



Meeting Agenda

1. Transformation Timeline
2. Settlement Agreement Overview
3. Settlement Agreement Path to Compliance Summary
4. Questions/Feedback



Children's Behavioral Health Transformation Updates



The Vision



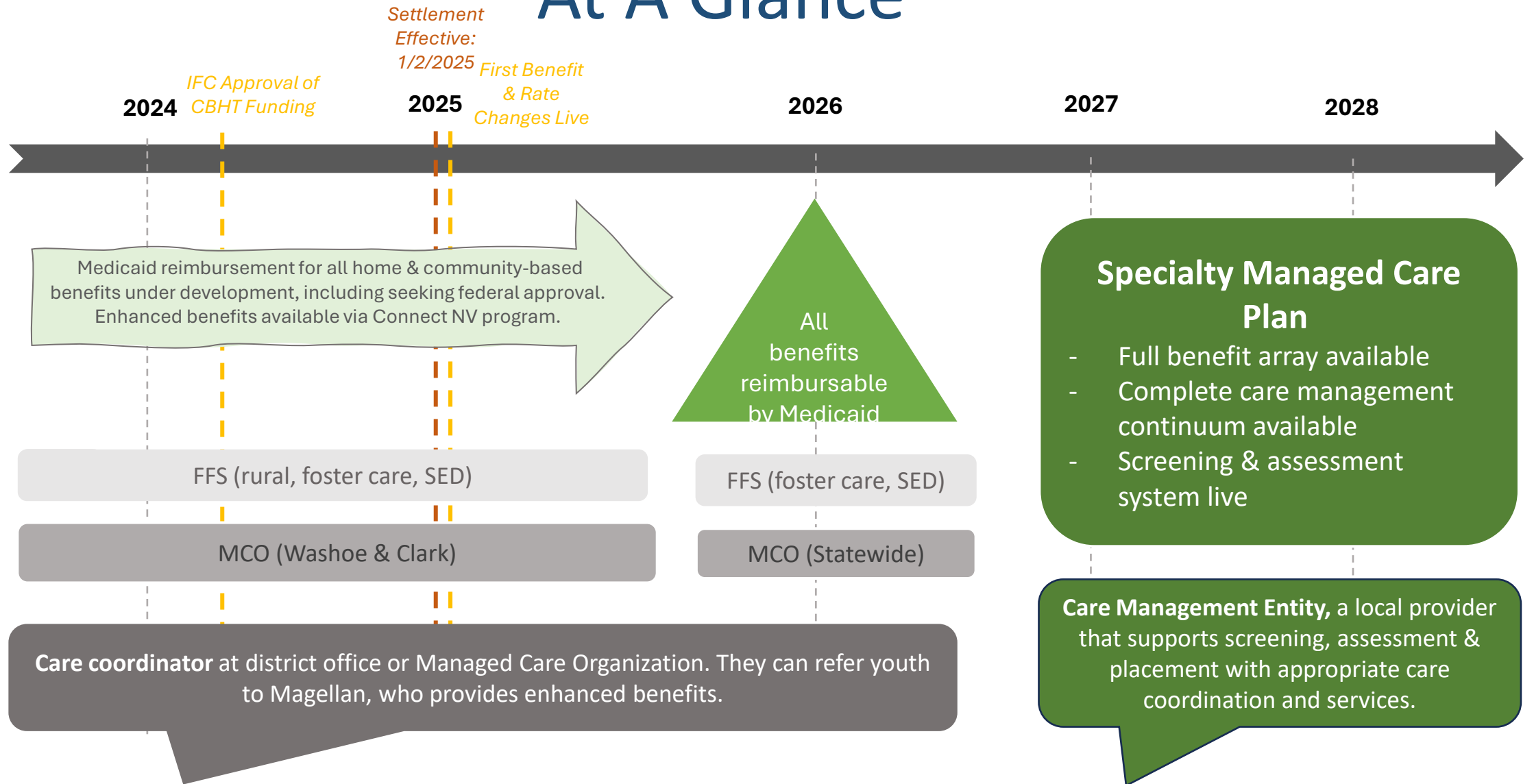
Nevada children have access to the behavioral health services they need to live and thrive with their families and in their communities.

Values

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



Children's Behavioral Health Transformation: At A Glance





Settlement Agreement Updates



Settlement Agreement between the United States & Nevada has been reached.

Settlement is effective January 2nd, 2025.

Full settlement can be found [here](#).

The screenshot shows the website for the Office of Public Affairs, U.S. Department of Justice. The header includes the department's seal, the text "Office of Public Affairs U.S. Department of Justice", and navigation links for "Our Offices", "Find Help", and "Contact Us". A search bar is also present. Below the header is a dark navigation bar with links for "About", "News", "Documents", "Internships", "FOIA", "Contact", and "Information for Journalists". The main content area shows a breadcrumb trail: "Justice.gov > Office of Public Affairs > News > Press Releases > Justice Department Reaches Agreement With Nevada To Ensure Children With Behavioral Health Disabilities Can Live In Their Homes and Communities". The page title is "Justice Department Reaches Agreement with Nevada to Ensure Children with Behavioral Health Disabilities Can Live in Their Homes and Communities". The page is categorized as a "PRESS RELEASE". On the left side, there is a "News" section with links for "All News", "Blogs", "Photo Galleries", and "Podcasts".



Overarching Agreement Purpose & Goals

Purpose

- Prevent children from being removed from their family home to obtain treatment for behavioral health conditions;
- Prevent children from unnecessarily entering Hospitals and Residential Treatment Facilities due to unmet behavioral health needs; and
- Support the transition of children who have been placed in these settings back to their family homes and communities with needed services when appropriate.

Goals

- Develop a system of community-based services that effectively engages families in service planning and ensures coordinated and family-centered care;
- Ensure services are sufficient, meaning they prevent unnecessary institutionalization (residential treatment); and
- Ensure children with behavioral health needs have the supports they need to live at home with their family and obtain the skills needed to live independently upon reaching adulthood.

Note: “Children” are defined as in the agreement as children in the “Focus population” as later discussed.



How should I read the Settlement Agreement?

- Thirteen sections outline all requirements for Nevada to achieve compliance with Title II of the Americans with Disabilities Act.
 - **Section 2** includes important definitions, such as the behavioral health services included.
 - **Section 7** outlines stakeholder requirements
- Compliance will be audited by an Independent Reviewer team.
- 5-year term for the state to achieve compliance with the agreement.

AGREEMENT BETWEEN THE UNITED STATES AND THE STATE OF NEVADA

I. INTRODUCTION

A. In December 2020, the United States Department of Justice (“the United States”) initiated an investigation under Title II of the Americans with Disabilities Act (“ADA”), 42 U.S.C. § 12101 et seq. and its implementing regulations, of Nevada’s service system for Children with Behavioral Health Disabilities.

B. On October 4, 2022, the United States issued a findings report notifying the State of its conclusion that the State does not comply with Title II of the ADA, as interpreted in *Olmstead v. L.C. ex rel. Zimring*, 527 U.S. 581 (1999). This Agreement resolves pending issues between the United States and the State (“the Parties”) concerning the United States’ investigation of Nevada’s service system for Children with Behavioral Health Disabilities.

C. The Parties are committed to full compliance with the ADA. This Agreement is intended to advance the State’s compliance with the ADA and to ensure that services, programs, and activities offered by the State to Children in the Focus Population will be provided in the most integrated setting appropriate to meet their needs, consistent with *Olmstead v. L.C.* Implementation of this Agreement will operate under the presumption that these Children can be served in the community, if provided with adequate supports.



What population is the Settlement Agreement focused on?

What does this mean?

- Focus on Medicaid eligible youth (1 in 2 youth in NV)
- Eligibility is based on need for high acuity behavioral health services
- All settlement terms (new benefits, delivery system) apply to this population.
 - Exception: Screening & assessment and mobile crisis response & stabilization apply to all youth in Nevada.

Settlement Item II.K.:

“**Focus Population**” is the population of Children served by this Agreement. A Child in the Focus Population is a **Medicaid-eligible** Child who has a **Behavioral Health Disability**; and

a. is in a Hospital or Residential Treatment Facility; or

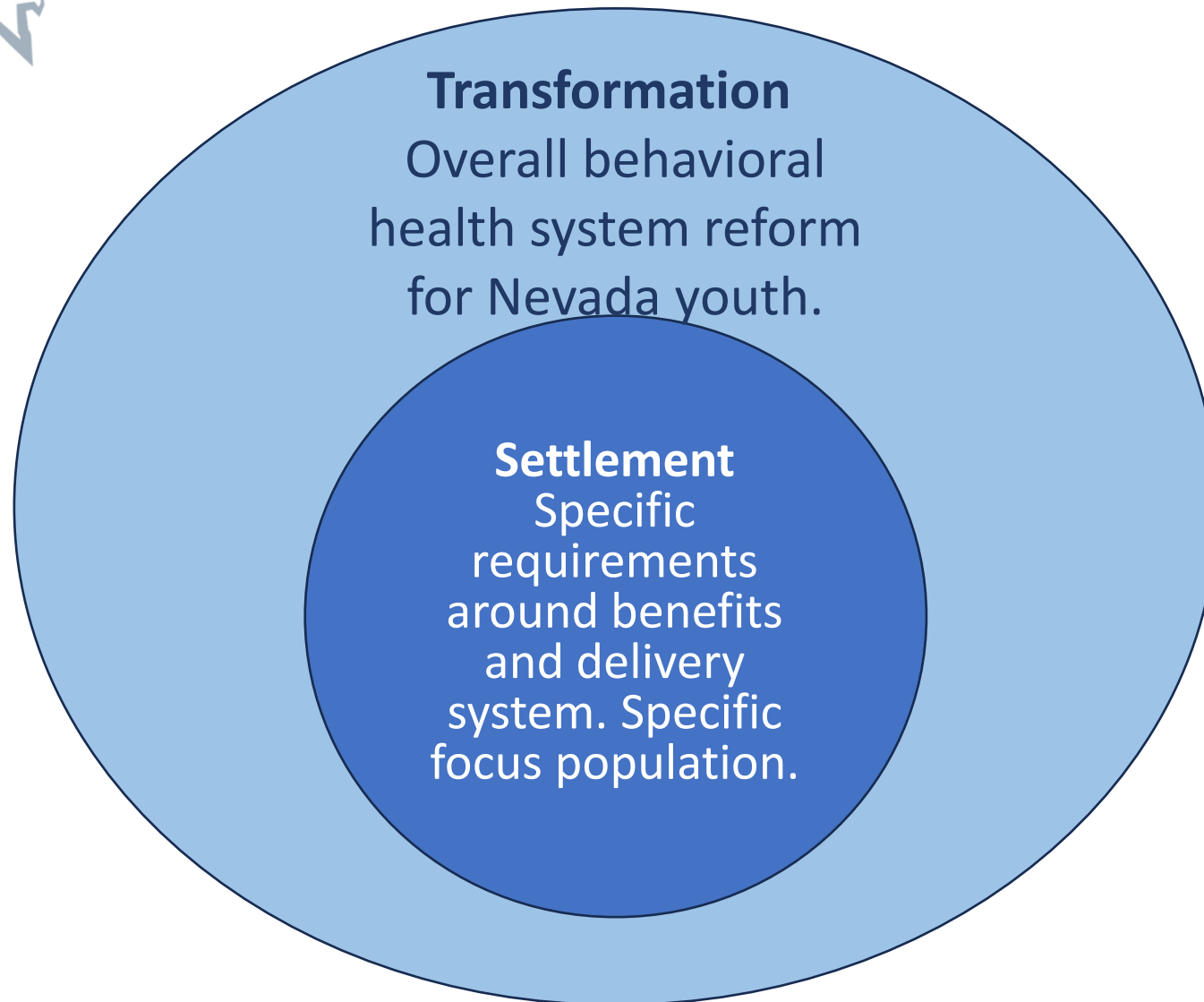
b. meets at least one of the following criteria:

1. Is referred to, seeks authorization for, or is discharged from a Hospital or Residential Treatment Facility;
2. receives a score on a Clinical Assessment Tool that indicates eligibility for hospitalization in a Hospital or a Residential Treatment Facility placement;
3. receives Mobile Crisis Response and Stabilization Services three or more times within a twelve-month period;
4. is released from a county juvenile detention center or state Youth Parole Youth Center and receives a score on a Clinical Assessment Tool that indicates the Child is at risk for hospitalization in a Hospital or Residential Treatment Facility services; or
5. has been in a child welfare emergency shelter care for more than 7 days and receives a score on a Clinical Assessment Tool that indicates the Child is at risk for hospitalization in a Hospital or Residential Treatment Facility services.

For the purposes of this Agreement, all services with the exception of Screening, Assessment, and Mobile Crisis Response and Stabilization Services apply only to Children in the Focus Population.



How does the settlement relate to the transformation?



Transformation Project Eligibility

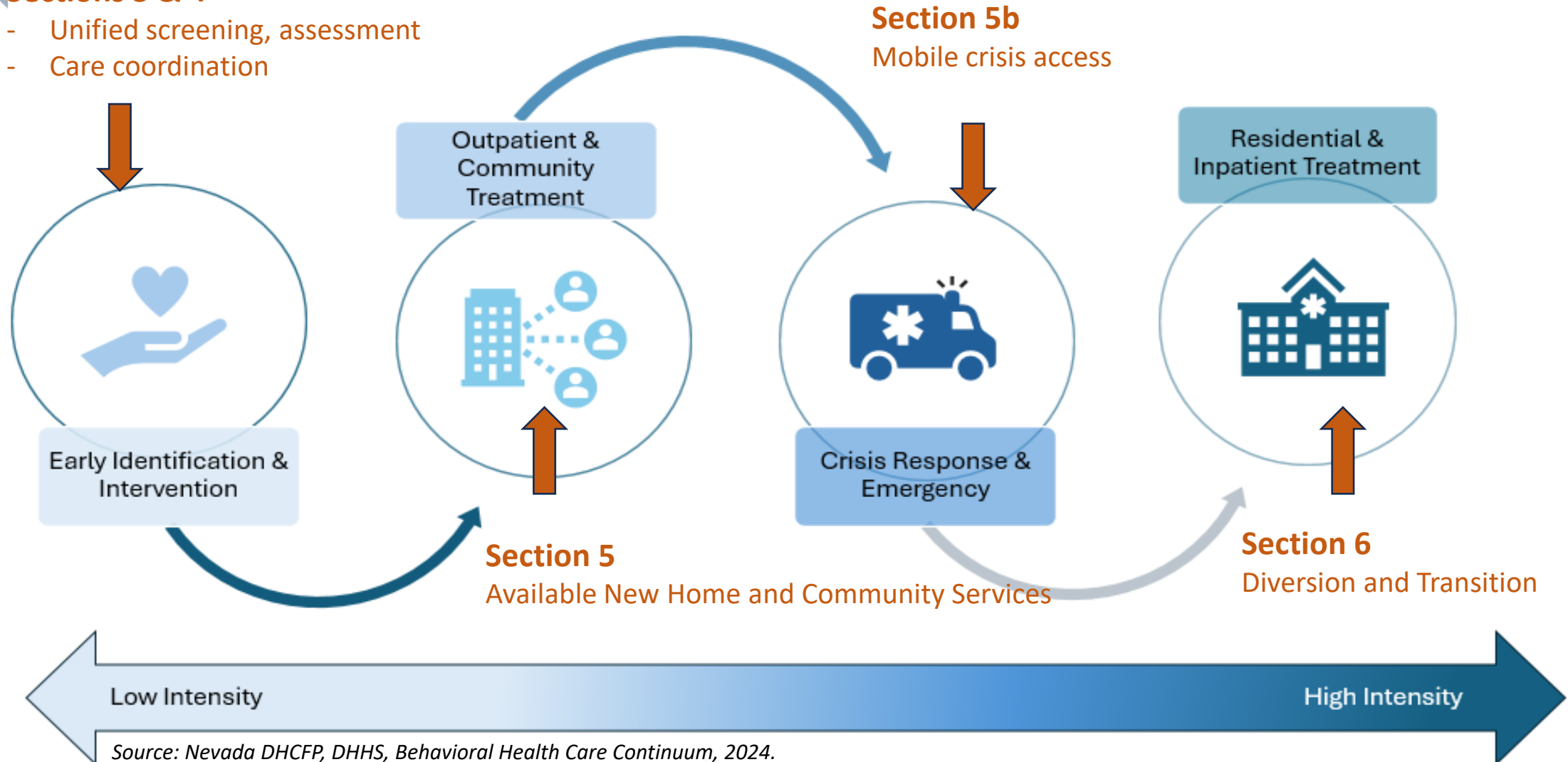
1. Children (0-21) who are at-risk for serious emotional disorder or behavioral health conditions
2. Children (0-21) with a serious emotional disorder designation or serious mental illness
3. Children (0-21) with a serious emotional disorder designation and intellectual developmental disability
4. Children who are in state foster care system



How does the settlement align with the behavioral health care continuum?

Sections 3 & 4

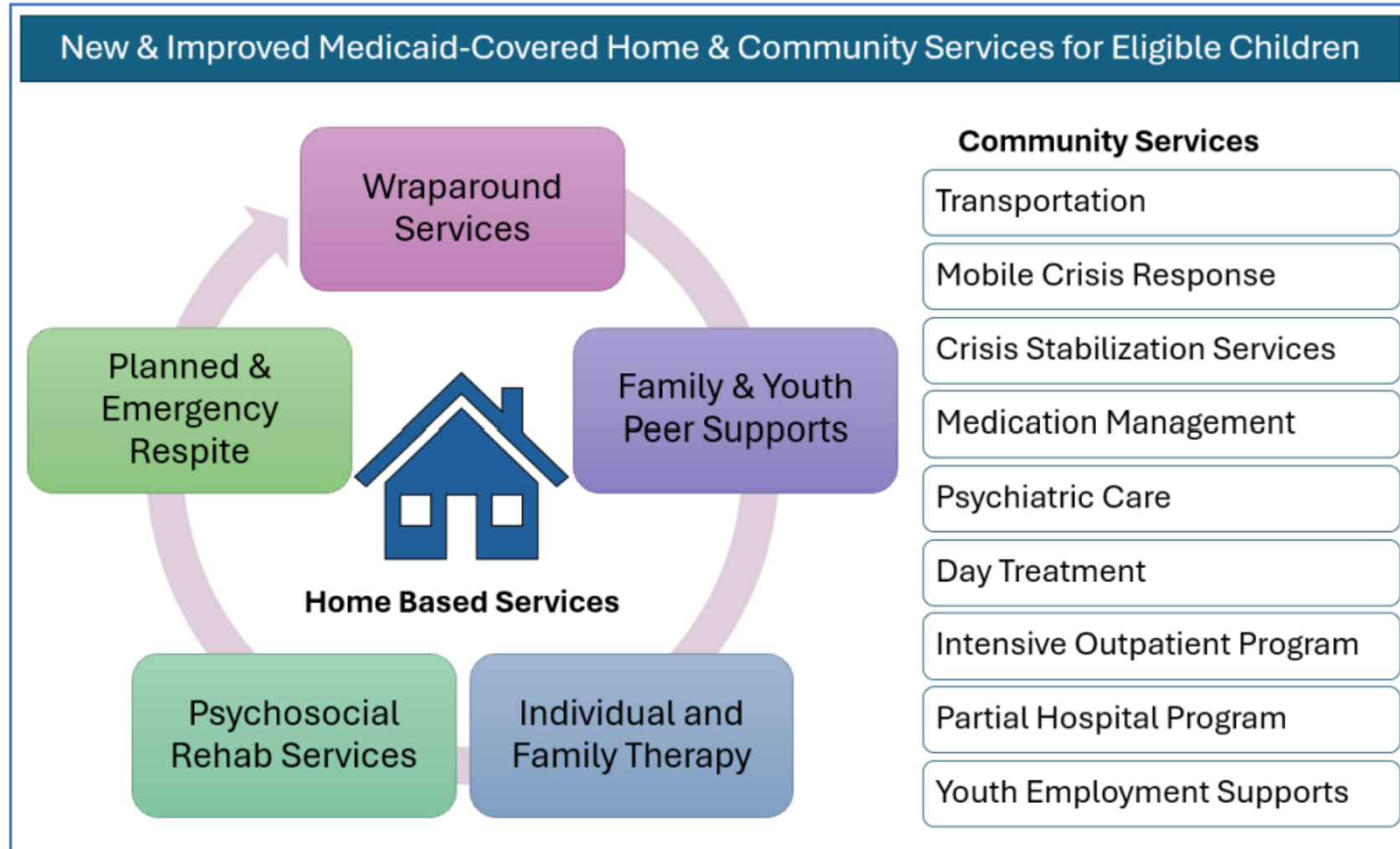
- Unified screening, assessment
- Care coordination



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



New & Improved Home- and Community Services





How does the Settlement Agreement require these benefits be delivered?

What does this mean?

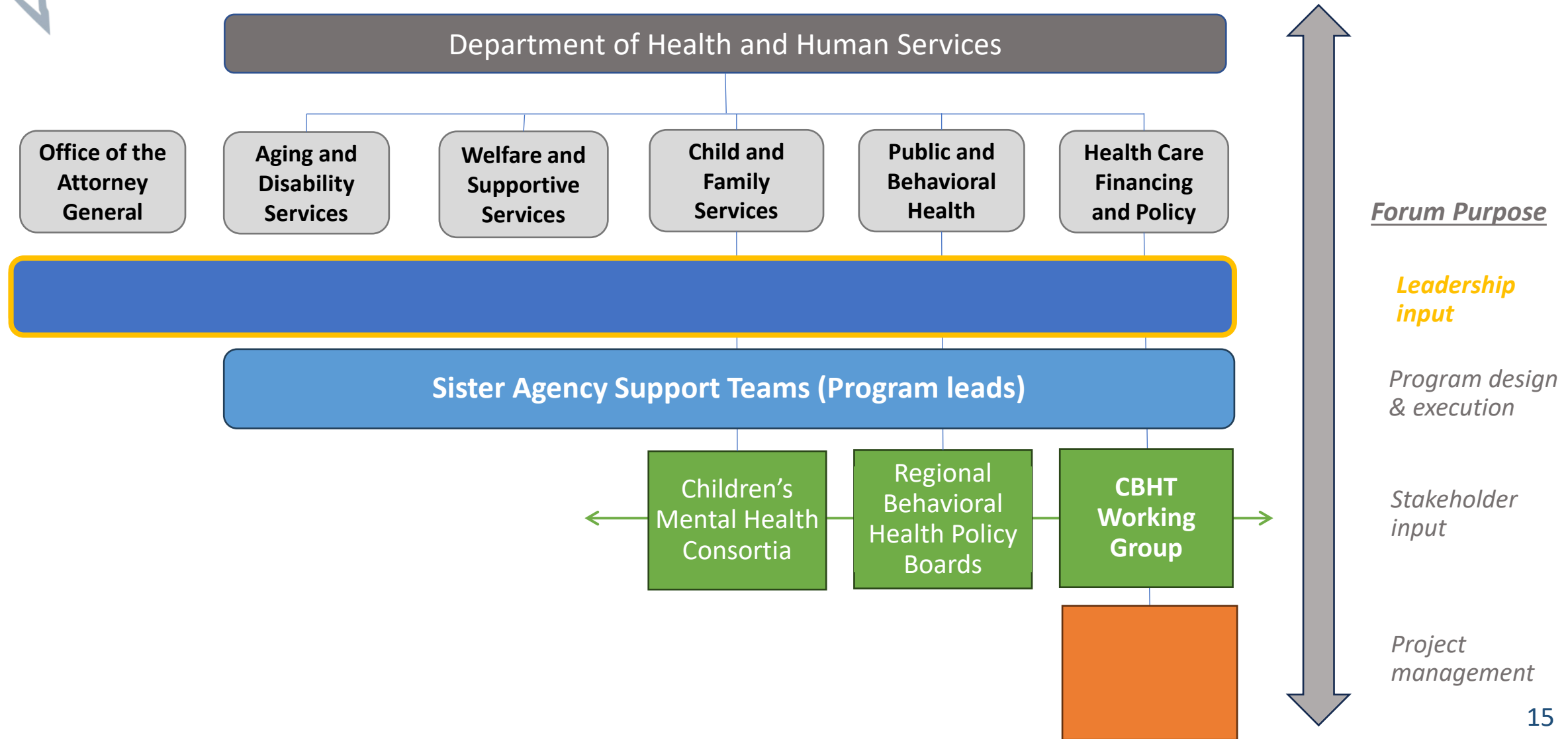
- The State is required to utilize a **new delivery system** to deliver benefits to eligible youth
- This Specialty Managed Care Plan must meet **basic requirements** outlined in the settlement, such as:
 - Sufficient provider network
 - Full Medicaid benefit set
 - Targeted BH benefits
- This delivery system will be held to standards **beyond** standard Medicaid managed care.
- **Stakeholder input** will be crucial to design this program in a manner that best serves our youth.

Settlement Item II.X.:

“**Specialty Managed Care Plan**” is a Medicaid managed care entity or entities that the State contracts with to meet the unique needs of Children in the Focus Population and Children in the foster care system. Through this arrangement, the State’s Medicaid program will require this entity or entities to develop a sufficient network of providers to deliver and manage the full Medicaid benefit set for this population in addition to certain targeted benefits for this population, such as home and community-based services, specialized care coordination and care management, and screening, among other benefits as outlined in this Agreement. The Plan will also be required to meet specific reporting requirements and quality measures beyond what is typically offered in a standard Medicaid managed care program. The Plan may also subcontract certain services including case management to other public or private entities as long as the requirements of the Agreement are met for the Focus Population. The Plan will require that subcontractors report on compliance requirements and quality metrics on a regular basis.

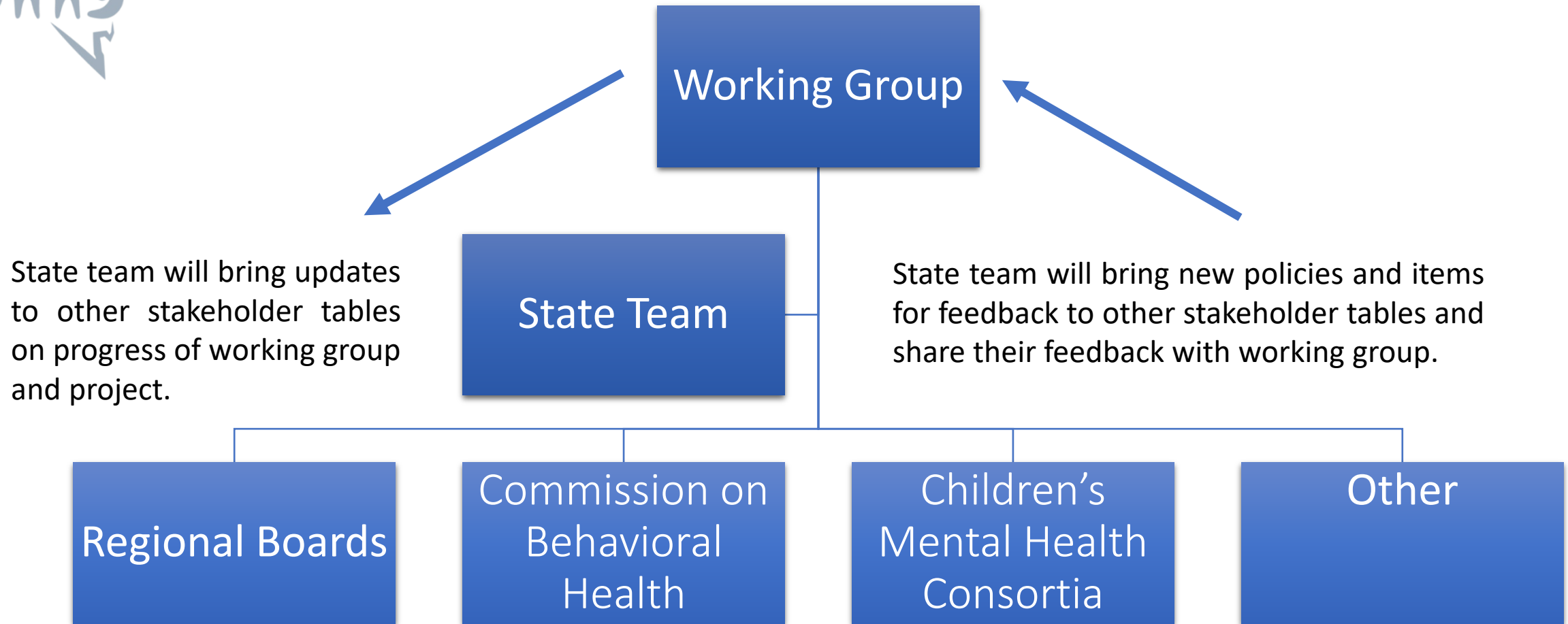


Who is involved with achieving compliance with the Settlement Agreement?





CBHT Stakeholder Engagement Summary



State team will use feedback and recommendations from working group to inform the project and program design. State team will engage with multiple stakeholder tables and public comment forums and share information gathered with working group.



CBHT Stakeholder & Community Workgroup

- 180 applications for **29 selected** Representative seats
 - 4 **family** representatives, including biological & foster parents from all regions of the state
 - 2 **youth** representatives that are part of the Black Youth Mental Health Project
 - 9 **behavioral health providers** across the range of home- and community- based services, as well as residential and inpatient treatment
 - 2 **Tribal Health representatives**
 - Community partners from Clark, Washoe, and rural counties, Juvenile Justice courts, family run organizations, and advocacy groups
 - Representatives from many of our Children's Mental Health Consortia and Regional Behavioral Health Policy Boards
- Meetings are held virtually on the **2nd Thursday of each month** from **4:30-5:30pm** – we welcome all members of the public to join!



Our path to compliance is a 5 year process.

	Dec 2025	Dec 2026	Dec 2027	Dec 2028	Dec 2029
Progress Towards Compliance	<p>0-15%: Foundational components to be developed with stakeholder input. New benefits launched. Performance monitoring (via online dashboard) begins.</p>	<p>16-25%: New benefits implemented & delivery system developed in Medicaid. Performance monitoring and improvement ongoing.</p>	<p>26-50%: New managed care delivery system launches for all youth in the focus population.</p>	<p>51-75%: Continued quality assurance efforts to ensure statewide access & compliance.</p>	<p>76-100%: One year of successful compliance of new system of care.</p>



Summary of Section 3: Screening and Assessment

- **Goal:** Develop state-wide system of assessment to ensure all Medicaid eligible youth receive timely screening and referral to a streamlined comprehensive assessment process where clinically indicated.
- **Agency partners:** DHCFP (lead), DCFS, NDE, DPBH, DWSS, ADSD
- **Next steps:** DHCFP launching a screening & assessment workstream in Q1 2025 to begin tool selection & development process with stakeholders and providers.
- **Working Group discussion:** Planned for April or May 2025.





Summary of Section 4: Service Planning and Coordination

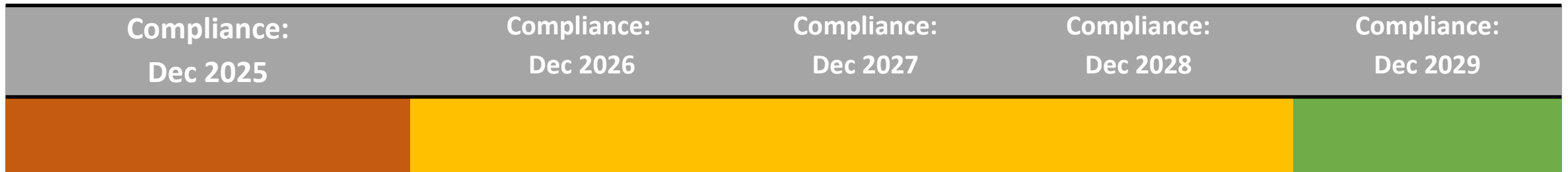
- **Goal:** Develop tiered, state-wide system of care coordination to ensure all youth in the focus population receive direct support via intensive care coordination or wraparound facilitation. Ensure a single “front door” to services.
- **Agency partners:** DHCFP (lead), DCFS, ADSD
- **Next steps:** DHCFP working with national expert vendor on care coordination best practices. Kickoff of effort to design this Medicaid benefit in Nevada occurred earlier this month.
- **Working group discussion:** planned for Q3 2025.





Summary of Section 5: Home and Community Services

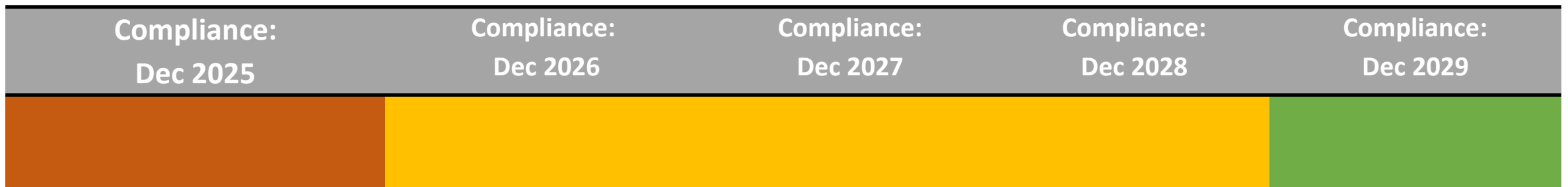
- **Goal:** Build a comprehensive continuum of behavioral health services for youth across Nevada, with a focus on home and community-based services. Ensure provider workforce efforts support the increased demand of our new delivery system.
- **Agency partners:** DHCFP (lead), DCFS, DPBH
- **Next steps:** New benefit development ongoing, with input provided via Medicaid Benefits Advisory Group and funding from the hospital provider tax (with legislative approval)
- **Working group discussion:** Deep dive on benefits timeline and stakeholder input planned for February 2025.





Summary of Section 6: Diversion and Transition

- **Goal:** Ensure youth only enter residential treatment facilities when this is the clinically necessary level of care. PRTFs will work with wraparound coordinators to ensure timely and successful transition for the youth back to their home and community.
- **Agency partners:** DHCFP (lead), DCFS, DPBH, OOA
- **Next steps:** Revised PRTF policy, state plan amendment, and rate increases effective 1/1/2025. Dashboard available [here](#). Quality incentive payment under development.
- **Working group discussion:** Planned for February 2025.





Summary of Section 7: Stakeholder Engagement

- **Goal:** Solicit input from youth, families, and providers on all new Medicaid programs to ensure transformation efforts are successful for all Nevadans. Ensure coordinated response across all state agencies.
- **Agency partners:** DHCFP (lead), DCFS, DPBH, ADSD, DWSS
- **Next steps:** Working group established; monthly meetings are ongoing. We will also hold specific meetings on the new delivery system (specialty plan) design beginning summer 2025 along with additional meetings with other stakeholders to inform the design (e.g., counties).

Compliance:
Dec 2025

Compliance:
Dec 2026

Compliance:
Dec 2027

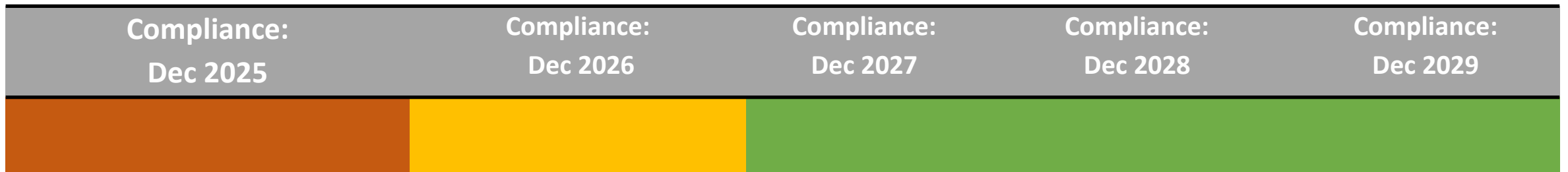
Compliance:
Dec 2028

Compliance:
Dec 2029



Summary of Section 8: Workforce & Provider Development

- **Goal:** Supercharge ongoing behavioral health provider workforce efforts to ensure new Medicaid benefits are available to all eligible youth across the state. Launch a “Center of Excellence” to train all child-serving providers and community partners who work with youth with behavioral health needs.
- **Agency partners:** DHCFP (lead), DCFS, DPBH, OOA
- **Next steps:** Independent Reviewer team to conduct an analysis of Center of Excellence capacity within Nevada and will propose recommendations to the State.
- **Working group discussion:** Planned for Fall 2025.





Section 9:

Quality Assurance & Performance Improvement

- **Goal:** Develop a robust quality assurance process to ensure provider and specialty plan compliance with all settlement terms. Utilize data analytics to identify and address population health trends in the focus population, including regular public data reporting.
- **Agency partners:** DHCFP (lead), OOA, DPBH
- **Next steps:** Population Health analysis conducted by OOA on the current population and provider trends in preparation for baseline data report in July 2025.
- **Working group discussion:** Planned for summer 2025.

Compliance: Dec 2025	Compliance: Dec 2026	Compliance: Dec 2027	Compliance: Dec 2028	Compliance: Dec 2029
Yellow		Green		



Thank you for your time!

Questions? Feedback? Please reach out to ChildrensBH@dncfp.nv.gov.

Please join us at our next CBHT working group meeting:

Thursday, April 10th from 4:30-5:30pm

Details can be found on the Nevada Medicaid Public Notices Page and at: <https://dncfp.nv.gov/kidsBH/kidshome/>