PsychU®
Improving mental health care... together™

2019 Nevada Mental Health System Guidebook

December 2019 MRC2.CORP.X.04118

This resource is provided for informational purposes only and is not intended as reimbursement or legal advice.

Please seek independent, qualified, professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

Except as otherwise indicated, the information provided is accurate to the best of Otsuka's knowledge as of December 2019. PsychU provides this information for your convenience. In order to obtain the most up-to-date information about a state or its programs, please contact the organization listed within this state's Mental Health System Guidebook.

Return To Table Of Contents
View Acronym Legend

Table Of Contents

Return To Table Of Contents
View Acronym Legend

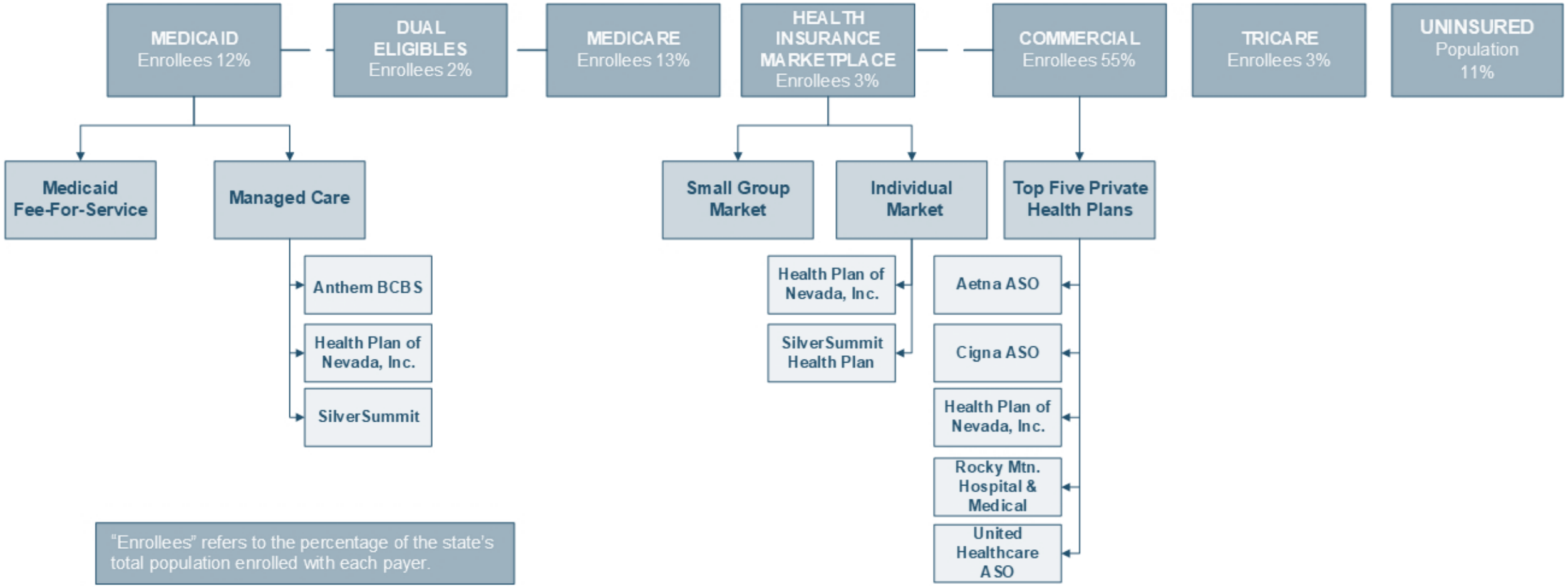
PsychU® Improving mental health care... together™

A. Executive Summary

Table Of Contents
Acronym Legend

A.1. Physical Health Care Coverage Map

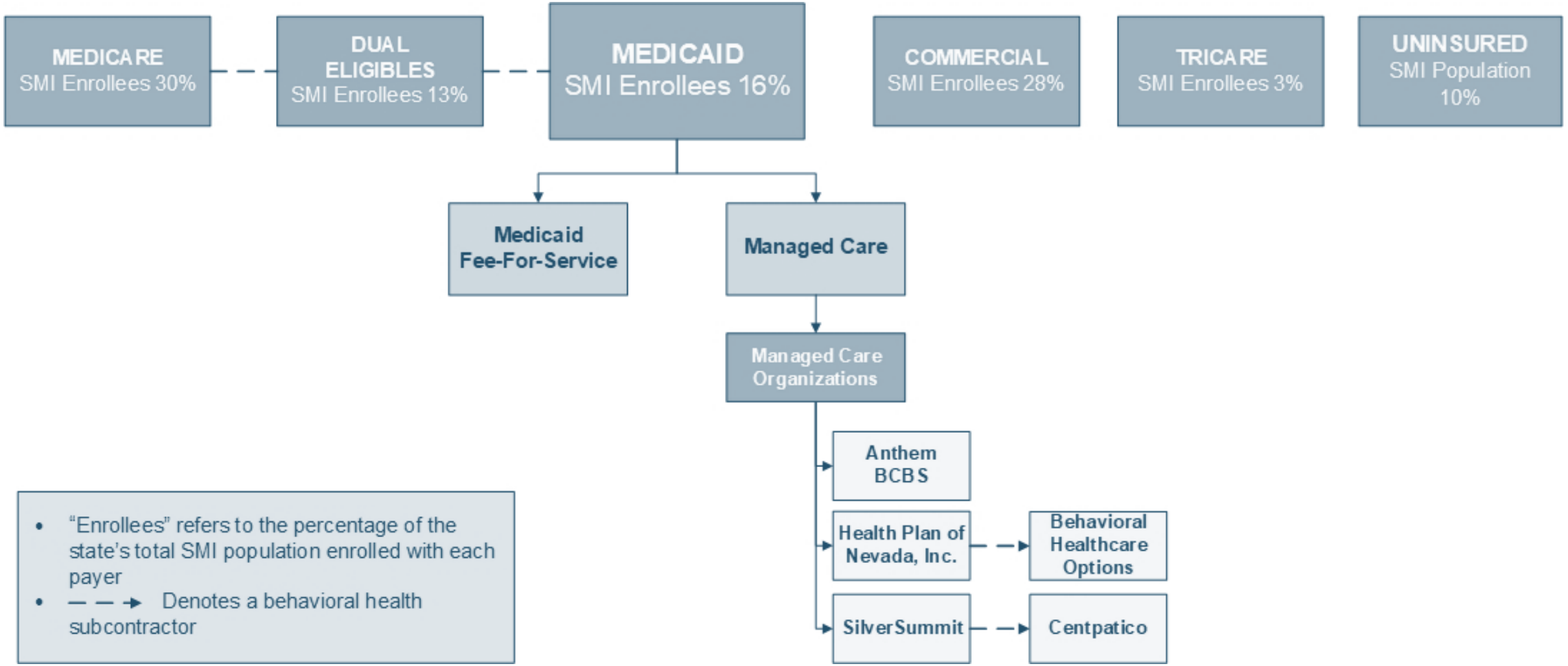
Total Nevada Population- 2,998,039
Estimated SMI Population- 139,342



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

Return To Table Of Contents
View Acronym Legend

A.2. Behavioral Health Care Coverage Map



Return To Table Of Contents
View Acronym Legend

A.3. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid Population Distribution	• As of August 2019: 28% in fee-for-service (FFS), 72% in managed care.
SMI Population Inclusion In Managed Care	• The aged, blind, and disabled populations are excluded from managed care; therefore, the SMI population is split between FFS and managed care. • Estimated 56% of population in FFS, 44% in managed care.
Dual Eligible Population Inclusion In Managed Care	• Managed care is mandatory for dual eligibles. • Estimated 100% of population in FFS.

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional Behavioral Health	• Covered FFS By The State	• Included in the health plan's capitation rate
Specialty Behavioral Health	• Covered FFS By The State	• Included in the health plan's capitation rate except for targeted case management
Pharmaceuticals	• Covered FFS By The State	• Included in the health plan's capitation rate
LTSS	• Covered FFS By The State	• Covered FFS by the state

Return To Table Of Contents
View Acronym Legend

A.4. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	Yes, the state operates health plans in two counties.
Primary Care Case Management (PCCM)		The state's enhanced PCCM program ended in June 2018.
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None

Return To Table Of Contents
View Acronym Legend

A.5. Behavioral Health Safety-Net Delivery System

Overview

State Agency Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Department of Health and Human Services, Division of Public and Behavioral Health provides physical health services to the safety-net population.

Mental Health Services

- The Division of Public and Behavioral Health runs two mental health service delivery systems that provide safety-net services in outpatient and inpatient settings: Southern Nevada Adult Mental Health Services (SNAMHS) and Northern Nevada Adult Mental Health Services (NNAMHS). Rural Counseling and Supportive Services (RCSS), a third delivery system for rural counties, provides services in an outpatient setting only.

Addiction Treatment Services

- The Division of Public and Behavioral Health provides addiction treatment services to the uninsured population through a contracted network of provider organizations.

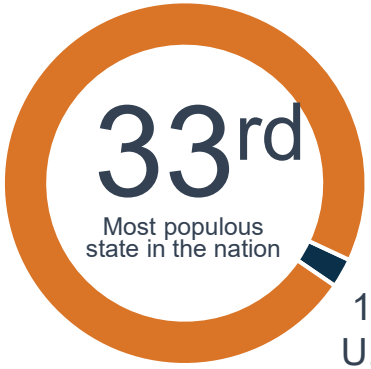
Return To Table Of Contents
View Acronym Legend

B. Health Financing System Overview

Table Of Contents
Acronym Legend

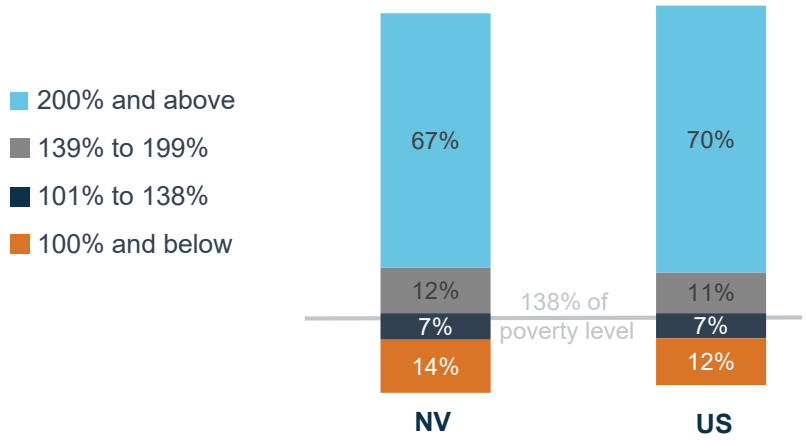
B.1. Population Demographics

Total Nevada Population- 2,998,039
Estimated SMI Population- 139,342



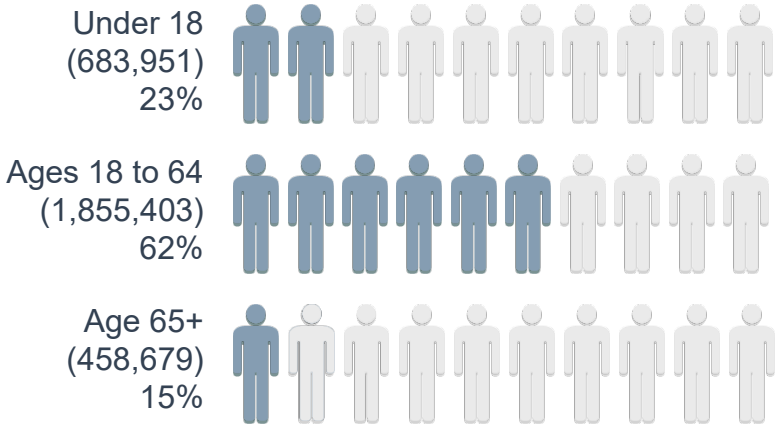
1% of the U.S. population

Population Distribution By Income To Poverty Threshold Ratio

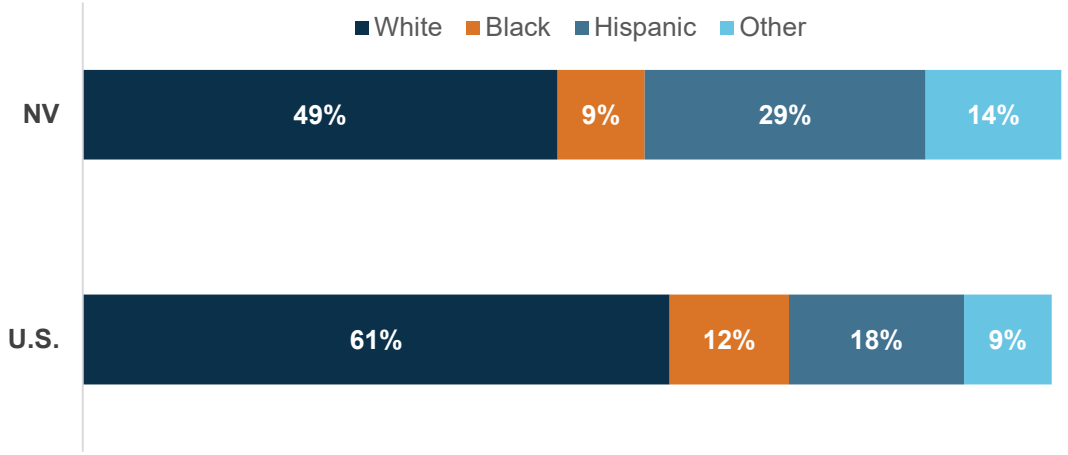


Median Income
Nevada $55,434
U.S. $57,652

Population Distribution By Age



Nevada & U.S. Racial Composition

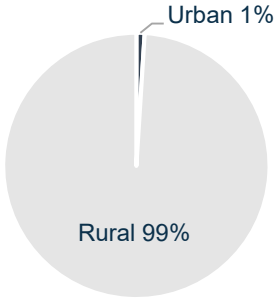


Return To Table Of Contents
View Acronym Legend

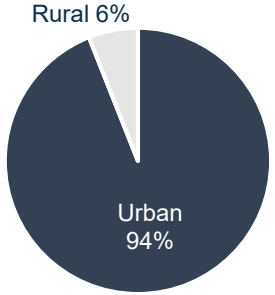
B.2. Population Centers

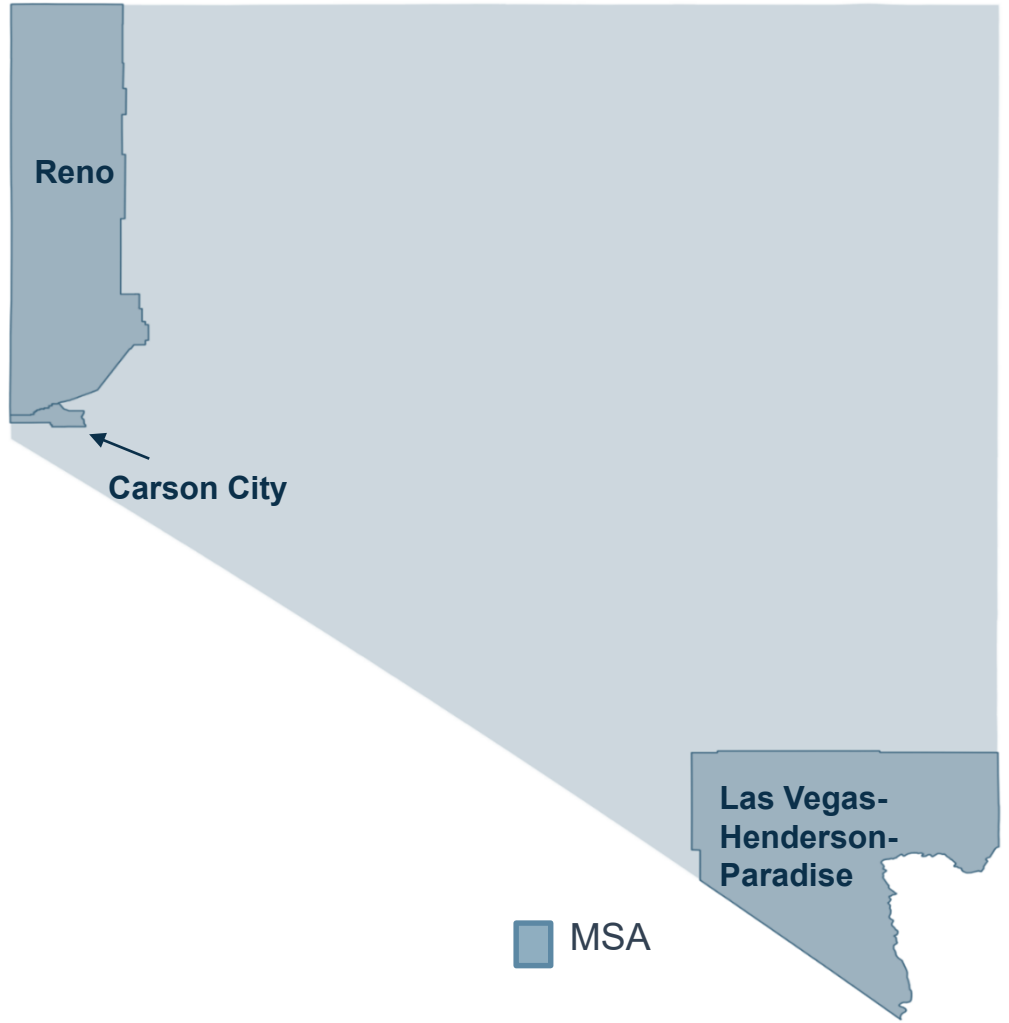
Metropolitan Statistical Areas (MSAs)	
MSA	**Nevada Residents**
Total MSA Population	**2,616,097**
Las Vegas-Henderson-Paradise, NV	2,112,436
Reno, NV	449,442
Carson City, NV	54,219

Distribution Of Land Area



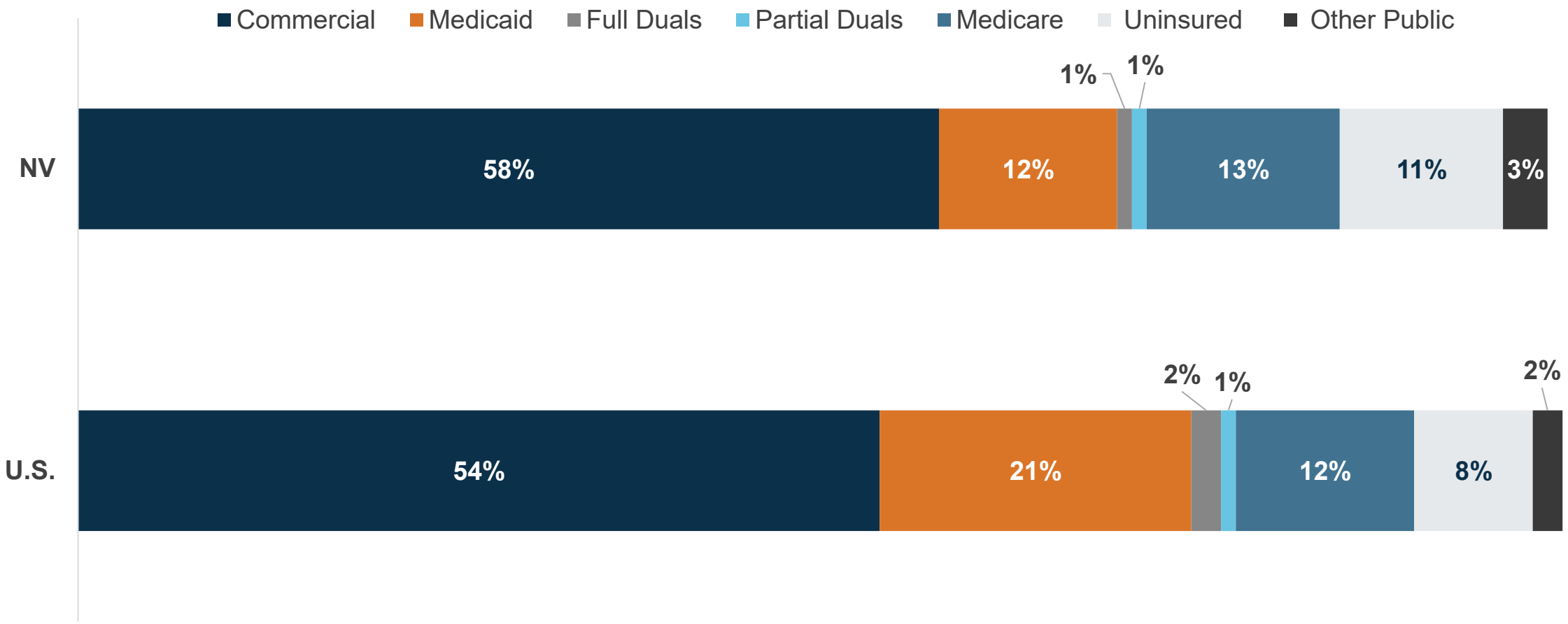
Distribution Of Population





B.3. Population Distribution By Payers

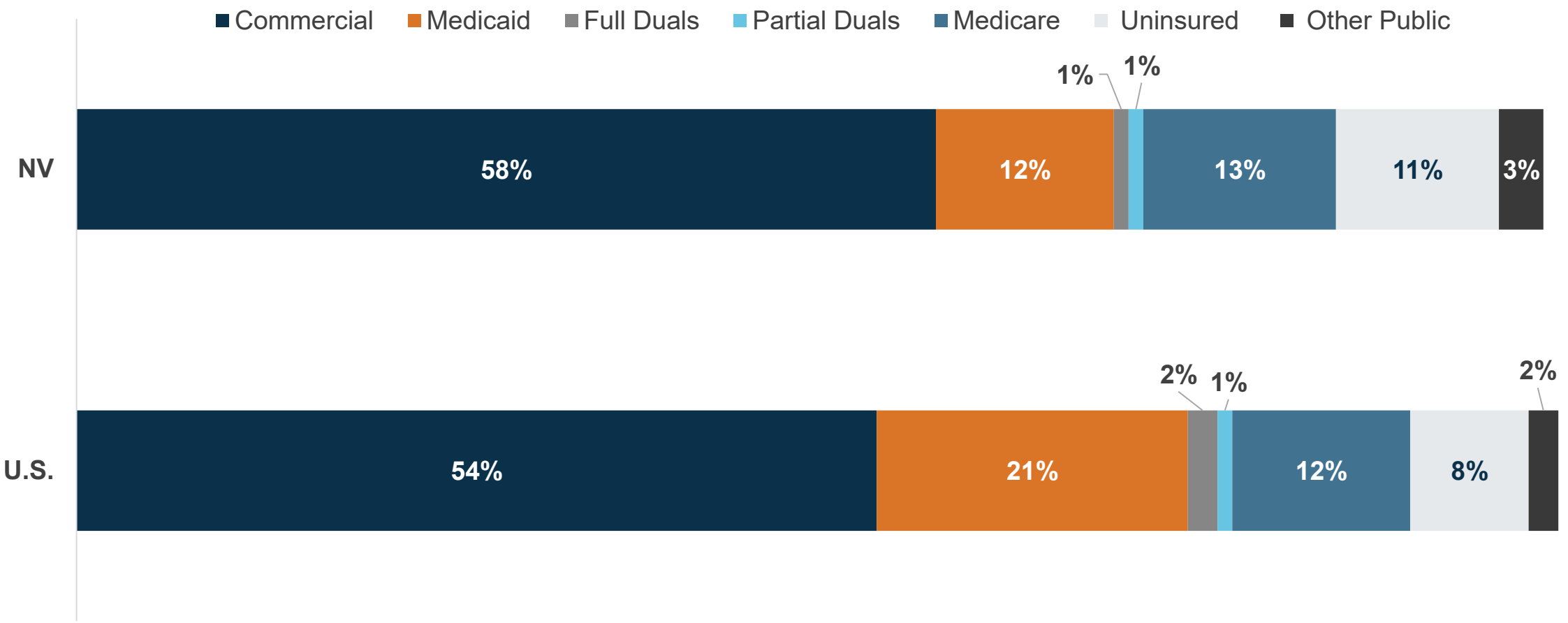
National vs. State



Return To Table Of Contents
View Acronym Legend

B.4. SMI Population Distribution By Payer

National vs. State



Return To Table Of Contents
View Acronym Legend

B.5. Largest Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
UnitedHealth	Commercial administrative services organization (ASO)	597,072
Medicare fee-for-service (FFS)	Medicare	308,417
Health Plan of Nevada	Commercial	280,488
Health Plan of Nevada	Medicaid managed care	236,767
Rocky Mountain Hospital & Medical	Commercial ASO	213,931
Medicaid FFS	Medicaid	185,958
Anthem Blue Cross Blue Shield	Medicaid managed care	183,461
TRICARE	Other public	104,790
Aetna	Commercial ASO	93,944
Rocky Mountain Hospital & Medical	Commercial	90,404

*Medicaid enrollment as of August 2019; TRICARE as of April 2018; Commercial as of 4th quarter 2017; Medicare enrollment as of December 2018

Return To Table Of Contents
View Acronym Legend

B.6. Largest Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	308,417	33,926
Health Plan of Nevada	Medicaid managed care	236,767	18,663
Medicaid FFS	Medicaid	185,958	16,536
Anthem Blue Cross Blue Shield	Medicaid managed care	183,461	14,461
UnitedHealth	Commercial ASO	597,072	13,733
Health Plan of Nevada	Commercial	280,488	6,451
TRICARE	Other public	104,790	5,868
Health Plan of Nevada	Medicare	48,410	5,325
Humana Gold Plus	Medicare	44,796	4,928

*Medicaid enrollment as of August 2019; TRICARE as of April 2018; Commercial as of 4th quarter 2017; Medicare enrollment as of December 2018

Return To Table Of Contents
View Acronym Legend

B.7. Health Insurance Marketplace

Health Insurance Marketplace	
Type Of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier, or through an insurance broker.

2019 Small Group Market Plans
1. None

2019 Individual Market Health Plans
1. Health Plan of Nevada
2. SilverSummit Health Plan

Return To Table Of Contents
View Acronym Legend

B.8. ACOs

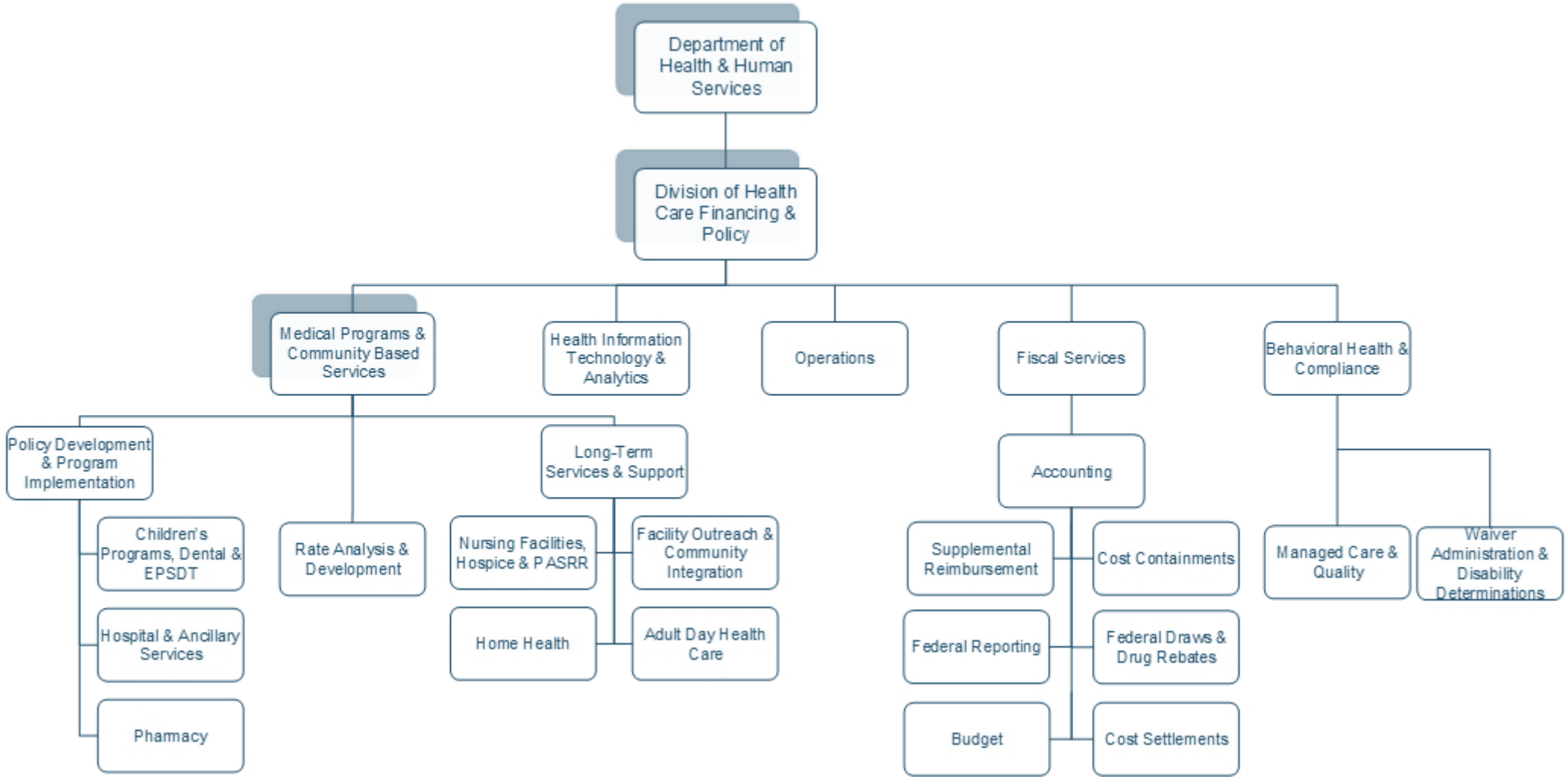
Medicare Shared Savings Model ACOs
1. Accountable Care of Nevada
2. HealthCare Partners ACO California
3. HealthCare Partners Nevada
4. High Sierras-Northern Plains ACO
5. Prime Healthcare ACO
6. Renown Accountable Care
7. Revere Health
8. Silver State ACO
9. St. Rose Quality Care Network

C. Medicaid Administration, Governance & Operations

Table Of Contents
Acronym Legend

C.1. Medicaid Governance

Organization Chart



Return To Table Of Contents
View Acronym Legend

C.2. Medicaid Governance

Key Leadership

Name	Position	Department
Suzanne Bierman, J.D., MPH	Administrator, State Medicaid Director	Division of Health Care Financing and Policy
Cody Phinney	Deputy Administrator	Division of Health Care Financing and Policy
DuAne Young	Deputy Administrator	Division of Health Care Financing and Policy
Budd Milazzo	Chief Financial Officer	Division of Health Care Financing and Policy
Sandie Ruybalid	Information Services Chief	Division of Health Care Financing and Policy

Return To Table Of Contents
View Acronym Legend

C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	• Yes
Date Of Expansion	• January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	• 133% of the Federal Poverty Level (FPL) • The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded with determining eligibility.
Legislation Used To Expand Medicaid	• Assembly Bill 507, 77th Session, 2014-2015 budget bill
Number Of Individuals Enrolled In The Expansion Group (September 2017)	• 211,428
Number Of Enrollees Newly Eligible Due To Expansion	• 211,428
Benefits Plan For Expansion Population	• The alternative benefit plan is identical to the state plan.

Return To Table Of Contents
View Acronym Legend

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Nevada's Optional Services

1. Podiatry services
2. Optometry services
3. Chiropractor services
4. Health home services
5. Physical therapy, occupational therapy, or speech pathology and audiology services
6. Private duty nursing services
7. Clinic services
8. Dental services
9. Prescription medications
10. Dentures, prosthetics, and eyeglasses
11. Diagnostic, screening, preventative, and rehabilitative services
12. Inpatient hospital services and nursing facility services for individuals age 65 or older with mental diseases
13. Intermediate care facility services for individuals with I/DD
14. Inpatient psychiatric facility services for individuals under age 22
15. Hospice care
16. Case management and tuberculosis-related services
17. Respiratory care services
18. Certified pediatric of family nurse practitioner services
19. Brokered transportation
20. Nursing facility services for individuals under age 21
21. Emergency hospital services

Return To Table Of Contents
View Acronym Legend

D. Medicaid Financing & Delivery System

Table Of Contents
Acronym Legend

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	**Medicaid FFS**	**Medicaid Managed Care**
Enrollment (May 2019)	• 185,958	• 481,090
SMI Enrollment	• The aged, blind, and disabled populations are excluded from managed care; therefore, the SMI population is split between FFS and managed care. • Estimated 44% of the population enrolled in managed care; 56% in FFS	
Management	• Department of Health and Human Services (DHHS)	• Three health plans
Payment Model	• FFS	• Capitated rate
Geographic Service Area	• Statewide	• Clark and Washoe counties

Total Medicaid: 654,942 | Total Medicaid With SMI: 29,398

Return To Table Of Contents
View Acronym Legend

D.2. Medicaid Service Delivery System

Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS / Managed Care	Mandatory Managed Care Enrollment
Parents & Caretakers			X
Children			X
Blind & Disabled Individuals	X		
Aged Individuals	X		
Dual Eligibles	X		
Medicaid Expansion			X
Individuals Residing In Nursing Homes	X		
Individuals Residing In ICF/IDD	X		
Individuals In Foster Care	X		
Other Populations	• Individuals with other insurance coverage • Children receiving supplemental security income (SSI)	• Adults with SMI and children with SED • American Indians and Alaskan Natives	

Return To Table Of Contents
View Acronym Legend

D.3. Medicaid FFS Program

Overview

- As of August 2019, FFS enrollment was 185,958.
- Until June 2018, the state operated the Health Care Guidance Program, which was an enhanced primary care case management (PCCM) program for individuals with qualifying chronic conditions enrolled in FFS.

Return To Table Of Contents
View Acronym Legend

D.4. Medicaid FFS Program
Behavioral Health Benefits

All services are covered FFS by the state.

FFS Mental Health Benefits	
1.	Inpatient services
2.	Assessment and diagnosis, testing
3.	Individual, family, and group therapy
4.	Neurotherapy
5.	Partial hospitalization program
6.	Intensive outpatient program
7.	Medication management, training, and support
8.	Basic skills training
9.	Program for assertive community treatment
10.	Peer support services
11.	Psychosocial rehabilitation
12.	Crisis intervention services

FFS Addiction Treatment Benefits	
1.	Inpatient detoxification
2.	Assessment and screening
3.	Outpatient services
4.	Intensive outpatient
5.	Partial hospitalization
6.	Medically managed inpatient treatment
7.	Opioid use treatment

Return To Table Of Contents
View Acronym Legend

D.5. Medicaid FFS Program

SMI Population

- The aged, blind, and disabled populations are excluded from managed care; therefore, the SMI population is split between FFS and managed care.
- Members of the Medicaid population with SMI eligible for Supplemental Security Income (SSI) may opt-out of enrolling in a health plan; however, members of the Medicaid expansion population with SMI may not opt-out of enrolling in a health plan.
- As of August 2019, *OPEN MINDS* estimates that 56% of the SMI population was enrolled in FFS.

Return To Table Of Contents
View Acronym Legend

D.6. Medicaid Managed Care Program
Overview

- As of August 2019, managed care enrollment was 481,090.
- The health plans deliver physical health and behavioral health benefits for children, parent/caretaker relatives, and the Medicaid expansion population.
- Mandatory enrollment in managed care is limited to only individuals living in the urban areas of Clark and Washoe counties.
  - All three health plans are available in these counties, and individuals have choice of plan.

Return To Table Of Contents
View Acronym Legend

D.7. Medicaid Managed Care Program
Behavioral Health Benefits

Behavioral health and pharmacy benefits, with the exception of targeted case management (TCM), are included in the health plan's capitation rate. TCM is provided by the state on an FFS basis.

Managed Care Mental Health Benefits
1. Assessment and diagnosis, testing
2. Individual, family, and group therapy
3. Neurotherapy
4. Partial hospitalization program
5. Intensive outpatient program
6. Medication management, training, and support
7. Basic skills training
8. Program for assertive community treatment
9. Peer support services
10. Psychosocial rehabilitation
11. Crisis intervention services

Managed Care Addiction Treatment Benefits
1. Inpatient detoxification
2. Assessment and screening
3. Outpatient services
4. Intensive outpatient
5. Partial hospitalization
6. Medically managed inpatient treatment
7. Opioid use treatment

Return To Table Of Contents
View Acronym Legend

D.8. Medicaid Managed Care Program

SMI Population

- The aged, blind, and disabled populations are excluded from managed care; therefore, the SMI population is split between FFS and managed care.
- Members of the Medicaid population with SMI eligible for SSI may opt-out of enrolling in a health plan; however, members of the Medicaid expansion population with SMI may not opt-out of enrolling in a health plan.
- As of August 2019, *OPEN MINDS* estimates that 44% of the SMI population was enrolled in managed care.

Return To Table Of Contents
View Acronym Legend

D.9. Medicaid Program

Care Coordination Initiatives

ACO Program	ACA Health Home	PCMH	Other Care Coordination Initiatives
• None	• None	• None	• Yes, the state has a CCBHC demonstration grant.

Return To Table Of Contents
View Acronym Legend

D.10. Medicaid Program

Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Dental Benefits Administrator (DBA) (NV-01)	Authorizes the state to use a dental benefit administrator in Clark and Washoe counties for the managed care populations.	1915 (b)	None	01/01/2018	12/31/2019

Return To Table Of Contents
View Acronym Legend

D.11. Medicaid Program

Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2019 Enrollment Cap	Operating Unit	Concurrent Management Authority
NV Frail Elderly (0152.R05.00)	Individuals age 65 and over.	2,449	Aging and Disability Services Unit	No
NV HCBW for Persons w/ID and Related Conditions (0125.R06.00)	Individuals with intellectual disabilities of any age.	2,264	Aging and Disability Services Division	No
NV HCBW for Persons w/Physical Disabilities (4150.R06.00)	Individuals over the age of 65 and individuals under the age 65 with physical disabilities.	966	Aging and Disability Services Division	No

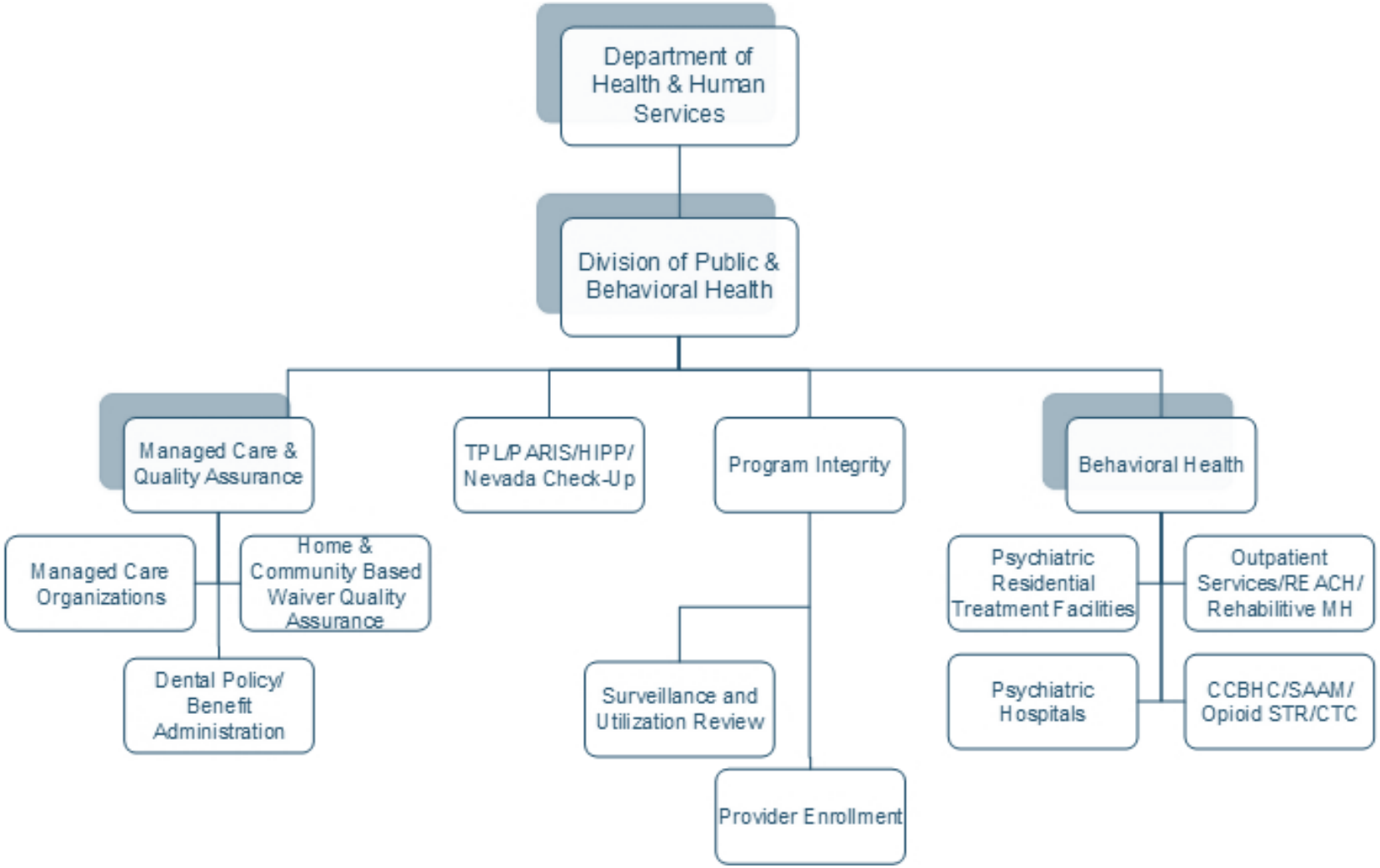
Return To Table Of Contents
View Acronym Legend

E. State Behavioral Health Administration & Finance System

Table Of Contents
Acronym Legend

E.1. DHHS

Organization Chart



Return To Table Of Contents
View Acronym Legend

E.2. DHHS

Key Leadership

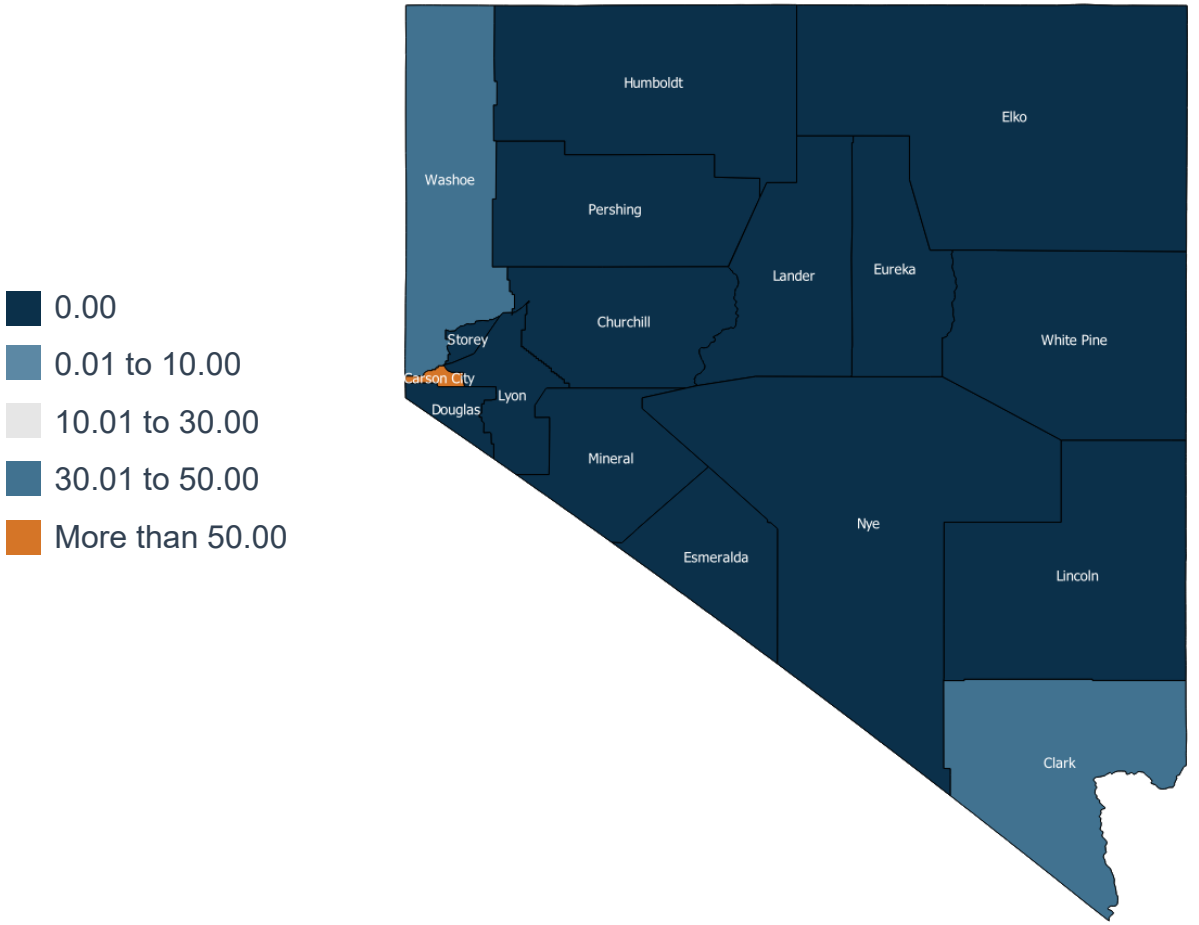
Name	Position	Department
Lisa Sherych	Administrator	Division of Public and Behavioral Health
Debi Reynolds	Deputy administrator	Division of Public and Behavioral Health, Administrative Services
Jennifer Sexton, Ph.D.	Deputy administrator	Division of Public and Behavioral Health, Clinical Services
Ihsan Azzam, Ph.D., M.D.	Chief Medical Officer	Division of Public and Behavioral Health

Return To Table Of Contents
View Acronym Legend

E.3. Mental Health & Addiction Bed Distribution

Mental Health & Addiction Hospital Beds Per 100,000 Population

Mental Health & Addiction Treatment Bed Capacity	
Total number of hospitals with mental health and addiction beds	16
Number mental health and addiction beds	1,114
Number mental health and beds per 100,000 population	38.91



Return To Table Of Contents
View Acronym Legend

E.4. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	**Location**	**Beds**
Dini-Townsend Hospital (civil)	Sparks	30
Lake's Crossing Hospital (forensic)	Sparks	86
Rawson Neal Hospital (civil)	Las Vegas	211
Stein Hospital (forensic)	Las Vegas	47
Total		**374**

Return To Table Of Contents
View Acronym Legend

E.5. Behavioral Health Safety-Net Delivery System

- The Division of Public and Behavioral Health is responsible for providing mental health and addiction disorder treatment services to the uninsured population.
- Mental health services are provided by three networks of state-operated facilities.
  - Northern Nevada Adult Mental Health (NNAMHS) and South Nevada Adult Mental Health Services (SNAMHS) provide both inpatient and outpatient services.
  - Rural Community Health Service (RCHS) provides outpatient services only.
- The clinics accept public insurance, private insurance, and sliding scale fees.
- Services provided include the following:
  - Mobile Outreach Safety Team (MOST)
  - Enrollment in Medicaid
  - Criminal justice reentry
  - Co-occurring services
  - Individual and group counseling
  - Psychosocial rehabilitation/basic skills training
  - Peer support
- Addiction treatment services are provided through a contracted network of provider organizations.

Return To Table Of Contents
View Acronym Legend

F. Appendices

Table Of Contents
Acronym Legend

F.1. Acronym Legend

Acronym	Term	Acronym	Term	Acronym	Term	Acronym	Term
ABD	Aged, Blind, & Disabled	CMS	Centers For Medicare & Medicaid Services	HCBS	Home- & Community-Based Services	PCCM	Primary Care Case Management
ACA / PPACA	Patient Protection & Affordable Care Act	COMPASS	Creating Opportunities For Medicaid Participants To Achieve Self-Sufficiency	HWA	Health & Wellness Accounts	PCMH	Patient-Centered Medical Home
ACO	Accountable Care Organization	CSB	Community Service Board	ICF/IDD	Intermediate Care Facilities For Individuals With Intellectual Or Developmental Disabilities	RFP	Request For Proposal
APM	Alternative Payment Model	DBHDS	Department Of Behavioral Health & Developmental Services	ICP	Individualized Care Plans	SBIRT	Screening, Brief Intervention, & Referral To Treatment
ARTS	Addiction & Recovery Treatment Services	DMAS	Department Of Medical Assistance Services	IDD	Intellectual Or Developmental Disabilities	SMI	Serious Mental Illness
ASO	Administrative Services Organization	D-SNP	Dual-Eligible Special Needs Plan	IMD	Institution For Mental Disease	SNP	Special Needs Plan
BHSA	Behavioral Health Service Administrator	EPSDT	Early & Periodic Screening & Diagnosis & Treatment	LTSS	Long-Term Services & Supports	STEP-VA	System Transformation Excellence & Performance
CCBHC	Certified Community Behavioral Health Clinic	FFS	Fee-For-Service	MAT	Medication-Assisted Treatment	TDO	Temporary Detention Orders
CCC	Commonwealth Coordinated Care	FPL	Federal Poverty Level	MCO	Managed Care Organization	TEEOP	Training, Education, Employment & Opportunity Program
CHIP	Children's Health Insurance Program	FQHC	Federally-Qualified Health Center	MSA	Metropolitan Statistical Area	UHC	UnitedHealthcare
CL	Community Living	GAP	Governors Access Plan	OTP / OBOT	Opioid Treatment Program / Office-Based Opioid Treatment	VA	Virginia

Return To Table Of Contents
View Acronym Legend

F.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	**ABP**	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	**ACO**	ACOs are groups of providers—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of consumers. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	**ASO**	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The organization bears the risk for all claims.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Generally the entity assumes full-risk for the cost of each enrollee's care.
Carve-Out		A Medicaid financing model where some portion of Medicaid behavioral health benefits— mental health outpatient, psychiatric inpatient, addiction treatment, pharmacy, etc. —is separately managed and/or financed. This can either be on an at-risk basis by another organization, or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	**CCBHC**	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.
Commonwealth Coordinated Care Plus	**CCC Plus**	Virginia's managed care and MLTSS program for the aged, blind, and disabled populations.

Return To Table Of Contents
View Acronym Legend

F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Community Mental Health Center	**CMHC**	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Community Service Boards	**CSB**	Local governments establish entities for the provision of mental health, addiction disorder, and developmental treatment services to the safety-net population. CSBs serve as the single point of entry for publicly-funded services, including access to state hospitals. They can provide services directly or contract with other provider organizations.
Delivery System Reform Incentive Payment	**DSRIP**	A program that administers federal and state 1115 waiver savings to provider organizations to develop and implement transformative delivery systems through infrastructure development and innovative care models. The goals of these transformations is to improve care for individuals, improve care for populations, and lower costs through efficiencies.
Disproportionate Share Hospital	**DSH**	Hospitals that serve an above average number of low-income and uninsured patients. State Medicaid programs provide DSH payments to these hospitals to ease the burden of serving low-income and uninsured patients.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	**FPL**	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2018, the FPL is $12,140 for an individual and $25,100 for a family of four.

Return To Table Of Contents
View Acronym Legend

F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Fee-For-Service	**FFS**	A system in which provider organizations are reimbursed for each covered service such as an office visit, test, or procedure according to rates set by the payer.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services.
Health Insurance Marketplace	**HIM**	Created by the PPACA, the health insurance marketplace is an online service where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	**HCBS**	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	**IMD**	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive residential addiction treatment in IMDs.
Long-Term Services & Supports	**LTSS**	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions and/or age.

Return To Table Of Contents
View Acronym Legend

F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Managed Care/ Managed Care Organization	**MCO**	A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore usually contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid State Plan in order to test out new ways to deliver health coverage. Importantly, the waivers must be budget neutral.
Medicaid Waiver Section 1115	**1115 waiver**	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	**1915(b) waiver**	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit people's choice of providers.
Medicaid Waiver Section 1915(c)	**1915(c) waiver**	States can apply for waivers to provide long-term care services in home and community-based settings, rather than institutional settings.

Return To Table Of Contents
View Acronym Legend

F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Medicaid Waiver Concurrent Section 1915(b) & 1915(c)		States can apply to simultaneously implement two types of waivers to provide a continuum of services to the elderly and people with disabilities, as long as all Federal requirements for both programs are met.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	**MA**	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Advantage Special Needs Plan	**SNP**	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

Return To Table Of Contents
View Acronym Legend

F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	**MSA**	An urbanized area of 50,000 or more population plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	**PCMH**	See Medical Home.
Patient Protection & Affordable Care Act	**PPACA or ACA**	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.
Pay-For-Performance	**P4P**	A health care payment model that offers financial rewards to organizations that meet or exceed pre-determined quality benchmarks. Typically, services continue to be reimbursed FFS.
Primary Care Case Management	**PCCM**	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided. Some states consider PCCM a managed care delivery model, while other states consider it an FFS delivery model.

Return To Table Of Contents
View Acronym Legend

F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Program Of All Inclusive Care For The Elderly	**PACE**	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	**SMI**	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	**VBR**	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

Return To Table Of Contents
View Acronym Legend

F.3. Sources

A. Executive Summary

A.1. Physical Health Care Coverage Map

– Information compiled from sources provided throughout the profile.

A.2. Behavioral Health Care Coverage Map

– Information compiled from sources provided throughout the profile.

A.3. Medicaid System Overview

– Information compiled from sources provided throughout the profile.

A.4. Medicaid Care Coordination Initiatives

– Information compiled from sources provided throughout the profile.

A.5. Behavioral Health Safety-Net Delivery System: Overview

– Information compiled from sources provided throughout the profile.

B. Health Financing System Overview

B.1. Population Demographics

– United States Census Bureau. 2017 American Community Survey 1-Year Estimates K200104 Population By Age. Retrieved December 26, 2018 from https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

– United States Census Bureau. 2018 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved December 27, 2018 from https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pov/pov-46.html

– United States Census Bureau. 2017 American Community Survey 1-Year Estimates B03002 Hispanic or Latino Origin By Race. Retrieved December 27, 2018 from https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

– United States Census Bureau. 2016 American Community Survey 1-Year Estimates S1903 Median Income In the Past 12 Months. Retrieved February 12, 2019 from https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

– United States Census Bureau. 2017 American Community Survey 1-Year Estimates B03002 Hispanic or Latino Origin By Race. Retrieved December 27, 2018 from https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

B.2. Population Centers

– United States Census Bureau. Percent Urban and Rural in 2010 By State. Retrieved December 21, 2018 from https://www.census.gov/geo/reference/ua/urban-rural-2010.html

Return To Table Of Contents
View Acronym Legend

F.3. Sources (Continued)

B. Health Financing System Overview (Continued)

B.2. Population Centers (Continued)

– U.S. Census Bureau. (2018). 2018 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved December 21, 2018 at https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2018&layergroup=Core+Based+Statistical+Areas
– United States Census Bureau. 2017 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved December 21, 2018 from https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

B.3. Population Distribution By Payers: National vs. State

– *OPEN MINDS*. (2018). Serious Mental Illness Prevalence Estimates.

B.4. SMI Population Distribution By Payers: National vs. State

– *OPEN MINDS*. (2018). Serious Mental Illness Prevalence Estimates.

B.5. Largest Health Plans By Enrollment

– *OPEN MINDS*. (2018, December). Health Plans Database.
– TRICARE. (2018, April 16). Beneficiaries by Location. Retrieved December 28, 2018 from http://www.tricare.mil/About/Facts/BeneNumbers/States
– Health Plans USA. (2018). Subscription Database. Available from http://www.markfarrah.com/products/health-plans-usa.aspx
– Nevada Department of Health and Human Services (2019, June). Medicaid Chart Pack. Retrieved December 4, 2019 from http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Home/Features/Medicaid%20Chart%20Pack%20June%202019.pdf

B.6. Largest Health Plans By Estimated SMI Enrollment

– *OPEN MINDS*. (2018, December). Health Plans Database.
– TRICARE. (2018, April 16). Beneficiaries by Location. Retrieved May 4, 2018 from http://www.tricare.mil/About/Facts/BeneNumbers/States
– Health Plans USA. (2018). Subscription Database. Available from http://www.markfarrah.com/products/health-plans-usa.aspx
– Nevada Department of Health and Human Services (2019, June). Medicaid Chart Pack. Retrieved December 4, 2019 from http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Home/Features/Medicaid%20Chart%20Pack%20June%202019.pdf

B.7. Health Insurance Marketplace

– United States Department of Health and Human Services. (2018, December 19). PY2019 Individual Medical Landscape. Retrieved December 28, 2018 from https://data.healthcare.gov/dataset/PY2019-Individual-Medical-Landscape/yhnw-u2e3

Return To Table Of Contents
View Acronym Legend

F.3. Sources (Continued)

B. Health Financing System Overview (Continued)

B.7. Health Insurance Marketplace (Continued)

– United States Department of Health and Human Services. (2018, December 19). QHP PY2019 Shop Market Medical. Retrieved December 28, 2018 from https://data.healthcare.gov/dataset/QHP-PY2019-Shop-Market-Medical/8n8q-b2nr

B.8. ACOs

– *OPEN MINDS*. (2019). ACO Database.

C. Medicaid Administration, Governance, & Operations

C.1. Medicaid Governance: Organization Chart

– Nevada Department of Health Care Financing and Policy. (2019, May 31). Department of Health and Human Services Organizational Chart. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/About/AdminSupport/OrgCharts/Admin.pdf

C.2. Medicaid Governance: Key Leadership

– Nevada Department of Health Care Financing and Policy. (2019). DHCFP Leadership Retrieved November 21, 2019 from http://dhcfp.nv.gov/About/AdminSupport/DHCFP_Leadership/

C.3. Medicaid Expansion Status

– Centers for Medicare and Medicaid Services. (2018). MACStats: Medicaid and CHIP Data Book. Retrieved February 12, 2019 from https://www.macpac.gov/macstats/

– Centers for Medicare and Medicaid Services. (2018, November). Medicaid Enrollment Data Collected Through MBES 2017 Q3. Retrieved February 12, 2019 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html

– U.S. Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved February 12, 2019 from https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315

– Nevada Department of Health Care Financing and Policy. (2018, June 6). Nevada State Plan Amendment 18-006. Retrieved November 21, 2019 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NV/NV-18-0006.pdf

C.4. Medicaid Program Benefits

– Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved December 6, 2017 from https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/

– Nevada Department of Health Care Financing and Policy. (2014,January 10). Medicaid State Plan. Retrieved November 25, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSP/Sec3/NEW2%20-%203.1%20Attach%20A(1).pdf

Return To Table Of Contents
View Acronym Legend

F.3. Sources (Continued)

D. Medicaid Financing & Delivery System

D.1. Medicaid Financing & Service Delivery System

– Nevada Department of Health Care Financing and Policy. (2019, August). Nevada Medicaid Population Demographics. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Reports/Caseload-Summary-Aug-2019.pdf

D.2. Medicaid Service Delivery System: Enrollment By Eligibility Group

– Nevada Department of Health Care Financing and Policy. (2016, January 27). Medicaid Services Manual. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C3600/MSM_3600_14_11_03(1).pdf
– Nevada Department of Health and Human Services. (2017, November 2). Medicaid Eligibility, Service Delivery Models & Provider Enrollment. Retrieved November 21, 2019 from http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/CHA/Events/2014/Medicaid%20Overview%202017-11-2%20%20%20NL%20MJ.pdf

D.3. Medicaid FFS Program: Overview

– Nevada Department of Health Care Financing and Policy. (2018, July 11). Update: Phase-Out of the Health Care Guidance Program. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Public/AdminSupport/MeetingArchive/MCAC/2018/MCAC_07_11_18_HCGP_Phase_Out.pdf
– Nevada Department of Health Care Financing and Policy. (2016, January 6). Nevada Comprehensive Care Waiver. Retrieved November 21, 2019 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8006
– Nevada Department of Health Care Financing and Policy. (2019, August). Nevada Medicaid Population Demographics. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Reports/Caseload-Summary-Aug-2019.pdf

D.4. Medicaid FFS Program: Behavioral Health Benefits

– Nevada Department of Health Care Financing and Policy. (2018, October 25). Medicaid Services Manual. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C400/MSM_400_18_10_26.pdf

D.5. Medicaid FFS Program: SMI Population

– Nevada Department of Health Care Financing and Policy. (2016, January 27). Medicaid Services Manual. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C3600/MSM_3600_14_11_03(1).pdf
– *OPEN MINDS* (2018) Serious Mental Illness Prevelance Estimates.

D.6. Medicaid Managed Care Program: Overview

– Nevada Department of Health and Human Services. (2017, November 2). Medicaid Eligibility, Service Delivery Models & Provider Enrollment. Retrieved November 21, 2019 from http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/CHA/Events/2014/Medicaid%20Overview%202017-11-2%20%20%20NL%20MJ.pdf

Return To Table Of Contents
View Acronym Legend

F.3. Sources (Continued)

D. Medicaid Financing & Delivery System (Continued)

D.6. Medicaid Managed Care Program: Overview (Continued)

– Nevada Department of Health Care Financing and Policy. (2016, January 27). Medicaid Services Manual. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C3600/MSM_3600_14_11_03(1).pdf

D.7. Medicaid Managed Care Program: Behavioral Health Benefits

– Nevada Department of Health Care Financing and Policy. (2016, January 27). Medicaid Services Manual. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C3600/MSM_3600_14_11_03(1).pdf

– Nevada Department of Health Care Financing and Policy. (2018, October 25). Medicaid Services Manual. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C400/MSM_400_18_10_26.pdf

– Nevada Department of Health Care Financing and Policy. (2018, October 25). Medicaid Services Manual. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C400/MSM_400_18_10_26.pdf

D.8. Medicaid Managed Care Program: SMI Population

– Nevada Department of Health Care Financing and Policy. (2019, August). Nevada Medicaid Population Demographics. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Reports/Caseload-Summary-Aug-2019.pdf

D.9. Medicaid Program: Care Coordination Initiatives

– Nevada Department of Health Care Financing and Policy. (2017, April 2018). MCAC Meeting Minutes. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Public/AdminSupport/MeetingArchive/MCAC/2017/MCAC_04_18_17_Minutes_FINAL.pdf

– Nevada Division of Public and Behavioral Health. (2019, March 12). Nevada Certified Community Behavioral Health Clinics. Retrieved November 21, 2019 from http://dpbh.nv.gov/Reg/CCBHC/CCBHC-Main/

D.10. Medicaid Program: Demonstration & Care Management Waivers

– Nevada Department of Health Care Financing and Policy. (2017, November 15). Dental Benefits Administrator (DBA) (NV-01). Retrieved November 21, 2019 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/NV_Dental-Benefits-Administrator_NV-01.pdf

D.11. Medicaid Program: Section 1915 (c) HCBS Waivers

– Nevada Department of Health Care Financing and Policy. (2018, January 1). NV HCBW for Persons W/Physical Disabilities (4150.R06.00). Retrieved November 21, 2019 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8007

Return To Table Of Contents
View Acronym Legend

F.3. Sources (Continued)

D. Medicaid Financing & Delivery System (Continued)

D.11. Medicaid Program: Section 1915 (c) HCBS Waivers (Continued)

– Nevada Department of Health Care Financing and Policy. (2018, October 1). NV HCBS Waiver for Individuals with Intellectual and Developmental Disabilities (0125.R07.00). Retrieved November 21, 2019 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8008

– Nevada Department of Health Care Financing and Policy. (2015, July 1). NV Frail Elderly (0152.R06.00). Retrieved November 21, 2019 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8010

E. State Behavioral Health Administration & Finance System (Continued)

E.1. DHHS: Organization Chart

– Nevada Department of Health and Human Services. (2017, January 24). Budget Presentation for 2018-2019 Biennium. Retrieved November 21, 2019 from http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/About/Budget/FY_18-19/DPBH%20Pre-Session%20(20170124).pdf

– Nevada Department of Health Care Financing and Policy. (2019, May 31). Behavioral Health and Compliance Organizational Chart. Retrieved November 21, 2019 from http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/About/AdminSupport/OrgCharts/Behavioral%20Health%20and%20Compliance%209-25-18.pdf

E.2. DHHS: Key Leadership

– Nevada Division of Public and Behavioral Health. (2019, October 15). DPBH Leadership. Retrieved November 21, 2019 from http://dpbh.nv.gov/About/Executive_Team/

E.3. Mental Health & Addiction Bed Distribution

– *OPEN MINDS*. (2017, May). Hospital Beds Database.

E.4. State Psychiatric Institutions

– Nevada Department of Health and Human Services. (2017, March 3). Behavioral Health Budget Presentation for 2018-2019 Biennium. Retrieved November 21, 2019 from https://www.leg.state.nv.us/App/NELIS/REL/79th2017/ExhibitDocument/OpenExhibitDocument?exhibitId=27285&fileDownloadName=Department%20of%20Health%20and%20Human%20Services%20Behavioral%20Health%20Budget%20Presentation.pdf

E.5. Behavioral Health Safety-Net Delivery System

– Nevada Division of Public and Behavioral Health. (2018, August 16). Clinical Behavioral Services. Retrieved November 21, 2019 from http://dpbh.nv.gov/Programs/ClinicalBehavioralServ/Clinical_Behavioral_Services_-_Home/

– Nevada Division of Public and Behavioral Health. (2019, October 3). Primary Care Office. Retrieved November 21, 2019 from http://dpbh.nv.gov/Programs/PCO/Health_Planning_and_Primary_Care_Office_-_Home/