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Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

Behavioral Health Planning Advisory Council (BHPAC)

Meeting Minutes

February 3, 2025
1:00 pm

| Attendees: | Absent Members |
|---|--|
| <input checked="" type="checkbox"/> Anna Binder | <input checked="" type="checkbox"/> French Dafinone |
| <input checked="" type="checkbox"/> Sarah Dearborn | <input checked="" type="checkbox"/> Dr. Krista Hales |
| <input checked="" type="checkbox"/> Misty Shore | <input checked="" type="checkbox"/> Lori Kearse |
| <input checked="" type="checkbox"/> Drew Skeen | <input checked="" type="checkbox"/> Dr. Pearl Kim |
| <input checked="" type="checkbox"/> Allison Wall | <input checked="" type="checkbox"/> Dr. Mae Worthey-Thomas |
| <input checked="" type="checkbox"/> Ariana Saunders | |

Agenda:

1. Call to order Ariana Saunders, BHPAC Chair

Ms. Saunders stated mandatory housekeeping items for members and guests: Please note this is a public meeting that is subject to Open Meeting Law and is being recorded. The meeting agenda, and any supporting materials, have or will be posted on the Councils website, as well as Nevada Public Notices website. When speaking, please remember to identify yourself and the organization you represent, if any, so that your comments can be accurately captured in meeting minutes. If you are not speaking, please remember to mute your microphones. If you are calling in on the telephone you may mute and unmute yourself by pressing *6 and raise your hand by pressing *5. Council Members, please make sure to keep your cameras on for the duration of the meeting to ensure we do not lose quorum. If a Council Member is not able to stay for the duration of the meeting, please let us know, so we can ensure we maintain quorum. Lastly, please only use the Teams chat feature to identify yourself and the facility you represent. Comments related to any of the agenda items are not permitted in the Teams chat. As a friendly reminder, only Council Members can comment on agenda items. All other comments must be made during public comments under agenda items 2 and 8.

2. Public Comment

Ms. Binder stated action may not be taken on any matter brought up under this agenda item until scheduled on an agenda for a later meeting. Is there anyone who dialed in who wishes to make a public comment? If so, please press *5 to raise your hand, and our meeting facilitator will call you in order.

Ms. Dearborn stated she is a member of the Medicaid Council as a representative, she shared that the Medicaid Council will be having a public hearing on February 25th, 2025. During this hearing changes to the Medicaid Section Manual Chapter 400 will be presented. This presentation will focus on removing some service limitations for peer services under provider type 14. Provider type 14 is the behavioral health outpatient treatment provider type. Originally, providers under provider type 14 were required prior authorization to request services. Recent changes have now aligned with the substance use provider type, meaning individuals that qualify for Medicaid wanting to use these services would have 18 hours of service before APA is required. Updates to the intensive outpatient program as well as partial hospitalization program are underway.

Policy updates have been aligned with state plan work with federal partners ensuring if individuals are receiving services out of a IOP or PHP program, services will still be available to the individual if medically necessary.

Ms. Dearborn mentions the March public hearing that will be presenting state plan amendment updates, including proposed behavioral health rate increases for outpatient providers. State plan amendments are based on case management services for eligible juveniles in accordance with the Consolidated Appropriations Act of 2023, are to be submitted. These amendments will allow eligible juveniles that are in an incarcerated facility to receive targeted case management services 30 days prior to release, as well as 30 days after release. The plan underway expand the population to all individual in carceral facilities and will expand the timeline to 90 days prerelease and 90 days post release for services.

Ms. Dearborn encourages becoming a member of Medicaid's Listserv to receive updates and more information.

3. For Possible Action- Approval of October 7, 2024, BHPAC Meeting Minutes, Ariana Saunders, BHPAC Chair

Ms. Saunders stated the Meeting Minutes are available on the meeting webpage. Misty shore motioned to approve the meeting minutes. Sarah Dearborn seconded the motion. The motion to approve the October 7, 2024, meeting minutes was passed unanimously.

4. For Possible Action- Approval of November 4, 2024, BHPAC Meeting Minutes, Ariana Saunders, BHPAC Chair

Ms. Saunders asked for the approval of the November 4, 2024, BHPAC Meeting Minutes. Misty Shore motioned to approve the meeting minutes. Allison Wall seconded the motion. The motion to approve the November 4, 2024, BHPAC Meeting Minutes was passed unanimously.

5. For Possible Action- Presentation from the Division of Health Care Financing and Policy on Transforming Children's Behavioral Health Care and possible member vote on the involvement in this initiative

Ms. Saunders introduced Ann Jensen Innovation Officer/Agency Manager with the Division of Health Care Financing and Policy (Medicaid), to present a presentation from the Division of Healthcare Financing and Policy on Transforming Children's Behavioral Health Care.

Ms. Jensen stated Nevada has undergone a transformative program for youth across the state with complex behavioral needs. An investigation done by the Department of Justice found Nevada to be out of compliance with the Americans with Disabilities Act by over institutionalizing youth with behavioral needs and not providing a robust home and community of system care over the last two years. A negotiation of a settlement agreement was reached with the Department of Justice effective January 2nd, 2025. The agreement is available online.

Ms. Jensen states that the Vision for Transformation needs to be focused on Nevada's youth and families. The focus will ensure the continuum of behavioral health care is proportionate to the population of the youth receiving the care and placements needed in the family units. Therefore, promoting better clinical outcomes and family stability and encouraging crucial long-term accountability. The Division of Health Care Financing is working with corresponding agencies across the State Department of Health and Human Services as well as community partners and local entities for a collaborative approach to achieving this vision.

Ms. Jensen stated that the residential or inpatient treatment for behavioral health is currently 80% of Medicaid's funding, though is not aligned with the desired clinical outcomes. The upcoming changes are designed to direct resources to preventative care, outpatient and community-based services, crisis response stabilization, while still appropriately providing for residential and outpatient care.

Medicaid currently has reimbursable services and is working to add in new services the Medicaid is not currently or typically funding. Current planning goals promote robust community of children and families. Beginning with wrap around services to connect individuals with proper services and ensuring continued connections. Medicaid is also looking to provide more funding for family and youth peer services by looking at existing services to utilize and to encourage more community and in home service spaces. Policies are being reevaluated and revised for potential rate increases to better provide in home services such as psychosocial rehabilitation.

Ms. Dearborn states that there is a new service, Planned and Emergency Respite currently in development. Medicaid is reevaluating how to create better access to Transportation, Mobile Crisis Response, Crisis Stabilization Services, Medication Management, Psychiatric care, Day Treatment, Intensive Outpatient program, Partial Hospital Program, and Youth Employment Supports.

Ms. Dearborn states Medicaid's new services will include Family Peer Supports, Respite Care, Intensive Targeted Case Management, and Care Management Services. A Qualified Residential Treatment Program model is under development, similar to the short-term residential treatment program. The goals of the program are to help transition youth back into their home communities.

There are potential rate increases being discussed in the upcoming March meeting regarding Residential Treatment Programs, Inpatient Hospital, Intensive Home Supports, Psychosocial Rehab Services, and Individual and Family Services. The Medicaid Members are also further developing Mobile Crisis Teams as a Medicaid reimbursable service vs a typical crisis intervention service. Medication management services are under review as well as bundled services such as intensive outpatient programs.

Ms. Jensen states Medicaid is working on a system to deliver specialty managed care plan that is specifically designed based on the population to use the benefits of the program and systems of care that are identified as clinical. Models used across the county are being redesigned to better serve Nevada's population. The priority is to ensure individuals can access needed care, specifically featuring comprehensive case and care management. A request for information regarding this will come in two to three weeks. One way this is being effectuated is through meetings with stakeholders regarding Children's Behavioral Health and Medicaid Benefits workgroups. A new program is being designed to reward Psychiatric Residential Treatment facilities for their outcomes that are aligned with the transformation goals. Information regarding upcoming changes and plans is being provided through workgroups and forums.

Ms. Binder asked if more details could be provided regarding support at a school level.

Ms. Jensen stated she has been meeting with the Nevada Department of Education to help get community youth the services they need through local providers via comprehensive assessment processes to determine if individuals meet required qualifications.

Ms. Binder stated she has concerns with elementary schools needing deeper evaluation, observance, and data collection for 504 IEP support. Specifically, how can teachers be utilized to spot early signs of needing intervention.

Ms. Jensen responded stating that it is difficult to align the time it takes provider infrastructure to grow to when benefits are available.

Ms. Shemenski, Executive Director for Churchill County Coalition, stated Medicaid members should reach out to multi-tier systems of leadership. Concerns are also voiced regarding eligibility for more rural areas, where individuals are sometimes outside of the qualifying boundary areas.

Ms. Jensen responded stating she has been working with Casey Fleetwood at UNR, to better direct funding for student care, screening and assessments.

Ms. Wall asked a question regarding eligibility for kids covered by Medicaid or for the population as a whole.

Ms. Jensen responded stating the jurisdiction of the ADA in under youth in state custody care or under state custody care.

Ms. Wall stated concerns regarding eligibility for children whose parents are not eligible but are unable to afford care and will not give custody of the child to the state.

Ms. Jensen stated the focus is to provide care for children not currently covered with home and community-based benefits while parents keep custody rights.

6. For Possible Action- Scheduling of 2025 BHPAC meetings, Ariana Saunders, BHPAC Chair

Ms. Saunders stated the next BHPAC meeting will be held on March 3, 2025, at 1:00 PM

7. Informational Only- Updates from Chairs of rural Legislative Subcommittees on latest and upcoming meetings and subcommittee work, Ariana Saunders, BHPAC Chair

Ms. Saunders stated the decision to table this agenda item until the next meeting being held on March 3, 2025, at 1:00 PM.

8. Public Comment

Ms. Binder stated Developmental Disabilities Awareness Day is March 3rd and 4th of 2025, participation can be arranged through contact with the Nevada Governors Council for Developmental Disabilities. The email for contact is posted on the Nevada Governors Council for Developmental Disabilities website.

Ms. Binder also stated Children's week is coming up, a week dedicated to Children's Advocacy Alliance. For involvement, coordination is through the Nevada Governor's Council for Developmental Disabilities, the email to contact is available on the website.

9. Adjournment, Ariana Saunders, BHPAC Chair

Ms. Saunders adjourned the meeting at 2:02 PM, February 3, 2025.