

# 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@dhcfp.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.



# **Today's Agenda**

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



# **Today's Objective**

#### 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.



# **Accessing Nevada Reentry Demonstration Materials**

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

- Reentry Demonstration Webpage: <a href="https://dhcfp.nv.gov/Pgms/Waivers/Reentry Initiative/">https://dhcfp.nv.gov/Pgms/Waivers/Reentry Initiative/</a>
  - Reentry Section 1115 application
  - Public notice
  - Abbreviated public notice
- Indian Health Program Webpage: <a href="https://dhcfp.nv.gov/Pgms/CPT/IHP/">https://dhcfp.nv.gov/Pgms/CPT/IHP/</a>
  - Tribal public notice
- Public Notice Webpage: <a href="https://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/">https://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/</a>



# **Submitting Public Comments**

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

#### 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



#### **Section 1115 Demonstration Waivers**

#### **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.

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland, 21744-1850



#### SMD# 23-003

RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated

April 17, 2023

#### Dear State Medicaid Directo

The Centes for Medicane & Medicaid Services (CMS) is issuing the following guidance for designing demonstration projects under section 1115 of the Social Security Act (the Act) (42 U.S.C. § 1315) to improve care transitions for certain individuals who are soon-to-be former innates of a public institution (hereinafter referred to as incarcerated individuals, except when quoting from statute) and who are otherwise cligible for Medicaid. This letter also provides guidance to interested states about development and submission of the associated section 1115 demonstration association.

This guidance continues to implement section 5032 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) (Pub. L. No. 115-271). Promoting State Innovations to Ease Transitions Integration to the Community for Certain Individuals. As mandated in section 5032, the Department of Health and Human Services (HHS) convened a stakeholder group to develop best practices for states to ease health care-related transitions for inaccreated individuals to the community and to develop a Report to Congress (RTC). On December 1, 2022, HHS transmitted the RTC to Congress. Additionally, section 5023 directs the Secretary of HHS, through the Administrator of CMS, to issue this State Medicaid Director Letter (SMDL) regarding opportunities to design demonstration projects under section 115 of the Act to improve care transitions for incarcerated individuals exiting a public institution and who are otherwise eligible for Medicaid, and to base this guidance on best practices identified in the RTC.

As provided in section 1115 of the Act, the Secretary of HHS may waive certain provisions of section 1902 of the Act and/or provide authority for federal matching of expenditures that otherwise would not be eligible for federal financial participation (FFP) under section 1903 of the Act, where the Secretary determines that the demonstration project is likely to assist in promoting the objectives of Medical. While CMS reviews every section 1115 demonstration

https://aspe.hhs.gov/sites/default/files/documents/d48e8a9fdd499029542f0a30aa78bfd1/health-care-reentressitions.ndf

tes that a demonstration that is individuals and does not restrict promoting the objectives of the di in this guidance will test transitions, starting pre-release, wed continuity of care once the likely help these individuals de care during reentry.

service delivery system to facilitate is leaving prisons and jails and sing practices described in the RTC thority to receive FFP for shed to individuals who are additures otherwise would not no poptrunity to improve care pating in the demonstration will timuity of care will likely result in this demonstration opportunity will poptrunity "froughout this letter."

ountry in the world.<sup>3</sup> On any given 020 or 2021, 1.9 million individuals cilities for the confinement of ce over one year in length, or a ically hold individuals awaiting trial sentences of one year or less) and ividuals were held in federal or state

s. We are providing these links because his document or that otherwise may be vided on the cited third-party websites or nee only; linking to a non-United States or any of their employees of the sponsors slease be aware that the privacy protection or third-party sites.

/www.prisonstudies.org/sites/default/files/resources/downloads/world\_prison\_populatio

\* https://www.arisongolic.org/reports/pie/2022.html.
\* Government data on incurrented individuals has lagged in recent years, an issue made worse by the COVID-19 pandemic (latter/lawaw prisongolic) org/reports/pie/2022.html), and data are generally limited on the health care services available in carecral settings, as well as how much prisons and jails spend on that health care. Througho

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."



# Nevada State Legislation: Assembly Bill 389 (AB389)

#### 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



# Overview of Nevada's Section 1115 Reentry Demonstration

#### **Demonstration Proposal Overview**

- Nevada is seeking authority to provide a target set of Medicaid services to eligible justiceinvolved 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.



#### **Demonstration Goals**

- 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.



# **Eligible Populations**

#### **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.



# **Eligible Facilities**

#### **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**

#### **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.



# **Demonstration Delivery System, Benefits and Cost Sharing**

#### **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**

#### **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 –<br>9/30/2026 | 10/1/2026 –<br>9/30/2027 | 10/1/2027 –<br>9/30/2028 | 10/1/2028 –<br>9/30/2029 | 10/1/2029 –<br>9/30/2030 |
| Estimated Number of Individuals | 585                      | 2,924                    | 5,849                    | 8,773                    | 11,697                   |



### **Annual Expenditures**

#### **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                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | 10/1/2025 –<br>9/30/2026 | 10/1/2026 –<br>9/30/2027 | 10/1/2027 –<br>9/30/2028 | 10/1/2028 –<br>9/30/2029 | 10/1/2029 –<br>9/30/2030 |
| Reentry Services Projected Expenditure | \$1.12 million           | \$5.88 million           | \$12.35 million          | \$19.44 million          | \$27.22 million          |
| Requested Capacity Building Funds      | \$9.9 million            | \$5.4 million            | \$2.9 million            | \$1.15 million           | \$150,000                |



#### **Waiver Evaluation Process**

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.

Nevada submits 1115
Waiver application to
CMS, including
hypotheses

CMS approves the 1115 Waiver request

Nevada arranges for independent evaluation of the waiver hypotheses

CMS approves evaluation design

Independent
evaluator conducts
focus groups, surveys,
targeted interviews,
and data analysis to
inform reporting to
CMS



# **Demonstration Hypotheses**

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



#### **Public Comment Period**

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

#### **Email Comments**

Email <u>1115waivers@dhcfp.nv.gov</u> 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**

- If you are participating via webinar and would like to submit a comment, 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 \*5 to raise your hand and \*6 to unmute your phone line.



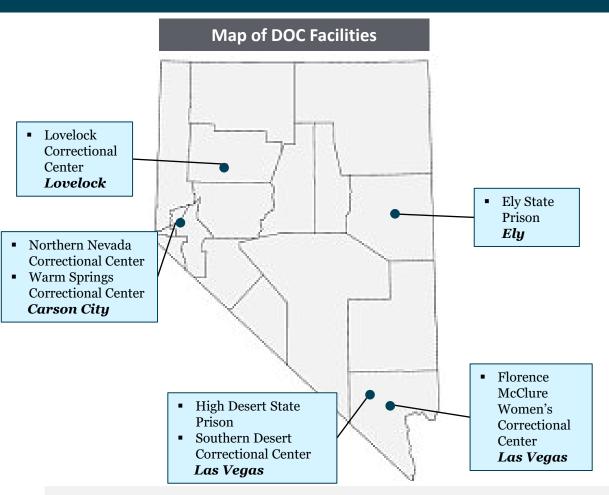


# **Appendix**



# **Landscape of Correctional System Partners – State Prisons**

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



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

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

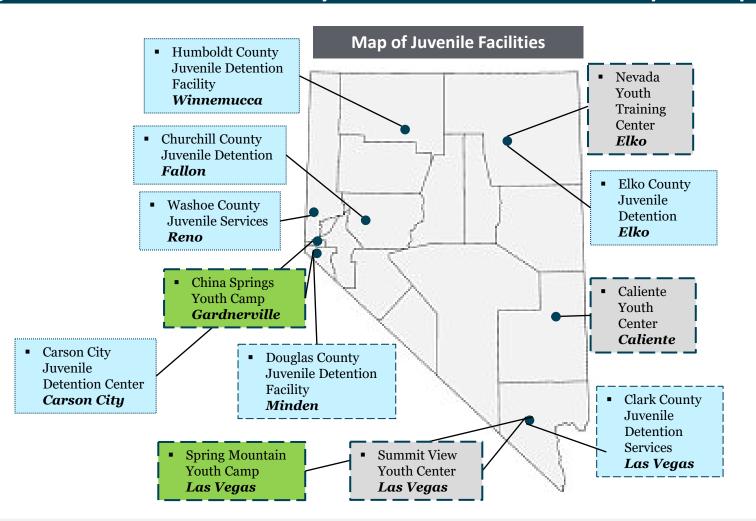
Approximately **66%** of DOC population is in a medium-security facility

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.

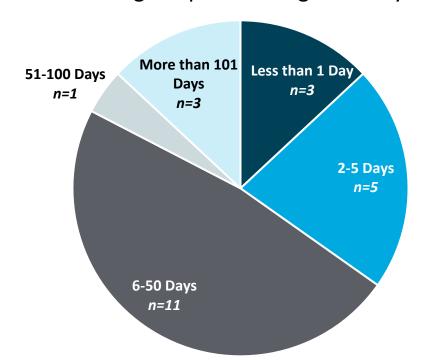


# **Landscape of Correctional System Partners – Jails**

### Nevada has 26 local jails\* where 7,900 individuals¹ are currently detained.²

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

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).

Nevada Department of

<sup>\*</sup> 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.