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# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

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Richard Whitley, MS  
Director

December 13, 2024

The Honorable Xavier Becerra  
Secretary of Health and Human Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Becerra:

On behalf of the State of Nevada, I am pleased to submit this federal waiver application – Nevada's Section 1115 Reentry Demonstration Waiver – for review and consideration. Pursuant to Nevada Assembly Bill 389 (2023), the Nevada Department of Health and Human Services (NV DHHS) submits this application under Section 1115 of the Title XIX of the Social Security Act to cover a new targeted set of health care and behavioral health services for individuals who are incarcerated prior to their release back into the community. As required, Nevada's waiver request and application was compiled to comply with the Center for Medicare and Medicaid Services' State Medicaid Director (SMD) letter #23-003, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated," released April 17, 2023.

This waiver request represents the state's strong commitment to strengthening access to necessary health care and behavioral health services for individuals (youth and adults) in carceral settings with the goal of promoting a successful community transition, post-release. This includes ensuring continuity of care through a statewide network of providers and programs designed to promote the health and well-being of this population, including but not limited to, law enforcement, judicial systems, counties, correctional facilities, health and social services agencies, community-based providers, and other health care entities. If approved, this new demonstration would grant the state the necessary federal authority to reimburse qualified providers through Medicaid for rendering services to eligible individuals incarcerated or detained in state prisons, local county jails, and/or juvenile facilities for up to 90 days prior to their release back into the community.

Like many states that have submitted similar waivers, Nevada strongly believes this new Medicaid coverage will have a profound and positive impact on the health of this population and will improve the capacity of this population to transition, successfully, back into their communities. Improved health outcomes will also support improvements in this population's ability to obtain and sustain employment and maintain behavioral health stability after their release back to the community. In turn, the state expects this waiver will, over time, reduce recidivism rates and utilization of high-cost inpatient or emergency services after reentry.

For all these reasons, I respectfully request your review and approval of this important initiative made possible under federal Section 1115 waiver authority. If you have any questions or require additional information, please do not hesitate to reach out to Nevada's Medicaid Director, Stacie Weeks, at [sweeks@dncfp.nv.gov](mailto:sweeks@dncfp.nv.gov).

Thank you for time and consideration of this waiver application.

Sincerely,



Richard Whitley, MS  
Director  
Department of Health and Human Services

cc: Stacie Weeks, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services

# **Section 1115 Reentry Services Demonstration Application**

**State of Nevada**

**Department of Health and Human Services (DHHS)**

**Division of Health Care Financing and Policy (DHCFP)**



**Submitted on December 13, 2024**

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# Nevada Justice-Involved Reentry Section 1115 Demonstration Waiver Application

## Section I – Program Description

### 1.1 Introduction

Pursuant to state law, the Nevada Division of Health Care Financing and Policy (DHCFP), the Medicaid division within the Nevada Department of Health and Human Services (NV DHHS), is seeking a five-year Section 1115 Demonstration from the Centers for Medicare & Medicaid Services (CMS) to improve care for adults and youth transitioning from correctional facilities into the community. Nevada’s request aligns with CMS’s State Medicaid Director (SMD) letter #23-003, “Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated,” released April 17, 2023.<sup>1</sup> Specifically, Nevada is seeking authority to provide a set of targeted Medicaid services to eligible justice-involved populations within the 90-day period prior to their expected release. Starting in October 2025, the State intends to implement the Demonstration Statewide with a phased approach, beginning with state prisons, and all state-operated juvenile justice facilities, county-operated juvenile detention centers or youth camps in Phase 1, and county-operated jails that opt-in in Phase 2.

The proposed Demonstration seeks to strengthen connections across Medicaid, carceral settings, health and social services agencies, community-based providers, and other entities to promote the health and wellbeing of justice-involved individuals and support their successful reentry into the community. To support implementation, Nevada is also seeking \$19.5 million total computable in capacity building funding to provide start-up funding to correctional facilities and implementing partners for the planning and implementation of reentry services.

### 1.2 Background

According to the Nevada Department of Corrections (NDOC),<sup>2</sup> 10,880 people were incarcerated in the state prison system as of October 2024. A maximum 7,900 individuals are estimated to be incarcerated in county and local jails,<sup>3</sup> with approximately 3,500 in Clark County facilities and 1,100 in Washoe County facilities (the two largest counties in the state).<sup>4</sup>

Individuals leaving incarceration often lack the resources to access health care or other critical social services and are particularly at risk of experiencing poor health outcomes. Compared to individuals who have never been incarcerated, formerly incarcerated people have higher rates of physical and behavioral health needs and face numerous barriers to securing health care, housing, employment, food, and other social supports that affect health outcomes and hinder their ability to successfully

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<sup>1</sup> Centers for Medicare & Medicaid Services, “RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated,” SMD #23-003, April 17, 2023. Available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>

<sup>2</sup> Monthly Statistical Summary, Nevada Department of Corrections, October 31, 2024. [https://doc.nv.gov/uploadedFiles/docnv.gov/content/About/Statistics/Monthly\\_Reports\\_by\\_Year/20241031%20Monthly%20Factsheet.pdf](https://doc.nv.gov/uploadedFiles/docnv.gov/content/About/Statistics/Monthly_Reports_by_Year/20241031%20Monthly%20Factsheet.pdf)

<sup>3</sup> Prison Policy Initiative – Nevada Profile. Retrieved from: <https://www.prisonpolicy.org/profiles/NV.html>.

<sup>4</sup> Jail Data Initiative – Clark County. Retrieved from: [https://jaildatainitiative.org/profile?fips=32003&state=NV&jail=Clark\\_County](https://jaildatainitiative.org/profile?fips=32003&state=NV&jail=Clark_County); Jail Data Initiative – Washoe County. Retrieved from: [https://jaildatainitiative.org/profile?fips=32031&state=NV&jail=Washoe\\_County](https://jaildatainitiative.org/profile?fips=32031&state=NV&jail=Washoe_County).

reintegrate into their communities upon release.<sup>5</sup> In the United States, an estimated 80 percent of people released from prison have chronic medical, psychiatric, or substance use disorders (SUD).<sup>6</sup> Lack of access to physical and behavioral health care, including needed SUD or mental health treatment, places formerly incarcerated individuals at significantly increased risk for emergency department (ED) use and hospitalization.<sup>7</sup> Individuals reentering the community are also at much greater risk of overdose death compared to the general population.<sup>8</sup>

Incarceration rates in Nevada reflect racial disparities among the justice-involved population; the African American population in particular is overrepresented in Nevada’s carceral facilities. For example, in Clark County’s jail, this population comprises around 34% of the prison population, but only 12% of the county’s resident population.<sup>9</sup> Racial disparities in incarceration further exacerbate health disparities for individuals upon release.<sup>10</sup>

The Nevada Legislature enacted two bills to address the health needs of the state’s incarcerated population. In 2021, Nevada passed Assembly Bill (AB) 358,<sup>11</sup> which requires NV DHHS to suspend rather than terminate Medicaid eligibility when a person is incarcerated. It also authorizes incarcerated individuals to apply for Medicaid, if they are not already enrolled, up to six months before they are scheduled to be released. Following implementation of AB 358, approximately 73% of inmates released from NDOC facilities were enrolled in Medicaid within 30 days of their discharge in January 2023, an improvement from 42% in 2020.<sup>12</sup>

Seeking to build on these successes, in 2023 the Nevada Legislature passed AB 389,<sup>13</sup> which required DHHS to apply for a Section 1115 reentry waiver to provide a targeted set of reentry services to

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<sup>5</sup> Guyer J., Serafi, K., Bachrach, D., and Gould, A. (2019). State Strategies for Establishing Connections to Health Care for Justice-Involved Populations: The Central Role of Medicaid. The Commonwealth Fund. Retrieved from <https://www.commonwealthfund.org/publications/issue-briefs/2019/jan/state-strategies-health-care-justice-involved-role-medicaid>

<sup>6</sup> Shira Shavit et al. (2017). Transitions Clinic Network: Challenges and Lessons in Primary Care for People Released from Prison,” Health Affairs. Vol. 36. No. 6: 1006–15. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0089>

<sup>7</sup> Wang, E.A., Wang, Y., Krumholz, and H.M. (2013). A high risk of hospitalization following release from correctional facilities in Medicare beneficiaries: a retrospective matched cohort study, 2002 to 2010. JAMA Intern Med. Vol. 173. No. 17: 1621-28. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4069256/>; Joseph W. Frank et al. (2013). Emergency department utilization among recently released prisoners: a retrospective cohort study. BMC Emerg Med. Vol. 13. No. 16. Retrieved from <https://bmccemergmed.biomedcentral.com/articles/10.1186/1471-227X-13-16>

<sup>8</sup> Ingrid A. Binswanger et al. (2007). Release from prison—a high risk of death for former inmates. New England Journal of Medicine. Vol. 356. No. 2: 157-65. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5242316/>

<sup>9</sup> Jail Data Initiative – Clark County. Retrieved from: [https://jaildatainitiative.org/profile?fips=32003&state=NV&jail=Clark\\_County](https://jaildatainitiative.org/profile?fips=32003&state=NV&jail=Clark_County).

<sup>10</sup> American Academy of Family Physicians. (2017). Incarceration and Health: A Family Medicine Perspective (Position Paper). Retrieved from <https://www.aafp.org/about/policies/all/incarceration.html>

<sup>11</sup> AN ACT relating to healthcare, Assembly Bill (AB) 358. NRS 2023, c 450. Retrieved from <https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/10257/Text>

<sup>12</sup> Minutes of the Meeting of the Assembly Committee on Health and Human Services Eighty-Second Session April 12, 2023

<sup>13</sup> AN ACT relating to Medicaid, Assembly Bill (AB) 389. NRS 2023, c 422. Retrieved from <https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/10326/Text>

individuals who are incarcerated in the 90 days prior to their release.<sup>14</sup> With the implementation of these two bills and future approval of its proposed Demonstration, Nevada aims to facilitate continuity of care and increase access to high-quality, well-coordinated care during reentry for incarcerated individuals. As a result of these efforts, Nevada expects to realize improved health outcomes with reductions in ED visits and inpatient hospital admissions for both physical and behavioral health conditions with respect to this population.

### 1.3 Demonstration Goals

The Demonstration will address the health care needs of Nevada’s justice-involved population, advance the State’s health equity priorities, and promote the objectives of the Medicaid program by ensuring incarcerated individuals with high physical or behavioral health risks receive needed coverage and health care services pre- and post-release into the community. By bridging relationships between community-based Medicaid providers and justice-involved populations prior to release, Nevada seeks to improve health outcomes for individuals with a history of substance use, mental illness, and/or chronic disease by increasing access to stable and continuous care.

Consistent with the CMS goals outlined in CMS SMD #23-003, Nevada’s specific goals for the Demonstration are to:

1. **Increase coverage, continuity of coverage, and appropriate service uptake** through assessment of eligibility and availability of coverage for benefits in correctional facility settings prior to release;
2. **Improve access to services** prior to release and improve transitions and continuity of care into the community upon release;
3. **Improve coordination and communication** between correctional systems, Medicaid systems, CHIP systems, managed care plans, and community-based providers;
4. **Increase additional investments in health care and related services**, aimed at improving the quality of care for individuals in correctional facility settings and in the community to maximize successful reentry post-release;
5. **Improve connections between correctional facility settings and community services** upon release to address physical health and behavioral health;
6. **Reduce all-cause deaths** in the near-term post-release;

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<sup>14</sup> In December 2022, Congress passed the Consolidated Appropriations Act (CAA) which requires all states to provide screening, diagnostic, and case management services to Medicaid- or CHIP-eligible incarcerated youth who are post-adjudication, in the 30-days prior to their release to the community. Targeted case management services must also be provided in the 30 days following release. Given the overlap in eligible populations, impacted facilities, and required services, DHCFP plans to subsume the CAA service requirements into the Demonstration, upon implementation of the Demonstration.



7. **Reduce number of ED visits and inpatient hospitalizations** among recently incarcerated Medicaid and CHIP individuals through increased receipt of preventive and routine physical and behavioral health care; and
8. **Provide intervention for certain behavioral health conditions** and use stabilizing medications like long-acting injectable antipsychotics and medications for addiction treatment for SUDs, with the goal of reducing overdose and overdose-related death in the near-term post-release.

## 1.4 Proposed Demonstration

DHCFP is seeking the authority to provide a targeted benefit package to individuals in state prisons, state and/or local juvenile facilities, and county jails for up to 90-days immediately prior to their expected date of release.

### Eligible Facilities

Over the five-year demonstration period, state prisons, state and local juvenile facilities, and county jails will be considered eligible facilities under the Demonstration upon a demonstration of readiness. As eligible facilities, they will be able to enroll as billing providers in Nevada Medicaid and eligible for Medicaid reimbursement for covered services under the demonstration.

Nevada will phase in correctional facilities choosing to participate in the demonstration (participating facilities) based on readiness over the course of the demonstration period as follows:

- Phase 1: All state prisons, and all state-operated juvenile justice facilities and county-operated juvenile detention centers or youth camps.
- Phase 2: County-operated jails that opt-in (with jails permitted to opt in over a 2-year period). All participating facilities that house post-disposition CAA-eligible youth will be required to provide eligible youth in their facilities with required CAA services (case management, screening and diagnostic services) that are also covered under the Demonstration. These facilities may, but will not be mandated, to provide the remaining full scope of Demonstration services (e.g., MAT and 30-day supply of medications upon release) to youth and adults eligible under the Demonstration.

### Targeted Benefit Package

Nevada is seeking authority to cover a targeted benefit package for eligible individuals beginning up to 90-days prior to their expected release from an eligible correctional facility. The pre-release services under the Demonstration include services currently covered under Nevada's Medicaid and CHIP State Plans.

Eligible individuals will have access to the following services required under CMS SMD #23-003:

- **Case management** under which embedded correctional facility staff care managers or in-reach care managers will establish client relationships, conduct a needs assessment, develop a person-centered care plan, and make appropriate linkages and referrals to post-release care and supports.
- **Medication Assisted Treatment (MAT)** in combination with counseling/behavioral therapies, as clinically appropriate.
- **30-day supply of all prescription medications** in hand at point of release, consistent with Medicaid and CHIP State Plan coverage.

In addition to the above three services, Nevada plans to provide the following additional services to assist in improving care transitions for incarcerated individuals:

- **Physical and behavioral health clinical consultation services** (e.g., physical, behavioral health, and dental screening and diagnoses)
- **Prescription medications and medication administration during pre-release period**
- **Treatment of HIV**
- **Laboratory and radiology services**
- **Services of a community health worker** (post-release education and training related to patient self-management of health conditions)
- **Peer support services**

When determining readiness, Nevada is seeking flexibility to allow facilities to establish service level tiers, where every participating facility will be required to provide a minimum set of required services—case management, MAT, a 30-day supply of medications—in the first tier. Participating facilities that house post-disposition youth will be required to provide the three mandatory services in the first tier and clinical consultation. Nevada will develop other service level tiers based on its engagement with and input from participating correctional facilities.

### **Capacity Building Funds**

To support implementation of the reentry initiative, Nevada is requesting \$19.5 million total computable in capacity building funds. Capacity building funds will be available to correctional facilities and other implementation entities partnering with DHCFP to implement the initiative. This funding will support planning and implementation activities, including but not limited to: technology and IT services to assist the reentry initiative demonstration population with Medicaid/CHIP application and enrollment for demonstration coverage and coordinating pre-release and post-release services for enrollees; hiring and training of staff to assist with implementing the reentry initiative; adoption of certified Electronic Health Record (EHR) technology or purchase of billing systems; development of protocols and procedures, operational workflows, and space modifications needed to implement the initiative across participating carceral settings; outreach, education, and stakeholder convening to advance collaboration; and other activities to support a milieu appropriate for provision of pre-release services.

## **Section II – Demonstration Eligibility**

The Demonstration is intended to improve care transitions for incarcerated individuals who are soon-to-be former inmates of a public institution and who are otherwise eligible for Medicaid. The Demonstration will provide coverage for certain pre-release services furnished to individuals who are incarcerated in state prisons, state and/or local juvenile facilities, and county jails and who are returning to the community.

### **2.1 Eligible Populations**

Individuals eligible to participate in the proposed demonstration will include Medicaid eligible adults with specified health conditions, Medicaid/CHIP eligible youth under 21 and former foster youth under 26, who are incarcerated in state prison, local county jails, or juvenile facilities, and who are expected to be released into the community within 90 days.

More specifically, eligible individuals must be:

- **Medicaid (MAGI and non-MAGI) eligible adults** who have been diagnosed with a mental illness, substance use disorder, chronic disease (or other significant disease), an intellectual or developmental disability, traumatic brain injury, or HIV, or who are pregnant or up to 12 weeks postpartum.
- **Medicaid/CHIP eligible youth under 21 years of age.** Youth under 21 are not required to meet the additional behavioral health/chronic conditions criteria outlined for adults.
- **Former foster youth, under 26 years of age.** Former foster youth under 26 are not required to meet the additional behavioral health/chronic conditions criteria outlined for adults.

Medicaid members will qualify for services outlined in this Demonstration based upon their medical need for services and Medicaid member eligibility requirements will not be affected by this Demonstration. See Table 1 below for more information on impacted Medicaid and CHIP eligibility groups.

**Table 1. Eligibility Chart**

<b>Eligibility Group Name</b>	<b>Social Security Act and CFR Citations</b>	<b>Income Level</b>
Aged and Disabled	42 CFR 435.120, 42 CFR 435.122, 42 CFR 435.130, 42 CFR 435.132 – 42 CFR 435.134, 42 CFR 435.211 435.138	Below SSI level
Adults 19-64	42 CFR 435.119	At or below 138% of FPL
Children under 19	42 CFR 435.118 42 CFR 457.320	At or below 138% FPL for Medicaid At or below 205% FPL for CHIP
Pregnant women and 12 weeks postpartum	42 CFR 435.116 Social Security Act 1903(v)(4) and 2107(e)(1)(N)	At or below 190% FPL
Parents and other caretaker relatives	42 CFR 435.110	At or below 138% FPL
Former foster care youth under 26	42 CFR 435.150	NOT APPLICABLE
Foster care children	42 CFR 435.145	NOT APPLICABLE

If CMS approves this Demonstration proposal, Nevada projects that up to 12,000 individuals will receive Medicaid coverage 90 days pre-release annually over the five-year demonstration period.

## 2.2 Medicaid Eligibility and Enrollment Procedures

Nevada will establish pre-release eligibility and enrollment processes for all eligible incarcerated individuals based on the criteria outlined in Section 2.1. As is the current practice, Nevada will suspend Medicaid coverage upon entry into a correctional facility and will continue processes to limit Medicaid coverage to inpatient hospital services while an individual is incarcerated and to reestablish full Medicaid benefits as soon as possible upon release. To implement the Demonstration, Nevada will establish pre-release eligibility and enrollment processes to permit coverage of the targeted benefit package during the 90-days prior to the expected day of release.

## Section III – Demonstration Benefits and Cost Sharing Requirements

### 3.1 Benefits

As described above, Nevada is requesting that the scope of pre-release services be offered to eligible individuals beginning up to 90-days prior to release from a participating correctional setting. Eligible individuals will be able to access the following three services, required under CMS SMD #23-003:

- **Case management:** under which embedded correctional facility staff care managers or in-reach care managers will establish client relationships, conduct a needs assessment, develop a person-centered care plan, and make appropriate linkages and referrals to post-release care and supports.
- **Medication Assisted Treatment (MAT)** in combination with counseling/behavioral therapies, as clinically appropriate.
- **30-day Supply of all Prescription Medications** in hand at point of release, consistent with Medicaid and CHIP State Plan coverage.

In addition to the above three services, Nevada plans to provide the following additional services to assist in improving care transitions for incarcerated individuals:

- **Physical and behavioral health clinical consultation services** (e.g., physical, behavioral health, and dental screening and diagnoses)
- **Prescription medications and medication administration during pre-release period**
- **Treatment of HIV**
- **Laboratory and radiology services**
- **Services of a Community health worker** (post-release education and training related to patient self-management of health conditions)
- **Peer Support Services**

Accordingly, other benefits and services covered under the Nevada Medicaid and CHIP State Plans, as relevant, that are not included in the above-described pre-release services (e.g., full EPSDT benefit for qualifying Medicaid beneficiaries under age 21) are not available to qualifying beneficiaries through this Demonstration.

### 3.2 Cost Sharing

There are no changes to cost sharing proposed under this Demonstration. Cost sharing under this demonstration is consistent with the provisions of the approved state plan.

## **Section IV – Delivery System**

There are no changes to Nevada’s delivery system proposed under this Demonstration. At this time, Nevada is exploring whether to deliver pre-release services on a fee-for-service basis during the pre-release period. If Nevada elects to provide some, or all, services through managed care it will memorialize this decision in its Implementation Plan.

## **Section V – Implementation of Demonstration**

### **5.1 Implementation Schedule**

DHCFP is cognizant of CMS’ Implementation Plan requirements and is currently engaging in planning activities to support a proposed implementation go-live date of October 1, 2025, with a phased-in approach.

Nevada will phase in participating facilities over the course of the demonstration period, contingent upon facilities demonstrating readiness to participate in the Demonstration. Following waiver approval, DHCFP will initiate Phase 1 (spanning Demonstration Years 1-3), during which all state prisons, state-operated juvenile justice facilities and county-operated juvenile detention centers or youth camps that demonstrate readiness, as determined by a readiness assessment to be developed by the State, will participate in the initiative. In Phase 2 (spanning Demonstration Years 4-5), local county jails that demonstrate readiness will be eligible to opt-in to the Demonstration. All participating facilities that house post-disposition CAA-eligible youth will be required to provide eligible youth in their facilities with mandated CAA services (case management, screening and diagnostic services) that are also covered under the Demonstration. These facilities may, but will not be required to, opt into the Demonstration to provide the remaining full scope of Demonstration services (e.g., MAT, 30-day supply of medications upon release) to youth and adults eligible under the Demonstration.

DHCFP will determine when each applicable facility is ready to participate in the Demonstration based on a review of a facility-submitted assessment (and appropriate supporting documentation), demonstrating the facility’s readiness to implement:

1. Pre-release Medicaid and CHIP application and enrollment processes for individuals not enrolled in Medicaid or CHIP prior to incarceration and who will not otherwise be enrolled during incarceration;
2. The screening process to determine a beneficiary’s qualification for pre-release services;
3. The provision or facilitation of pre-release services for a period of up to 90 days immediately prior to the expected date of release, including the facility’s ability to support the delivery of services furnished by providers in the community that are delivered via telehealth;
4. Coordination among partners with a role in furnishing physical, behavioral, and Health Related Social Needs (HRSN) services to beneficiaries;
5. Appropriate re-entry planning, pre-release care management, and assistance with care transitions to the community, including connecting beneficiaries to physical and behavioral health providers, and making referrals to care management and community support providers that take place throughout the 90-day pre-release period, and providing beneficiaries with covered outpatient prescribed medications and over-the-counter drugs (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan);
6. Operational approaches related to implementing certain Medicaid and CHIP requirements, including, but not limited to applications, suspensions, notices, fair hearings, reasonable promptness

for coverage of services, and any other requirements specific to receipt of pre-release services by qualifying individuals under the Demonstration;

7. A data exchange process to support care coordination and transition activities;
8. Reporting of requested data from DHCFP to support program monitoring, evaluation, and oversight; and
9. A staffing and project management approach for supporting all aspects of the facility's participation in Demonstration, including information on the qualifications of the providers that the correctional system will partner with for the provision of pre-release services.

## **5.2 Notification / Enrollment of Potential Participants**

DHCFP will leverage participating facility staff or other qualified professionals to notify and enroll individuals into the waiver to receive services under the Demonstration. Correctional facility staff and/or qualified professionals will assess individuals' Medicaid enrollment status at the time of incarceration and, where needed, support the individual through the Medicaid application process. Participating facility staff and/or qualified professionals will also screen individuals against eligibility criteria to receive services under the Demonstration and provide Medicaid-eligible individuals who meet the criteria.

## **5.3 Role of Managed Care in Provision of Benefits**

DHCFP plans to use both correctional facility-based providers and in-reach managed care or centralized vendor providers to furnish services under the Demonstration. Specifically, pre-release care management services will be provided by embedded correctional facility staff care managers or by in-reach care managers. In-reach care management services will be provided either by managed care organizations or a centralized care management vendor. Upon release, post-release care management services will be provided by Managed Care plans for managed care enrollees and by a centralized care management vendor or community-based provider for managed care exempt and excluded Medicaid enrollees.

While only two counties currently deliver Medicaid through Managed Care plans, Nevada will be going statewide with managed care in 2026, which will support further engagement of managed care plans in the Demonstration.

## **5.4 Stakeholder Engagement**

DHCFP is developing the Demonstration with the support of and input from a range of Nevada-based stakeholders. This includes facilitating discussions with carceral partners, including the Nevada Department of Corrections and county facilities, as well as with cross-divisional partners from other areas of DHHS, including the Division of Welfare and Supportive Services, Division of Public and Behavioral Health, Division of Children and Family Services, and the Aging and Disability Services Division. DHCFP is also engaging stakeholders in the development of the Section 1115 application through public hearings, webinars, public comment, and other community forums. As planning for implementation continues, DHCFP will continue to engage with multiple internal and external stakeholders to ensure a smooth phased implementation of this Demonstration.

## **Section VI – Enrollment, Demonstration Financing and Budget Neutrality**

This section describes the projected enrollment impact, expected financial expenditures and budget neutrality considerations associated with the proposed Demonstration.

## 6.1 Enrollment

Table 2 provides a summary of the annual estimated number of eligible justice-involved individuals who may receive pre-release services under the Reentry Services Demonstration.

**Table 2: Estimated Justice-Involved Reentry Initiative Impacts**

	Estimated Number of Individuals Affected by Justice-Involved Reentry Initiative				
	DY 1	DY 2	DY 3	DY 4	DY 5
	10/1/2025 – 9/30/2026	10/1/2026- 9/30/2027	10/1/2027- 9/30/2028	10/1/2028- 9/30/2029	10/1/2029 - 9/30/2030
<b>Justice-Involved Individuals</b>	585	2,924	5,849	8,773	11,697

## 6.2 Expenditures

Nevada is seeking \$71.27 million over the five-year Demonstration period. Table 3 provides a summary of annual projected computable expenditures under the Reentry Services Demonstration.

**Table 3: Projected Computable Expenditures Under the Reentry Services Demonstration**

	Projected Total Computable Expenditures				
	DY 1	DY 2	DY 3	DY 4	DY 5
	10/1/2025 – 9/30/2026	10/1/2026- 9/30/2027	10/1/2027- 9/30/2028	10/1/2028- 9/30/2029	10/1/2029 - 9/30/2030
<b>Justice-Involved Reentry Services</b>	\$878,154	\$4.61 million	\$9.68 million	\$15.25 million	\$21.35 million
<b>Justice-Involved Capacity Building Funds</b>	\$9.9 million	\$5.4 million	\$2.9 million	\$1.15 million	\$150,000

## 6.3 Budget Neutrality

The Demonstration is expected to be budget neutral as evaluated by CMS. Budget neutrality will align with the projected expenditures for the Demonstration as described above in Table 3. Nevada will continue to work with CMS to confirm and finalize budget neutrality during the Demonstration negotiation and approval process.

## Section VII – Requested Waivers and Expenditure Authorities

Under the authority of Section 1115(a) of the Act, the following waivers and expenditure authorities shall enable Nevada to implement the demonstration from October 1, 2025, to September 30, 2030. To the extent that CMS advises the State that additional authorities are necessary to implement the programmatic vision and operational details described above, the State is requesting such waiver or expenditure authority, as applicable.

Nevada’s negotiations with the federal government, as well as State legislative/budget changes, could lead to refinements in these lists as we work with CMS to move this demonstration forward.

## 7.1 Waiver Authority Request

Under the authority of Section 1115(a)(1) of the Act, the following waivers shall enable Nevada to implement this demonstration.

**Table 4. Requested Waiver Authorities**

<b>Waiver Authority</b>	<b>Use for Authority</b>
<b>Statewide:</b> <i>Section 1902(a)(1)</i>	To enable the state to make pre-release services available, as described in this application, to qualifying beneficiaries on a geographically limited basis.
<b>Freedom of Choice:</b> <i>Section 1902(a)(23)(A)</i>	To enable the state to offer qualifying beneficiaries pre-release services, as described in this application, through only certain providers.
<b>Amount, Duration, and Scope of Services:</b> <i>Section 1902(a)(10)(B)</i>  <b>Comparability:</b> <i>Section 1902(a)(17)</i>	To enable the state to provide only a limited set of pre-release services, as described in this application, to qualifying beneficiaries that is different than the services available to all other beneficiaries outside of carceral settings in the same eligibility groups authorized under the state plan or the Demonstration.

## 7.2 Expenditure Authority Request

Under the authority of Section 1115(a)(2) of the Act, Nevada is requesting the following expenditure authority to cover justice involved pre-release services during the five-year demonstration period.

**Table 5. Proposed Title XIX Expenditure Authorities**

<b>Title XIX Expenditure Authority</b>	<b>Use for Authority</b>
<b>Expenditures for Related to Pre-Release Services</b>	Expenditures for pre-release services, as described in this application, provided to qualifying Medicaid beneficiaries for up to 90 days immediately prior to the expected date of release from a participating state prison, county jail, or youth correctional facility.
<b>Expenditures for Building Capacity of Pre-Release Supports Through an Approved Reinvestment Plan</b>	For costs not otherwise matchable related to a variety of activities necessary to support successful transitions from a carceral facility into the community. The activities will include pre-release readiness assessments, improving the eligibility process, education and training, linking Electronic Health Records, and other activities to be submitted in the Implementation Plan and Reinvestment Plan.



**Table 6. Proposed Title XXI Expenditure Authorities**

Title XIX Expenditure Authority	Use for Authority
<b>Expenditures for Related to Pre-Release Services</b>	Expenditures for pre-release services, as described in this application, provided to qualifying demonstration beneficiaries who would be eligible for CHIP if not for their incarceration status, for up to 90 days immediately prior to the expected date of release from a participating state prison, state and/or local juvenile facility, and county jail.

The expenditure authority for pre-release services through this initiative comprises a limited exception to the federal claiming prohibition for medical assistance furnished to inmates of a public institution at clause (A) following section 1905(a) of the Act (“inmate exclusion rule”).

**Section VIII – Evaluation Approach and Demonstration Hypotheses**

Nevada will contract with an independent evaluator to assess the impact of the proposed Demonstration. Nevada is proposing the research questions, hypotheses, and proposed evaluation approaches described below to include as part of its evaluation design.

**Table 7. Proposed Evaluation Hypotheses, Approach, and Data Sources**

Hypotheses	Evaluation Questions	Data Sources
The demonstration will result in increases in Medicaid and CHIP enrollment of individuals not previously covered and thereby increase coverage and service utilization among individuals who re-enter the community after a period of incarceration.	<ul style="list-style-type: none"> <li>• Does the Demonstration result in increased Medicaid and CHIP enrollment rates among individuals leaving incarceration?</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid and CHIP enrollment data through eligibility and enrollment system</li> </ul>
The demonstration will result in increased access to and utilization of physical and behavioral health services for chronic and other serious conditions in the pre- and post-release period and improved health outcomes.	<ul style="list-style-type: none"> <li>• Does the Demonstration increase the number of individuals leaving incarceration that receive physical health services within one/three/and six months from release?</li> <li>• Does the Demonstration increase the percentage of individuals leaving incarceration that have continuity in their prescription drugs filled within one/three/and six months from release?</li> </ul>	<ul style="list-style-type: none"> <li>• Claims data</li> <li>• Interviews or focus groups with providers and individuals with lived experience</li> </ul>

Hypotheses	Evaluation Questions	Data Sources
	<ul style="list-style-type: none"> <li>• Does the Demonstration increase the percentage of individuals receiving behavioral health services within one/three/and six months from release?</li> <li>• Does the Demonstration results in reductions in emergency department and inpatient hospital visits among those released from incarceration?</li> </ul>	
The demonstration will result in fewer ED visits and fewer inpatient hospitalizations.	<ul style="list-style-type: none"> <li>• Does the Demonstration results in reductions in emergency department and inpatient hospital visits among those released from incarceration?</li> <li>• Does the Demonstration increase the use of community-based SMI/SUD services?</li> </ul>	<ul style="list-style-type: none"> <li>• Claims data</li> <li>• Interviews or focus groups</li> </ul>
The demonstration will result in reduced negative health outcomes like non-fatal overdose, and overdose-related, suicide-related and all-cause deaths in the period after release.	<ul style="list-style-type: none"> <li>• Does the Demonstration result in fewer non-fatal overdoses in the period following release?</li> <li>• Does the Demonstration result in fewer suicide-related, overdose-related, and all-cause deaths in the period following release?</li> </ul>	<ul style="list-style-type: none"> <li>• Claims data</li> <li>• Mortality data</li> <li>• Interviews or focus groups</li> </ul>

These hypotheses and plan are subject to change and will be further defined as Nevada works with CMS to develop an evaluation design consistent with the STCs and CMS policy.

**Section IX – Public Notices**

In accordance with 42 CFR section 431.408, DHCFP published required public notices about the waiver and conducted a thirty (30) day public notice and comment process from October 24 to November 24, 2024. This allowed the public and other interested parties the opportunity to review and provide feedback on the Demonstration. During this time, DHCFP held two dedicated public workshop/hearings, in-person and via Microsoft Teams. The first took place on Wednesday, November 6, 2024, in Reno, Nevada. The second took place on Wednesday, November 13, 2024, in Las Vegas, NV.

All information related to the public comment period and public workshops/hearings has been made available on the dedicated website for this Demonstration.

## 9.1 Public Notice

To formally begin the public comment period, DHCFP published notice of the waiver application in the State Administrative Record and on a dedicated DHCFP website more than 30 days before waiver application submission to CMS (on October 24, 2024). DHCFP also used an electronic mailing list to notify the public of DHCFP's intent to submit a reentry waiver, hold public workshop/hearings, and provide stakeholders with the opportunity to comment on the waiver draft.

To encourage feedback and ensure compliance with accessibility, a copy of the draft waiver was made accessible via public web links (<https://dhcfp.nv.gov/Public/Home/>, [https://dhcfp.nv.gov/Pgms/Waivers/Reentry\\_Initiative/](https://dhcfp.nv.gov/Pgms/Waivers/Reentry_Initiative/), and <http://notice.nv.gov>), and also made available in hard copy at the Carson City, Las Vegas, Elko, and Reno central offices for DHCFP. Instructions for requesting a hard-copy document were included in the formal public notice. The public notice document also provided detailed instructions to the public for submitting written comments.

Public notices can be found in [Appendix A](#).

## 9.2 Public Workshops/Hearings

As required by federal regulations, the state hosted two public hearings during the notice and comment period in geographically diverse areas of Nevada. The hearings were available for interested parties to attend either in person or virtually via Microsoft Teams. Materials presented at the hearings were posted on the DHCFP Reentry Initiative webpage. DHCFP affirms the two public hearings were held on the following dates and locations, as scheduled and publicized in the formal notice:

- Public Hearing #1
  - Wednesday, November 6, 2024
  - 1:00pm PT
  - DHCFP Reno District Office: 745 W. Moana Lane Suite 200, Reno, NV 89509
- Public Hearing #2
  - Wednesday, November 13
  - 9:00am PT
  - DHCFP Las Vegas District Office: 1210 S. Valley View Suite 104, Las Vegas, NV 89102

## 9.3 Tribal Consultation

On September 30, 2024, DHCFP sent public notice of the waiver application to the representatives of all federally recognized tribes located within Nevada in accordance with 42 CFR § 431.408, with the option to schedule a separate tribal consultation to discuss the waiver. Tribal consultation was not requested. DHCFP also presented on the Demonstration at the October 9, 2024, Quarterly Tribal Meeting. A copy of the formal correspondence sent to the tribal representatives soliciting input on the waiver application can be found in [Appendix B](#).

## 9.4 Summary of Public Comments and State Response

DHCFP received significant engagement, both from individuals and organizations, during the public comment period, receiving a total of 33 comments to its draft reentry initiative waiver application. This includes comments that were submitted verbally or in writing during the two public workshops facilitated by DHCFP or submitted via email to the DHCFP inbox.

Overall, most comments were in support of the Section 1115 reentry initiative waiver request. Many commenters requested modifications to the Demonstration, including expanding eligible facilities and

covered services, and several highlighted existing or potential state programs for health-related social needs that may further benefit the newly eligible population upon release from incarceration. Several commenters asked clarifying questions regarding the state’s implementation approach, including which entities would provide pre-release services; how the state will facilitate cross-system collaboration and data exchange among implementing partners; the sources of funds that will be used to support implementation; and the types of data and evaluation approach that will be leveraged to gauge the impact and effectiveness of the Demonstration.

A thematic summary of all public comments received and related state responses, including indication of instances where the waiver application narrative was revised in light of the public comments, is included at [Appendix C](#).

## **Section IX – Demonstration Administration**

Name and Title: Michael Gorden

Telephone Number: 775.687.1913

Email Address: [michael.gorden@dhcfp.nv.gov](mailto:michael.gorden@dhcfp.nv.gov)

## **Appendix A – Public Notices**

### **Full public notice**

A copy of the full public notice is available [here](#).

The full public notice has been posted on the DHCFP Public Notice website [here](#) and the Demonstration website [here](#).

### **Abbreviated public notice**

The abbreviated public notice has been posted on the DHCFP Public Notice website [here](#) and the Demonstration website [here](#), and is also copied below.

## **Public Notice - Reentry Services Section 1115 Demonstration**

### **Waiver Application**

The Nevada Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP) is publishing a public notice of its intent to submit to the Centers for Medicare and Medicaid Services (CMS) a Section 1115 Demonstration request to provide a targeted set of Medicaid services to individuals transitioning from incarceration in the period prior to their release.

This notice is being provided pursuant to federal requirements for public notice and comment under 42 CFR 431.408. A copy of the full public notice and the finalized draft waiver application online [https://dhcftp.nv.gov/Pgms/Waivers/Reentry\\_Initiative/](https://dhcftp.nv.gov/Pgms/Waivers/Reentry_Initiative/).

The Nevada Department of Health and Human Services (DHHS) is requesting authority from the Centers for Medicare & Medicaid Services (CMS) for a five-year, section 1115 demonstration waiver to provide a set of targeted Medicaid services to eligible justice-involved populations within the 90-day period prior to their expected release.

These services would include case management, medication-assisted treatment (MAT) as clinically appropriate, 30-day supply of all prescription medications in hand upon release, and other specific pre-release services to assist in improving care transitions for incarcerated individuals. Starting in October 2025, the State intends to implement the Demonstration statewide with a phased approach, beginning with state prisons, and all state-operated youth correctional facilities, county-operated juvenile detention centers or youth camp state prisons in Phase 1, and county-operated jails that opt-in in Phase 2. To support implementation of the initiative, Nevada is requesting \$19.5 million total computable in capacity building funds.

#### **Public Comments & Hearing Information**

DHCFP intends to host two public workshops on Wednesday, November 6 and Wednesday November 13, 2024. For more information, the public notice and information for public workshops on this waiver are posted Online at <http://dhcftp.nv.gov/>, [https://dhcftp.nv.gov/Pgms/Waivers/Reentry\\_Initiative/](https://dhcftp.nv.gov/Pgms/Waivers/Reentry_Initiative/) and <http://notice.nv.gov>, as well as Carson City, Las Vegas, Elko, and Reno central offices for DHCFP.

DHCFP will also accept written public comments until Sunday, November 24, 2024. Written comments may be sent via email to: [1115waivers@dhcftp.nv.gov](mailto:1115waivers@dhcftp.nv.gov). Please include "Section 1115 Reentry Services Demonstration" in the subject line. Additionally, comments may be mailed to DHCFP at 4070 Silver Sage, Carson City, Nevada 89701.

Please see addresses for central office locations: 1100 E. William Street, Suite 101 Carson City, Nevada 89701 1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801, 1210 S. Valley View, Suite 104, Las Vegas, Nevada 745 W. Moana Lane, Suite 200, Reno, Nevada 89509

Joe Lombardo  
Governor

Richard Whitley, MS  
Director



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Stacie Weeks,  
JD MPH  
Administrator

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**REVISED NOTICE OF PUBLIC WORKSHOP**

Nevada Medicaid Re-entry Juvenile Justice

**Date of Publication:** October 24, 2024  
**Date of Revision:** October 30, 2024

**Date and Time of Meeting:** November 6, 2024, at 1:00 pm

**Name of Organization:** The State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

**Place of Meeting:** DHCFP  
745 W. Moana Lane, Suite 200  
Reno, NV 89509  
~~1210 S. Valley View, Suite 104~~  
~~Las Vegas, NV 89102~~

And available electronically: Microsoft Teams link below

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**Conference ID:** 224 740 404 756

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#### **Agenda**

1. Presentation and public comment for Nevada Medicaid's Justice-Involved Reentry Initiatives represent the state's efforts to comply with new requirements from the federal Consolidated Appropriations Act of 2023 (CAA) and state Assembly Bill (AB) 389 (2023), which together require Medicaid to cover services for certain justice-involved populations. Part of these efforts includes the submission of a new state application for federal approval of a Section 1115 waiver of Title XIX of the Social Security Act to allow the state to receive federal funds to pay for services provided to these populations prior to their release. Per the Center for Medicare and Medicaid Services (CMS) guidance, states are required to complete a CAA Section 5121 Operational Plan no later than January 1, 2025.
  - a. The purpose of this workshop is intended to present information and solicit public comment regarding Nevada Medicaid's Justice-Involved Reentry Initiatives
  - b. Public comment regarding subject matter.
2. Public comment regarding any other issue
3. Adjournment

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**NOTE:** To use the long link to the meeting in the event there are issues with the URL shortener, please use the following complete link:

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_ZDQ3YzgxNTMtNTUxYS00MjVmLTk4YTItNDQxNGNhYzE2MzY2%40thread.v2/0?context=%7b%22Ti d%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22b5ab8d62-be8c-4cea-aaf6-eb7de8c1b391%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZDQ3YzgxNTMtNTUxYS00MjVmLTk4YTItNDQxNGNhYzE2MzY2%40thread.v2/0?context=%7b%22Ti d%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22b5ab8d62-be8c-4cea-aaf6-eb7de8c1b391%22%7d)

Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

**PLEASE NOTE:** Items may be taken out of order. Items may be pulled or removed from the agenda at any time. All public comment may be limited to three minutes.



The DHCFP is exempt from Chapter 233B according to NRS 233B.039 and is not required to comply with the Nevada Administrative Procedure Act in this process. This meeting is conducted by and with state agency staff which is not a public body for purposes of NRS 241 related to Nevada Open Meeting Law but every effort is made to be transparent in notice and information provided to encourage public awareness and participation.

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DHCFP, 4070 Silver Sage Drive, Carson City, Nevada 89701  
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Governor

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Director



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Stacie Weeks,  
JD MPH  
Administrator

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**REVISED NOTICE OF PUBLIC WORKSHOP**

Nevada Medicaid's Justice-Involved Reentry Initiatives

**Date of Publication:** October 24, 2024  
**Date of Revision:** October 30, 2024

**Date and Time of Meeting:** November 13, 2024, at 9:00 am

**Name of Organization:** The State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

**Place of Meeting:** DHCFP  
1210 S. Valley View, Suite 104  
Las Vegas, NV 89102  
745 W. Moana Lane, Suite 200  
Reno, NV 89099

And available electronically: Microsoft Teams link below

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3. Adjournment

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[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_Y2UxMDBkYzktYzdjOS00NjNmLWExNjgtZTIhZWl3YWZiNWVl%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22b5ab8d62-be8c-4cea-aaf6-eb7de8c1b391%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_Y2UxMDBkYzktYzdjOS00NjNmLWExNjgtZTIhZWl3YWZiNWVl%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22b5ab8d62-be8c-4cea-aaf6-eb7de8c1b391%22%7d)

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## Electronic Message

**From:** [Medicaid Updates](#) on behalf of [Ky Plaskon](#)  
**To:** [MEDICAIDUPDATES@LISTSERV.STATE.NV.US](mailto:MEDICAIDUPDATES@LISTSERV.STATE.NV.US)  
**Subject:** Nevada to add Medicaid coverage for people leaving correctional settings  
**Date:** Thursday, October 31, 2024 7:17:34 PM  
**Attachments:** [ReentryWeeksMedicaid.m4a](#)  
[Stacie Weeks Photo.png](#)

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**For Immediate Release** - October 31, 2024

**The attached audio & image is approved for press/public use in any medium**

Contact: Ky Plaskon, Nevada Medicaid Public Information Officer; 775-287-0302;

[KyPlaskon@dncfp.nv.gov](mailto:KyPlaskon@dncfp.nv.gov)

## Nevada to add Medicaid coverage for people leaving correctional settings

*Program expected to benefit 12,000 Nevadans by 2030*

Carson City, NV – Nevada is poised to join more than a dozen states providing Medicaid coverage to people transitioning from prison, jail, and youth correctional facilities to the community. This initiative arises from new state and federal legislative mandates that aim to support a successful reentry period by bridging the health care gap before and after release back to the community. An estimated 12,000 Nevadans will benefit by 2030.

"This is a major step for improving health equity in Nevada," Nevada Department of Health and Human Services Director Richard Whitley said. "By covering health care and transitional services, Nevada can achieve better outcomes for this population along with cost savings to the State."

Nevada Medicaid is hosting a public comment period through Nov. 24 to collect community and stakeholder feedback on the [Justice Involved Reentry Initiative](#) prior to submitting the State's application for federal approval to the Centers for Medicare and Medicaid Services. Comments can be submitted by email to [1115Waivers@dncfp.nv.gov](mailto:1115Waivers@dncfp.nv.gov). Public workshops will be held on Nov. 6 and Nov. 13. To participate, learn more and stay informed, visit the [web page](#) and sign up for [email updates](#).

"A robust re-entry plan entails much more than just avoiding criminal activity, it is about breaking cycles in favor of better health outcomes," Director of the Nevada Department of Corrections James Dzurenda said. "Providing continuity of health care helps reduce recidivism and creates the solid foundation upon which successful lives are built."

New services will include case management, mental health services, substance use treatment, medication-assisted treatment and early screening, diagnostic, and treatment services.

"Nevadans transitioning from incarceration are more likely to be successful with a healthy, stable start," Nevada Medicaid Administrator Stacie Weeks said. "To design this program, we need to hear from the community and our local partners on what works best for Nevadans, especially those with lived experience in the reentry process."

This initiative arises from Assembly Bill 389 that passed during the 82<sup>nd</sup> Legislative Session and the [Consolidated Appropriations Act of 2023](#) that requires some health services to be provided in justice facilities by Jan. 1, 2025.

###

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*It's easy for Medicaid Members to [update their address](#).  
Download the [Medicaid App](#).*



**Ky Plaskon, MA**  
Nevada Medicaid Public Information Officer  
Nevada Department of Health and Human Services  
Division of Health Care Financing and Policy  
745 W. Moana Lane, Suite 200 | Reno, NV 89509  
Mobile: (775) 287-0302 | Email: [kyplaskon@dhcfcf.nv.gov](mailto:kyplaskon@dhcfcf.nv.gov)  
<http://dhhs.nv.gov/> | <http://dhcfcf.nv.gov/>

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## Appendix B – Tribal Notice

A copy of the Tribal public notice is available [here](#) and shared below.

Joe Lombardo  
Governor


Richard Whitley, MS  
Director



**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**

DIVISION OF HEALTH CARE FINANCING AND POLICY

*Helping people. It's who we are and what we do.*



Stacie Weeks, JD  
MPH  
Administrator

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September 30, 2024

Inter-Tribal Council of Nevada  
Serrell Smokey, ITCN President  
Tribal Chairman of Washoe Tribe  
919 Highway 395 South  
Gardnerville, Nevada 89410

Dear Tribal Members:

In accordance with established consultation guidelines, the Division of Health Care Financing and Policy (DHCFP) is notifying Nevada tribes of the following proposed waiver application:

During the 82nd (2023) Session of the Nevada Legislature, the Legislature passed Assembly Bill (AB) 389 which requires the Department of Health and Human Services (DHHS) to apply for a Section 1115 Demonstration Waiver from the Centers for Medicare and Medicaid Services (CMS) to implement a five-year Medicaid demonstration program to improve care for adults and youth transitioning from correctional facilities into the community. Specifically, Nevada is seeking authority to provide a set of targeted Medicaid services to eligible justice-involved populations within the 90-day period prior to their expected release. If approved, the State intends to implement the Demonstration statewide with a phased approach beginning in October 2025.

DHCFP seeks to support successful reentry of, and improve care transitions for, adults and youth transitioning from incarceration to their community by providing a targeted set of Medicaid services to eligible individuals during the period prior to their release. By bridging relationships between community-based Medicaid providers and justice-involved populations prior to release, Nevada intends to improve health outcomes for individuals with a history of substance use, mental illness, and/or chronic disease by increasing access to stable and continuous care. Consistent with the CMS goals as outlined in the CMS State Medicaid Director Letter, Nevada's specific goals for the Reentry Demonstration are to:

1. **Increase coverage, continuity of coverage, and appropriate service** uptake through assessment of eligibility and availability of coverage for a targeted suite of benefits in carceral settings prior to release;
2. **Improve access to services** prior to release and improve transitions and continuity of care into the community upon release and during reentry;
3. **Improve coordination and communication** between correctional systems, Medicaid systems, managed care plans, and community-based providers;
4. **Increase investments in health care and related services**, aimed at improving the quality of care for beneficiaries in carceral settings and in the community to maximize successful reentry post-release;

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5. **Improve connections between carceral settings and community services** upon release to address physical health, behavioral health, and health-related social needs; and,
6. **Reduce number of Emergency Department visits and inpatient hospitalizations** among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.

DHCFP anticipates that the Demonstration will have a positive impact on Native American Medicaid beneficiaries who are transitioning from incarceration by increasing their access to services, improving the continuity of care in the pre- and post-release periods, and supporting their reentry to the community upon release.

There is no anticipated fiscal impact to Tribal Governments.

If you would like a consultation regarding this proposed change in policy, please contact Nahayvee Flores-Rosiles at [nflores-rosiles@dncfp.nv.gov](mailto:nflores-rosiles@dncfp.nv.gov) or (775) 350-0786 who will schedule a meeting. We would appreciate a reply within 30 days from the date of this letter. If we do not hear from you within this time, we will consider this an indication that no consultation is requested.

Sincerely,

*Casey Angres*

Casey Angres (Sep 27, 2024 13:55 PDT)

Casey Angres

Division Compliance Chief, DHCFP

cc: Cynthia Leech, Compliance Agency Manager, DHCFP  
Malinda Southard D.C., CPM, Deputy Administrator, DHCFP  
Michael Gorden, LSW, Social Services Chief III, DHCFP  
Deidre Manley, Social Services Chief I, DHCFP  
Nahayvee Flores-Rosiles, Tribal & Community Liaison, DHCFP



Joe Lombardo  
Governor

Richard Whitley, MS  
Director



**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF HEALTH CARE FINANCING AND POLICY  
*Helping people. It's who we are and what we do.*



Stacie Weeks,  
JD MPH  
Administrator

*Si necesitas ayuda traduciendo este mensaje, por favor escribe a [dhcftp@dhcftp.nv.gov](mailto:dhcftp@dhcftp.nv.gov), o llame (702) 668-4200 o (775) 687-1900*

**REVISED NOTICE OF TRIBAL CONSULTATION/UPDATE**

**Date of Publication:** September 5, 2024  
**Date of Revision:** October 4, 2024

**Date and Time of Meeting:** October 9, 2024, at 9:00 AM

**Name of Organization:** The State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

**Place of Meeting:** Division of Welfare & Supportive Services Conference Room  
630 Greenbrae Drive  
Sparks, NV 89431

Please use the teleconference/Microsoft Teams options provided below. If accommodations are requested, please advise using the information at the end of this agenda.

*Note: If at any time during the meeting an individual who has been named on the agenda or has an item specifically regarding them included on the agenda is unable to participate because of technical or other difficulties, please email Nahayvee Flores-Rosiles at [nflores-rosiles@dhcftp.nv.gov](mailto:nflores-rosiles@dhcftp.nv.gov) and note at what time the difficulty started so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.*

*Please be cautious and do not click on links in the chat area of the meeting unless you have verified they are safe. If you ever have questions about a link in a document purporting to be from Nevada Medicaid, please do not hesitate to contact [nflores-rosiles@dhcftp.nv.gov](mailto:nflores-rosiles@dhcftp.nv.gov) for verification.*

**Webinar:** <https://tinyurl.com/TC100924>

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**Audio Only:** (775) 321-6111  
**Conference ID:** 717 147 5#

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**This meeting may be recorded to facilitate note-taking or other uses. By participating you consent to recording of your participation in this meeting.**

### **Agenda**

1. Cultural Opening
2. Introductions
  - a. Tribal Leaders or Representatives
  - b. ITCN Representation
  - c. IHS Representation
  - d. Nevada Department of Native American Affairs Representation
  - e. State Representatives
    - i. Division Tribal Liaisons
    - ii. Other State Staff
3. Public Comment
4. Healthcare and Eligibility Consultation/Update
  - a. Division of Health Care Financing and Policy
    - i. Behavioral Health Updates, Lori Follet, Social Services Chief II
    - ii. Nevada's Treatment of Substance Use Disorders (SUDs) and Severe Mental Illness (SMI) Transformation Project, Lori Follet, Social Services Chief II
    - iii. Children's Behavioral Health Transformation Project, Ann Jensen, Agency Manager
    - iv. Value-Based Purchasing (VBP) Arrangement for Drug Therapies, Antonio Brown, Social Services Chief III
    - v. Reentry Waiver Initiative, Michael Gorden, Social Services Chief III
    - vi. Discussion: Community Health Representatives Reimbursement Pathway, Nahayvee Flores-Rosiles, Tribal Liaison
    - vii. Division Updates, Nahayvee Flores-Rosiles, Tribal Liaison
  - b. Division of Welfare and Supportive Services
    - i. SNAPET Updates, Maria Wortman-Meshberger, Social Services Chief III
    - ii. Division Updates, Vanessa Justice or Ryan Studebaker, Tribal Liaisons
    - iii. Childcare Updates, Yadira Montes-Santoyo, Tribal Liaison
  - c. Silver State Health Exchange
    - i. Department Updates, Tiffany Davis, Tribal Liaison
5. Break
6. Public Health and Social Services Consultation/Update
  - a. Division of Public and Behavioral Health
    - i. Division Updates, Christina Boyles or Mitch DeValiere, Tribal Liaisons
  - b. Aging and Disability Services Division
    - i. ADSD Policies, Shannon Ivy, Policy & Project Chief
    - ii. Division Updates, Miles Terrasas, Tribal Liaison
  - c. Division of Child and Family Services
    - i. Division Updates, Megan Tingle, Tribal Liaison
  - d. Director's Office
    - i. Department Updates, Devon Pickles, Tribal Liaison
7. Public Comment
8. Cultural Closing

## 9. Adjournment

**NOTE:** To use the long link to the meeting in the event there are issues with the URL shortener, please use the following complete link:

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Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

**PLEASE NOTE:** Items may be taken out of order. Items may be pulled or removed from the agenda at any time. All public comment may be limited to three minutes.

The DHCFP is exempt from Chapter 233B according to NRS 233B.039 and is not required to comply with the Nevada Administrative Procedure Act in this process. This meeting is conducted by and with state agency staff which is not a public body for purposes of NRS 241 related to Nevada Open Meeting Law but every effort is made to be transparent in notice and information provided to encourage public awareness and participation.

This notice and agenda have been posted online at <http://dhcfc.nv.gov> and <http://notice.nv.gov>, as well as Carson City, Las Vegas, Elko, and Reno central offices for DHCFP. E-mail notice has been made to such individuals as have requested notice of meetings (to request notifications please contact [nflores-rosiles@dhcfc.nv.gov](mailto:nflores-rosiles@dhcfc.nv.gov), or at 1100 E. William Street, Suite 101, Carson City, Nevada 89701.

DHCFP, 4070 Silver Sage Drive, Carson City, Nevada 89701  
DHCFP, 1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801  
DHCFP, 1210 S. Valley View, Suite 104, Las Vegas, Nevada 89102  
DHCFP, 745 W. Moana Lane, Suite 200, Reno, Nevada 89509

If you require a physical copy of supporting material for the public meeting, please contact [nflores-rosiles@dhcfc.nv.gov](mailto:nflores-rosiles@dhcfc.nv.gov), or at 1100 E. William Street, Suite 101, Carson City, Nevada 89701. Supporting material will also be posted online as referenced above.

Note: We are pleased to make reasonable accommodations for members of the public with a disability and wish to participate. If accommodated arrangements are necessary, notify DHCFP as soon as possible in advance of the meeting, by e-mail at [nflores-rosiles@dhcfc.nv.gov](mailto:nflores-rosiles@dhcfc.nv.gov) in writing, at 1100 E. William Street, Suite 101, Carson City, Nevada 89701.

## Appendix C – Public Comments and State Response

DHCFP received 33 comments on its draft reentry waiver application. This includes comments that were submitted verbally or in writing during the two public workshops facilitated by DHCFP or submitted via email to the DHCFP inbox. A thematic summary of all public comments received and related state responses, including indication of instances where the waiver application narrative was revised in light of the public comments, are captured below.

Public Comment	DHCFP Response
<b>General</b>	
<p>Many commenters expressed support for the reentry initiative, with several commenters sharing general support for the waiver and its goal of increasing access to healthcare and supporting reentry for individuals transitioning from incarceration. One commenter specifically applauded its potential to address and improve behavioral health and SUD-related outcomes in the post-release period for individuals transitioning from incarceration. Two commenters noted their connection to services through currently operating diversion programs in Nevada, highlighting the improvements in health and wellbeing for justice-involved individuals who receive supportive services.</p>	<p>DHCFP acknowledges and appreciates these commenters for sharing their support of the initiative.</p>
<p>Some commenters expressed concern with providing Medicaid coverage to individuals transitioning from incarceration.</p>	<p>DHCFP is submitting this Section 1115 reentry waiver application in accordance with Nevada Assembly Bill 389, passed in 2023, which requires the Director of the DHCFP to apply for the Demonstration waiver.</p>
<b>Evaluation Approach and Demonstration Hypothesis</b>	
<p>Some commenters requested data demonstrating the effectiveness of reentry services, particularly impact on recidivism rates. One commenter asked whether reentry demonstrations have been proven effective in other states.</p>	<p>Research supporting the potential return on investment under reentry initiative demonstration waivers is summarized in detail in the State Medicaid Director Letter issued by CMS (SMD #23-003) which outlines the need for and allowable parameters of Section 1115 Reentry Demonstrations, available at the webpage linked <a href="#">here</a>.</p> <p>As of November 2024, only one state (California) has gone live with pre-release services under a Reentry Demonstration in a select number of facilities, and thus has not released evaluation data on the efficacy of the initiative in meeting Demonstration goals. Nevada will continue to monitor the success of, and lessons learned from,</p>

Public Comment	DHCFP Response
	demonstrations in other states to inform its ongoing implementation planning.
Some commenters requested information on how DHCFP plans to evaluate effectiveness of providing pre-release services to this population under the Demonstration, and one asked DHCFP’s planned approach if the Demonstration fails to meet the state hypotheses.	<p>DHCFP will evaluate the efficacy of the demonstration using the proposed evaluation hypotheses outlined in the application. These include: 1) increased Medicaid and CHIP enrollment rates; 2) increased access to and utilization of physical and behavioral health services in the pre- and post-release period and improved health outcomes; 3) fewer ED visits and inpatient hospitalizations and 4) reduced negative health outcomes like non-fatal overdose, and overdose-, suicide-related and all-cause deaths in the period after release.</p> <p>If the demonstration fails to meet the stated hypotheses, DHCFP will consider whether to re-apply for, or amend, the demonstration features and/or implementation approach.</p>
One commenter requested Nevada develop additional demonstration hypotheses on outcomes including: recidivism rates, education and out-of-home placement outcomes for youth, intermediate service engagement measures, all-cause mortality, and health equity metrics.	<p>DHCFP has added a demonstration hypothesis related to all-cause mortality in response to public comment and CMS guidance. Demonstration hypotheses and evaluation plan are subject to change and will be further defined as Nevada works with CMS to develop an evaluation design consistent with the STCs and CMS policy.</p>
<b>Eligible Populations</b>	
One commenter requested clarification on the definition of “post-disposition” for juveniles.	<p>Per <a href="#">CMS guidance</a>, “post-disposition” or post-adjudication is the period after a court process “has determined that the eligible juvenile committed the charged act and the court ordered the eligible juvenile held as an inmate of a public institution as part of the disposition of charges.” (See Page 13.).</p>
<b>Eligible Facilities</b>	
One commenter asked whether DHCFP intends to allow city jails to participate in the initiative (including potentially in Phase 2 if there is low participation among county jails), noting that many are currently providing reentry services using other short-term funding sources (e.g., grants) and expressing support for allowing city jails to participate.	<p>DHCFP appreciates this feedback and will consider the recommendation during ongoing design and implementation planning.</p>

Public Comment	DHCFP Response
<p>One commenter asked for clarification on timing of when county-operated jails would be allowed to opt-in to participate in the Demonstration.</p>	<p>DHCFP intends for county-operated jails to phase into the demonstration during demonstration year 4 and 5.</p>
<b>Covered Services</b>	
<p>Several commenters recommended that DHCFP include coverage of additional services in the pre-release period. Specifically, commenters recommended adding coverage for the following services:</p> <ul style="list-style-type: none"> <li>• Two commenters encouraged DHCFP to consider including coverage of services provided by Peer Support Recovery Specialists under the Demonstration, noting that PRSS would be beneficial given the initiative’s focus on behavioral health outcomes for adults.</li> <li>• One commenter encouraged DHCFP to consider including coverage of HIV testing, extended HIV treatment options, pre-exposure prophylaxis (PrEP) and tailored case management for people with HIV under the Demonstration.</li> <li>• Two commenters requested DHCFP consider adding nutritional supports and services, in the form of medically tailored or nutritionally appropriate, home delivered meals and nutritional counseling, as a post release service under the Demonstration.</li> <li>• One commenter recommended coverage of services that remove barriers to accessing health-related social need benefits (e.g. support with acquiring a driver’s license).</li> <li>• One commenter encouraged DHCFP to cover additional evidence-based supports that address the special needs of juveniles and their families, such as Functional Family Therapy.</li> </ul>	<p>DHCFP appreciates the public comments related to adding certain covered pre-release services. Based on feedback from stakeholders and in alignment with the intent of AB389 and goals of the Demonstration, DHCFP is adding treatment of HIV and Peer Support Services as covered services under the Demonstration.</p> <p>DHCFP seeks to emphasize that pre-release services provided under this waiver are intended to be limited to services that are supportive of helping people transition to the community where they will then have access to the full array of Medicaid services.</p> <p>Further, it is DHCFP’s intent that the reentry case management will include connections to community-based services, including health related social needs services to address whole-person health, upon release.</p>
<p>Two commenters asked how existing Targeted Case Management (TCM) services currently delivered by facilities fit within the demonstration and whether TCM would meet care management requirements under the Demonstration.</p>	<p>DHCFP appreciates this feedback. Nevada is conducting a current state assessment to understand the extent to which facilities are providing case management, understanding that many facilities provide some level of case management for some populations. DHCFP is trying to determine if currently delivered care management meets federal expectations and what additional parameters would need to be put</p>

Public Comment	DHCFP Response
	into place if they don't. DHCFP will also need to engage with its correctional facility partners to better understand their willingness to provide the reentry initiative TCM services which will include conducting a warm hand-off to a post-release case manager.
One commenter noted that MAT protocols are typically designed for adults rather than youth and requested opportunity to submit comments on potential MAT protocols.	DHCFP intends to further consider how best to provide MAT to youth populations, as appropriate, as part of its waiver implementation planning and welcomes feedback on MAT protocols during the implementation planning period.
One commenter noted that eligibility under Nevada's new in lieu of services housing supports pilot includes individuals post-incarceration, and asked whether the Demonstration will be designed to facilitate linkages between pre-release services and post-release housing supports (such as by aligning eligibility criteria for pre-release services and post-release housing so that individuals who receive the former automatically qualify for the latter).	DHCFP appreciates this feedback and will consider this request during waiver implementation planning.
<b>Pre-Release Service Providers</b>	
Some commenters requested additional details on which providers would be responsible for providing pre-release services under the Demonstration. One commenter asked which entity would be responsible for providing screening and diagnostic services and case management services to youth transitioning from incarceration. Another commenter asked whether DHCFP has plans to increase community-based provider capacity and/or engage community stakeholders to deliver Demonstration services.	Pre-release care management services will be provided by embedded correctional facility staff care managers and/or by in-reach care managers. In-reach care management services will be provided either by managed care organizations or a centralized care management vendor. Upon release, post-release care management services will be provided by managed care organizations and a centralized care management vendor for non-MCO enrolled individuals. DHCFP intends to further refine guidance on which providers will coordinate and provide pre-release services as part of its waiver implementation planning.
<b>Delivery System</b>	
Three commenters asked whether the State plans to deliver pre-release services on a fee-for-service basis during the pre-release period or provide services through managed care.	Nevada is exploring whether to deliver pre-release services on a fee-for-service or managed care basis during the pre-release period. If Nevada elects to provide some, or all, services through managed care it will engage its managed care plan partners and memorialize this decision in its Implementation Plan.

Public Comment	DHCFP Response
<b>Demonstration Financing</b>	
<p>A few commenters expressed concern with use of state funding to support the Demonstration. One commenter asked for additional information showing how provision of pre-release services would be budget neutral, and two others asked for data showing current State spending on individuals in the post-release period (including on emergency department and inpatient care).</p>	<p>This initiative is a pilot demonstration to test whether Nevada’s investment in providing targeted pre-release services in the period prior to release and case management support to ensure appropriate community-based services would be more cost effective than providing services in more costly settings such as the Emergency Department or hospital.</p>
<p>Several commenters expressed support for the state’s pursuit and proposed uses of capacity building funds. One commenter requested that capacity building funds be used to support training of correctional staff, including on evidence-based interventions, and development of infrastructure to support cross-system care coordination.</p>	<p>DHCFP acknowledges and appreciates these commenters for sharing their support for capacity building funds. DHCFP currently includes the specified activities listed by the commenters as proposed eligible uses of capacity funding. DHCFP will further refine eligible uses through continued implementation planning.</p>
<b>Implementation of Demonstration</b>	
<p>One commenter expressed support for DHCFP’s adoption of a phased implementation approach, noting it would allow for necessary adjustments and refinements based on initial outcomes.</p>	<p>DHCFP appreciates the commenter’s support for the proposed phased approach to implementing the Demonstration.</p>
<p>Two commenters recommended that Medicaid MCOs serve as the primary coordinating entity for facilitating reentry services and benefits prior to and following an individual’s release. One of these commenters advocated for having all contracted MCOs participate in providing coverage for individuals in their geographic region to minimize disruptions in case and social services for these individuals. The other advocated that the State contract with one designated MCO to provide reentry services and benefits, noting their belief that this would streamline program administration, reduce potential confusion and improve care coordination.</p>	<p>DHCFP appreciates commenters feedback on leveraging MCOs in the provision of pre-release services. DHCFP intends to further refine guidance on which providers will coordinate and provide pre-release services as part of its waiver implementation planning.</p>
<p>Several commenters expressed support for use of telehealth in the delivery of pre-release services. Two commenters requested DHCFP consider specifying that covered services may be delivered through telehealth.</p>	<p>CMS <a href="#">guidance</a> indicates that pre-release services can be provided in-person, via telehealth, or a combination of modalities. DHCFP appreciates commenters recommendation to specify that covered services may be delivered through telehealth and will consider this during waiver implementation planning.</p>
<p>Several commenters noted the importance of the State investing in technology to facilitate the data sharing and cross-system collaboration necessary</p>	<p>DHCFP appreciates this feedback and will consider these recommendations during waiver implementation planning.</p>



Public Comment	DHCFP Response
<p>for realizing the goals of the Demonstration. One commenter noted this should include processes for notifying MCOs of an individual being assigned to their health plan while incarcerated, as well as notification of an individual's release date.</p>	
<p>One commenter recommended adopting a statewide closed-loop referral technology (CLRT) platform with integrated invoicing and payments capabilities to achieve the goals of the proposed waiver.</p>	<p>DHCFP appreciates this commenter's feedback and will consider this recommendation during waiver implementation planning.</p>
<p>One commenter noted the importance of implementing standardized protocols for the delivery of pre-release services, including to facilitate accelerated determinations of eligibility and enrollment in Medicaid coverage and MCO assignment, and the use of standardized screening and assessment tools to facilitate seamless transitions to services upon release.</p>	<p>DHCFP appreciates this commenter's feedback and will consider this recommendation during waiver implementation planning.</p>