

# Commission on Services for Persons with Disabilities



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## Committee Members

*Brian Patchett, Chair*

*Mary Bryant*

*Bill Heavilin*

*Gary Olsen*

*Jennifer Pharr*

*Jodi Sabal*

*Jon Sasser*

*Nicole Schomberg*

*Karen Taycher*

May 13, 2014

Melissa Slayden, BS  
Public and Behavioral Health  
Behavioral Health and Wellness Council  
4150 Technology Way  
Carson City NV 89706

On behalf of the Nevada Commission on Services for Persons with Disabilities (CSPD) I would like to offer the below recommendations regarding the work of the Behavioral Health and Wellness Council. The CSPD is an 8 person commission created by NRS 427A.121. Under NRS 427A.1217 we may:

- Review and make recommendations regarding plans for services for persons with disabilities;
- Evaluate existing programs for persons with disabilities, recommend changes in those programs and propose new programs that would more effectively and economically serve the needs of persons with disabilities;
- Evaluate any proposed legislation that would affect persons with disabilities;
- Recommend to the Legislature any appropriate legislation concerning persons with disabilities; and
- Coordinate and assist the efforts of public and private organizations that serve the needs of persons with disabilities, especially in the areas of education, employment, health, housing, welfare and recreation.

We have followed the work of the Governor's Behavioral Health and Wellness Council with great interest. Both of our groups are attempting to serve the needs of the same population. At this stage of your work we would offer the following specific suggestions which were adopted by a unanimous vote of the Commission at our meeting on March 3rd.

In order that we adequately fund services to persons with behavioral health problems it is vital that we maximize federal dollars through the Medicaid program. As you know the Medicaid expansion population covers childless adults with incomes below 138% of the federal poverty level with 100% federal funding initially. Once persons are Medicaid eligible they should be able to access providers through their Medicaid HMO organizations. This change should have a huge impact on the mental health system. No longer should people have to wait for hours to receive their medications through a state clinic. Therefore we first suggest that Nevada's contracts with the HMO providers put a heavy emphasis on case management and medication services.

Every effort should be made to capture and keep this population on the Medicaid program. Two important places to make that happen are the jails and the emergency rooms which are unfortunately our largest providers of mental health services.

- As to jails we have long advocated for the suspension (as opposed to the termination) of Medicaid eligibility upon entering jail. We are happy to see that you have picked this idea up in your proposals. There should also be an attempt to enroll prisoners with mental illness while in jail.
- For hospitals we believe that Nevada should expediently implement and maximize the use of Medicaid presumptive eligibility. This ACA mandate allows hospitals to preliminarily determine Medicaid eligibility for children, pregnant women, parents, caretaker relatives and adults without children. Payment is guaranteed for those presumed to be eligible. Children's mental health advocates have long recommended this approach to more quickly move uninsured children from hospital emergency rooms to into appropriate care settings and/or community based services.

With regard to children and their families we support the Children's Consortia in recommending the expansion of the Division of Child and Family Services current mobile crisis program modeled after Wraparound Milwaukie. This program provides immediate response services to children or adolescents requiring support and intervention with a psychiatric emergency. Crisis interventions reduce symptoms, stabilize the situation, restore the youth and family to their previous level of functioning and assist the youth in staying in the home. The Mobile Crisis Response Team is designed to reduce unnecessary psychiatric hospitalizations and placement disruptions of children and youth, and to reduce the need for youth to go to emergency rooms or detention centers to have their mental and behavioral health needs addressed.

Thank you for your consideration.

Sincerely

A handwritten signature in black ink, appearing to read "B. Patchett". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Brian Patchett, Chair  
Commission on Services for People with Disabilities