



# Nevada Department of Health and Human Services

DIVISION OF HEALTH CARE  
FINANCING AND POLICY

**Public Workshop/Hearing #2**  
**Section 1115 Reentry Demonstration Application**  
*Wednesday, November 13, 9:00am PT*



# Welcome & Webinar Logistics

## Using Teams

- Participants are joining by computer and phone.
- Everyone will be automatically muted upon entry.
- Use the chat box to submit questions and public comments (*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](mailto:1115waivers@dncfp.nv.gov)

## Public Comment

- If you have a question, use chat or “raise hand” on the Microsoft Teams toolbar. All information spoken and received through the chat box will be recorded as public comment (*please include your name and agency*).
- If you are listening by phone, press \*6 to unmute your line or \*5 to raise hand.

- **Background**
- **Overview of Nevada's Section 1115 Reentry Demonstration**
- **Timeline and Public Comment**

## In today's webinar, we will:

- Provide an overview of Nevada's efforts to improve care for adults and youth transitioning from correctional facilities into the community;
- Review the Reentry Section 1115 Waiver Demonstration;
- Receive public comments from stakeholders on the proposed approach.

## Information on Nevada's Reentry Demonstration can be found:

- Reentry Demonstration Webpage: [https://dhcfp.nv.gov/Pgms/Waivers/Reentry\\_Initiative/](https://dhcfp.nv.gov/Pgms/Waivers/Reentry_Initiative/)
  - Reentry Section 1115 application
  - Public notice
  - Abbreviated public notice
- Indian Health Program Webpage: <https://dhcfp.nv.gov/Pgms/CPT/IHP/>
  - Tribal public notice
- Public Notice Webpage: <https://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/>

**The Reentry Demonstration public comment period is currently ongoing. To be considered prior to submission to the Centers for Medicare and Medicaid Services (CMS), public comments must be received by 11:59 PM PT on Sunday, November 24.**

- **Mail:** Indicate “Section 1115 Reentry Services Demonstration” in the address line  
Division of Health Care Financing and Policy  
1100 East William Street, Suite 101  
Carson City, Nevada 89701
- **Email:** Indicate “Section 1115 Reentry Services Demonstration” in the email line  
[1115waivers@dhcfp.nv.gov](mailto:1115waivers@dhcfp.nv.gov)
- **Today’s Webinar:**
  - **Chat Box.** All information and questions received through the chat box will be recorded as public comments.
  - **Spoken.** Participants will have the opportunity to verbally share public comments during the webinar.

# Background



Nevada Department of  
Health and Human Services

## Background

- Federal rules set minimum standards related to Medicaid and CHIP eligibility and required benefits.
- States can request to waive some federal rules to have more flexibility to design and improve their programs and offer coverage of more services to more people.
- Demonstrations must be experimental, pilot or demonstration projects that are likely to assist in promoting the objectives of the Medicaid program.
- Demonstrations are limited in duration (e.g., usually five-year agreements).
  - States have the option to renew demonstrations.
  - States can amend existing Section 1115 demonstrations to ask for additional flexibility.
- Demonstrations require additional reporting to CMS and an evaluation component to show the waiver's effectiveness.



# CMS Released Guidance on 1115 Demonstration Opportunity

On April 17, 2023, CMS released a State Medicaid Director Letter (SMDL) to provide guidance on how states can design Section 1115 demonstrations to provide services to justice-involved individuals prior to their release to support their reentry into the community.



The SMDL describes the parameters and expected features of Section 1115 Reentry Demonstrations, including around:

- Pre-release timeframes
- Eligible individuals and facilities
- Medicaid eligibility & enrollment processes
- Scope of covered services
- Capacity building funds

Source: Centers for Medicare and Medicaid Services, State Medicaid Director Letter #23-003, “Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who are Incarcerated.”

**AB389, passed in 2023, directs DHCFP to apply for a Section 1115 Reentry Demonstration waiver.**

- The legislation defines several components of the Demonstration, including:
  - Pre-release timeframe
  - Eligible individuals
  - Scope of covered services, and
  - Eligible facilities
- DHCFP developed remaining Demonstration components based on the legislative requirements.

Source: AB389, <https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/10326/Text>.

# Nevada's Section 1115 Reentry Demonstration



Nevada Department of  
Health and Human Services

## Demonstration Proposal Overview

- Nevada is seeking authority to provide a target set of Medicaid services to eligible justice-involved populations within the 90-day period prior to their expected date of release, if known.
- Starting in October 2025, the State intends to implement the Demonstration Statewide with a phased approach based on correctional facility type and readiness.
- To support implementation, Nevada is also seeking \$19.5 million in capacity building funding to provide start-up funding to correctional facilities and implementing partners for the planning and implementation of reentry services.



- 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;
- 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 (ED) visits and inpatient hospitalizations** among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.

## Eligibility Criteria

- **Adults**: Medicaid (MAGI and non-MAGI) eligible adults who have:
  - A mental illness, substance use disorder, chronic disease (or other significant disease), an intellectual or developmental disability, traumatic brain injury, or HIV;
  - Or those who are pregnant or up to 12 weeks postpartum.
- **Youth**: Medicaid/CHIP eligible youth under 21 and former foster care youth up to age 26.
  - *No behavioral health/chronic condition criteria*

**DHCFP is not proposing changes to Medicaid eligibility standards in this Demonstration application.**



## Phased-in Approach for Eligible Facilities

- **Phase 1:** All State prisons, and all State-operated youth correctional 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).\*

*\* The Consolidated Appropriations Act (CAA) of 2023 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, and targeted case management services in the 30 days following release.*

*All facilities that house post-disposition CAA-eligible youth will be mandatorily 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, 30-day supply of medications upon release) to youth and adults eligible under the Demonstration.*

## Covered Services Required by CMS

- **Care management services,**
  - Provided by embedded or in-reach staff during the pre-release period, and
  - Provided by managed care plans or a to-be-determined mechanism during the post-release period;
- **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.

## Covered Services Included by DHCFP

- **Physical and behavioral health clinical consultation services** (e.g., physical, behavioral health, and dental screening and diagnoses);
- **Prescription drugs during pre-release period;**
- **Laboratory and radiology services;** and
- **Services of a Community Health Worker** (post-release education and training related to patient self-management of health conditions).

*When determining readiness, Nevada is seeking flexibility to allow facilities to establish **service level tiers** where every facility will be required to provide the minimum set of CMS required services in the first tier.*

*Facilities that house **post-disposition youth** will be required to provide the mandatory three services in the **first tier and clinical consultation to comply with the CAA requirements**. Nevada will develop other service level tiers based on its engagement with and input from stakeholders.*



## Health Care Delivery System and Benefits

- There are no proposed changes to the Medicaid delivery system as part of this application.
- Nevada is exploring whether to deliver pre-release services on a fee-for-service basis. If Nevada elects to provide some, or all, services through managed care it will memorialize this decision in its Implementation Plan.

## Cost Sharing

- Nevada currently does not apply cost sharing to any of its Medicaid members (except for children in CHIP) and therefore no cost sharing will be imposed under this 1115 Demonstration.

## Enrollment Projections

- Based on the Medicaid eligibility requirements in the Section 1115 Demonstration request (described in a previous slide), Nevada anticipates the impact on enrollment trends as detailed in the table below.

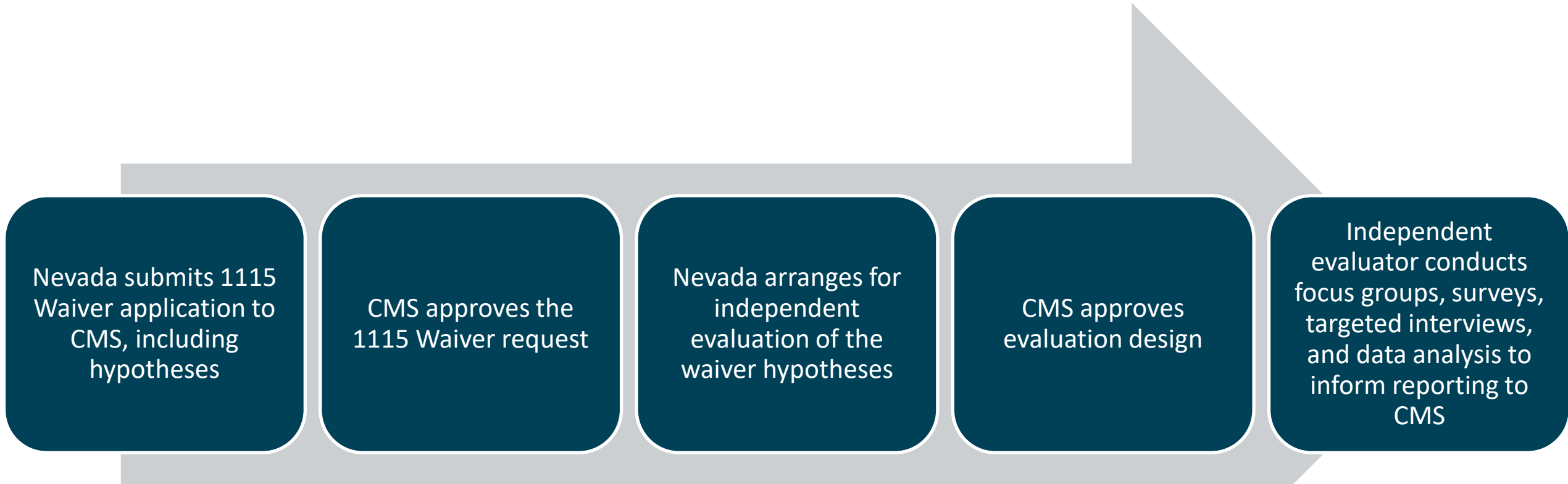
	DY1	DY2	DY3	DY4	DY5
	10/1/2025 – 9/30/2026	10/1/2026 – 9/30/2027	10/1/2027 – 9/30/2028	10/1/2028 – 9/30/2029	10/1/2029 – 9/30/2030
Estimated Number of Individuals	<b>585</b>	<b>2,924</b>	<b>5,849</b>	<b>8,773</b>	<b>11,697</b>

## Expenditure Projections

- Nevada projects expenditures of \$85.51 million over the five-year demonstration period.
- The authorities requested in the demonstration do not represent new spending but instead represent spending that would otherwise be expected under the Nevada Medicaid State Plan.

	DY1	DY2	DY3	DY4	DY5
	<i>10/1/2025 – 9/30/2026</i>	<i>10/1/2026 – 9/30/2027</i>	<i>10/1/2027 – 9/30/2028</i>	<i>10/1/2028 – 9/30/2029</i>	<i>10/1/2029 – 9/30/2030</i>
Reentry Services Projected Expenditure	<b>\$1.12 million</b>	<b>\$5.88 million</b>	<b>\$12.35 million</b>	<b>\$19.44 million</b>	<b>\$27.22 million</b>
Requested Capacity Building Funds	<b>\$9.9 million</b>	<b>\$5.4 million</b>	<b>\$2.9 million</b>	<b>\$1.15 million</b>	<b>\$150,000</b>

**Nevada is required to arrange for an independent evaluation of the waiver’s objectives and hypotheses that it wants to test, following the process outlined below.**



## Proposed Hypotheses

- 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.
- The demonstration will result in increased access to physical and behavioral health services in the pre- and post-release period and improve health outcomes.
- The demonstration will result in fewer ED visits and fewer inpatient hospitalizations.

*As part of the application, DHCFP included a preliminary plan to evaluate the demonstration and its achievement of the demonstration goals. These hypotheses and plan are subject to change and will be further defined as Nevada works with CMS to develop an evaluation design.*

# Timeline and Public Comment



# Timeline and Next Steps

Milestones	Proposed Timeline
<b>Conduct State &amp; Tribal public comment</b>	Thursday, October 24 – Sunday, November 24, 2024
<b>Public Workshop/Hearing (1 of 2)</b>	Wednesday, November 6, 2024 (1:00pm PT)
<b>Public Workshop/Hearing (2 of 2)</b>	Wednesday, November 13, 2024 (9:00am PT)
<b>Review public comments and finalize application for CMS submission</b>	November 2024
<b><i>Submit Reentry Demonstration application</i></b>	<b><i>By Mid-December 2024</i></b>
<b>CMS conducts federal 30-day public comment period</b>	Winter 2024
<b>Negotiations with CMS</b>	Through Spring 2025

To be considered prior to CMS submission, public comments must be received by 11:59 PM PT on Sunday, November 24.

## Email Comments

Email [1115waivers@dhcfp.nv.gov](mailto:1115waivers@dhcfp.nv.gov) and indicate “**Section 1115 Reentry Services Demonstration**” in the email subject line

## Write-in Comments

Mail written comments to:

Section 1115 Reentry Services Demonstration  
Division of Health Care Financing and Policy  
1100 East William Street, Suite 101  
Carson City, Nevada 89701

## Reentry Demonstration Resources

### [Reentry Demonstration Webpage & Public Notice Webpage](#)

- Reentry Section 1115 application
- Public notice
- Abbreviated public notice

### [Indian Health Program Webpage](#)

- Tribal public notice



## Public Comment

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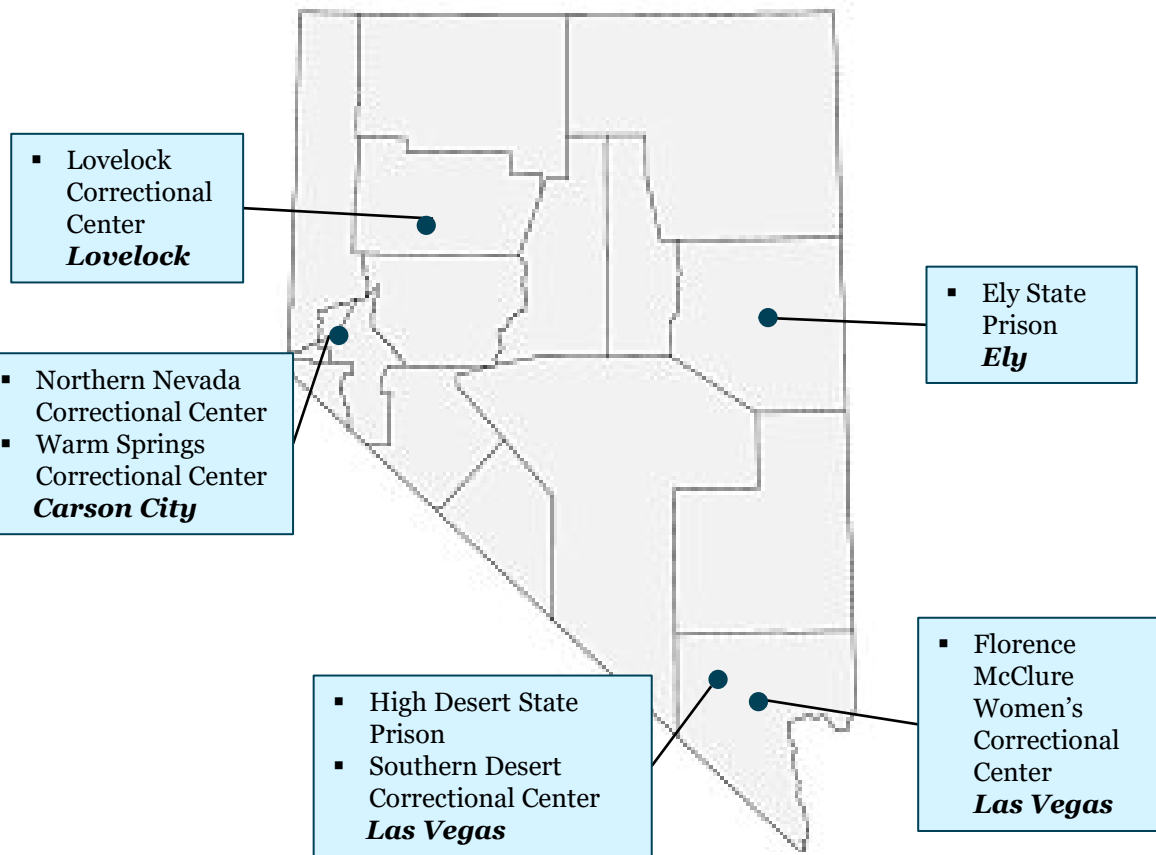


# Appendix






Nevada has seven DOC facilities, where over 10,000 individuals<sup>1</sup> are currently incarcerated.

Map of DOC Facilities



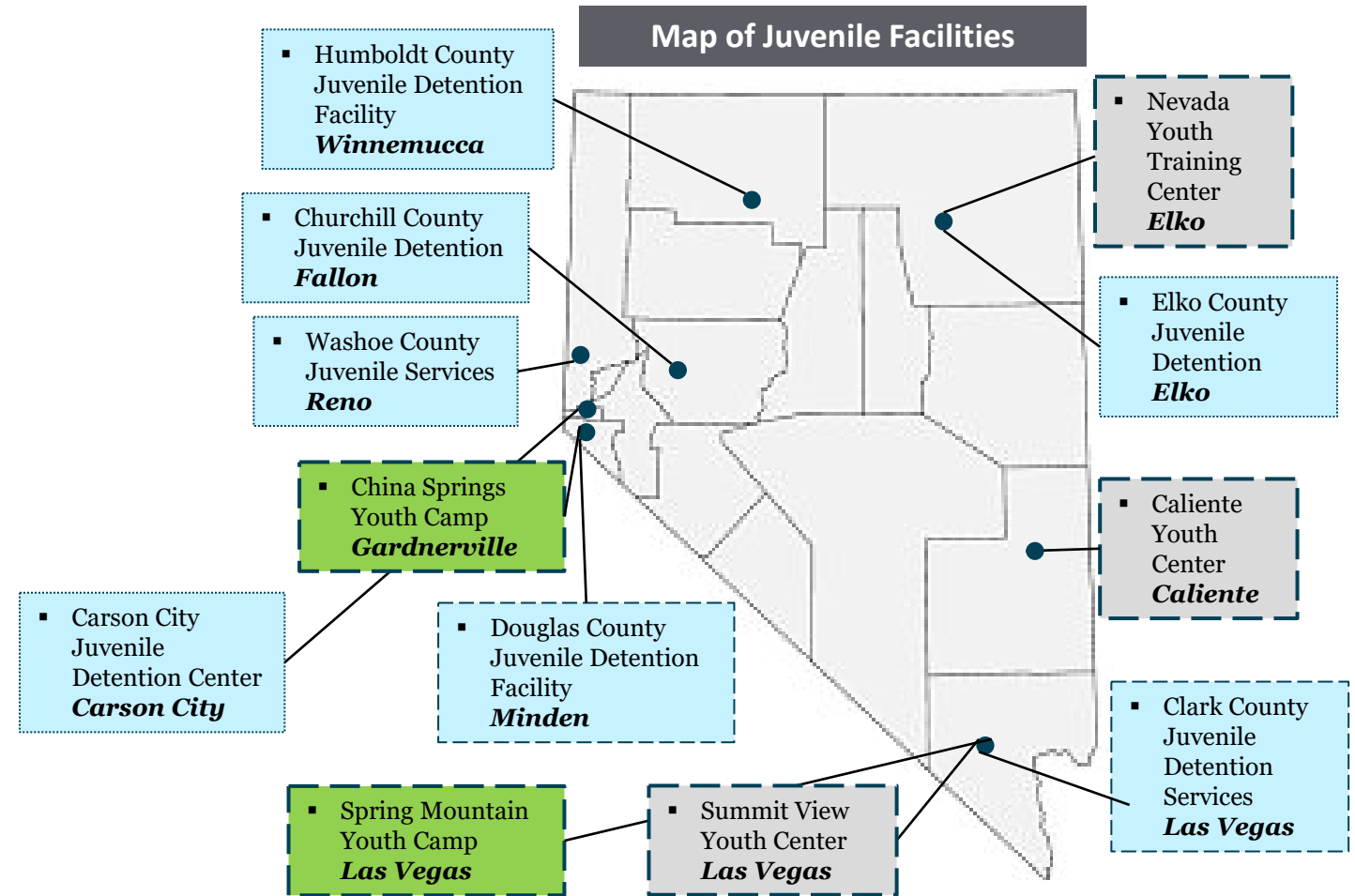
## Among justice-involved individuals in Nevada:<sup>2</sup>

-  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.

# Landscape of Correctional System Partners – Juvenile Facilities

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

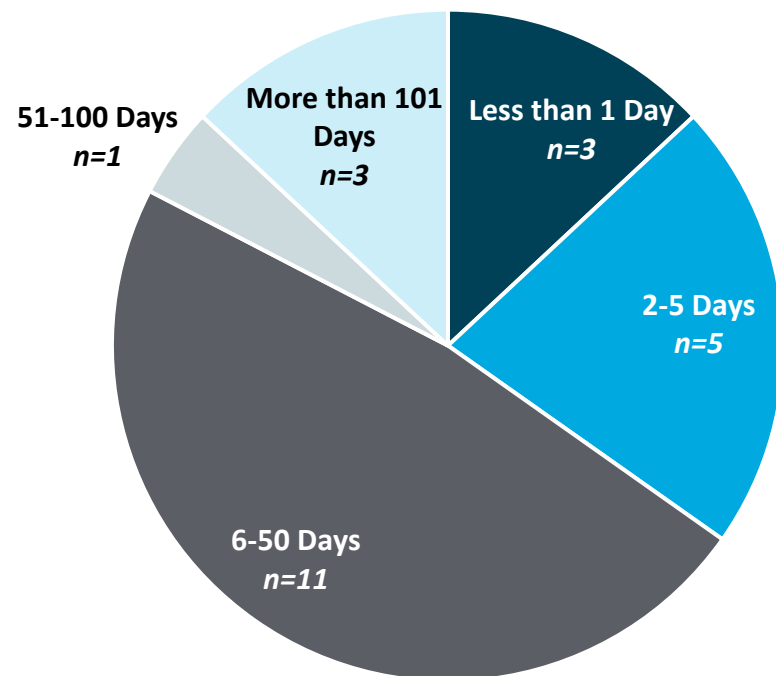
Houses primarily **pre-disposition** youth (may house small number of post-disposition youth pending placement/further legal action)

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.

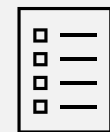
Nevada has 26 local jails\* where 7,900 individuals<sup>1</sup> are currently detained.<sup>2</sup>

A survey of 23 Nevada jails conducted from March – December 2023 found:<sup>3</sup>

Average Reported Length of Stay



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.

