

Reentry Initiative Advisory Committee

Division of Nevada Medicaid

Meeting #4: Pharmacy Services, Including Medication Assisted Treatment (MAT)



September 23, 2025

[NVHA.nv.gov](https://nvha.nv.gov)



Agenda

1. Welcome and Updates

- Recap of July Committee Meeting Discussion
- Update on Implementation Timeline

2. Reentry Initiative Pharmacy Requirements

- Mandatory Services
 - Medication Assisted Treatment (MAT) for Substance Use Disorder
 - Medications Upon Release
- Additional Services
 - Medications in the Pre-Release Period
- Pharmacy Enrollment in Medicaid

3. Q&A

4. Next Steps



Welcome & Webinar Logistics

Using Teams

- Participants are joining by computer and phone.
- Everyone will be automatically muted upon entry.
- Upon entry, include your name and agency in the chat box.
- Use the chat box to submit questions (*please include your name and agency*).

Questions

- If you have a question, use chat or “raise hand” on the Microsoft Teams toolbar (*please include your name and agency*).
- If you are listening by phone, press *6 to unmute your line or *5 to raise hand.

Webinar Recording

- This meeting will be recorded and transcribed. If you would like a copy of the webinar transcript, reach out to 1115waivers@nvha.nv.gov



New Provider Type 98

The new Provider Type (PT) 98 (Reentry Health Services) is now available for correctional facilities enrollment, effective August 18, 2025.

- Support all reentry initiatives including the Consolidated Appropriations Act (CAA) 5121 youth and the 1115 Demonstration Reentry Waiver per Assembly Bill 389, which passed during the 82nd Nevada Legislative Session (2023).
- Provide certain services for Medicaid-eligible incarcerated individuals up to 90 days before their scheduled release, once CMS approves Nevada's 1115 Waiver.
- Enrollment is available through the Provider Flex tool [Provider Flex Website](#). A county, city, or state government must enroll on behalf of the detention center or carceral facility. An enrollment checklist is available on the [Enrollment Checklists](#) webpage.
- A web announcement will be posted when the billing codes are extended to adults/youth in a detention/corrections facility.

All Demonstration-eligible services delivered by PT 98 enrolled providers to individuals will not be subject to prior authorization requirements.



Advisory Committee July Meeting - Discussion Summary

Q&A Highlights

- ***NV Medicaid confirmed that MCO enrollment processes for incarcerated individuals will align with existing MCO enrollment rules.***
 - Individuals incarcerated less than 60 days will maintain current MCO enrollment upon release.
 - Individuals incarcerated more than 60 days will be disenrolled from their MCO and eligible to enroll in an MCO prior to release via existing plan selection or MCO auto-assignment processes. Because this is considered new MCO eligibility, the individual will be granted a 90-day plan choice period during which the individual may change their plan selection one time.
 - If an individual is being released into a household that has an established MCO, they will be assigned to the same MCO as the family unit.
- ***NV Medicaid clarified that Reentry Demonstration requirements presented in Advisory Committee meetings apply to both individuals with and without known release dates.***
 - For individuals who are incarcerated with unknown release dates (e.g., county jails and juvenile facilities) where the average length of stay is less than 30 days, Nevada is defining a “short-term model,” informed by jail capacity, to uniquely define service expectations based on lengths of stay.
- ***NV Medicaid will clarify expectations through future operational guidance for:***
 - Expectations to meet medical necessity for court-ordered services
 - Medicaid enrollment for pharmacies

Materials and a recording of Advisory Committee Meeting # 3 are available on request by emailing 1115waivers@nvha.nv.gov



Update on Reentry Initiative Implementation Timeline

Nevada submitted its waiver application to the Centers for Medicare & Medicaid Services (CMS) in December 2024 and, while awaiting approval, has continued to move forward with policy design and operational planning.

- Nevada initially anticipated receiving approval from CMS by ~Q3 2025 and launching services in select facilities by late 2025.
- However, due to competing priorities at the federal level and focus on implementation requirements associated with H.R. 1, CMS has signaled that waiver approvals may be delayed.
- Resultingly, Nevada Medicaid does not anticipate receiving waiver approval for the Reentry Initiative before the end of 2025 such that services will not go live until sometime in 2026 (~3-6 months following CMS approval).
- In the interim, Nevada will continue to engage with CMS to develop Standard Terms and Conditions for the waiver and prepare to submit the state's required Implementation and Reinvestment Plans. Nevada Medicaid also plans to continue to implement system upgrades and develop policy and operational guidance for correctional facilities, managed care plans, and community-based organizations participating in the Reentry Initiative.



Reminder: Key Components of Reentry Service Delivery

During Incarceration



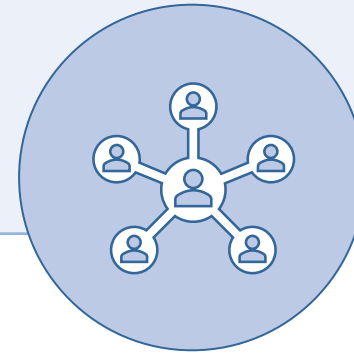
**Enroll in or Suspend
Medicaid Coverage**



**Screen for Access to
Pre-Release
Services¹**



**Provide Pre-Release
Services During 90-
days Prior to
Release, Including
Medications and
Case Management**



**Support Reentry
Planning**

Immediately Post-Release



**Provide Medications
in Hand and, as
needed, Warm
Handoff to Post-
Release Case Manager**

Today's Focus

¹ Adults are eligible for the Reentry Demonstration if they are incarcerated and 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 if they are pregnant or up to 12 weeks postpartum. Children/youth are not subject to physical/behavioral health criteria.



Reentry Initiative Pharmacy Services



Medications and the Reentry Initiative

Core Objectives of Pharmacy Services Under the Demonstration

- Ensure access to medications that are traditionally difficult to obtain in correctional facilities (such as long-acting injectables)
- Ensure individuals with chronic health and behavioral health needs have access to medications prior to release so that their conditions are well controlled during the immediate post-release period
- Approve medications upon discharge to ensure there is no gap in access to critical medications

**Medications During the
Pre-Release Period**

**Medications in Hand
Upon Release with
Prescriptions for Refills**

**Medications
Following Release**



Reminder: Scope of Eligible Pre-Release Services

At minimum, participating facilities must support a set of mandatory pre-release services and may select additional services at go live or a later date.

Mandatory Services

Adults and Youth

- ★ **MAT** for all types of Substance Use Disorder (SUD) as clinically appropriate, with accompanying counseling
- ★ **Medications Upon Release:** A minimum 30-day supply of all covered prescription medications and prescription over-the-counter drugs (as clinically appropriate), provided immediately upon release from the correctional facility
- **Case Management** to assess and address physical and behavioral health needs, and HRSN

CAA-Eligible Youth*

- **Screening and Diagnostic Services** including comprehensive health, developmental history, and physical examinations; appropriate vision, hearing, and lab testing; dental screening services; and immunizations

Additional Services

- ★ **Prescribed drugs and medication administration** during the pre-release period, consistent with what Medicaid covers for such services
- **Physical and behavioral health clinical consultation services for adults**
- **Laboratory and radiology services** consistent with what Medicaid covers for such services
- **HIV services** (which will be subsumed under pre-release medications, clinical consultation services, and lab/radiology)
- **Services of a community health worker** (post-release education and training related to patient self-management of health conditions)
- **Peer support services** (post release)

*CAA-eligible youth include post-disposition individuals under age 21 or former foster youth between the ages of 18 and 26 (Aged Out Foster Care youth)



Overview of Mandatory SUD and Pharmacy Services

Up to 90-Days Prior to Release

SUD Screening

Includes evaluation by a clinician for an individual who:

- Has verbalized recent use of substances; and/or
- Is showing signs of withdrawal



SUD Treatment/MAT

Includes access to:

- Appropriate SUD medications during the pre-release period and in hand upon release, including Medications for Opioid Use Disorder (MOUD) and Alcohol Use Disorder (MAUD)
- Access to psychosocial services such as counseling and behavioral health therapies, as clinically appropriate



At Release

Pharmacy: Medications at Release

Includes providing access to at least a 30-day supply of pharmacy medications in hand upon release:

- Includes not only SUD medications, but all prescription medications and prescription over-the-counter drugs covered under NV Medicaid

In addition to these mandatory services, correctional facilities will have the option to provide prescription medications and medication administration services during the pre-release period



Medication Assisted Treatment (MAT) for SUD



Screening for SUD

Evaluation/Assessment/Diagnosis includes:

- Screening, assessment and evaluation of health conditions, including needs identification, engagement in care, recovery-focused motivational interviewing, and choice counseling
- Diagnosis
- Provision of treatment, as appropriate, to ensure stability and control chronic conditions (e.g., medication administration)
- Recommendations for pre-release treatment and services, including referrals to other providers for additional evaluation or treatment
- Recommendations for post-release treatment and services, including identifying potential areas for further assessment or diagnosis in support of post-release treatment plan development

NV Medicaid supports the use of evidence-based screening for potential SUD, and use of validated screening tools, as part of any carceral intake.

- NV Medicaid will further specify SUD screening requirements in future guidance.



SUD Treatment Requirements

- **Assessment of individuals who screened positive for SUD**
- **Treatment planning**
- **Timely introduction of medication-based treatment and continuation of medication prescribed in the community**

For individuals with OUD:

- **Management of opioid withdrawal with agonist medication** (i.e., Buprenorphine (Suboxone/Subutex) or methadone) using evidence-based tools and interventions. All correctional facilities must ensure access to at least one form of an FDA-approved opioid agonist.
- **Timely induction** of an appropriate form of medication based on the individual's preference for agonist or antagonist treatment
- **Timely continuation** of any agonist medication prescribed in the community, for the duration of incarceration

For individuals with AUD or other SUD:

- **Management of alcohol use disorders and non-opioid substance use disorders with medication** (i.e., either acamprosate or disulfiram) using evidence-based tools and interventions. All correctional facilities must ensure access to all FDA-approved drugs and services to treat AUD and other SUDs.



SUD Treatment Requirements Cont.

- **Tapering or discontinuation of medications** (determined by both the clinician and the patient and on a case-by-case basis).
- **Psychosocial services delivered in conjunction with MAT for OUD, AUD, and SUDs as covered in the Medicaid/CHIP State Plan**, including screening and assessment, patient education, counseling and behavioral health therapies, and/or medication administration as clinically appropriate.
- **Maintenance of continuity of care** by transitioning to community provider through close coordination with pre-and post-release care managers.
- **Providing an appropriate supply of medication in hand upon release, as determined medically necessary**, with prescription refills in place as appropriate, to meet the need between release and transition to community provider.



Medications Upon Release



Requirements for Medications Upon Release

- **Facilities must ensure access to at least a 30-day supply of medications in hand upon release;** the scope of medications that are covered are memorialized in Nevada's Medicaid State Plan.
- **Facilities should also submit a prescription for any active medication to the individual's community pharmacy of choice,** as appropriate and feasible.
 - A supply of medications and access to refills will support continuity of care and allow individuals sufficient time to establish relationships with community providers
- Pre-release care managers will support access to medications in the community by **developing a medication list to be provided to the individual upon release and support the transfer of medication refill orders,** as necessary.

Medications include:

- All drugs that are FDA-approved and participate in the Medicaid Drug Rebate Program and over-the-counter (OTC) drugs.
- Provider administered drugs (e.g. family planning medications), administered at release

Prescribers must follow NV Medicaid rules regarding prior authorization and of medications that are listed on the PDL or MSM.



Requirements for Medications Upon Release Cont.

NV Medicaid recognizes that an individual's timing of release may impact facilities' ability to comply with requirements due to pharmacy access issues (e.g., in scenarios where individual is incarcerated for a short stay, has an unplanned release or is released directly from court, or there is insufficient time to fill prescriptions before release).

- **Short Stay Model.** The State will engage with implementation partners to develop a short-term model that defines minimum timing requirements for providing individuals with medications in hand upon release (e.g., facility must provide prescribed medications upon release for all individuals who are incarcerated for 72 hours or longer).
- **Pharmacy Access Policy.** The 30-day fill requirement applies whenever feasible for pharmacy access, such as if the individual is released 1) during the pharmacy's business hours (whether the release is unplanned or unexpected) or 2) after hours, if it is an expected release such that the facility has sufficient time to support coordination of access to and fill of medications.
- **Individual Choice When Medication is Unavailable.** If an individual is being released when prescribed medications are unavailable (e.g., release is unplanned/unexpected and occurs after pharmacy business hours), the facility must offer the individual the option to 1) come to the facility the next pharmacy business day to pick up medications or 2) identify a community pharmacy to access the 30-day medication supply. If the latter, the facility must coordinate to support transfer of the prescription to the selected community pharmacy.



Operational Considerations for Medications Upon Release

Challenges

Policies and practices to provide medications upon release vary widely across facilities. Common operational challenges include:

- The provision of medications upon release is often **hampered by unplanned release, individuals who are released directly from courts, or insufficient time to fill prescriptions.**
- **Providing a prescription to pick up at a local pharmacy is less effective** than providing medications in hand upon release, largely due to the competing priorities individuals will face when reentering the community.
- Prior authorization and PDL compliance of medications.

Best Practices

NV Medicaid will engage with facilities to support their provision of medications upon release and identify best practices to mitigate operational challenges. Lessons identified in other states include:

- Correctional facilities can partner with community-based pharmacies, mail order pharmacies, and courier services (e.g., contract with a professional courier; designate in-house staff to serve as a courier to obtain medication from a community pharmacy) to ensure medications are available upon release.
- Facilities can strive to give medications to individuals as keep-on-person (KOP) where possible to facilitate departure with active medications in the event of unplanned release.
- To improve fill times, facilities can issue two prescriptions for medications, one to be KOP while the member is incarcerated and one to be provided in-hand upon release.



Pre-Release Medications

Optional service correctional facilities may provide – by either correctional facilities and/or community-based providers – to participate in the Reentry Initiative.



Pre-Release Medication Requirements

- Facilities that opt to provide pre-release medications **must ensure timely continuation of all FDA-approved medications that the individual was previously taking** (i.e., prior to incarceration for shorter incarcerations, prior to 90-day period for longer incarcerations).
- Provision of **existing medication therapy** for continuity of care **should occur for the 90-day pre-release period as clinically appropriate** or transitioned to a covered medication.
- Facilities are **required to ensure the client receives the next scheduled dose**, unless otherwise ordered by a prescriber.

Medications include:

- All drugs that are FDA-approved and participate in the Medicaid Drug Rebate Program and over-the-counter (OTC) drugs.
- Provider administered drugs (e.g. family planning medications), administered at release

Prescribers must follow NV Medicaid rules regarding prior authorization and of medications that are listed on the PDL or MSM.



Pharmacy Enrollment Requirements



Medication Processing Requirements

Pre-Release Medication Processing Responsibilities

- To provide medications in the pre-release period and upon reentry, Correctional facilities must ensure:
 - The use of a licensed, registered, Medicaid enrolled pharmacy to dispense covered outpatient pharmacy medications;
 - The submission of pharmacy claims to Nevada Medicaid
 - The support of prior authorization (PA) processes for any medications requiring a PA.



Enrolling as a Medicaid Pharmacy

The following entities can provide medications in the 90-day period prior to expected date of release and a supply of medications in hand upon release with prescriptions for refills.



Any jail, youth correctional facility, or prison facility with a licensed outpatient pharmacy on-site.



Any licensed outpatient pharmacy, located in or out of state, that is contracted with Medicaid to provide prescription services.

Pharmacy enrollment will be location-specific. If a location has multiple on-site pharmacies, only one pharmacy per site is required to enroll. Pharmacy enrollment information can be accessed here:

[Nevada Medicaid - Provider Flex](#)



Questions?



Next Steps



Reentry Advisory Committee Schedule

Date	Discussion Topic
Tuesday, March 25	▪ Advisory Committee Kickoff
Tuesday, May 27	▪ Medicaid Eligibility and Enrollment in Correctional Facilities
Tuesday, July 29	▪ Pre- and Post-Release Case Management
Tuesday, September 23	▪ Providing Medications, including Medication-Assisted Treatment (MAT)
Tuesday, November 18	▪ Providing Other Covered Services
Tuesday, January 26 (2026)	<i>As needed, topics TBD</i>

Note: Areas of focus and sequencing of topics subject to change dependent on evolving project needs, and may continue into 2026 at NV Medicaid's discretion

To sign up for Nevada's Reentry Initiative email list serve and receive regular project updates, please [click this link and send the email.](#)



Appendix



Nevada Reentry Advisory Committee Members (1 of 2)

Stakeholder Type	Agency/Department	Name of Representative
State Agency	NV Division of Public and Behavioral Health	Jennifer Hughes, LCSW
	NV Division of Public and Behavioral Health	Mark Mosely
	NV Division of Public and Behavioral Health	Michelle Sandoval
	NV Division of Public and Behavioral Health	Ellen Richardson-Adams
	NV Division of Public and Behavioral Health	Drew Cross
	NV Division of Public and Behavioral Health	Stephanie Cook
	NV Division of Public and Behavioral Health	Dr. Ronna Dillinger
State Correctional Facility	Nevada Department of Corrections	Michael P. Williams
City Agency	City of Henderson	Hayley Jarolimek
County Agency	Clark County	Leah Lamborn
	Lyon County Human Services	Rhiannon Baker
	Lyon County Human Services	Todd Cospewicz
	Nye County Health and Human Services	Karyn Smith
	Washoe County Human Services Agency	Steve Jachimowicz
County Correctional Facility	Clark County Juvenile Justice Services	Katherine Huncovsky
	Clark County Juvenile Justice Services	Kelly Storla
	Clark County Juvenile Justice Services	Tyrone Roberson
	Carson City Juvenile Services/Probation	Linda Lawlor
	Humboldt County Juvenile Services	Pauline Salla
	North Las Vegas Community Correctional Center	Alexis Lozano
	Washoe County Juvenile Services	Lance Mezger
	Washoe County Sheriff's Office	Mark Kester
	Washoe County Sheriff's Office	Maggie Dickson
	Washoe County Sheriff's Office	TJ Mills
DHHS Contractor	GROWLER Consulting	Capt. Bill Teel
Representative with Lived Experience	Nevada Outreach & Training	Christian Neff
	N/A	Edward Bevilacqua



Nevada Reentry Advisory Committee Members (2 of 2)

Stakeholder Type	Agency/Department	Name of Representative
Provider	Heads up Nevada	Mark Miele
	<i>Private Practice</i>	Tom Durante
Advocacy/Non-profit Organization	CSH (Corporation for Supportive Housing)	Brooke Page
	Hosanna Home Transitional Living Home	Linda Schmitt
	Karma Box Project	Grant A Denton
	Karma Box Project	Matthew Grimsley
	Life Changes Inc	Lisa Moore
	Nevada Detention Administrators Working Group	Marshall Smith
	NAMI Western Nevada	Laura Yanez
	Volunteers of America - NCNN	Michael Tausek
Community Partner	Battle Born Sober Living, Catholic Charities	Judy Kroshus
	Best Practices Nevada, LLC	Brandon Ford
	Catholic charities of Northern NV /Battle Born Housing	Shannon Cain
	Nevada Homeless Alliance	Dr. Catrina Grigsby-Thedford
	Nevada PEP	Magdalena Ruiz
	Nevada Youth Empowerment Project	Monica DuPea
	St. Paul's UMC	Nyberg, David
Managed Care Organizations	Anthem	Angie Anavisca-Valles
	Anthem Blue Cross Blue Shield- Medicaid	Regina De Rosa
	Anthem Nevada Medicaid	Alletha Muzorewa
	SilverSummit Healthplan	Kevin Murray
	SilverSummit Healthplan Medicaid	Frank L. Deal
	UnitedHealthcare Health Plan of Nevada Medicaid	Austin Pollard



Acronyms

- AUD – Alcohol Use Disorder
- MAT – Medication Assisted Treatment
- MCO – Managed Care Organization
- OUD – Opioid Use Disorder
- OTC – Over-the-counter
- PA – Prior Authorization
- SUD – Substance Use Disorder