

# **Enhancing Access to Mental Health and Rehabilitative Therapy Services**

A Proposal for a 5% Increase in Medicaid Reimbursement for Therapy Services

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## Executive Summary

Nevada is facing a critical shortage of healthcare providers, particularly in the fields of occupational therapy (OT), physical therapy (PT), and speech-language pathology (SLP). This shortage is exacerbated by decades of stagnant Medicaid reimbursement rates, rising operational costs, and increased administrative burdens. These factors have forced many providers to reduce services or close practices altogether, further limiting access to essential care for Nevadans, especially underserved populations such as rural communities, children with developmental delays, seniors, and individuals with disabilities.

This proposal advocates for a modest 5% increase in Medicaid reimbursement rates for OT, PT, and SLP services under Provider Type 34, aligning rates with national benchmarks and addressing disparities in reimbursement across provider types. By increasing rates, Nevada can attract and retain qualified providers, reduce waitlists, and ensure timely, cost-effective interventions that prevent long-term healthcare complications.

Key benefits of this initiative include:

- Improved Access to Care: Shorter waitlists and expanded service delivery in schools, homes, and rural areas.
- Enhanced Outcomes: Early intervention reduces hospitalizations, improves mental health, and supports independence.
- Economic Savings: Preventative care lowers long-term Medicaid expenditures by reducing reliance on emergency and institutional services.
- Strengthened Workforce: Competitive reimbursement rates improve hiring, retention, and provider satisfaction, addressing Nevada's workforce challenges.

Expected Outcomes

- Patient Benefits: Reduced wait times, improved quality of care, and better health outcomes for vulnerable populations.
- Provider Support: A sustainable workforce through competitive compensation and reduced administrative burdens.
- Economic Impact: Cost savings from fewer hospitalizations, emergency interventions, and long-term care needs.
- Healthcare Equity: Increased access to therapy services for all Nevadans, regardless of socioeconomic or geographic barriers.

This proposal aligns with Nevada's strategic healthcare objectives by addressing systemic gaps, fostering preventative care, and reducing overall costs. Investing in

Medicaid reimbursement increases will create a more equitable, effective, and sustainable healthcare system that benefits patients, providers, and the state at large. We urge policymakers to support this initiative as a critical step toward securing a healthier future for Nevada.

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## Intent of Proposed Bill or Resolution

The intention of this proposed bill is to help Nevadans by offering essential support of the healthcare system, combat provider shortages, lengthy waitlists, and higher levels of care intensity by financially investing in outpatient and mobile therapy services, including behavioral health and rehabilitative services (provider type 14 and 34).

## Nevada's Healthcare Challenges

Challenges faced by individuals with disabilities and their families, who are often unable to access the care and support they need. Additionally, Nevada's mental health crisis has driven higher rates of serious emotional disturbance, substance use disorders, incarceration, recidivism, and suicide.

- **Substance abuse**

- In 2022, 23.6% of adults in Nevada aged 18 and older used illicit drugs in the past month, which is higher than the national average. Nevada also had a higher rate of opioid misuse (4.2%) and a higher rate of substance use disorders (7.5%) than the national average.

- **Mental health**

- In the Las Vegas-Paradise MSA, 8.1% of adults aged 18 and older experienced a major depressive episode in the past year. Nevada also has a higher age-adjusted suicide rate than the national level.
- Medicaid Children's Behavioral Health Workshop revealed 1 in 6 children enrolled in Nevada Medicaid have a diagnosed behavioral health condition, are at a 51% higher risk of inpatient stays compared to the national average, and end up in extended stays in residential treatment facilities (many times out of state), costing Nevada \$38 million in Medicaid funding annually.
- Nevada [ranks 51st nationally](#) in overall mental health and last again for similar categories in [youth mental health](#).
- There is one mental health professional for every 460 residents
- Every Nevada county is federally designated as having a mental health provider shortage.

- **American Indians and Alaskan Natives**

- Life expectancy is 5.5 years less than the U.S. all races population (73.0 years to 78.5 years, respectively). American Indians and Alaska Natives continue to die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional selfharm/suicide, and chronic lower respiratory diseases.
- **Recidivism**
  - According to the Bureau of Justice Assistance, Nevada's recidivism rate, those are reincarcerated within 36 months, is 24.36%
- **Limited access to mental health care**
  - Nevada has limited access to mental health care, which may lead more patients to visit the emergency department during crises.
  - Other factors that can contribute to mental health conditions in older adults include loneliness and social isolation
  - The lack of outpatient services often forces families to seek in-patient institutionalization for their children because they have run out of other options.
  - In 2022, due to the unnecessary institutionalization of children with behavioral health concerns, the Department of Justice declared that the State of Nevada was [out of compliance](#) with the Americans with Disabilities Act.
  - According to data from the Health Resources and Services Administration, Nevada [would need 235 more mental health](#) care practitioners to eliminate its federal mental-health provider shortage designation.
  - Due to low reimbursements and excessive denials and clawbacks, more than half of the 169 behavioral health clinics in Nevada do not accept Medicaid.

Nevadans deserve a healthcare system that ensures equitable access to quality care. Supporting this bill is a vital step toward building a healthier, stronger future for our community.

## **Solutions for Positive Change- Interdisciplinary Holistic Outpatient Therapy**

Psychologists, psychiatrists, licensed marriage and family therapists Qualified Mental Health Professional (QMHP), Qualified Mental Health Associate (QMHA), Qualified Behavioral Aide (QBA), Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Clinical Professional Counselor (Medicaid provider type 14) Occupational Therapists (OT), Physical Therapists (PT), and Speech-Language Pathologists (SLP) (Medicaid provider type 34) play vital roles in addressing these challenges. They form the backbone of multidisciplinary, holistic care teams that work to meet patients' developmental, cognitive, physical, psychological, and social-emotional needs. For example:

- **Psychologists and Psychiatrists:** Treat complex behavioral health conditions, ensuring patients receive accurate diagnoses, therapy, and medication management.
- **Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Clinical Professional Counselors (LCPCs), Licensed Clinical Interns (can be social work, marriage and family therapy, professional counseling, etc):** Provide critical support for families and individuals dealing with trauma, mental health disorders, and relational challenges.
- **Occupational Therapy Practitioners (OTPs):** Deliver holistic care addressing patients' developmental, neurological, cognitive, and social-emotional needs, and increase functional independence in activities of daily living and necessary tasks to live independently.
- **Physical Therapy Practitioners (PTPs):** Address mobility, recovery, and physical rehabilitation, enabling individuals to regain independence and quality of life.
- **Speech-Language Pathologists (SLPs):** Support communication and swallowing disorders, receptive and expressive language, cognitive functioning, improving functionality and patient outcomes.

These professionals are instrumental in preventing costly inpatient stays and reducing reliance on institutional care. Their work enhances outcomes for patients with conditions such as depression, anxiety, bipolar disorder, schizophrenia, substance use disorders, autism, fetal alcohol syndrome, neurological diseases, developmental and intellectual disabilities, among others.

## **Proven Strategies for Mental Health Crisis**

### **Psychiatry & LMFT, etc.: The Impact of Outpatient Programs**

Research underscores the effectiveness of outpatient mental health programs in reducing substance use and improving overall mental health outcomes. A study by McLellan et al., published in the *Journal of Substance Abuse Treatment* (2003), found that outpatient treatment programs reduced substance use rates by 62% to 81% across diverse patient groups, demonstrating their efficacy as alternatives to residential care. Furthermore, a 2020 study in *JAMA Network* revealed that youth who attended outpatient mental health visits within seven days of psychiatric discharge were at a significantly reduced risk of suicide and rehospitalization. These findings highlight the critical role of prompt outpatient care in mental health recovery.

### **Speech Therapy: A Catalyst for Emotional and Social Growth**

Speech therapy plays a transformative role in mental health by fostering essential

communication skills that significantly benefit individuals and their families. For children and adults alike, timely speech interventions improve communication, build confidence, reduce frustration, and strengthen relationships. These benefits extend beyond the individual, easing family stress and enhancing quality of life. With improved communication, individuals experience greater social participation, educational success, and professional growth. Speech therapy, as a foundation for resilience and long-term success, not only empowers individuals but also creates ripple effects of positive change across communities.

### **Physical Therapy: A Holistic Approach to Mental Health**

Physical therapy is integral to mental health care, offering evidence-based, non-invasive interventions for individuals experiencing conditions like depression and anxiety. Studies by Alvarez et al. (2022) and Varela & Melvin (2023) reveal that physical activity prescribed by physical therapists has antidepressant effects comparable to pharmacological treatments. Physical therapists also incorporate cognitive-behavioral techniques to enhance emotional regulation, self-efficacy, and resilience. This dual approach alleviates symptoms of mental health conditions while preventing the progression of related comorbidities. By working within interdisciplinary teams, physical therapists provide holistic care, improving both mental health and overall quality of life.

### **Occupational Therapy: Bridging Mental and Physical Health**

Occupational therapy (OT) uniquely connects mental and physical health, maximizing patient outcomes through interdisciplinary collaboration. OTs work closely with psychiatrists, counselors, and other mental health professionals to help patients implement care plans effectively. According to the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), OT includes evaluations, teachings, and interventions designed to enhance daily living activities across settings like home, school, and work. This approach supports individuals facing sensory, psychological, or social challenges, improving their overall well-being. (NRS 640.050; NAC 640.230; NRS 640A.110).

The American Occupational Therapy Association (AOTA) advocates for a shift from the medical model to a recovery-focused, community-based care model. By prioritizing independence and meaningful engagement, OT empowers individuals to achieve greater participation in life roles. Supporting a bill that expands access to community-based therapy and teletherapy services can significantly transform healthcare systems, such as Nevada's, by addressing unmet needs and enhancing holistic care delivery.

### **Justice-System Support:**

Programs within Nevada's Eighth Judicial District Specialty Courts, which integrate mental health professionals and occupational therapists, provide community-based support and demonstrate significant cost savings. According to the National Association of Drug Court Professionals (NADCP), every \$1 invested in Specialty Courts saves taxpayers up to \$3.36 in avoided criminal justice costs and \$27 when factoring in reduced victimization and healthcare utilization. These programs also lower crime rates by 45% and boost substance abuse treatment completion rates sixfold compared to traditional approaches. Specialty courts such as adult drug court, mental health court, juvenile drug court, and the Transitional Age Drug Court Program (TAP) highlight the effectiveness of interdisciplinary therapy teams in achieving these outcomes.

### **Veteran Support:**

The care needs of OIF-OEF Veterans encompass physical injuries, such as traumatic brain injuries, and behavioral health challenges, including PTSD and substance abuse. Occupational therapy (OT), long utilized in VA hospitals, effectively addresses these needs in community-based mental health settings. Innovative approaches, such as high-adrenaline pro-social activities like surfing or addressing risks like driving, enhance engagement and outcomes for Veterans (Rogers, Mallinson, & Peppers, 2014; Classen, Monahan, & Winter, 2014). Additionally, Certified Community Behavioral Health Clinics (CCBHCs) identify services for Veterans and their families as essential, with OT practitioners uniquely equipped to deliver targeted interventions for this population (SAMHSA 2015; AOTA n.d.).

### **Nevada Medicaid Division of Health Care Financing and Policy- Housing Supports and Services in the Managed Care Program:**

Population-Specific Expertise- OT practitioners are specially trained to address the needs of the program's target populations:

- **Mental Illness and Behavioral Health-** Development of coping strategies and symptom management, sensory and emotional self-regulation strategies, stress management techniques, home modifications for supportive environments, daily routines and time management,
- **Domestic Violence and Human Trafficking Survivors-** Holistic, trauma-informed care and recovery support with the traditional mental health team for self-empowerment, reestablishment of healthy and supportive daily routines and life roles, independent living skill training, self-empowerment and safety planning
- **Substance Use Recovery-** Establishment of sobriety-supporting routines, life skills training and community reintegration, job readiness skills, relapse prevention through environmental modifications and self-regulation strategies, coping skill development, stress, and grief management training



- **At-Risk Populations-** Prevention of institutionalization through home adaptation and modifications, support for individuals transitioning from correctional/residential/medical facilities, crisis prevention and management strategies, assistance with pregnancy and postpartum adaptation, parenting and family-restructuring challenges, including foster-care populations

**Comprehensive Service Implementation-** OT practitioners provide essential services across multiple domains:

- **Home Safety and Accessibility-** Environmental hazard assessment, fall risk assessment and training, functional mobility and transfer training, home safety modifications and visual accessibility improvements, assistive technology integration for independent living
- **Specialized Services-** Wheelchair and powerchair measurement and safety-in-use assessments, custom orthotics and prosthetics training, group therapy facilitation, telehealth services for rural populations, sensory integration support for individuals
- **Community Integration-** Connection to local resources and support groups for all ages, transportation navigation training, social skills development, work-readiness preparation & school-based goal achievement, financial management education

## Enhancing Healthcare Outcomes for Nevadans- Power of Outpatient Therapy

The American Academy of Pediatrics' clinical report highlights the importance of prescribing physical, occupational, and speech therapy services to children with disabilities. It emphasizes the role of pediatric providers in ensuring children access necessary rehabilitative and habilitative care to improve their health, academic participation, and long-term quality of life. ([Pediatrics \(2019\) 143 \(4\): e20190285](#)). The American Speech-Language-Hearing Association (ASHA) highlighted successful outcomes in improving swallowing functionality by 17%, reducing parent stress by increasing the safe feed strategies by up to 95%, reducing length of hospital stays and g-tube placements by 52%, and up to 93% fewer refusal behaviors at mealtimes ([ASHA 2022](#)). Further "research indicates that occupational therapy is an important intervention in return-to-work programs; injury prevention at work, school, home, sport or play; improving chronic disease and pain management; supporting unpaid caregivers by providing valuable solutions to improve independence and balancing the stress of providing care; and providing successful rehabilitation for stroke, respiratory ailments and other forms of traumatic injury" (Occupational Therapy Kate Rexe et al.) Consistent referral to and support of outpatient therapy across the lifespan has been proven as an effective healthcare strategy to improve on a vast variety of patient conditions and diagnoses, maximizing functional outcomes.

## Occupational Therapy: Background, Training, and Service Delivery

Occupational therapy (OT) is a healthcare profession focused on enhancing the physical, cognitive, emotional, and social well-being of individuals through meaningful activities. Guided by the 2023 Accreditation Council for Occupational Therapy Education (ACOTE) Standards, OT addresses health disparities and promotes equitable access to services. Practitioners are uniquely equipped to bridge healthcare gaps, playing a vital role in addressing Nevada's systemic healthcare challenges.

### Educational Requirements and Credentials

Occupational therapists complete rigorous training, including:

- A master's or doctoral degree in occupational therapy.
- Comprehensive education in anatomy, psychology, neuroscience, and social determinants of health.
- Hands-on clinical experience across diverse settings.
- National and state certification requirements, including continuing education.

### Who Are Helped?

Occupational therapists provide care for:

- **Children:** Supporting developmental delays, school readiness, and behavioral challenges. OTs help children gain the skills needed for success at school, home, and in their communities.
- **Adults with Disabilities and Chronic Conditions:** Assisting with rehabilitation, independent living, vocational skills, and adaptive technology integration to improve daily functioning and productivity.
- **Older Adults:** Addressing challenges related to aging, such as fall prevention, chronic condition management, and aging-in-place strategies to promote independence.

### How Families and Caregivers Are Supported

Occupational therapists work collaboratively with families to:

- **Educate and Empower:** Provide strategies to reinforce therapy goals at home.
- **Reduce Caregiver Stress:** Equip families with tools to navigate challenges confidently.
- **Foster Independence:** Support patients and families in achieving meaningful, individualized goals.

### Why Occupational Therapy Matters

Occupational therapy transforms lives by:

- Enhancing independence and daily function.
- Reducing healthcare costs through preventative care and rehabilitation.
- Addressing disparities through innovative strategies such as telehealth and community-based care.

## Physical Therapy: Background, Training, and Service Delivery

Physical therapy (PT) focuses on improving mobility, strength, and function through evidence-based interventions such as therapeutic exercises and manual therapy. PT services help individuals recover from injuries, manage chronic conditions, and avoid invasive treatments like surgery. (APTA, 2023)

### Educational Requirements and Credentials

Physical therapists must:

- Earn a Doctor of Physical Therapy (DPT) degree.
- Complete coursework in anatomy, biomechanics, pharmacology, and clinical practice.
- Undergo extensive clinical training in diverse healthcare settings.
- Pass the National Physical Therapy Examination (NPTE) and pursue board certifications for specialties.

### Who Are Helped?

Physical therapists support individuals across all stages of life, including:

- **Children:** Assist with developmental delays, congenital conditions, and rehabilitation from injuries.
- **Adults and Seniors:** Help those recovering from surgery, managing chronic conditions like arthritis, or rehabilitating after strokes or injuries.
- **Athletes:** Enhance performance and support recovery from sports-related injuries.
- **Individuals with Neurological Conditions:** Address mobility challenges associated with Parkinson's disease, multiple sclerosis, and traumatic brain injuries.

### How Families and Caregivers Are Supported

Physical therapists engage families by:

- **Educating on Recovery:** Teaching at-home exercises and strategies to reinforce therapy goals.
- **Promoting Long-Term Health:** Sharing injury prevention tips and ergonomic adaptations.
- **Enhancing Support Systems:** Empowering families to assist with daily mobility and care routines.

### Why Physical Therapy Matters

Physical therapy:

- Improves recovery outcomes for injuries and chronic conditions.
- Reduces reliance on medications and the need for surgeries.
- Enhances mental health by addressing depression and anxiety through structured activity.

## Speech Therapy: Background, Training, and Service Delivery

Speech-Language Pathologists (SLPs) are healthcare professionals specializing in the prevention, diagnosis, and treatment of communication, cognitive-communication, voice, and swallowing disorders. Their expertise provides life-changing care to individuals of all ages, addressing challenges that impact independence and quality of life.

### Educational Requirements and Credentials

Speech-Language Pathologists are highly trained professionals who must:

- Earn a master's degree in Speech-Language Pathology.
- Complete a supervised clinical fellowship.
- Pass the Praxis exam and obtain national certification (CCC-SLP).
- Maintain state licensure and complete continuing education.

### Who Are Helped?

Speech-Language Pathologists provide life-changing care to:

- **Infants and Toddlers:** Address feeding issues, early communication delays, and language development challenges.
- **Children with Complex Diagnoses:** Support those with conditions such as autism, Down syndrome, and cleft palate, fostering communication and social skills.
- **Adults and Seniors:** Treat disorders related to stroke, traumatic brain injuries, Parkinson's disease, ALS, and Alzheimer's disease.
- **Individuals with Swallowing Disorders:** Help manage conditions affecting safe eating and drinking, reducing risks of malnutrition and aspiration pneumonia.

### How Families and Caregivers Are Supported

Speech-Language Pathologists work closely with families to:

- **Provide Education and Strategies:** Teach methods to support communication and feeding at home.
- **Reduce Frustration:** Help families understand challenges and navigate solutions.
- **Collaborate on Goals:** Create personalized therapy plans that align with family priorities.

### Why Speech Therapy Matters

Speech therapy improves:

- Communication skills for academic, social, and professional success.
- Quality of life through enhanced independence and relationships.
- Health outcomes by addressing swallowing and nutritional challenges.

## **The Value of Interdisciplinary Care**

Occupational therapy, speech-language pathology, and physical therapy work collaboratively to improve health outcomes, promote independence, and support families. Together, they provide comprehensive care to address the physical, cognitive, and emotional needs of individuals, transforming lives and advancing healthcare equity.

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## **Addressing the Outpatient Provider Shortage and Its Implications for the Healthcare System**

To address Nevada's critical healthcare practitioner shortage, we must confront the long-standing issue of stagnant Medicaid reimbursement rates, which have remained unchanged for decades. Rising service delivery costs are driving practitioners to leave clinical practice or relocate out of state, significantly straining access to care. Disparities in reimbursement across provider types further render outpatient care financially unsustainable, diminishing the availability of skilled clinicians.

The Nevada Medicaid reimbursement rate for CPT code 90837, which covers a 60-minute psychotherapy session, was set at \$108.15 effective January 1, 2013. It remains at this level today across all provider types. Accordingly, providers have been operating under the same reimbursement rate for over a decade, despite rising operational costs and inflation.

In contrast, Medicare and commercial insurance rates for the same service have seen adjustments over time, leading to a widening disparity between Medicaid reimbursements and those from other payers. For example, in Nevada, Medicare currently reimburses psychologists \$151.65 for a 60 minute psychotherapy session. Commercial payers generally follow Medicare guidance when it comes to reimbursement rates. This stagnation in Medicaid rates, combined with the increased burden from extensive documentation requirements and constant clawbacks, can and do impact providers' willingness to accept Medicaid patients, definitively limiting access to essential mental health services for this population.

Nevada Medicaid reimbursement rates for occupational, physical, and speech therapy services under Provider Type 34 are significantly lower than equivalent service delivery under Provider Types 20 and 60. Since 1980, Provider Type 34 rates have undergone several reductions, including a 3% decrease in 2008, a 25% cut for pediatric services in 2008, and a 10% reduction in 2017. During this 44-year period, inflation has risen by an average of 305%, compounding the financial strain on providers.

Meanwhile, technological advancements have increased the operational demands on healthcare providers, such as mandatory electronic billing and medical records systems, further driving up costs. Business expenses have also surged due to inflation, rising insurance premiums, utility costs, and compliance with minimum wage requirements. Administrative burdens from insurance companies have escalated, requiring more hours to manage essential operations.

This combination of rapidly increasing business costs and steadily declining reimbursement rates has created an unsustainable environment for many practices. As a result, numerous businesses have been forced to close or shift away from insurance-based services to remain viable. Without intervention, this trend threatens to further diminish access to essential therapy services for Nevadans.

The shortage of healthcare providers, particularly those in rehabilitation and therapy fields, presents a significant challenge to Nevada's healthcare system and the nation at large. Occupations such as physical therapists, occupational therapists, speech-language pathologists, and mental health professionals face increasing demands while their workforce struggles to keep pace. Currently in Nevada, March 2024's report A Plan to Monitor Healthcare Access for Nevada Medicaid Recipients, demonstrates Medicaid enrolled providers for Provider Type 34 are 2035 with only 353 (17.3%) of those billing for services (Reference Appendix A) and for Provider Type 14 there are 4546 with only 926 (20.4%) of those billing for services (Reference Appendix B). These recent local figures highlight the alarmingly low availability of skilled, licensed practitioners to serve Medicaid beneficiaries. This shortage stems from a complex interplay of factors, including stagnant reimbursement rates, escalating service delivery costs, widespread burnout, and challenges within the educational pipeline.

According to the Bureau of Labor Statistics (BLS), the median annual wages for providers in these disciplines often do not reflect the increasing workload and service demands. For example, physical therapists earn a median annual wage of \$95,620, while speech-language pathologists average \$85,820, with many professionals citing stagnant wages as a driving force behind workforce attrition. Furthermore, national workforce studies predict a continued shortfall in provider supply through 2030, with some regions, including Nevada, disproportionately affected due to rural populations and systemic access barriers. Therapy programs are experiencing declining admission rates due to the growing disparity between rising student loan debt and stagnant wages, which no longer align with the financial investment required for education. This imbalance undermines workforce development efforts and threatens the future sustainability of the profession.

The consequences of this shortage ripple through the healthcare system. Patients experience longer wait times, reduced access to care, and increased referrals to out-of-state providers for specialized treatments. Burnout among providers destabilizes the workforce even further, leaving patients without essential care.

Looking ahead, the demand for rehabilitation services will continue to rise, driven by an aging population, the increasing prevalence of chronic conditions, and a heightened focus on mental health. Without proactive action, the workforce crisis will deepen, jeopardizing patient outcomes and driving up healthcare costs. The American Physical Therapy Association (APTA) warns that proposed fee schedule cuts by the Centers for Medicare & Medicaid Services (CMS) could further exacerbate these shortages, increasing preventable hospitalizations and complications.

A modest 5% increase in Medicaid reimbursement rates could yield significant benefits: reduced waitlists, timely access to care, and substantial long-term savings for the healthcare system. Improved access to preventive and outpatient services not only lowers hospital readmission rates but also enhances patient outcomes and alleviates the financial and emotional strain on families caused by delayed treatment. Taking this step would enable Nevada to build a sustainable healthcare infrastructure that ensures equitable access, supports healthcare practitioners, and positions the state as a leader in addressing the national provider shortage.

Nevada Medicaid has consistently emphasized the value of expanding outpatient care, citing its cost-effectiveness and superior patient outcomes. However, the lack of reimbursement parity across provider types has driven many practitioners to seek employment in inpatient facilities, physician offices, and skilled nursing facilities, where compensation is more competitive. If reimbursement disparities at the outpatient level are not addressed, the state risks worsening bottlenecks in care delivery and further restricting access to this critical and preferred level of service.

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### **Requested Legislation:**

1. **Sustained Telehealth Approval:** Ensure statewide access to telehealth services, which have proven invaluable for rural and underserved areas, for provider type 14 and 34.
2. **Increased Reimbursement Rates:**
  - A **5% increase** across the board for Medicaid reimbursement for all these disciplines in provider type 14 and 34.
  - An **additional 5% increase** for services delivered in natural environments/mobile therapy for provider type 14 and 34.

- An **additional 5% increase** for in-person treatment in rural areas to ensure sustainable access to care.
- Note: The 5% increase is for the individual provider or the Facilities (under provider types 14 and 34) that provide these services.
- **Effective Date:** July 1, 2025

## **State Costs:**

**Fiscal Impact Estimate:** based upon findings in previous Quadrennial Rate Review Data

1. Provider Type 34 Therapy:
  - a. Report published 2022 for Biennium Fiscal Impact 2024-25
  - b. Non-federal share of \$1,619,118 - \$4,857,354
2. Provider Type 14 Behavioral Health:
  - a. Report published 2021 for Biennium Fiscal Impact 2022-23
  - b. Non-federal share of \$3,300,000

## **Return on Investment (ROI):**

1. **Reducing The Workload and State Waitlists:** Reducing waitlists and addressing workforce shortages through increased reimbursement rates will significantly improve access to therapy services across Nevada. Providing therapy in areas with extensive waitlists, particularly in schools and homes, not only enhances behavioral management, attendance, and academic performance but also reduces the state's reliance on costly inpatient services and school district resources. Improved graduation rates and lower dropout rates save the state money in remedial education and juvenile justice costs while fostering a better-educated population that contributes more to taxes and relies less on social services.
2. **Economic and Workforce Benefits:** Competitive rates will attract and retain licensed practitioners, helping to reduce caseloads and improve job satisfaction and therapist mental health. A larger workforce will shorten waitlists, allowing families to access therapy sooner, improving patient outcomes, and reducing the need for long-term, costly interventions. Together, these changes will strengthen Nevada's healthcare infrastructure and create long-term savings for the state.
3. **Reduced Healthcare Costs:** Mobile and outpatient therapy interventions address mental health and developmental issues early, significantly reducing the need for costly long-term care or hospitalization. By preventing crises and managing conditions proactively, Nevada could save on Medicaid and public health expenditures. Benefits include reduced emergency room visits, decreased hospital readmissions, prevention of institutional care, improved medication



adherence, enhanced mental health outcomes, reduced relapse risk, and less reliance on emergency services. These interventions also alleviate strain on family services, residential care, juvenile detention, and foster systems, creating substantial cost savings.

#### **4. Evidence-Based Cost Benefits Associated with Occupational Therapy**

**a. Reduced Readmission Rates** - Occupational therapy is the only health care spending category with a statistically significant relationship to lower 30-day readmission rates for three primary health care conditions: heart failure, pneumonia, and acute myocardial infarction (Rogers, Bai, Lavin, & Anderson, 2016).

i. Health policy researchers Rogers et al. (2017) found that “occupational therapy places a unique and immediate focus on patients’ functional and social needs, which can be important drivers of readmission if left unaddressed.” Occupational therapy spending was the only category that helped reduce hospital readmissions; our skills in identifying appropriate supports helped people stay safely in their homes by providing caregiver training, safety assessments with home modifications, address cognition and the ability to physically access assistive devices, compensatory strategies, and more.

**b. Improved Quality of Life for Older Adults** - Two different studies support occupational therapy as effective in reducing pain and improving social functioning, mental health functioning, life satisfaction, and depressive symptoms for older adults (Clark et al, 1997, 2012), also leading to health care costs savings (Hay et al., 2002).

i. Occupational therapy can lead to a reduced rate and risk of falls in older adults (Gillespie et al., 2012; Haines et al., 2004). Falls are the leading cause of injury death for older adults, costing an estimated \$34 billion in 2013 in direct medical costs (Centers for Disease Control and Prevention, 2015).

**c. Reduced Expenses Related to Chronic Pain and Faster Return to Work** - Chronic pain is responsible for more than \$100 billion annually in health care, disability, and related expenses. Occupational therapy can improve a person’s ability to manage physical and psychological pain, leading to better quality of life. Research has demonstrated significant cost savings, improved function, increased return-to-work rates, reduced disability claims, and decreased dependence on prescription medications (Gatchel & Okifuji, 2006).

**d. Reduced Costs Associated with Intensive Care Patients** - Integration of occupational therapy for patients in the intensive care unit, with the goal

of increasing mobility for discharge, has shown to reduce length of stay. One research study showed a decrease in hospital length of stay from 13 days to just 4 days, with an estimated savings of \$2,500 per patient per day (Hotchkin, Riddick, Gaston & Jacobs, 2015).

- e. **Enhanced Value to Primary Care** - Integration of occupational therapy into the primary care team is shown to provide significant cost savings, due to their background in addressing physical and behavioral health, rehabilitation, and habilitation. Their involvement in the primary care team can improve issues that affect daily function and quality of life, thus reducing associated health care costs (Dahl-Popolizio, Manson, Muir & Rogers, 2016).
- 5. **Reduced Criminal Justice Costs:** Mobile therapy can prevent individuals, particularly at-risk youth, from entering the criminal justice system by addressing underlying mental health or behavioral issues. Studies show that states save on law enforcement, court, and incarceration costs with every dollar spent on mental health treatment saving up to \$7 in criminal justice costs. Additionally, studies also show a reduction in recidivism for individuals receiving consistent treatment.
- 6. **Reduced Infrastructure Costs:** Research shows a reduced infrastructure cost due to the reduced need for physical office spaces and utilities.
- 7. **Decreased Long-Term Social Service Dependency:** Early intervention through mobile therapy reduces reliance on long-term social services, such as disability benefits, housing assistance, and welfare programs. Nevada would reduce spending on safety net programs as more individuals achieve greater independence and self-sufficiency.
- 8. **Alignment with Federal and Value-Based Funding:** Mobile therapy initiatives often qualify for federal grants or match funding under programs like Medicaid. Nevada can leverage these funds to offset the initial costs of implementing the increase of provider rates for mobile therapy programs, effectively increasing the ROI.

## Legislative Support of Proposed Bill

- [Executive Order 2024-002](#): Proposed solutions in this bill support provisions of the Governor's executive order aimed at addressing the state's health-care workforce shortage by providing increasing recruitment and retention of mental healthcare professionals and skilled therapists to continuously service Nevadans. Section 2 Part D "includes supporting competitive Medicaid reimbursements"
- [Developmental Disabilities Assistance and Bill of Rights Act of 2000](#) supports the provision of these proposed changes by promoting access to community-based services and supports that enable individuals with developmental disabilities to achieve independence, inclusion, and full

participation in society- objectives aligned with improving reimbursement rates to sustain these essential services.

- [ADA Supreme Court Case Olmstead vs L.C., 527 U.S. 581 \(1999\)](#) judgements ruled that institutionalizing individuals who can benefit from community-based settings perpetuates harmful stereotypes and limits their ability to participate in everyday life, including family, work, education, and cultural activities. The Court held that public entities must provide community-based services to individuals with disabilities when such services are appropriate, the individual does not oppose them, and they can be reasonably accommodated within available resources while balancing the needs of others receiving disability services.
- [Nevada Medicaid State Plan Attachment 4.19-B](#) outlines the methods and standards used for establishing payment rates for outpatient and other services under Medicaid. It is a part of the state Medicaid plan, which serves as the contract between the state and the federal government for administering Medicaid services. Attachment 4.19-B specifically addresses the following:
  1. Payment Methodologies: It details how providers of outpatient services (such as clinics, therapy, lab services, and outpatient hospital care) are reimbursed.
  2. Rates Determination: It includes information about the basis for setting payment rates, such as cost-based reimbursement, fee schedules, or other methodologies.
  3. Provider Types and Services: Lists the categories of outpatient and ancillary services covered under Medicaid and their corresponding payment methodologies.
  4. Federal Compliance: Ensures that payment systems comply with federal requirements, ensuring efficiency, economy, and quality care.
- [NRS 422.2704](#) requires that, every four (4) years, the State of Nevada, Division of Health Care Financing and Policy (DHCFP) review the rate of reimbursement for each service or item provided under the State Plan for Medicaid to determine whether the rate of reimbursement accurately reflects the actual cost of providing the service or item. DHCFP reserves the right to amend the yearly schedule if deemed necessary.
  - Provider Type 34- Surveyed in September 2021; report published October 2022
    - Quadrennial Rate Review 2022 Findings: “Aligning Nevada Medicaid’s PT 34 rates with the providers’ reported costs represents an average increase of 335% per code.”
  - Provider Type 34- Surveyed in August 2024; data unpublished to date
  - Provider Type 14- Surveyed in 2020; report published in 2021

- Quadrennial Rate Review 2021 Findings: “Aligning Nevada Medicaid’s PT 14, Specialty 300 rates with the providers’ reported costs represents an average increase of 5% per code.”

### **Pending Federal Legislation:**

- *Senate Finance Committee Legislation (no bill name)*: Working to include language that would direct CMS to 1) provide education on the role of OT in providing mental health services under Medicare and 2) provide guidance to states about how to use OT Medicaid benefit for behavioral health services
  - *Mental Health Professionals Workforce Shortage Loan Repayment Act*: This bill would provide loan forgiveness to mental health professionals practicing in health shortage areas including occupational therapists.
  - *Improving Access to Behavioral Health Integration Act* and the *Primary and Behavioral Health Care Access Act*: Both bills seek to improve the integration of mental health services into primary care settings and include occupational therapy.
  - *Mental Health Workforce and Language Access Act*: This bill is designed to increase the number of mental health professionals who are fluent in a second language. It also defines “qualified mental health professional” and includes occupational therapists within this definition.
  - *Rural Telehealth Expansion*: Improve access to care via telehealth.
- 

## **Conclusion: An Opportunity to Transform Healthcare in Nevada**

Increasing reimbursement rates for therapy and behavioral health services is a critical and urgent step toward addressing Nevada’s healthcare workforce shortages. By providing competitive rates, the state can attract and retain highly skilled professionals, reduce waitlists, and ensure timely access to care for patients and families. This investment is not merely a financial adjustment—it is a moral imperative and a practical solution to strengthen Nevada’s healthcare system, improve patient outcomes, and support the well-being of our communities.

The impact of the current provider shortage reverberates across all demographics. Children with developmental delays miss crucial early interventions, adults battling mental health disorders face prolonged suffering, and seniors striving to maintain their independence are left without essential support. Every delayed diagnosis or missed therapy session represents not only a lost opportunity to improve a life but also a strain

on the broader community. Healthy, productive individuals are the foundation of thriving communities, and the current healthcare landscape jeopardizes this stability.

Increasing reimbursement rates is about more than addressing the workforce crisis; it is an investment in Nevada's future. Research consistently demonstrates that early intervention and access to therapy services lead to better health outcomes, reduced reliance on emergency care, and lower rates of long-term social service dependency. Every dollar spent on these services translates into significant savings by preventing crises, fostering independence, and reducing the burden on the healthcare system.

This initiative speaks directly to Nevada's values of compassion, innovation, and resilience. Supporting increased reimbursement rates empowers healthcare professionals to continue their vital work while reinforcing the infrastructure of our healthcare system. It ensures that every Nevadan—regardless of geography or income—has access to the quality care they deserve.

The time to act is now. By championing this cause, we can transform challenges into opportunities, create a sustainable model of care, and secure a brighter, healthier future for Nevada's families, neighbors, and friends. Together, we can turn this moment of crisis into a defining opportunity to strengthen our communities and leave a lasting impact for generations to come.

## Appendix A Provider Type 34

1.1: Compare the number of providers enrolled to the number of providers billing for services by code.										
FY2023		Providers Enrolled			Providers Billing			Ratio		
PT Code	PT Description	Clark County	Washoe County	All Other Nevada Counties	Clark County	Washoe County	All Other Nevada Counties	Clark County	Washoe County	All Other Nevada Counties
34-027	Therapy - Physical Therapy	794	157	122	106	25	31	13.4%	15.9%	25.4%
34-028	Therapy - Occupational Therapy	421	66	22	64	15	6	15.2%	22.7%	27.3%
34-029	Therapy - Speech Pathologist	138	44	6	36	15	3	26.1%	34.1%	50.0%
34-176	Therapy - Respiratory Therapy	6	0	0	1	0	0	16.7%	N/A	N/A
34-219	Therapy - Speech Pathologist (Language)	198	62	5	40	11	1	20.2%	17.7%	20.0%

2.1: Number of recipients accessing services by region. Trend over time and monitor increases and decreases in each geographic region.				
CY2023 *Data thru June 2023				
		Patients		
PT Code	PT Description	Clark County	Washoe County	All Other Nevada Counties
34-027	Therapy - Physical Therapy	3,499	487	1,070
34-028	Therapy - Occupational Therapy	2,253	222	242
34-029	Therapy - Speech Pathologist	596	110	116
34-176	Therapy - Respiratory Therapy	21	1	0
34-219	Therapy - Speech Pathologist (Language)	972	196	143

Eligible Recipients to Enrolled Providers Ratios by SPA Area							
CY2023 *Data thru June 2023		Enrolled Providers			Ratio**		
PT Code	PT Description	Clark County	Washoe County	All Other Nevada Counties	Clark County	Washoe County	All Other Nevada Counties
34-027	Therapy - Physical Therapy	794	157	122	0:1	0:1	0:1
34-028	Therapy - Occupational Therapy	421	66	22	0:1	0:1	0:1
34-029	Therapy - Speech Pathologist	138	44	6	0:1	0:1	0:1
34-176	Therapy - Respiratory Therapy	6	0	0	168583:6	1:0	1:0
34-219	Therapy - Speech Pathologist (Language)	198	62	5	168583:198	15215:31	97532:5

**\*\*Provider to Recipient Ratios**

Nevada's Medicaid Management Information System (MMIS) does not have the capacity to distinguish Nevada Medicaid providers based on who they elect to provide services to. Meaning, once enrolled, the DHCFP cannot distinguish between the number of providers who intend to provide services to the FFS population, the managed care population, or both. For this reason, all provider numbers reported in this appendix are inclusive of FFS and MCO providers.

## Appendix B Provider Type 14

1.1: Compare the number of providers enrolled to the number of providers billing for services by code.										
FY2023		Providers Enrolled			Providers Billing			Ratio		
PT Code	PT Description	Clark County	Washoe County	All Other Nevada Counties	Clark County	Washoe County	All Other Nevada Counties	Clark County	Washoe County	All Other Nevada Counties
14-300	Behavioral Health Outpatient Treatment - Qualified Mental Health Professional (QMHP)	986	224	60	166	32	23	16.8%	14.3%	38.3%
14-301	Behavioral Health Outpatient Treatment - Qualified Mental Health Associate (QMHA)	702	265	60	61	13	14	8.7%	4.9%	23.3%
14-302	Behavioral Health Outpatient Treatment - Qualified Behavioral Aide (QBA)	730	69	16	26	2	1	3.6%	2.9%	6.3%
14-305	Behavioral Health Outpatient Treatment - Licensed Clinical Social Worker	515	122	83	194	38	42	37.7%	31.1%	50.6%
14-306	Behavioral Health Outpatient Treatment - Licensed Marriage and Family Therapist	266	123	40	108	39	30	40.6%	31.7%	75.0%
14-307	Behavioral Health Outpatient Treatment - Clinical Professional Counselor	209	44	32	97	17	23	46.4%	38.6%	71.9%
14-308	Behavioral Health Outpatient Treatment - Day Treatment Model	6	2	0	0	0	0	0.0%	0.0%	N/A
14-400	Behavioral Health Outpatient Treatment - OPR Provider	19	4	6	1	0	0	5.3%	0.0%	0.0%
14-814	Behavioral Health Outpatient Treatment - Behavioral Health Outpatient Treatment Group	331	51	37	0	0	0	0.0%	0.0%	0.0%

2.1: Number of recipients accessing services by region. Trend over time and monitor increases and decreases in each geographic region.				
CY2023 *Data thru June 2023				
PT Code	PT Description	Patients		
		Clark County	Washoe County	All Other Nevada Counties
14-300	Behavioral Health Outpatient Treatment - Qualified Mental Health Professional (QMHP)	4,098	418	1,540
14-301	Behavioral Health Outpatient Treatment - Qualified Mental Health Associate (QMHA)	670	83	187
14-302	Behavioral Health Outpatient Treatment - Qualified Behavioral Aide (QBA)	143	7	12
14-305	Behavioral Health Outpatient Treatment - Licensed Clinical Social Worker	3,762	322	1,039
14-306	Behavioral Health Outpatient Treatment - Licensed Marriage and Family Therapist	1,350	215	868
14-307	Behavioral Health Outpatient Treatment - Clinical Professional Counselor	1,276	103	738
14-400	Behavioral Health Outpatient Treatment - OPR Provider	12	0	0

Eligible Recipients to Enrolled Providers Ratios by SPA Area							
CY2023 *Data thru June 2023		Enrolled Providers			Ratio**		
PT Code	PT Description	Clark County	Washoe County	All Other Nevada Counties	Clark County	Washoe County	All Other Nevada Counties
	SPA 22-0003 (Behavioral Health OP Treatment, Behavioral Health Rehab Treatment)						
14-300	Behavioral Health OP Treatment - Qualified Mental Health Professional (QMHP)	986	224	60	168583:986	15215:112	24383:15
14-301	Behavioral Health OP Treatment - Qualified Mental Health Associate (QMHA)	702	265	60	168583:702	6086:53	24383:15
14-302	Behavioral Health OP Treatment - Qualified Behavioral Aide (QBA)	730	69	16	168583:730	30430:69	24383:4
14-305	Behavioral Health OP Treatment - Licensed Clinical Social Worker	515	122	83	168583:515	15215:61	97532:83
14-306	Behavioral Health OP Treatment - Licensed Marriage and Family Therapist	266	123	40	168583:266	30430:123	24383:10
14-307	Behavioral Health OP Treatment - Clinical Professional Counselor	209	44	32	168583:209	15215:22	24383:8
14-400	Behavioral Health OP Treatment - OPR Provider	19	4	6	168583:19	15215:2	48766:3



# Bill Draft Request (BDR): Enhancing Access to Mental Health and Rehabilitative Therapy Services

**Request Title:** An Act to Increase Medicaid Reimbursement Rates for Behavioral Health (Provider Type 14) and Occupational Therapy, Physical Therapy, and Speech Therapy (Provider Type 34) Services in Nevada

## Intent of the Bill:

To address the critical shortage of mental health and therapy providers in Nevada by increasing Medicaid reimbursement rates, incentivizing rural and mobile therapy services, and supporting workforce development for occupational therapy (OT), physical therapy (PT), speech-language pathology (SLP), and behavioral health practitioners. This bill aims to expand access to equitable, community-based outpatient care and to reduce healthcare and institutional costs.

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## Background and Problem Statement

Nevada ranks last nationally in mental health services and continues to face severe shortages in outpatient therapy providers. Contributing factors include:

1. **Stagnant Medicaid Reimbursement Rates:** Rates for Provider Types 14 (mental health) and 34 (therapy services) have remained unchanged for decades, despite rising operational costs and inflation.
  2. **Provider Shortages:** Fewer than 20% of Medicaid-enrolled therapists and mental health providers actively bill for services due to unsustainable reimbursement structures.
  3. **Barriers to Access:** Rural and underserved communities lack sufficient outpatient therapy options, forcing patients to seek expensive institutional care, out-of-state providers, or go without treatment.
  4. **Workforce Attrition:** Low wages, high student loan debt, and workforce burnout deter new entrants into these professions, exacerbating shortages.
- 

## Provisions of the Bill

### 1. Medicaid Reimbursement Rate Increases

- **5% increase across all services** for Provider Types 14 (mental health) and 34 (therapy services).
- **Additional 5% increase for services** provided in natural environments (e.g., schools, homes, community) and mobile therapy programs.

- **Additional 5% increase for in-person services** in rural or underserved areas to address geographic disparities.

## 2. Expanded Access to Outpatient Care

- Provide legislative support of the use of **telehealth and mobile therapy units** to enhance care, especially in the rural and underserved populations.
  - Increase funding for **community-based services** that prioritize timely intervention and preventive care.
- 

## Expected Outcomes

1. **Improved Access to Care:**
    - Shorter waitlists and more providers accepting Medicaid patients.
    - Expanded availability of outpatient services in underserved areas.
  2. **Better Patient Outcomes:**
    - Timely interventions reduce the need for hospitalizations and institutional care.
    - Enhanced mental health support lowers suicide rates and improves overall quality of life.
  3. **Economic Savings:**
    - Preventive care reduces reliance on costly emergency and long-term care services, saving millions in Medicaid expenditures.
    - Reduced burden on families and community services by addressing mental health and developmental needs proactively.
  4. **Stronger Workforce:**
    - Competitive reimbursement rates attract and retain skilled professionals.
    - Increased enrollment in therapy and mental health education programs supports long-term sustainability.
- 

## Fiscal Impact

- **Estimated Cost:** Based on prior Medicaid rate reviews, a 5% increase for Provider Types 14 and 34 would require a non-federal investment of \$4 to \$5 million annually.
  - **Return on Investment (ROI):** Preventive care and reduced hospitalizations are expected to save Nevada millions annually in healthcare costs.
- 

## Implementation Timeline

- **Effective Date:** July 1, 2025.

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## **Justification**

This bill aligns with Nevada's strategic goals to improve healthcare access, address workforce shortages, and foster equitable care. By investing in competitive reimbursement rates and expanding outpatient services, Nevada can reduce long-term healthcare costs, improve patient outcomes, and strengthen its healthcare infrastructure for generations to come.

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## **Supporting Agencies and Stakeholders**

- Nevada Occupational Therapy Association (NOTA)
  - Nevada Physical Therapy Association (NPTA)
  - Nevada Speech-Language-Hearing Association (NSHA)
  - Provider Type 14 and 34 licensed practitioners and private practices
- 

## **Conclusion**

This BDR represents a vital opportunity to address the urgent healthcare challenges facing Nevada. By supporting this bill, policymakers can ensure that all Nevadans have access to high-quality, life-changing therapy and mental health services.

---

## **Contact Information**

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**From:** [Casey Melvin](#)  
**To:** [PPC Info](#)  
**Subject:** Healthcare Workforce Proposal  
**Date:** Tuesday, December 10, 2024 9:34:00 AM  
**Attachments:** [Therapy + Behavioral Health BDR 2025.docx](#)  
[Therapy + Behavioral Health BDR Evidence 2025.docx](#)

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**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning,

I am thrilled to see this committee taking meaningful action in response to the Governor's Executive Order to address the healthcare shortage. Respectfully, I request your help in obtaining the Governor's approval to move forward with a BDR by reviewing the attached findings and a proposal. Senator Krasner has expressed support for such a bill and is willing to sponsor it with the Governor's approval.

Collaboratively, we have highlighted the challenges faced by individuals with disabilities and their families, who are often unable to access the care and support they need. Additionally, Nevada's mental health crisis has driven higher rates of serious emotional disturbance, substance use disorders, incarceration, recidivism, and suicide.

A recent Medicaid workshop revealed that 1 in 6 children enrolled in Nevada Medicaid have a diagnosed behavioral health condition. These children are at a 51% higher risk of inpatient stays associated with their diagnoses compared to the national average. Medicaid's initiatives aim to promote stability and support through outpatient and community-based treatments. Unfortunately, many children are sent out of state for services or face extended stays in residential treatment facilities, costing Nevada \$38 million in Medicaid funding annually.

To address these systemic challenges, we must tackle Nevada's healthcare practitioner shortage, which is being intensified by stagnant Medicaid reimbursement rates spanning decades. Rising service delivery costs are forcing many practitioners to leave clinical practice or relocate out of state, further straining access to care. Additionally, the lack of parity in Medicaid reimbursement across provider types for equivalent levels of clinical intervention leads to higher reimbursement in other settings, making it even more difficult to sustain an adequate number of clinicians in outpatient care environments. As Medicaid plans aim to move more patient care at the outpatient level, there will be a worsening bottleneck if these reimbursement rates are not addressed.

Psychologists, psychiatrists, licensed marriage and family therapists (Medicaid provider type 14) occupational therapists, physical therapists, and speech-language pathologists (Medicaid provider type 34) play vital roles in addressing these challenges. They form the backbone of multidisciplinary, holistic care teams that work to meet patients' developmental, cognitive, physical, psychological, and social-emotional needs. For example:

- **Psychologists and Psychiatrists:** Treat complex behavioral health conditions, ensuring patients receive accurate diagnoses, therapy, and medication management.
- **Licensed Marriage and Family Therapists (LMFTs):** Provide critical support for families and individuals dealing with trauma, mental health disorders, and relational

challenges.

- **Occupational Therapists (OTs):** Deliver holistic care addressing patients' developmental, neurological, cognitive, and social-emotional needs, and increase functional independence in activities of daily living and necessary tasks to live independently.
- **Physical Therapists (PTs):** Address mobility, recovery, and physical rehabilitation, enabling individuals to regain independence and quality of life.
- **Speech-Language Pathologists (SLPs):** Support communication and swallowing disorders, receptive and expressive language, cognitive functioning, improving functionality, and patient outcomes.

These professionals are instrumental in preventing costly inpatient stays and reducing reliance on institutional care. Their work enhances outcomes for patients with conditions such as depression, anxiety, bipolar disorder, schizophrenia, substance use disorders, autism, fetal alcohol syndrome, and developmental and intellectual disabilities, among others.

**What is requested:**

1. **Sustained Telehealth Approval:** Ensure statewide access to telehealth services, which have proven invaluable for rural and underserved areas.
2. **Increased Reimbursement Rates:**
  - A **5% increase** across the board for Medicaid reimbursement for all these disciplines.
  - An **additional 5% increase** for services delivered in natural environments/mobile therapy.
  - An **additional 5% increase** for in-person treatment in rural areas to ensure sustainable access to care.

**Fiscal Impact Estimate:** based upon findings in previous Quadrennial Rate Review Data

1. Provider Type 34 Therapy: Report published 2022 for Biennium Fiscal Impact 2024-25
  - a. Non-federal share of \$1,619,118 - \$4,857,354
2. Provider Type 14 Behavioral Health: Report published 2021 for Biennium Fiscal Impact 2022-23
  - a. Non-federal share of \$3.3 million.

Research consistently demonstrates the cost-effectiveness of these interventions, which reduce hospital readmissions and improve long-term patient outcomes. Successful programs working with individuals in the juvenile justice system and municipal courts further illustrate the return on investment—helping individuals with chronic co-occurring mental health disorders, homelessness, and acute psychiatric symptoms achieve independence and become contributing members of society.

By implementing these changes, we can significantly enhance access to care, strengthen Nevada's healthcare infrastructure, and improve the lives of our residents. I look forward to your support and approval for these essential initiatives.

Please reference the attachments, which include the BDR framework and the supporting evidence that overwhelmingly supports these initiatives and aligns with the objectives of the Nevada Patient Protection Committee.



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Chief Executive Officer

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