

Joe Lombardo  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES  
*Helping people. It's who we are and what we do.*



Cindy Pitlock  
Administrator

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## NEVADA CHILDREN'S BEHAVIORAL HEALTH CONSORTIUM

### MEETING MINUTES

June 1, 2023

All members participated via Microsoft Teams (video or audio)

#### VOTING MEMBERS PRESENT:

Alexa Rodriguez  
Amanda Haboush  
Cindy Pitlock  
Dena Schmidt  
Ellen Richardson Adams  
Jacquelyn Kleinedler  
Jennifer Bevacqua  
Jessica Goicoechea-Parise  
Karen Taycher  
Lawanda Jones  
Lisa Linning  
Melissa Washabaugh  
Michelle Sandoval  
Sarah Dearborn

#### VOTING MEMBERS ABSENT:

Braden Schrag  
Charlene Frost  
Katherine Louden  
Sandy Arguello

#### STAFF AND GUESTS:

Alejandro Ruiz  
Amna Khawaja  
Ann Polakowski

Anthony Lee  
Antonina Capurro  
Ashleigh Brunner  
Ashley Richter  
Beverly Burton  
Danielle Meares  
Jacqueline Wade  
Jessica Sasso  
Karina Gamarra-Hoff  
Kathryn Rosaschi  
Kristen Rivas  
Linda Anderson  
Lori Brown  
Lori Follett  
Marcel Brown  
Matthew Bommarito  
Megan Evans  
Mignon Hoover  
Nicole Mara  
Samm Warfel  
Shannon Hill  
Sharon Anderson  
Tammy Mason  
William Wyss

1. **Call to Order, Roll Call, Introductions.** – *Ellen Richardson-Adams, Chair*

a. The meeting was called to order at 2:01 pm.

2. **Public Comment.** No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken.

a. None.

3. **For Possible Action.** Approval of the April 18, 2023 meeting minutes – *Ellen Richardson-Adams, Chair*

**MOTION:** Dr. Cindy Pitlock made a motion to approve the April 18, 2022 Meeting Minutes.

**SECOND:** Dena Schmidt

**VOTE:** Motion passed. Dr. Lisa Linning abstained.

#### 4. **For Information Only.** Announcements – *All Members*

Amanda Haboush announced Clark County Children’s Mental Health Consortium is holding a Child Abuse, Prevention, and Safety Conference in Las Vegas on June 13<sup>th</sup>. Registration is open and the focus is on uplifting parent voice and working with parents as partners. CEUs are available.

#### 5. **For Information Only.** Division of Child and Family Services update – *Dr. Cindy Pitlock, Administrator, Division of Child and Family Services (DCFS)*

Dr. Pitlock reported that after the Governor signs or vetoes the bills sent over to his office, DCFS will be doing a full and comprehensive review of the impacts of everything that was passed or not passed during the legislative session. She clarified that DCFS’s role is to provide data, statistics and programmatic impact but cannot lobby or advocate for education. She is hopeful that the increased cost of living allowances and wage increases will be implemented for state staff to help make some more progress on hiring full-time state employees. DCFS is also working to transition contractors to full-time positions.

DCFS is in the process of responding to proposals for the care management entity for the community-based services that received funds just short of \$22 million. This includes intensive care coordination, wrap-around intensive in-home treatment, emergency and planned respite and peer-to-peer services. All parties are working on the proposal and the agreement. Everyone involved in developing the contract have signed confidentiality agreements so this information is not currently publicly disclosable. The final agreement will be taken to the Board of Examiners possibly in August and data reporting metrics will be included to assist in the transparency, accounting and reporting required to show the legislature what is being done with the funds.

The Psychiatric Residential Treatment Facility (PRTF) Oasis contract in Las Vegas was awarded to Bamboo Sunrise and transition activities are taking place. DCFS will not pull out until Bamboo Sunrise is able to fully take over without service interruption.

Nevada is currently in the middle of a child welfare and rural child welfare crisis. 40% of Foster placements were lost during the pandemic and long-time foster senior-age foster parents are retiring. DCFS has had to accept custody of youth with no safe placements (in or out of state) and this crisis has forced placement of some volatile youth who have been rejected by other facilities, in hotels with social workers. DCFS is working to engage community partners to assist in providing temporary emergency placement space, which is extremely difficult in rural regions. The Request for Proposal (RFP) process for appropriate long-term space will take at least six months and Dr. Pitlock is hopeful the recent increase in rates for both foster care and specialized foster care will help encourage more foster families. DCFS is looking at all solutions to bring resources to foster families and give them more support. A few volatile youth who have been rejected by other housing options will be temporarily placed on an emergency basis at PRTF North in Reno.

John Bradtke retired and his child welfare deputy position is now open.

Ann Polakowski, DCFS Clinical Program Manager II, is heading up the Department of Justice (DOJ) investigative response across DCFS sister agencies and the Nevada Attorney General's office. This is an ongoing process and information is not public or disclosable at this point.

Karen Taycher voiced concern over lack of oversight at PRTF facilities. Dr. Pitlock stated DCFS is working with the Bureau of Health Care Quality and Compliance (HCQC) and the Division of Health Care Financing and Policy (DHCP) in a more collaborative way to notify each other of complaints and findings. DCFS is developing a team of clinicians that can go into the facilities (state-run or not) and look at the clinical and quality components of care.

Jacquelyn Kleinedler asked for an update on Mobile Crisis Response Team (MCRT) services funding and support. Dr. Wade reported MCRT is focusing on hiring both full-time employees and contractors in the North and South. MCRT is also bringing in contracted nurse practitioners in both regions to assist in providing medications and evaluations for children who are waiting to get into services. Jacquelyn Kleinedler requested 24 x 7 MCRT services in the North, which are currently provided in the South. Ms. Wade explained that staffing has been the biggest barrier to be able to respond to families and children in crisis in real time, in person and their focus is not a call-center approach. Dr. Wade reported DCFS is working to offset staffing issues by working with interns and university programs and is looking forward to recently announced State employee wage increases to assist in hiring.

**6. For Possible Action for Support of DCFS Programs.** Division of Child and Family Services updates on American Rescue Plan Act (ARPA) dollar programs and status of standing up these programs including timelines, strengths, and barriers. What actions can the Nevada Children's Behavioral Health Consortium take to support these programs and Division of Child and Family Services? – *Dr. Cindy Pitlock, Administrator, Division of Child and Family Services (DCFS)*

Dr. Pitlock reported her team has successfully managed the American Rescue Plan Act (ARPA) funding awards that were passed through to community partners. Hiring for positions (like those needed for Mobile Crisis) continues to be challenging. The Governor's office put a moratorium on leasing buildings which blocked the ability to stand up the latency age program in Clark County which required physical space. DCFS is working to get a waiver to move the program forward. Collaboration and work are ongoing with The Harbors to flow through ARPA funds out of the DCFS emergency assessment and other funds to help provide respite beds, increase operations at the Mojave location to 24/7, increase assessments and intervention, and provide some home-based care. She is looking forward to receiving their proposal to continue moving forward. Dr. Pitlock encouraged everyone to rally and advocate for sustainability of these various programs long-term. DCFS is collecting data and utilization metrics to support these efforts and provide future reports to the legislature on how funds were spent. Dr. Pitlock has a spreadsheet of the DCFS program and various project details which she can share.

**7. For Possible Action.** Legislative Workgroup update: discussion and possible approval of legislative activities and support – *Charlene Frost, Workgroup Chair, Statewide Family Network Director, Nevada PEP*

Charlene Frost was not present. Amanda Haboush voiced concern that Assembly Bill 265 check name to move the Nevada Children’s Mental Health Consortium in Nevada Regulatory Statute (NRS) was vetoed by the governor even though it passed unanimously out of both legislative houses. The governor’s statement was that the bill added an unnecessary layer of bureaucracy to government and did not address primary issues having to do with the current mental health crisis. He said the need was to have more beds in the community. Ms. Haboush said this decision indicated a need to do more education with the governor about not only what the Consortium does, but also what is needed to improve mental health in Nevada. Ms. Haboush also reported that AB 201 (revises provisions relating to planning for the provision of behavioral health care) is still alive and she is hopeful the governor will not veto it.

Jacquelyn Kleinedler thanked Charlene Frost for all her work, advocacy and attendance at legislative sessions. She expressed sorrow that the governor decided to veto the bill based on misinformation about children’s mental health in Nevada’s communities, even though community providers, legislative members, and families fully supported it. Karen Taycher commented that many years in the past, obtaining more psychiatric beds was a solution, but is not the solution in present times.

Two bills (AB 285 and AB 330 – having to do with discipline actions towards children in schools) have passed the assembly and Senate, and Ms. Haboush indicated the potential for the governor to sign them (since he had been vocal on the subject). Ms. Haboush said this sets an inappropriate tone that children are at fault and the first appropriate action is discipline instead of figuring out why children of young ages are behaving in a certain way or how to prevent the behavior. Dr. Pitlock recommended waiting to see the final status to determine next steps.

**8. For Possible Action for Support of Requested Policy Changes.** Medicaid Formulary Workgroup update: discussion and possible approval of Medicaid Formulary Policy changes – *Jacquelyn Kleinedler, Workgroup Chair, Washoe County Children’s Mental Health Consortium Chair, Dr. Jose Cucalon-Calderon, Pediatrician in Washoe County*

Jacquelyn Kleinedler gave an overview of how the workgroup got started through the efforts of Dr. Cucalon-Calderon, Medicaid representatives, the Chief of Pharmacy, the Manager of Pharmacy and other individuals who were interested to hear and discuss what prescribers experience. The purpose of the group was to bring together prescribers from across the state to identify issues and brainstorm possible solutions for getting the right medications to children on Medicaid insurance plans, both fee-for-service and for-fee plans. A public comment statement was developed as a result of the workgroup collaboration.

Ms. Kleinedler presented the workgroup’s request for the Nevada Children’s Behavioral Health Consortium to review the draft public comment and vote to approve to deliver the public comment at upcoming Drug Utilization Review Board meetings and the Silver State Scripts Board meetings. The one-page public comment included a brief description of the collaborative conversions with pediatricians, child psychiatrists and other child and family prescribers. Five key barriers were listed, along with five possible solutions for consideration by the Boards. Following a brief discussion, a vote was taken:

**MOTION:** Michelle Sandoval made a motion to approve the proposed public comment as written.

**SECOND:** Dr. Lisa Linning

**VOTE:** Unanimous with no opposition or abstention.

Jacquelyn Kleinedler will take the public comment forward to the Board Meetings. Kristen Rivas will assist her with meeting logistics.

**9. For Information.** The Harbor Juvenile Assessment Center expansion and services – *Cheryl Wright, Assistant Director, Clark County Juvenile Justice Services*

Cheryl Wright was unable to attend the meeting. Jessica Sasso, M.S., Manager of The Harbor Juvenile Assessment Center, presented an overview of The Harbor's expansion and services. She reported The Harbor's mission is to be responsive to the well-being of youth, families and victims, by providing meaningful services to improve connectedness to the community through academic achievement, reducing truancy and providing a safe place for guidance. Their vision is to identify areas of need for youth and their families and make referrals to partnering agencies to begin resolving the presenting and underlying issues. The goal is to provide a no-wrong-door, one-stop shop which is no cost to parents, no insurance needed and also serve undocumented youth. Ms. Sasso shared a PowerPoint presentation which gave The Harbor's history, vision and focus on multi-agency collaborations with the Department of Juvenile Justice Services, DCFS, Clark County School District (CCSD), several other state agencies, as well as many others. Referrals are made via walk-in's (Moapa and Laughlin), telephone calls, and agency referrals from agencies and collaborative partners. The Harbor provides services for youth and family assessment and connections to services, case management services and offers facilitated workshops in both English and Spanish. First quarter 2023 statistics showed 21 youth referred, 14 youth served, 18 events attended/hosted and staff received training opportunities in providing direct care youth services.

**10. For Information.** Updates on youth and families served at certified community behavioral health clinics (CCBH's) – *Shannon Bennett, Bureau Chief, SAPTA Bureau of Behavioral Health, Wellness and Prevention*

Sarah Dearborn provided the update and reported Medicaid is working with the Office of Analytics on building a metrics dashboard to provide specific data on children and families being served at Nevada Certified Community Behavioral Health Center (CCBHC's) and Nevada Community Health Centers (CHC's). Staffing limitations are causing delays in some of the work getting done. Medicaid recently received approval of the disaster State Plan Amendment (SPA) specific to CCBHC's. Visit count is a significant piece in determining cost-based rates and the SPA was implemented to help support CCBHC's that were impacted during the COVID pandemic due to low visit numbers. There is also a more permanent fix to the CCBHC State Plan Amendment which will hopefully prevent decreased rates from happening again. Medicaid asked for an expansion in the budget to fund positions for CCBHC's. There are currently eight CCBHC staff positions and seven more have been requested, pending the legislative session status.

**11. For Information.** Regional Children's Mental Health Consortia updates – *Jacquelyn Kleinedler, Chair, Washoe County Children's Mental Health Consortium, Melissa Washabaugh, Chair, Rural Nevada Children's Mental Health Consortium*

Jacquelyn Kleinedler, WCCMHC Chair, provided a PowerPoint presentation and reported that long-term goals include: 1. Increase access to compassionate care in the least restrictive environment, 2. Decrease and buffer children and youth's exposure to toxic stress, and 3. Increase child, youth, and family access to positive, community-based experiences. The report summarized relevant systemic factors including post COVID-19 pandemic impacts across Washoe County. The report include Family voice narratives/issues and outlined concerns directly from youth and families and those members of the Consortium who work directly with youth and families. The four themes resulting from this work over the past year were education concerns, bullying, youth suicide and overall access to care. WCCMHC spotlighted 13 community partners; their successes and community impacts. The Consortium is working to promote and emphasize the idea that everyone is part of a network of support for kids and families (the Consortium, the members and the guests that attend each month). Along with other planned activities, the Consortium participated in the first Annual Washoe County Youth Mental Health Summit with another Summit planned in September of 2023. A letter was sent to the new Washoe County School District Superintendent requesting prioritization of mental health over academics, which was received with support and engagement. WCCMHC will support a new effort with the Children's Cabinet who secured grant funding to implement development of a bridge support program with school involvement that will offer tailored supports to families coping with youth suicide attempts. Ms. Kleinedler is also seeing increased community participation in Consortium meetings.

Melissa Washabaugh, RMHC Chair, reported the service priorities for Rural Nevada Children's Mental Health Consortium are: 1. Expand and sustain the Nevada System of Care to rural and frontier communities, 2. Increase access to mental and behavioral health care, 3. Increase access to treatment in the least restrictive environment, 4. Increase health promotion, prevention, and early identification activities, and 5. Develop, strengthen, and implement statewide policies and administrative practices that increase equity in access to mental and behavioral health care for youth and families. RCMHC focused on continuing to build a comprehensive website that outlines resources available in rural communities. Outreach and participation in rural community festivals and events allowed distribution of swag items, pamphlets and children's mental health information/awareness, including de-stigmatization of mental health messaging. The Consortium funded printing of Nevada PEP Youth Move mental health awareness activity books for younger elementary children and participated in Children's Mental Health Week at the State Legislature in support of bills supporting the needs of children and families. Letters of support for several bills were sent to different policy boards, the assembly and the Governor's office. Partnership with the System of Care, Rural Mobile Crisis, Nevada PEP, NVPeds, Nye County Community Coalition and others continues to provide broader access and support for rural community services.

**12. For Information Only.** Medicaid update and changes – *Sarah Dearborn, Social Services Chief II, Nevada Department of Health and Human Services*

### **General Medicaid Updates**

- The Consortium asked at one of the previous meetings about how many children lost their Medicaid coverage due to the PHE ending, also info on how many reapplied after they lost

their coverage. Medicaid will have a COVID unwinding dashboard available, hopefully at the end of May, on the COVID-19 Unwinding website. Medicaid will have final numbers for the first month of the unwinding period at the end of June 2023. This information will also be likely communicated through a press release in July.

- Also, as a result of the PHE end on May 11th, two behavioral health services will no longer be able to be provided through telehealth and must be delivered in person, PSR and Adaptive Behavior Treatment
- The Quadrennial Rate Review webpage: Many behavioral health PTs are scheduled to be surveyed this year (PT 14s, 26, 82, and 85s). The survey will be available by accessing this webpage. The survey is due to be posted sometime this quarter, when I spoke with our Rates unit last week, they indicated it would likely be in about a month. The surveys are critical and last year's surveys resulted in the recommendation of a few PTs having their rates increased.
- Medicaid now has an app available for beneficiaries. The webpage listed here provides several video tutorials to support beneficiaries and providers in learning more about how to use it.
- There is work being done to allow providers to search recipient's service history to help determine if service limitations have been met or are getting close and there needs to be a prior authorization soon. Currently this function is available for the substance use treatment providers PT 17 Specialty 215s, so we are adding it for PT 14 – Behavioral Health Outpatient Treatment, PT 82 – Behavioral Health Rehabilitative Treatment, and PT 85 – Applied Behavior Analysis.

### **State Plan Amendments**

- **NV SPA 22-0005 – Reimbursement Methodology for Crisis Stabilization Centers**
  - The proposed reimbursement methodology was added to Attachment 4.19-B, Pages 4a through 4c and Attachment 4.19-A, Pages 14-14c. As authorized by Assembly Bill 66 of the 80th Nevada Legislative Session (2019) and Senate Bill 156 of the 81st Nevada Legislative Session (2021), this SPA proposes the reimbursement methodology needed to establish Crisis Stabilization Centers within hospitals. Crisis Stabilization Services are defined by legislation as “behavioral health services designed to: (1) de-escalate or stabilize a behavioral crisis; and (2) avoid admission of a patient to another inpatient mental health facility or hospital when appropriate.” SPA language will address the rate methodology utilized for a daily rate of service. Initially, providers will be reimbursed a daily default rate that is market-based using a model to reflect service definitions, provider requirements, operational service delivery and administrative considerations. After a provider has a complete fiscal year of providing services, the provider will be allowed to complete a cost report to be used to determine an individual, provider-specific rate for crisis stabilization services.
  - This SPA is on Request for Additional Information (RAI), which essentially pauses the 90-day clock under CMS review. The latest discussions involve adding the methodology to different pages within the state plan since the services provided under a crisis stabilization center are outpatient based and may fit better under the rehabilitative services area rather than the hospital reimbursement pages where we originally placed them. Additionally, Nevada will be adding coverage pages defining Intensive Crisis Stabilization services.



- [Web Announcement 2975](#) was created to inform on next steps with this process
- Also, Medicaid is requesting the inclusion of adding Designated Mobile Crisis Team updates to State Plan under this SPA since these coverage pages are open with CMS. Medicaid met with CMS on 3/1/23 to discuss and CMS is receptive of this inclusion and is working with us on language needed to delineate between mobile crisis response delivered by a Designated Mobile Crisis Team that meets Section 1947 requirement and general mobile crisis response or crisis intervention that is already covered under State Plan. Medicaid is waiting on feedback to move this forward with CMS.
- **NV SPA 22-0023 – Disaster Relief SPA - Certified Community Behavioral Health Centers (CCBHCs) Prospective Payment System (PPS) pay at the anticipated rates due to effects of COVID pandemics effect on the cost reports**
  - Nevada is requesting waivers to the Nevada Medicaid State Plan under section 1135 of the Social Security Act using Section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency. This amendment proposes to implement temporary policies and procedures otherwise applied under Nevada Medicaid state plan. Nevada is requesting to allow for State Plan Certified Community Behavioral Health Centers (CCBHCs) to continue with anticipated Prospective Payment System (PPS).
  - Was recently approved on April 26<sup>th</sup>!
- **NV SPA 23-0002 Certified Community Behavioral Health Centers (CCBHCs)**
  - Revising bundled rate and Quality Incentive Payment methodology language and data submission requirement language
  - Public Hearing January 31, 2023 and submitted to CMS
  - This SPA was just put on RAI but will hopefully get turned around quickly since many of the remaining questions were talked through with CMS during the Disaster Relief SPA.
- **1915(i) Specialized Foster Care**
  - Synchronizing terminology for agencies' titles, address monitoring/ remediation responsibilities, and modify percentages of QA reviews to ensure QA units are able to meet program requirements.
  - Public Workshop coming late January 30<sup>th</sup>
  - Public Hearing was held March 28<sup>th</sup>, 2023
  - CMS has sent initial questions and the state just submitted our responses on June 1<sup>st</sup>. Questions were minimal.

### **Upcoming State Plan Amendment**

- **Targeted Case Management**
  - The Division will be proposing to amend Nevada State Plan Amendment (SPA) Supplement 1 to Attachment 3.1-A Targeted Case Management to add in Nevada local county agencies as qualified providers under Provider Type (PT) 54 to deliver targeted case management services to adults with Serious Mental Illness (SMI). Currently county agencies are identifying Fee for Services recipients with SMI in need of case management services but are unable to be reimbursed for these services through Medicaid to assist. Current provider qualifications include state agencies and its employees or contractors or an organization affiliated with the University of Nevada School of Medicine.
  - Public Hearing will be held May 30th, 2023

- **Alternative Benefit Plan (ABP) Amendment to include Medication Assisted Treatment (MAT)**
  - The Division will be proposing an amendment to the Alternative Benefit Plan (ABP) to add Medication-Assisted Treatment (MAT) as required within section 1905(a)(29) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018. This is already covered within Medicaid State Plan.
  - Public Hearing will be held on May 30<sup>th</sup>, 2023

### **Upcoming Medicaid Service Manual Updates**

- **Upcoming MSM 400 – Mental Health and Alcohol and Substance Abuse Services Attachment B, C, and D**
  - Once Nevada receives Implementation Plan approval for the 1115 waiver, which I'll get into a bit more on an upcoming slide, we will propose edits to Medicaid Services Manual Chapter 400 Attachment B, C, and D as well as billing instructions to accommodate for newly approved authority for services within an Institution for Mental Disease (IMD).
- **Upcoming MSM 3800 – Medication Assisted Treatment (MAT)**
  - The Data-Waiver (X-Waiver) Program was eliminated when Congress signed the Consolidated Appropriations Act of 2023 into law on December 29, 2022. On January 12, 2023, the Drug Enforcement Administration (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) announced the immediate elimination of the X-Waiver for prescribing buprenorphine. Medicaid will be amending Medicaid Service Manual Chapter 3800 to align with that guidance.
  - Goal Public Hearing for May 30<sup>th</sup>, 2023
- **Upcoming MSM 400 – Mental Health and Alcohol and Substance Abuse Services**
  - On March 31st, Medicaid held a public workshop for our newest addition to Medicaid Service Manual Chapter 400, Mobile Crisis response delivered by a Designated Mobile Crisis Team. More specifics related to these additions will be reviewed with the Mobile Crisis Planning Grant.
  - With the completion of the public workshop Medicaid is now on track to be able to present these additions during the May 30th public hearing.
- **Upcoming MSM 2500 – Case Management**
  - Lastly on the Medicaid Service Manual upcoming updates, Medicaid will be amending Medicaid Service Manual Chapter 2500 – Case Management in conjunction with the state plan amendment I mentioned on the previous page to add in Nevada local county agencies as qualified providers under Provider Type (PT) 54 to deliver targeted case management services to adults with Serious Mental Illness (SMI). Currently county agencies are identifying recipients with SMI in need of case management services but are unable to be reimbursed for these services to assist. This will allow county agencies to continue to see and provide services to these recipients when the need arises at their prospective agencies.
  - Goal Public Hearing for May 30<sup>th</sup>, 2023

## **SUPPORT Act Post-Planning Demonstration Grant**

- September 17, 2021, Nevada was among five states awarded the CMS SUPPORT Act Post-Planning Demonstration Grant Award
- Nevada will continue work identified through the Strategic Plan; some major strategies include but are not limited to:
  - Development of a new Provider Type and individual specialties for Substance Use Treatment Providers
  - Nevada’s Section 1115 Demonstration Waiver application entitled “Nevada’s Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project”

## **1115 SUD Demonstration Waiver Update**

- Medicaid received 1115 application and authority approval from CMS on 12/29/22,
- The waiver allows for SUD services within an IMD setting to be reimbursable through Medicaid, so the services are specific to these residential levels of care, ASAM 3.1, 3.2 Withdrawal management, 3.5, and 3.7 Withdrawal management.
- Although approval was received, Nevada still needs to submit an approved SUD Implementation Plan for these services to be reimbursable.
  - In order to operationalize this waiver, Nevada is required to obtain approval of an SUD Implementation Plan. The SUD Implementation Plan provides a framework for the state to document its approach to implementing SUD policies and develop a strategic approach for meeting the milestones which reflect the key goals and objectives of the program. It also helps to determine appropriate information for the state to report to CMS in the quarterly and annual monitoring reports. Nevada must submit the SUD Implementation Plan within 90 calendar days after approval of this demonstration. Nevada may not claim Federal Financial Participation (FFP) for services provided in IMDs to beneficiaries who are primarily receiving SUD treatment and withdrawal management services until CMS has approved the SUD Implementation Plan. Providers are not able to be reimbursed through Nevada Medicaid for these services until Implementation Plan approval.
  - Medicaid submitted the formal SUD Implementation Plan to CMS on May 3, 2023, CMS approved the Implementation Plan on May 24, 2023.
  - Medicaid is now working out the details with Gainwell to allow for the MMIS to reimburse for services in an IMD for the Medicaid eligible population between the ages of 22-64, also working with DPBH on steps to transition providers from billing the substance abuse block grant to Medicaid. Organized communication will be coming soon.
  - Medicaid is also working on other deliverables coming due including the Monitoring Protocol and quarterly data and budget neutrality reports.

## **Mobile Crisis Planning Grant**

- In December, Medicaid worked to finalize the policy standards as well as incorporated draft state plan amendment language for coverage to integrate into our current SPA that is on RAI for Intensive Crisis Stabilization Centers. Medicaid also initiated work on the provider rate fee for Designated Mobile Crisis Teams.

- Medicaid was able to submit draft coverage SPA language to CMS for informal review and initial feedback and have received positive comments. There were minor language updates to the current state plan to ensure the eligible providers that can participate in a DMCT were allowable under our state plan, like the incorporation of peers. Through discussion with CMS, they would like Nevada to delineate mobile crisis services delivered through crisis intervention, which is already covered in state plan and mobile crisis response delivered by a Designated Mobile Crisis Team, which in their language will comport with Section 1947 requirements outlined within the Social Security Act.
- Medicaid has proposed to CMS the possibility of foregoing a SPA for the enhanced rate for mobile crisis delivered by a Designated Mobile Crisis Team and is waiting on feedback from CMS. The Medicaid Service Manual policy Chapter 400 was presented and approved at the May 30<sup>th</sup> public hearing. Medicaid has also been working within their Core Team to continue to work through details related to Medicaid enrollment standards for a DMCT. To support this enrollment, Medicaid has been working with the fiscal agent, Gainwell, on development of a new Crisis Services Provider Type and several specialties, one being DMCTs that should be implemented hopefully by July 1<sup>st</sup>, pending CMS approval.

Ellen Richardson, Chair, announced that due to loss of quorum, remaining agenda items were tabled.

**13. For Information Only.** Regional school updates to include health and mental health wellness – *Katherine Loudon (Washoe County Schools), Jennifer Lords (Rural School Districts), Christopher Merritt (Clark County School District)*

Tabled.

**14. For Information Only.** Update on System of Care (SOC) Grant including a status update on the grant’s life and ability to continue the System of Care if the grant sunsets – *William Wyss, Department of Child and Family Services (DCFS)*

Tabled.

**15. For information Only.** Update on the Pediatric Mental Health Care Access Program Grant Award to DCFS – *Nicole Mara, Education and Information Officer, Department of Child and Family Services (DCFS)*

Tabled.

**16. For Possible Action.** Make recommendations for agenda items for the next meeting – *All Members*

Tabled.

**17. Public Comment.** No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken.

Tabled.

18. **Adjournment.** – *Ellen Richardson-Adams, Chair*

The meeting was adjourned at 4:10 pm.

**CHAT TRANSCRIPT**

Not available due to technical issues.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to participate. If special arrangements are necessary, please contact Kristen Rivas (krivas@dcfs.nv.gov) no later than three business days prior to the meeting date. Supporting materials may be obtained by emailing Kary Wilder at [kwilder@dcfs.nv.gov](mailto:kwilder@dcfs.nv.gov) or on the website at <https://dcfs.nv.gov/Meetings/NCBHC/2023MeetingandAgenda/>.

This notice was mailed to groups and individuals as requested and posted on the DCFS website located at <https://dcfs.nv.gov/Meetings/NCBHC/2023MeetingandAgenda/> and the Nevada Public Notice website located at <https://notice.nv.gov/>.

**This notice has been posted at:**

Division of Child and Family Services – 4126 Technology Way, Carson City, NV

Division of Public and Behavioral Health – 4150 Technology Way, Carson City, NV

Division of Child and Family Services – 6171 W. Charleston Blvd. Building 8, Las Vegas, NV

Division of Child and Family Services – 2655 Enterprise Rd., Reno, NV

Division of Child and Family Services – 100 Youth Center Rd., Elko, NV