



Nevada Department of Health and Human Services

DIVISION OF HEALTH CARE
FINANCING AND POLICY

Nevada Reentry Advisory Committee Meeting

May 27, 2025



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- **Welcome and Level Setting**
- **Ensuring Medicaid Coverage and Access to Pre-Release Services**
 - Pre-Release Medicaid Application and Suspension Process
 - Screening for Pre-Release Services Eligibility
 - Potential Uses of Capacity Funds to Support Eligibility & Enrollment Processes
- **Q&A**
- **Next Steps**



Welcome & Webinar Logistics

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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*).

Webinar Recording

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

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.



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Reminder: Nevada's Medicaid Reentry Initiative

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Nevada is launching a Medicaid Reentry Initiative to support youth and adults transitioning from a carceral setting to their community.



Correctional Facility

Community

Medicaid Reentry Initiative

Through this initiative, Nevada will be able to use Medicaid funding to provide reimbursement for a targeted set of services to eligible individuals in the 90 days prior to their expected date of release with the goal of improving health outcomes and supporting successful reentry into the community.



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Key Features of Nevada's Reentry Initiative

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Nevada is seeking a Section 1115 waiver to provide a select set of reentry services to individuals transitioning from incarceration through a Medicaid demonstration program. DHCFP will introduce targeted pre-release services for youth and adults across correctional facilities phased in over several years.

Starting in 2025

- **Eligibility**: Medicaid-enrolled **children/youth** placed in a carceral facility post-adjudication¹
- **Services**: Include **physical and behavioral health clinical consultation services** and **case management** in the last 30 days of placement and (for case management only) the first 30 days after release

Reentry Demonstration Launch

- **Eligibility**: Medicaid/CHIP-eligible **children/youth**, and Medicaid-eligible **adults who meet specified health criteria**, held in a carceral facility pre- or post-adjudication
- **Services**: Include **case management**, **Medication Assisted Treatment (MAT)** for substance use disorder (as medically necessary) and clinical consultation services 90 days pre-release, and 30-day supply of **medications at release**²

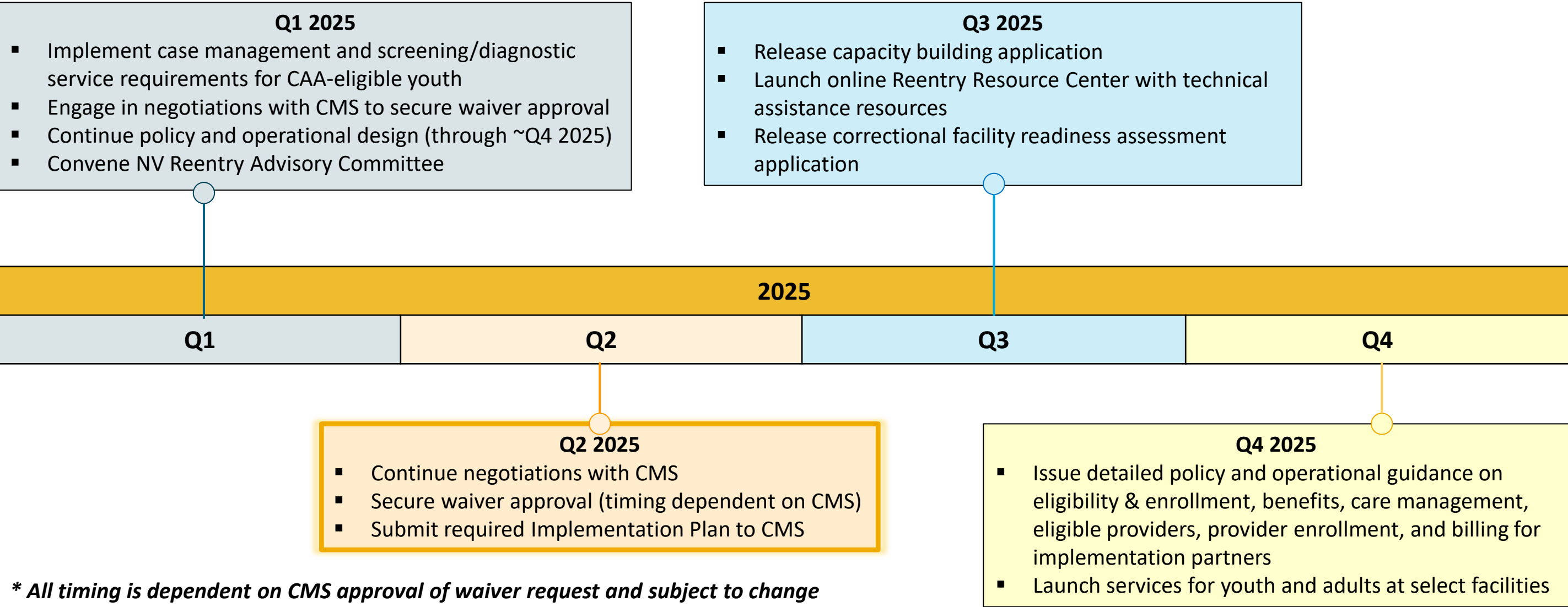
See Slide 40 in the Appendix for full details on eligible individuals, covered services and eligible facilities.

¹ Eligible youth includes individuals under 21 years of age or former foster youth between the ages of 18 and 26 (Aged Out Foster Care youth). Adjudication is the court process that determines if an individual committed the act for which they are charged. Post-adjudication means 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 the charges.

² NDOC facilities will (juvenile facilities/jails may) phase-in additional services, including: physical and behavioral health clinical consultation services for adults, prescription medications and medication administration, treatment of HIV, laboratory and radiology services, services of a community health worker, and peer support services.

Key Implementation & Milestone Dates for Nevada’s Reentry Initiatives*

After submitting its Section 1115 waiver request in late 2024, DHCFP has been engaging with CMS to secure waiver approval and continuing policy design and operational planning activities with the intent of launching reentry services for adults and youth in select facilities shortly after approval (~Fall/Winter 2025). DHCFP will need at least 6 months from CMS approval for the first correctional facility to go-live under the Demonstration.



** All timing is dependent on CMS approval of waiver request and subject to change*

Reentry Initiative Advisory Committee Will Inform Initiative Design

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Nevada's Reentry Advisory Committee will play a critical role in supporting successful implementation of Nevada's Reentry Initiatives.



Purpose: Advise and support DHCFP to successfully launch and implement Nevada's Reentry Initiatives (which includes the Section 1115 Demonstration and the Consolidated Appropriations Act).



Membership: Representatives from individuals with lived experience, state agencies, prisons, county jails, Sheriffs' Association, juvenile justice facilities, probation/parole, community partners and non-profits, managed care plans, and providers.*



Meeting Cadence: The Advisory Committee will meet virtually bi-monthly for 90-minutes to consider various policy design and operational implementation topics.

** See Appendix for full list of Advisory Committee members*



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Nevada Reentry Advisory Committee Charter

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Meetings will enable direct communication and problem solving between DHCFP and key initiative implementers. Members are asked to bring a collaborative, pragmatic and solution-oriented mindset.

Objectives	The Advisory Committee will: <ul style="list-style-type: none">✓ Offer regular input on key policy and implementation issues related to the pre-planning, readiness, and operationalization of Nevada's Reentry Initiatives✓ Review and provide feedback on select policy and operational decisions
Expectations	Advisory Committee members have been selected for their expertise and will be expected to: <ul style="list-style-type: none">✓ Consistently attend and actively participate in meetings <i>[or designate delegates when unable to attend]</i>✓ Review agendas in advance of each meeting and provide input when requested✓ Keep statements respectful, constructive, relevant to the agenda topic, and brief✓ Be solutions-oriented, offering alternatives or suggested revisions where possible✓ Represent their cross-sector perspective
Meeting Preparation	DHCFP will help Advisory Committee members prepare for meetings by: <ul style="list-style-type: none">✓ Circulating agendas and pre-decisional materials for review in advance of meetings✓ Conducting outreach to Advisory Committee before/after meetings to solicit additional input

Information presented in Advisory Committee slides should not be considered DHCFP's finalized program design unless otherwise indicated. Decisions on Nevada's Reentry Demonstration design and implementation are made at the sole discretion of DHCFP.



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Ensuring Medicaid Coverage and Access to Pre-Release Services



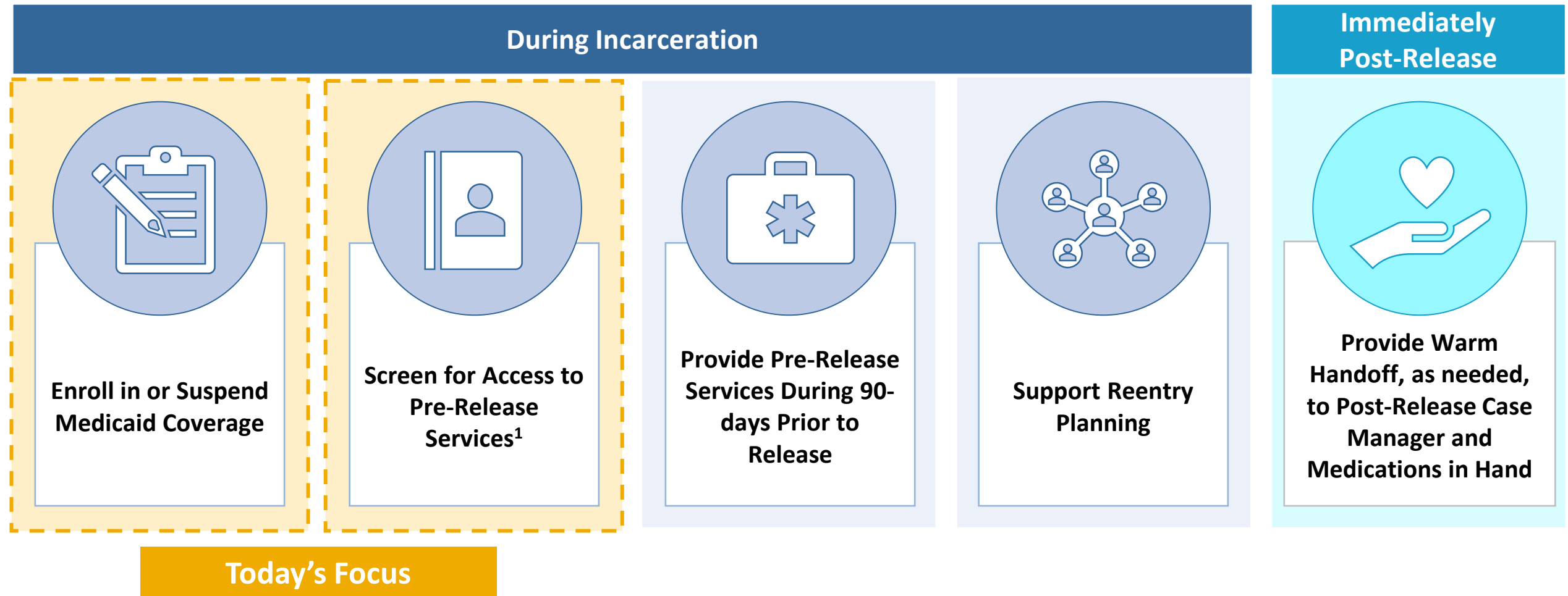
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Key Components of Pre-Release Service Delivery

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All correctional facilities participating in the Demonstration will establish processes to deliver pre-release services that aligns to the following high-level approach.



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.

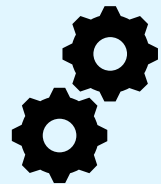
Medicaid Eligibility & Enrollment is Required to Access Services

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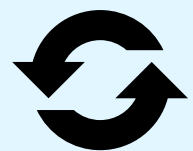
Establishing a Medicaid application process is foundational to providing services in the 90 days pre-release. In line with federal requirements, Nevada will implement a variety of policies to facilitate enrollment in Medicaid and promote continuity of coverage as part of its Reentry Initiative.



Medicaid Eligibility: For an individual to obtain pre-release services under the Medicaid Reentry Initiative, they must be enrolled in Medicaid.



Medicaid Enrollment Assistance: Correctional facilities will implement processes to identify and provide application assistance to individuals who are uninsured.



Continuity of Coverage: For individuals who are already enrolled upon entry to a carceral setting, DHCFP and correctional facility partners have developed processes to suspend, rather than terminate, Medicaid coverage so that they do not lose their Medicaid coverage.



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Correctional facilities participating in the Demonstration will be required to establish processes to screen all individuals for Medicaid enrollment and pre-release service eligibility.

Part 1: Medicaid Enrollment

- **Correctional facilities must establish a standard pre-release Medicaid application process to ensure eligible individuals can access pre-release services**
 - DHCFP is working with state prisons, state and county juvenile facilities, and county jails to understand current practices screening for Medicaid enrollment.
 - DHCFP will create guidance that facilities may leverage to design a pre-release Medicaid application process that suits their needs.

Part 2: Screening for Pre-Release Services

- **Correctional facilities will determine if Medicaid eligible individuals meet criteria to receive services in the 90 days prior to release**
 - The determination for meeting criteria for pre-release services must occur in a timely manner to ensure that benefits can be accessed prior to release.
 - As a best practice, screening takes place during intake or as soon as possible after intake.

To streamline efforts, DHCFP and DWSS have established a centralized unit within the DWSS Craig Road District Office (CRDO) that will receive and process Medicaid applications and suspensions, and effectuate pre-release service eligibility, for incarcerated individuals.



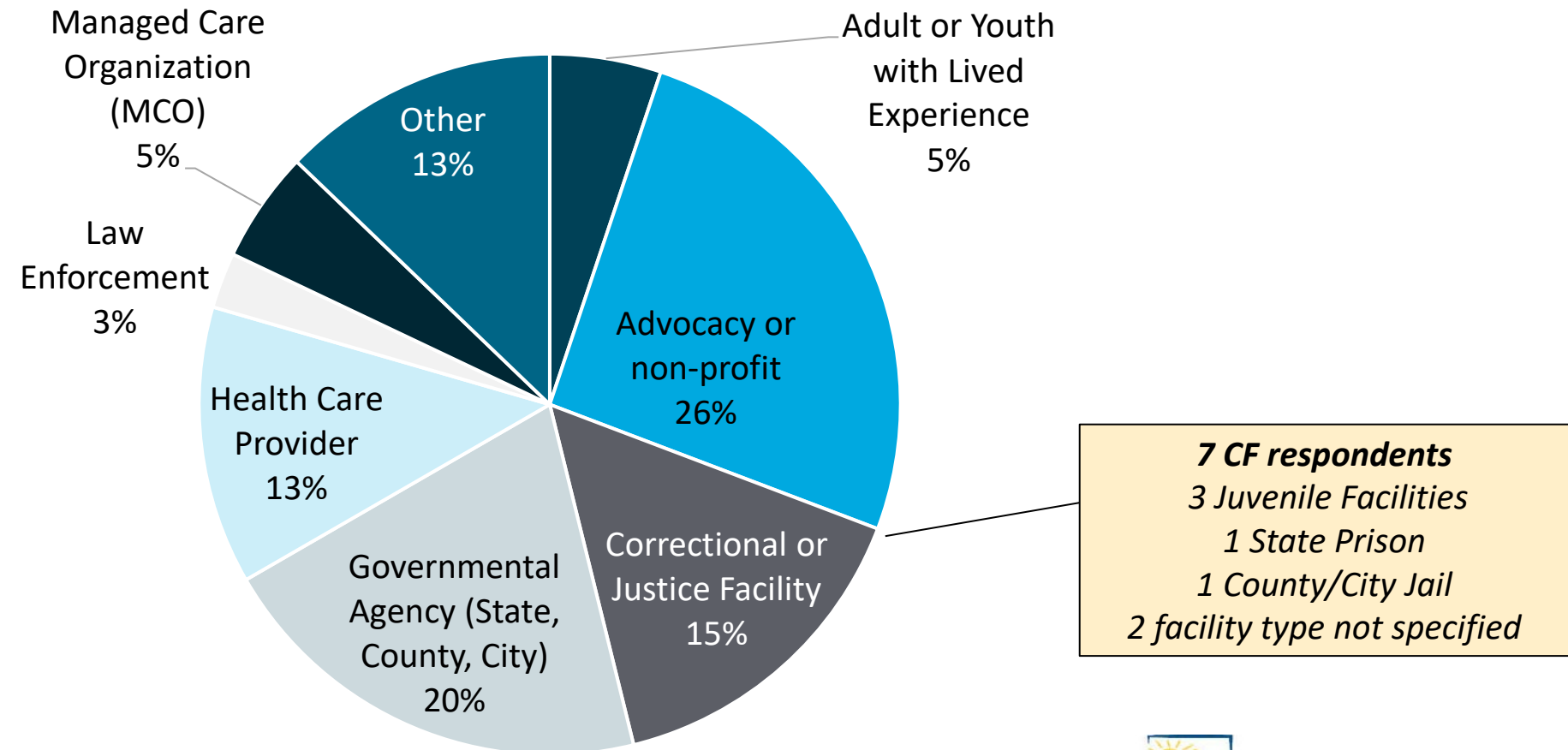
Eligibility & Enrollment: Current State Assessment

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DHCFP shared a series of questions¹ with Advisory Committee members before today's meeting to gather input on the current state of eligibility processes in carceral facilities and best practices identified to date.

Advisory Committee Respondents

30 responses received



¹ A list of pre-meeting questions is provided in the appendix.



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Eligibility & Enrollment: Correctional Facility Feedback on Current State

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Correctional facility respondents (n=7) reported that they currently have processes in place to support Medicaid enrollment for incarcerated individuals but may require additional capacity and strengthened communication with DWSS to meet requirements under the Demonstration.

- **Medicaid enrollment outreach processes.** CFs reported providing embedded and in-reach Medicaid enrollment support, through discharge planners and Division of Welfare and Support Services (DWSS) representatives.
 - **Timing of enrollment.** Nearly all CFs reported screening for Medicaid enrollment at intake and one reported prior to release.
 - **Application supports.** Nearly all CFs reported having support staff for completing Medicaid applications, through embedded case management staff, DWSS representatives, and/or Community Health Workers (CHWs).
- **Medicaid enrollment capacity.** CFs reported sufficient Medicaid enrollment capacity to support current CAA-eligible¹ youth. However, there were mixed results on CFs anticipated enrollment capacity for the larger Demonstration-eligible population.
 - **Telephone/virtual hearings.** Some CFs reported having capability to support telephone and/or virtual Medicaid fair hearings, while some reported limited to no current capacity.
 - **Providing benefits cards.** Most CFs reported they can ensure individuals receive Medicaid notices of actions and benefit cards, but at least one CF reported they can only ensure benefit cards are received while the individual is in their care.
- **Communication with DWSS.** CFs that have DWSS representatives reported having responsive lines of communication with DWSS. Other CFs identified a need to strengthen communication protocols.
- **Medicaid enrollment best practices.**
 - Ensure Medicaid enrollment guidance and materials are in plain language and streamlined to reduce administrative burden.
 - Use trained Medicaid enrollment staff and/or CHWs where possible and connect with the NDOC Re-Entry Vital Records Program.

¹ [Consolidated Appropriations Act \(CAA\), 2023](#) requires the provision of screening, diagnostic, and Targeted Case Management services to all Medicaid-eligible post-adjudicated youth in the 30-days prior to their release to the community.



Implementing partners can support eligibility and enrollment functions in the community and can potentially inform correctional facility approaches to providing enrollment and application support.

- **Advocacy/Non-Profit Organizations and Governmental Agencies.** Organizations provide enrollment support in the community upon release through varied mechanisms, including through embedded organizational staff and/or referrals to enrollment specialists/MCOs. Current practices may serve as a source of best practice learnings for correctional facilities newly delivering Medicaid application support.
- **Health Care Providers.** Providers reported referring individuals upon release to DWSS representatives, using embedded case management staff, and engaging with CHWs to support patient navigation of enrollment processes. Correctional facility health care providers reported referring individuals to jail staff for assistance with Medicaid enrollment.
- **Managed Care Organizations (MCOs).** Outreach strategies for MCO enrollment include in-reach efforts with jails, institutions, and partnerships with parole and specialty court programs. Some MCOs have contracts with agencies that serve justice-involved individuals and have established notification triggers to alert when a member is released or engages in a service.
 - Currently, MCOs are not automatically notified when an individual is incarcerated unless a Memorandum of Understanding (MOU) or specific agreement is in place with the CF. MCOs are permitted to submit zero-dollar contracts to NDOC to offer supportive programs to incarcerated individuals.
- **Medicaid enrollment best practices.**
 - Case Managers should build trust through respectful, one-on conversations that explain the benefits of coverage in practical terms.
 - Case Managers should be CHWs or Peer Support Specialists, where possible.
 - DHCFP should develop a standardized system for Medicaid enrollment, including system-level access to the Electronic Verification System (EVS) prior to release, to ensure timely coverage.

Pre-Release Enrollment and Screening Part 1: Medicaid Enrollment



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Policy: Upon incarceration, all individuals will be (1) screened for and (if eligible but not enrolled) enrolled in Medicaid and (2) have their coverage suspended, to the extent appropriate.

Operational Requirements

Step 1: Initial Enrollment Screening

Step 2: Application Submission and Processing

Step 3: Eligibility Determinations

Ongoing communication and data sharing among correctional facilities and DHCFP/DWSS to facilitate implementation and monitoring



Pre-Release Medicaid Application

Step 1: Initial Enrollment Screening

Correctional Facility Responsibilities

1. Screen individual for Medicaid enrollment during or near intake.
 - a) *If individual is enrolled in Medicaid with active coverage*, report incarceration status to DWSS
 - b) *If individual is currently in suspended Medicaid status*, report release date information to DWSS, if known
 - c) *If individual is not currently a Medicaid recipient* or its unclear whether currently enrolled, assist the individual in completing and submitting an application

DWSS Responsibilities

1. Collaborate with CF as needed to verify current Medicaid enrollment status and assist CF with identifying individuals that require a Medicaid application.
 - a) *If individual is enrolled in Medicaid and incarceration not reported*, DWSS can obtain incarceration details from CF (including expected release date, if known) and, as applicable, suspend coverage.
 - b) *If individual is not enrolled in Medicaid*, DWSS will notify CF of current enrollment status so CF can assist individual with completing/submitting application

Operational Considerations

- DHCFP intends to make the Electronic Verification System (EVS) available to CFs to view individuals’ Medicaid enrollment status.
- DHCFP will work with CFs to develop standardized procedures and mechanism for CFs to provide Medicaid-enrolled individuals’ incarceration status and release date (when available) on a regular basis (e.g., via daily inmate roster files).

Pre-Release Medicaid Application

Step 2: Application Submission and Processing

Correctional Facility Responsibilities

- 2. Assist individuals in completing the application and submit for processing.**
 - a) Assist individual in completing a streamlined paper-based Medicaid application customized to the justice-involved population (Form 2970).
 - b) Submit completed applications to the DWSS Craig Road District Office, via email or fax.
- 3. Communicate with DWSS to troubleshoot application, requests for follow-up information and other information needed for DWSS to process the application, as applicable.**

DWSS Responsibilities

- 2. Provide virtual assistance to CF completing and submitting the application, as needed.**
- 3. Receive and process pre-release applications for CFs.**
 - a) If any required forms are missing, reach out to CF to obtain the necessary documents (Note: correspondence is dependent upon individual listing the CF as an authorized representative in the Form 2970).

Operational Considerations

- At launch, DHCFP will leverage manual processes to effectuate eligibility and enrollment processes, and is assessing options for automation in future years
- For individuals with short-term stays, CFs should submit the application at or close to intake. For individuals with long-term stays (e.g., in state prisons), applications should be submitted 120 days before expected release date (if known) to allow time to determine eligibility; DHCFP may consider policy and operational solutions to allow individuals to apply for Medicaid near intake or work with NV Dept of Corrections to determine how many days in advance of the 90-day pre-release period.

Pre-Release Medicaid Application

Step 3: Eligibility Determination

Correctional Facility Responsibilities

- 4. **Provide release date to DWSS Craig Road District Office.**
 - a) Notify DWSS of planned release date; if release is unplanned, notify DWSS via email within 24 hours of release, and no later than 48 hours following release
- 5. **Coordinate with an individual to complete a Change Report Form just prior to release to ensure the individual’s post-release mailing address is up to date.**

DWSS Responsibilities

- 4. **Notify individual of outcome of eligibility determination, provide all necessary documentation (e.g., eligibility determination notification), and issue enrollment documentation (e.g., Medicaid ID number, benefits card).**
 - a) Mail the Notice of Decision (NOD) to the mailing address provided on the application.
 - b) Send the NOD to the correctional facility if the applicant designates the facility as an Authorized Representative (AREP) on Form 2970.
 - c) Provide right to request a fair hearing (in writing, online, and by telephone, but not in person) regarding any adverse actions
- 5. **Once notified of release, process individual’s case and update eligibility to reactivate full Medicaid coverage, as applicable.**

Operational Considerations

- DWSS is working to ensure it has capacity to process data and effectuate reactivation of full scope Medicaid coverage (as applicable) on a timely basis for the Demonstration population.
- Outreach workers and/or correctional facility case managers will be responsible for educating members on how to utilize coverage pre- and post-release.

Suspension Process Requirements

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Policy: To ensure Medicaid-enrolled individuals who are released from a correctional facility can seamlessly access services upon reentering the community, DHCFP will adopt a non-termination policy.

Operational Requirements

- Correctional facility will identify if an incarcerated individual is enrolled in Medicaid at/near intake.
- Correctional facilities will notify DWSS/DHCFP of Medicaid-enrolled individuals' incarceration status and release date (when available) on a regular basis (e.g., via daily inmate roster files).

For individuals who are enrolled in Medicaid at time of incarceration:

- If stay is 30 days or less, Medicaid coverage is not suspended; individual remains in their existing managed care plan/delivery system.
- For stays longer than 30 days, coverage is automatically suspended upon notification of release date. DWSS eligibility worker at Craig Road District Office (CRDO) manually updates system to suspend coverage at Day 31 and (as applicable) activate aid code that authorizes limited "re-entry" benefit package of pre-release services.

Upon release:

- Correctional facilities will be required to notify the CRDO of an individual's release via email or fax within 24 hours, and no later than 48 hours, of release.
- Upon notification of release, the CRDO will process the released individual's case and update eligibility (including deactivating re-entry services aid code and activating full scope Medicaid benefits as applicable).



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Best Practices: Pre-Release Medicaid Application

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Step 1: Identify Uninsured Individuals Potentially Eligible for Medicaid

- ✓ Complete Medicaid application as part of intake process (or as close to intake process as possible)



Step 2: Assist in the Completion of a Medicaid Application

Recommended features of successful Medicaid pre-release application partnerships:

- ✓ Conduct initial and ongoing training for Medicaid application assisters
- ✓ Ensure correctional facilities provide proper security clearance and safety assurances
- ✓ Identify a private space for eligibility interviews



Step 3: Process Application and Facilitate Eligibility Determinations

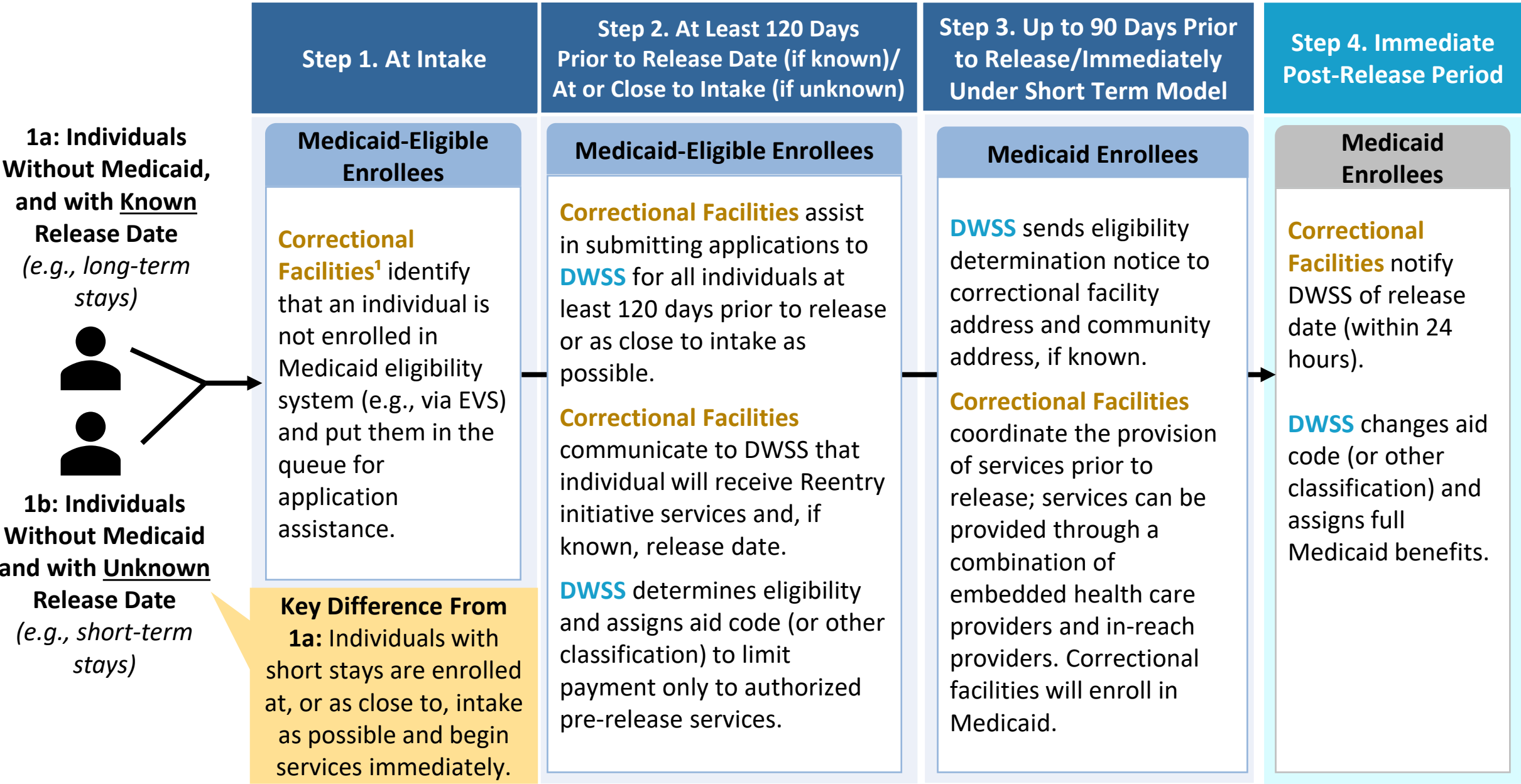
- ✓ Ensure application assisters have effective avenues for troubleshooting, including clear points of contact for support
- ✓ Submit a cover sheet with the Medicaid application to identify pre-release applications
- ✓ Provide individuals a permanent or temporary benefits identification card upon release



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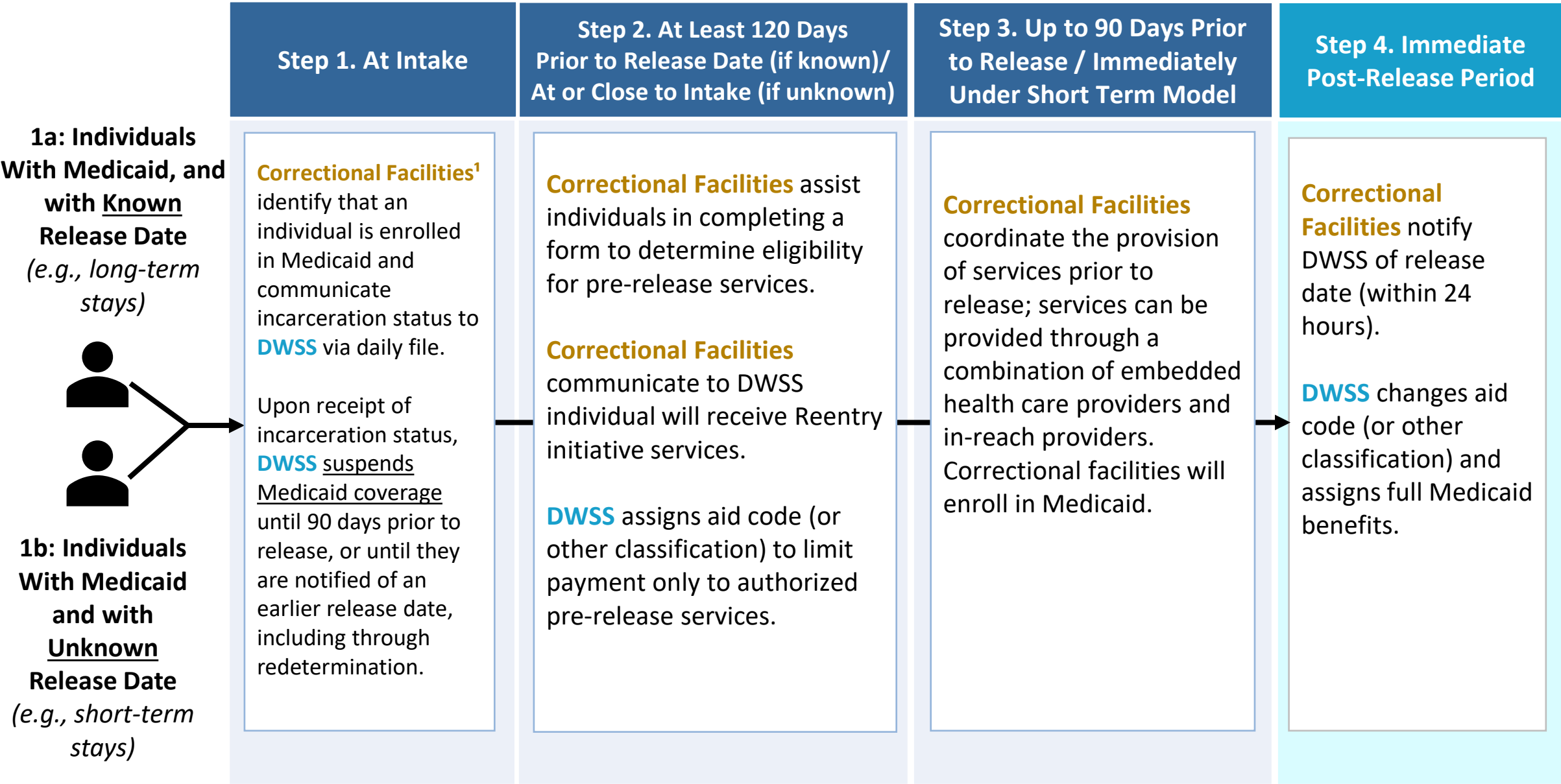
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Future State: Individuals Entering Correctional Facility Without Medicaid



Notes: Reentry service aid code (or other classification) will enable billing for applicable services (i.e., Medicaid inpatient hospitalization benefit and authorized pre-release services).
¹ Correctional facilities include prisons, county jails, and juvenile justice facilities.

Future State: Individuals Entering Correctional Facility Enrolled in Medicaid ²³



Notes: Reentry service aid code (or other classification) will enable billing for applicable services (i.e., Medicaid inpatient hospitalization benefit and authorized pre-release services).

¹ Correctional facilities include prisons, county jails, and juvenile justice facilities.

Discussion Questions: Pre-Release Medicaid Enrollment Process

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- Do you have concerns around the proposed approach to facilitating Medicaid enrollment and suspension processes during the pre-release period?
- What are some best practices today that support the proposed approach to Medicaid enrollment processes?
- What processes need to be put in place to alert MCOs of new coverage for members?
- What are the implications to workforce/IT systems?



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Pre-Release Enrollment and Screening Part 2: Screening for Pre-Release Services



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Policy: Upon incarceration, all individuals must be screened for eligibility to receive pre-release services.

CMS Requirements for Pre-Release Screening and Services

- **Implement state processes to identify incarcerated individuals who qualify for pre-release services** under the state's proposed Reentry Demonstration design.
 - *CMS notes without outreach and support to assist **all** interested individuals to apply for Medicaid, it is generally not possible to assess who “**may be eligible**”; accordingly, states must make pre-release outreach, and eligibility and enrollment support available to **all** individuals incarcerated in participating facilities*
- **Cover and ensure access to the minimum short-term, pre-release benefit package** to Medicaid-eligible individuals identified as participating in the state's Reentry Demonstration.

Nevada's Eligible Populations

AB 389 defines eligibility criteria for youth and adults to participate in Nevada's Reentry Demonstration.

- **Adults:** Medicaid eligible adults who have a mental illness, substance use disorder, chronic disease (or other significant disease), an intellectual or developmental disability, traumatic brain injury, HIV, or who are pregnant or up to 12 weeks postpartum.
- **Youth:** Medicaid/CHIP-eligible youth under 21; Aged Out Foster Youth aged 18-26 (i.e., no behavioral health/chronic condition criteria).

Source: CMS, SMDL 23-003: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>; CMS, SHO 24-004: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24004.pdf>; Nevada Legislature, AB389: <https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/10326/Overview>.



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Correctional facilities must establish processes to screen all individuals for pre-release services eligibility.

Operational Requirements

Correctional facilities must screen all Medicaid eligible individuals for pre-release services.

- **Youth:** Under the age of 21 or aged out foster care youth under 26 in an adult facility are automatically eligible for pre-release services and do not need to be screened against physical/behavioral health criteria.
- **Adults:** DHCFP defines tiered screening requirements for correctional facilities based on length of stay and individual need. For example, in county jails:
 - **Tier I:** Correctional facilities assess for immediate needs, including physical and behavioral health needs, and screen for pre-release service eligibility within a period close to booking. Screening to align with existing assessments that already occur within correctional facilities.
 - **Tier II:** Correctional facilities that are unable to immediately assess an individual's needs (e.g., individual is intoxicated, insufficient time) must conduct a comprehensive screening for health needs and pre-release service eligibility within a defined period (e.g., within two weeks of booking).
 - **Tier III (Ongoing):** Correctional facilities may identify individuals eligible for pre-release services on an ongoing basis.

Correctional facilities will communicate pre-release services eligibility through Form 2971 to the CRDO where a worker will update eligibility to allow for 90-day limited pre-release services benefit package.

Additional Considerations

- Given the longer lengths of stay, prisons may screen individuals for pre-release service eligibility during a time period closer to the individual's release date that still ensures individual is able to access services for the full 90 days.
- Correctional facility staff may reference medical records to determine whether an individual is eligible for pre-release services. Individuals may also self-attest to having a qualifying condition.



Discussion Questions: Screening for Pre-Release Services Eligibility

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- Do you have concerns around the proposed approach to screening for pre-release service eligibility?
- What are some best practices that may support this proposed approach (e.g., standardized screening processes, data transfer agreements)?
- What are the implications to workforce/IT systems?



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Potential Capacity Building Funds



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Reminder: Capacity Building Funds to Support Implementing Partners

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Nevada requested \$19.5 million in total computable funds to provide start-up funding to correctional facilities and implementing partners for the planning and implementation of reentry services. DHCFP is continuing to assess the state's planned distribution approach for capacity building funds.

Capacity building funds are **one-time funds** available to correctional facilities and implementing partners, intended to support planning and implementation activities.

Funds are not intended to be used to sustain the delivery of reentry services; **services provided once the initiative is launched will be reimbursed through Medicaid.**

Permissible Uses of Funding:

- Hiring of Staff and Training
- Development of Protocols and Procedures
- Technology and IT Services
- Adoption of Certified Electronic Health Record Technology
- Purchase of Billing Systems
- Planning (related to developing information sharing protocols for Medicaid application submissions)
- Additional Activities to Promote Collaboration (e.g., convenings with implementation partners)
- Other activities to support a milieu appropriate for provision of prerelease services



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Opportunities in Medicaid Enrollment and Suspension Activities

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Capacity building funds may potentially be available to develop new/enhance existing processes to assist with the Medicaid application processes, including:



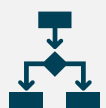
Identifying/updating processes, as needed, to **begin Medicaid enrollment at point of intake**;



Facilitating the completion of Medicaid applications on behalf of identified individuals (*or coordinating with 3rd party contractor to complete applications*);



Transmitting the application to DWSS;



Identifying/updating processes, as needed, to **identify individual who are close to release date** and are either enrolled in Medicaid and **need their coverage reinstated** adjusted or need to be **redetermined** eligible for Medicaid;



Coordinating with DWSS to **reinstate coverage or reenroll individuals** in Medicaid, if needed, and identify individuals eligible for 90- day reentry services; and



Modifying technology and IT systems needed to support Medicaid enrollment and suspension/reinstatement processes (including, for example, building or updating systems to integrate health and eligibility data into one platform).

- Are there **any additional activities** advisory group participants would like to **add to this list**?
- Are there **any activities** **that are not needed** on this list?



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Next Steps



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Reentry Advisory Committee Schedule

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Date	Discussion Topic
Tuesday, March 25	▪ Advisory Committee Kickoff
Tuesday, May 27	▪ Medicaid Eligibility and Enrollment in Correctional Facilities
Tuesday, July 29	▪ Delivering 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, for rollover discussion of previous topics and/or use of capacity building funds</i>

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

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



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Appendix



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Pre-Meeting Questions on Current State

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- 1) What Medicaid enrollment outreach processes do you have in place today?
- 2) When are individuals asked if they have health care coverage and when do they submit Medicaid applications (e.g., at intake, as part of release planning)?
- 3) What supports do you have in place to complete applications (e.g., application assisters, embedded staff)?
- 4) Do you anticipate that your current capacity for Medicaid enrollment will be sufficient to establish Medicaid enrollment at intake for all potential eligible individuals?
- 5) What communication processes between your correctional facility and Nevada Division of Welfare and Support Services (DWSS) currently exist for Medicaid enrollment? Are there processes that need to be strengthened to ensure timely Medicaid enrollment, termination, and activation?
- 6) Does your correctional facility have capabilities in place to support telephone or virtual Medicaid fair hearings?
- 7) Are you able to ensure individuals receive Medicaid notices of actions and benefit cards?
- 8) What are best practices for Medicaid enrollment outreach and education?
- 9) How can individuals best be engaged to assess their Medicaid enrollment status and, if not enrolled, their interest in applying for coverage?



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Landscape of Nevada Correctional System Partners

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State Prisons¹

- The Nevada Department of Corrections manages **7 prisons** across the state.

Over 10,500 individuals daily, including ~209 individuals 20 or younger

County Jails²

- There are **26 county- and city-operated jails** across the state's 17 counties *(including 5 temporary holding facilities)*.

A maximum 7,900 individuals daily;
~3,500 in Clark County facilities and ~1,100 in Washoe County facilities (the two largest facilities).

Juvenile Facilities³

- The Division of Child and Family Services oversees **3 state-operated juvenile justice facilities**.
- There are **7 county-operated juvenile detention centers** and **2 youth camps**.

JJFs have a maximum capacity of 250 juveniles.

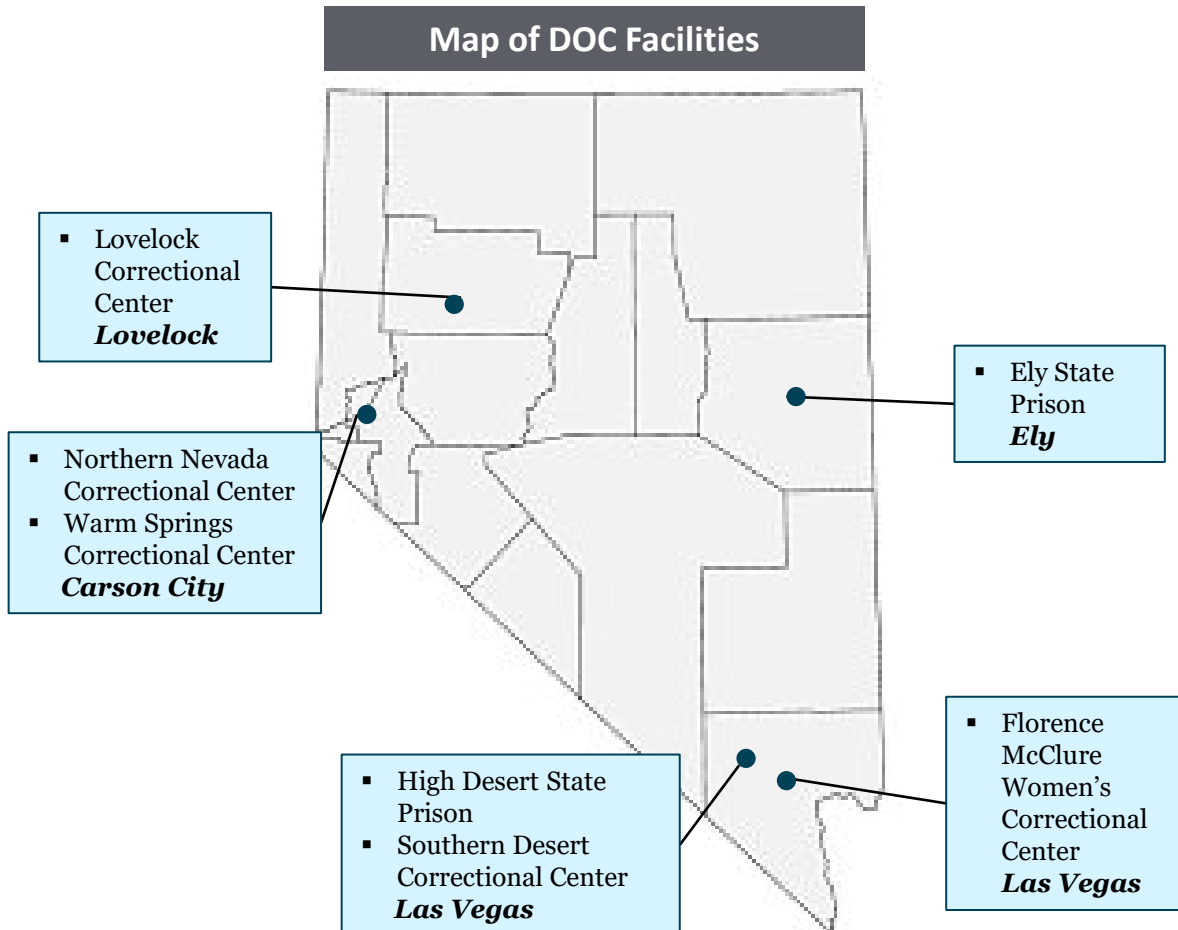
Jan Evans Detention Center releases 355 juveniles annually; remaining facilities have a total maximum capacity ~250. Youth camps have a maximum capacity of 205.



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Nevada has seven DOC facilities, where over 10,000 individuals¹ are currently incarcerated.



Among justice-involved individuals in Nevada:²



Over **25%** of the current DOC population is sentenced for less than 5 years



Approximately **66%** of DOC population is in a medium-security facility



Individuals admitted to prison with a **mental health need** has increased **35%** in the past decade

Source: 1) Nevada Department of Corrections Weekly Fact Sheet; 2) Nevada Advisory Commission on the Administration of Justice – Justice Reinvestment Initiative; 3) Facility locations in image: Nevada Department of Corrections Facilities List and Juvenile Justice Services Family Handbook.



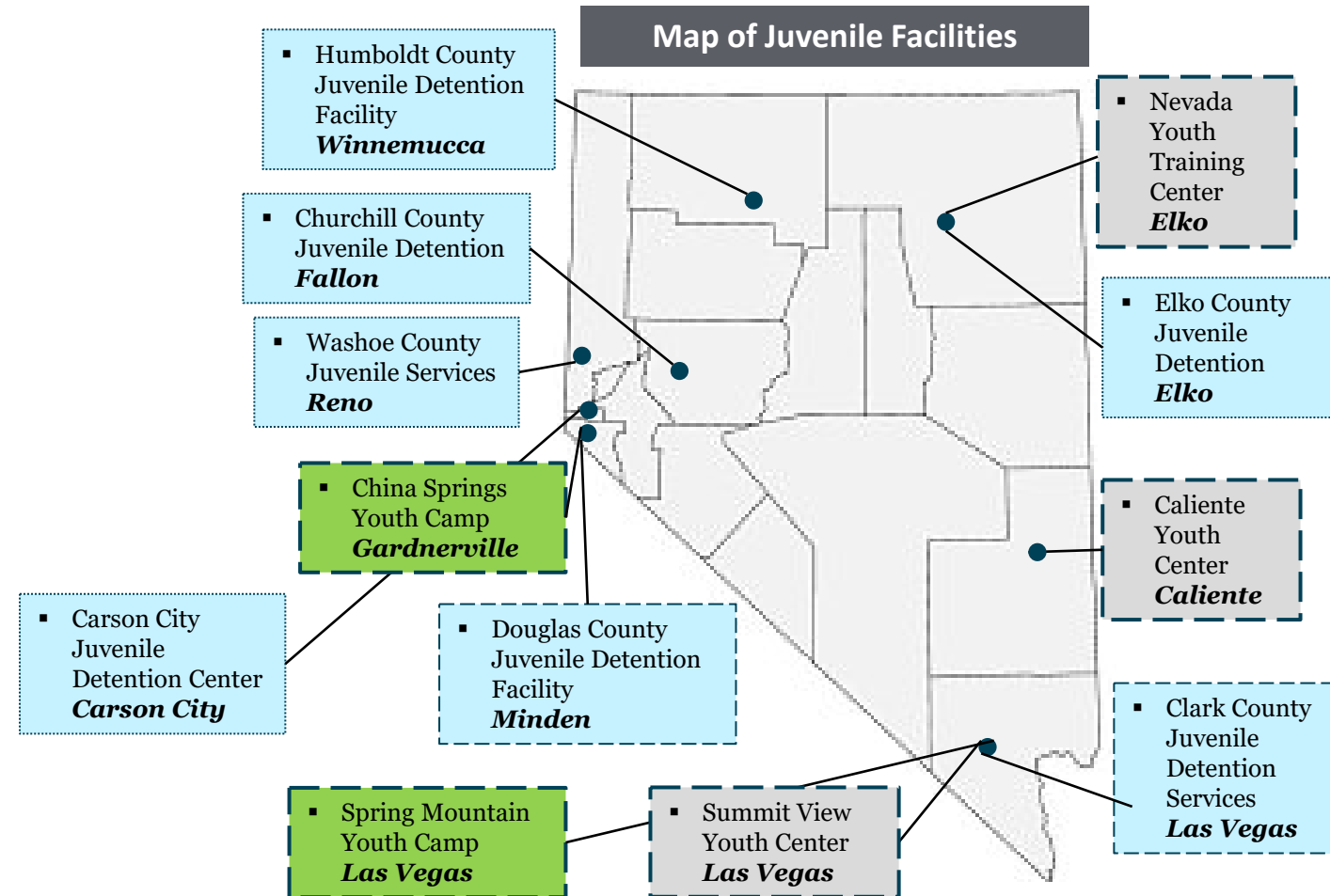
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Landscape of Correctional System Partners – Juvenile Facilities

39

Nevada has 12 total juvenile facilities: five are state-operated youth correctional facilities or youth camps that house post-disposition youth, while the remaining seven county-level youth facilities are understood to primarily hold pre-disposition youth (although some of these facilities may also hold a small number of post-disposition youth).



State Youth Correctional Facility

Juvenile Detention Center

Youth Camp

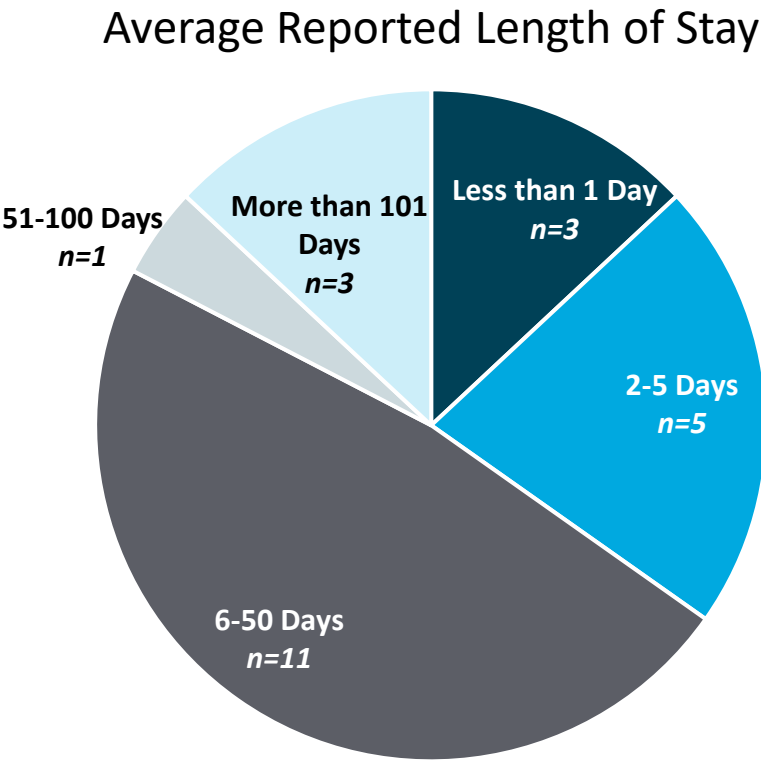
Houses **post-disposition** youth

Houses primarily **pre-disposition** youth (may house small number of post-disposition youth pending placement/further legal action)

Source: 1) Division of Health Care, Financing and Policy, "Incarcerated Adults" & "Youth Incarceration" spreadsheets; 2) Nevada Advisory Commission on the Administration of Justice – Justice Reinvestment Initiative; 3) Facility locations in image: Nevada Department of Corrections Facilities List and Juvenile Justice Services Family Handbook.

Nevada has 25 local jails* where 7,900 individuals¹ are currently detained.²

A survey of 23 Nevada jails conducted from March – December 2023 found:³



65% of surveyed jails **do not specifically screen for OUD** at intake



65% of surveyed jails **do not offer discharge planning for “at-risk” populations**



87% of surveyed jails **do not have a Multi-Discipline Team (MDT)** to provide case management to populations with OUD



91% of surveyed jails **don’t have a formal medication-assisted treatment (MAT) program** and 61% don’t have access to MAT medications

Source: 1) [Prison Policy Initiative Nevada Profile](#); 2) Incarcerated Adults & Youth Incarceration spreadsheets (shared by DHCFP); 3) Nevada Rural Jail OUD Research Results: 12 Month Summary Presentation (shared by DHCFP).

* The total number of jails includes five temporary holding facilities which do not house incarcerated individuals. These facilities either send individuals to another facility within the county or contract with a different county to house incarcerated individuals.



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Background

- **Medicaid enrollment** is critical to ensuring **access to health care services**, including treatment for mental and behavioral health issues, for incarcerated individuals returning to their community.
- Due to restrictions in federal law, states have **historically been unable to use Medicaid funding** to provide health care services to individuals when they are incarcerated, known as the “inmate exclusion”.
- In 2023, the federal government released **guidance on how states can provide specific Medicaid services, through a Section 1115 Waiver, to youth and adults who have had contact with the justice system** while they are in a correctional setting to support their reentry into the community.
- Congress also passed **federal law – Consolidated Appropriations Act (CAA), Section 5121 – mandating all states provide a targeted set of services to eligible juveniles.**

Impact in Nevada

In June 2023, Nevada’s Legislature passed **Assembly Bill 389 (AB 389) which requires DHCFP to submit a Section 1115 Reentry Demonstration** waiver to provide services to youth and adults 90 days prior to scheduled release.

In 2024, **DHCFP developed and submitted a Section 1115 waiver** to the federal government to provide a broader set of pre-release services to youth and adults through a Medicaid demonstration program.

DHCFP has also been actively working to **implement the federal mandatory requirements for providing services to juveniles (CAA, Section 5121).**

Crosswalk of Reentry Initiative and CAA Requirements

Component	Section 1115 Reentry Initiative Pre- and Post-Adjudication	CAA Mandatory Youth Reentry Services (§ 5121) Post-Adjudication
Eligible Population	Individuals incarcerated pre- or post-adjudication who are: <ul style="list-style-type: none"> Medicaid/CHIP eligible youth under 21; or Former foster youth up to age 26; or Medicaid (MAGI and non-MAGI) eligible adult with specified health condition 	Children and youth incarcerated post-adjudication who are: <ul style="list-style-type: none"> Enrolled in Medicaid or CHIP; Under 21 years old or between 18 and 26 under the mandatory former foster care eligibility group
Scope of Facilities	<ul style="list-style-type: none"> ✓ State Prison ✓ County Operated Jail ✓ State Operated Juvenile Justice Facility ✓ County Operated Juvenile Detention Center 	<ul style="list-style-type: none"> ✓ State Prison ✓ County Operated Jail ✓ State Operated Juvenile Justice Facility ✓ County Operated Juvenile Detention Center
Scope of Services and Service Duration	Mandatory services in the 90 days pre-release include: <ul style="list-style-type: none"> Case management Medication Assisted Treatment (medications for opioid use disorder and alcohol use disorders) 30-day supply of medications at release Physical/behavioral health clinical consultations (including all CAA screening and diagnostic services) Medications and medication administration Laboratory and radiology services HIV services CHW Services Peer Support Services 	Mandatory services include: <ul style="list-style-type: none"> Targeted case management (TCM) in 30 days pre-release and for at least 30 days post-release Screening and diagnostic services, including EPSDT services for Medicaid enrollees under 21 in 30 days pre-release
Implementation Timing	Beginning ~ October 2025 for select facilities.	Beginning January 1, 2025 .



Proposed Key Features of Nevada’s Reentry Initiative

Eligible Individuals

- Starting 2025:** Medicaid-enrolled children and youth, 30 days pre-release, who are:
- ✓ Under 21 years of age or former foster youth between the ages of 18 and 26; and
 - ✓ Being held in a carceral facility post-adjudication
- Starting at Demonstration launch,** Medicaid-eligible adults, 90 days pre-release, who:
- ✓ Have a mental illness, substance use disorder, chronic disease (or other significant disease), an intellectual or developmental disability, traumatic brain injury, HIV or who are pregnant or up to 12 weeks postpartum
- Medicaid/CHIP-eligible youth, 90 days pre-release, who are:
- ✓ Under 21; or
 - ✓ Aged Out Foster Care youth under 26

Eligible Facilities

- Starting 2025,** facilities that house post-adjudicated CAA-eligible youth including:
- ✓ State-operated juvenile justice facilities; and
 - ✓ County-operated juvenile detention centers
 - ✓ Youth camps
- Starting at Demonstration launch,** all correctional facilities are eligible to participate, including:
- ✓ State Prisons (*required*)
 - ✓ County jails (*opt-in*)
 - ✓ City jails (*opt-in*)

Covered Services

- Starting 2025 in Juvenile Facilities:**
- ✓ Physical and behavioral health clinical consultation services (*Comprehensive health, developmental history, and physical examinations; appropriate vision, hearing, and lab testing; dental screening services, immunizations*)
 - ✓ Case management
- Expanded at Demonstration launch for participating facilities demonstrating readiness to include:**
- ✓ MOUD/MAUD
 - ✓ 30-day supply of all prescription medications in-hand upon release
 - ✓ *Additional services required for prisons and opt-in for jails, including*
 - ✓ Physical and behavioral health clinical consultation services for adults
 - ✓ Prescribed drugs and medication administration pre-release
 - ✓ Treatment of HIB
 - ✓ Laboratory and radiology services
 - ✓ Services of a Community Health Worker
 - ✓ Peer Support Services

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
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
	Private Practice	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