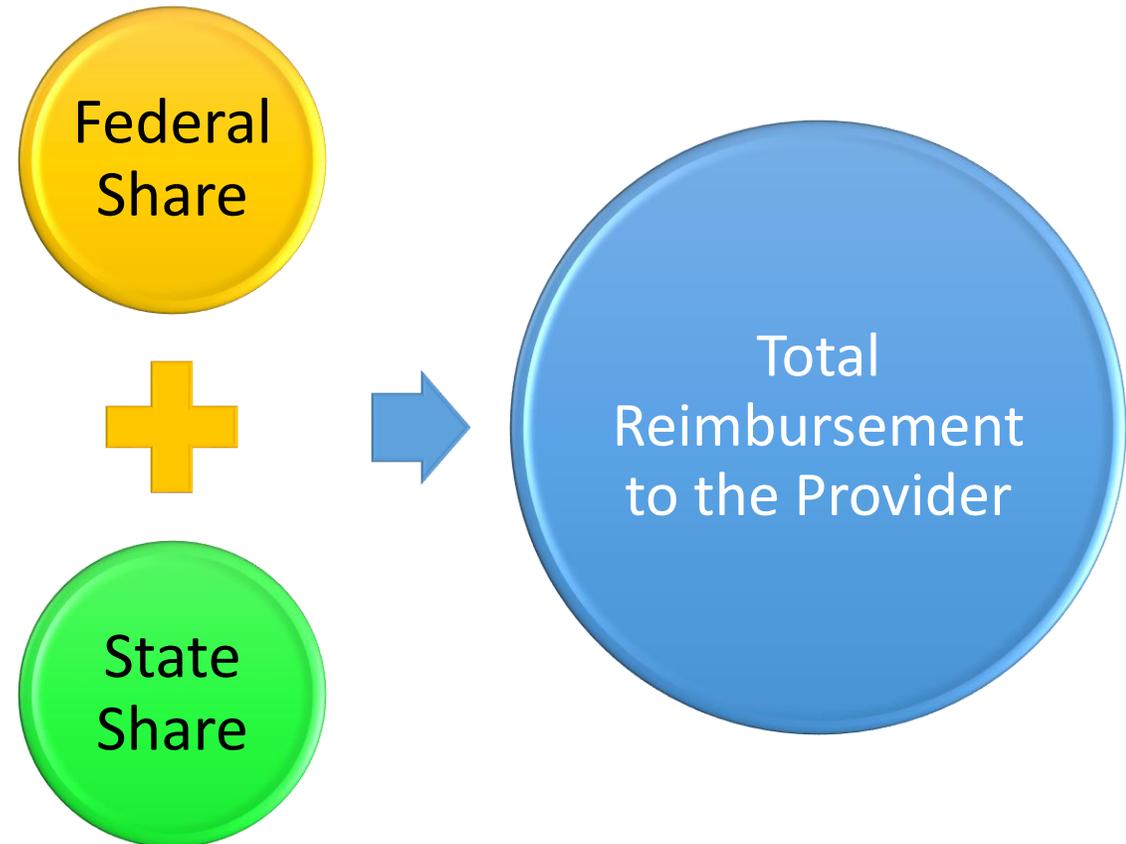
- Authorized by Congress under Title XIX of the Social Security Act in 1965.
- Medicaid is an optional medical coverage program that states elect to provide to their residents.
- States work in partnership with the federal Centers for Medicare and Medicaid Services (CMS) to assist in providing quality medical care for eligible individuals.
- Federal regulations define mandatory groups to be covered (Nevada generally covers only mandatory groups).
- Federal regulations define mandatory and optional services (Nevada generally covers mandatory services, or optional services if cost-effective).





State-Federal Share of Costs

- Federal government pays a guaranteed share (or %) of the costs for services **when “matchable.”**
- Amount of federal share varies by state and is based on a formula known as **FMAP** (Federal Medical Assistance Percentage) resulting in **FFP** (federal financial participation)
- Nevada’s overall FMAP is 68.8%, but it does **vary based on population or other factors**. For example, the newly eligible population (Medicaid expansion) receive a 90% FMAP



Medicaid- Unique by State



- If you've seen one Medicaid program, you've seen one Medicaid program.
- A person eligible in one State may not be eligible in another State.
- Services provided by one State may differ considerably in amount, duration, or scope from services provided in a similar or neighboring State.
- State legislatures may change Medicaid eligibility, services, and/or reimbursement during the year.



Division Mission

Division of Health Care Financing and Policy (DHCFP) administers Nevada Medicaid and Check Up to promote a healthier Nevada by:

- Purchasing and providing quality health care services for low-income Nevadans in the most efficient manner.
- Promoting equal access to health care at an affordable cost to the taxpayers of Nevada.
- Restraining growth of health care costs.
- Reviewing Medicaid and other state health care programs to maximize potential federal revenue.



Medicaid Delivery Models

Managed Care Organizations (MCOs)

1. Anthem Blue Cross/Blue Shield
2. Health Plan of Nevada
3. Silver Summit Health Plan
4. Molina Healthcare

- Enrollment is required for individuals living in **Clark or Washoe** Counties who do not meet criterion for FFS
- MCOs have their own case managers and procure their own providers
- Approximately **78%** of the Medicaid population is in an MCO
- All MCO members' dental services are covered by a Dental Benefit Administrator:

1. Liberty Dental

Members may choose their MCO during open enrollment periods

Fee For Service (FFS)

- Rural areas
- Individuals receiving SSI Disability benefits
- Children with an SED determination
- Individuals receiving nursing facility care (after 180 days in an MCO) or waiver services
- District office staff = care coordination

Choice of FFS or MCOs: children in foster care, children with special healthcare needs, SED Determination, Individuals registered with a Native American tribe

Magellan RX Management: Pharmacy Benefit Manager for FFS

Members may choose any FFS provider

The Vision

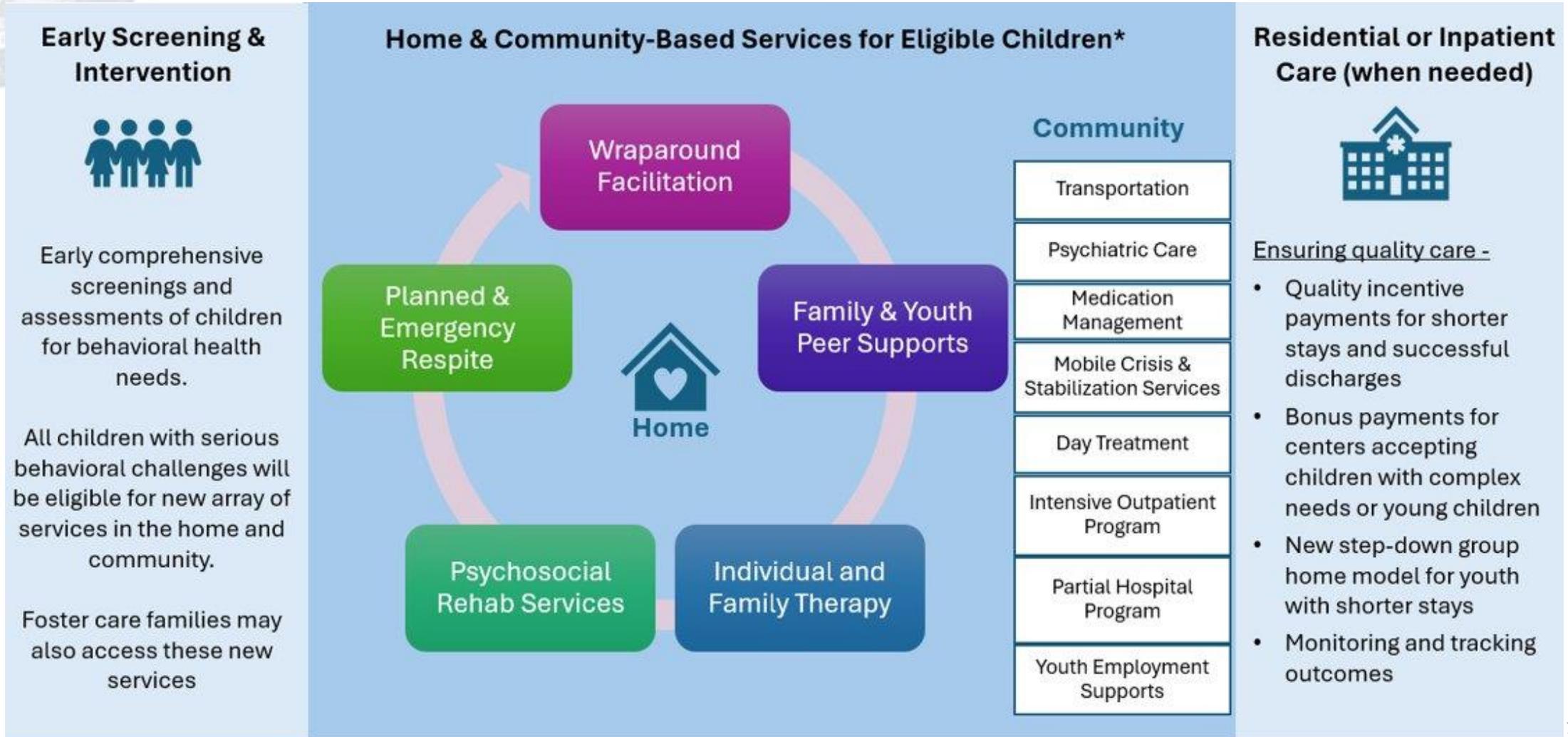


Nevada children have access to the behavioral health services they need to live and thrive with their families and in their communities.

Values

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

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.

Strengthening Quality in Residential Settings



Free Stock Images, Microsoft PowerPoint.

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 for all Residential Treatment Centers (RTCs)
- Add-On of \$100 for children under the age of 9
- Add-On of \$100 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 school district share

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





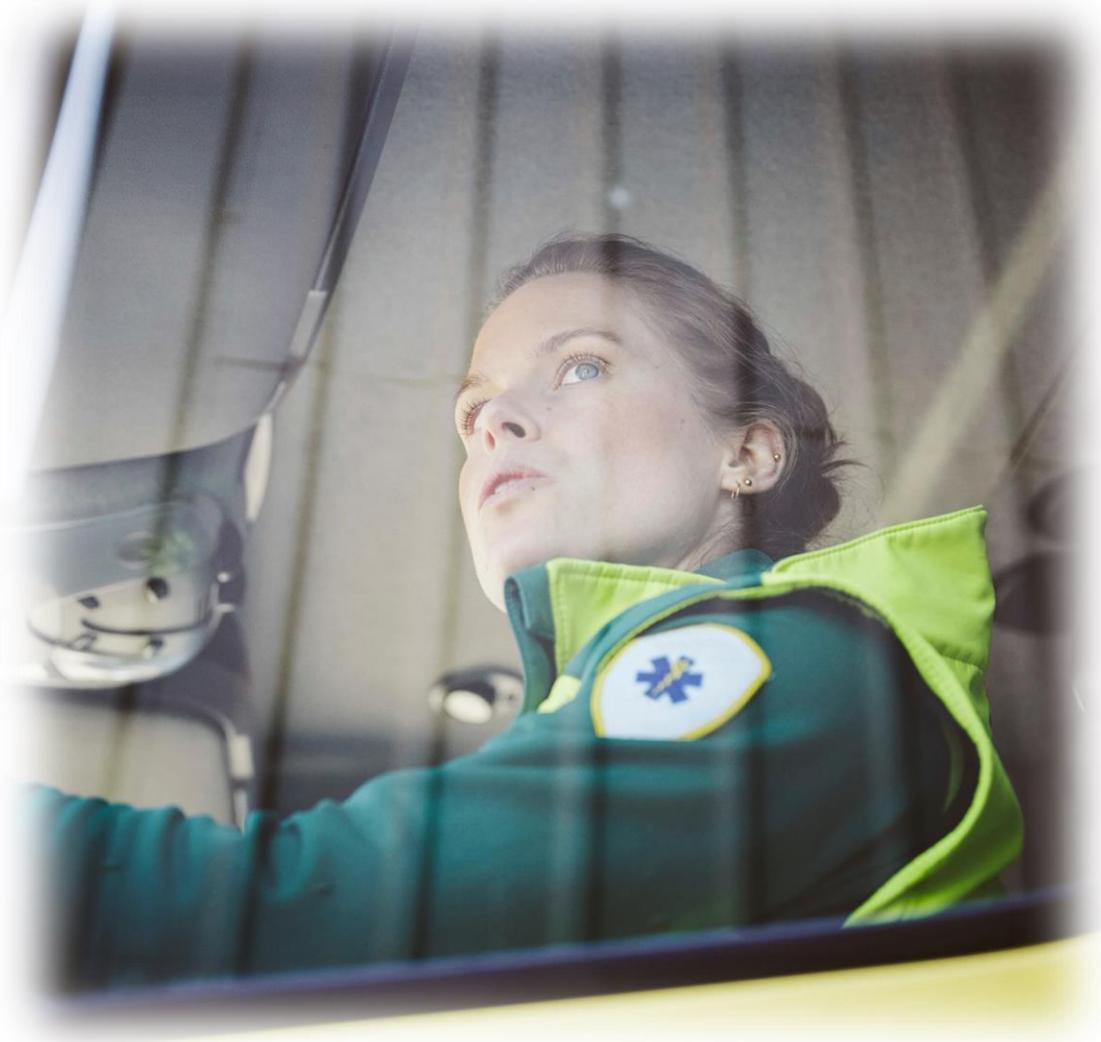
The Financing Mechanism

- S.B. 435 allows Nevada Medicaid to use up to 15 percent 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 & Investments – Approved!
 - June IFC – Delivery System Modernization & Vendor/Staff



State Mobile Crisis Response

- Statewide Best Practice Policy and guidance for Mobile Crisis Response and Stabilization Services
- Enhanced rates for providers enrolled as Designated Mobile Crisis Teams-outside of the CCBHC
- Proposed addition of Medicaid Provider type 87
- Proposed development of Nevada Medicaid Services Manual chapter focused on crisis services across the crisis continuum





Next Steps

- Schedule Stakeholder Workshop #2 for June to announce additional reforms and changes at Medicaid and other DHHS programs for improving children's behavioral health care
- June Interim Finance Committee
- Establish New Family & Stakeholder Advisory Committee for implementation this Fall
- Develop new Public Dashboard for evaluating changes in 2025
- January 1, 2025 – goal for effective date of most new services & rate changes (pending federal timelines for review and approval)
- 2025-2026 – other delivery system improvements



Discussion



Contact Information

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