



NEVADA

HEALTH

AUTHORITY

Division of Nevada Medicaid Reentry Advisory Committee Meeting

July 29, 2025

- **Welcome, Webinar Logistics, and Brief Recap of May Meeting**
- **Ensuring Continuity of Pre- and Post-Release Care via Case Management Services**
 - Overview of Reentry Case Management
 - Pre-Release Case Management Requirements
 - Post-Release Case Management Requirements
 - Case Management Providers and Models
- **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.

Launched July 1, 2025, the former Division of Health Care Financing and Policy is now officially Nevada Medicaid.

Under the new organizational structure, the following teams are housed under the Nevada Health Authority:

- Nevada Medicaid (*formerly Division of Health Care Financing and Policy*)*
- Medicaid eligibility policy from the Division of Welfare and Supportive Services (*now the Division of Supportive Services*)*
- Patient Protection Commission*
- Public Employees Benefit Program
- Silver State Health Insurance Exchange (NevadaHealthLink.com)
- Office of Analytics*
- Governor's Council on Developmental Disabilities*
- Graduate Medical Education from the Governor's Office of Science, Innovation & Technology
- Waiver Provider Oversight from the Aging and Disability Services Division*
- Health Care Quality and Compliance from the Division of Public and Behavioral

**Previously all or in part under the Nevada Department of Health and Human Services.*

*To receive updates from the Nevada Health Authority,
[click this link.](#)*

Advisory Committee May Meeting - Discussion Summary

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May 2025: The Advisory Committee reviewed Demonstration requirements for correctional facilities to screen individuals for Medicaid and pre-release service eligibility, provide Medicaid application assistance, and provide information to Nevada Medicaid to suspend coverage during incarceration, as appropriate.

Discussion Summary

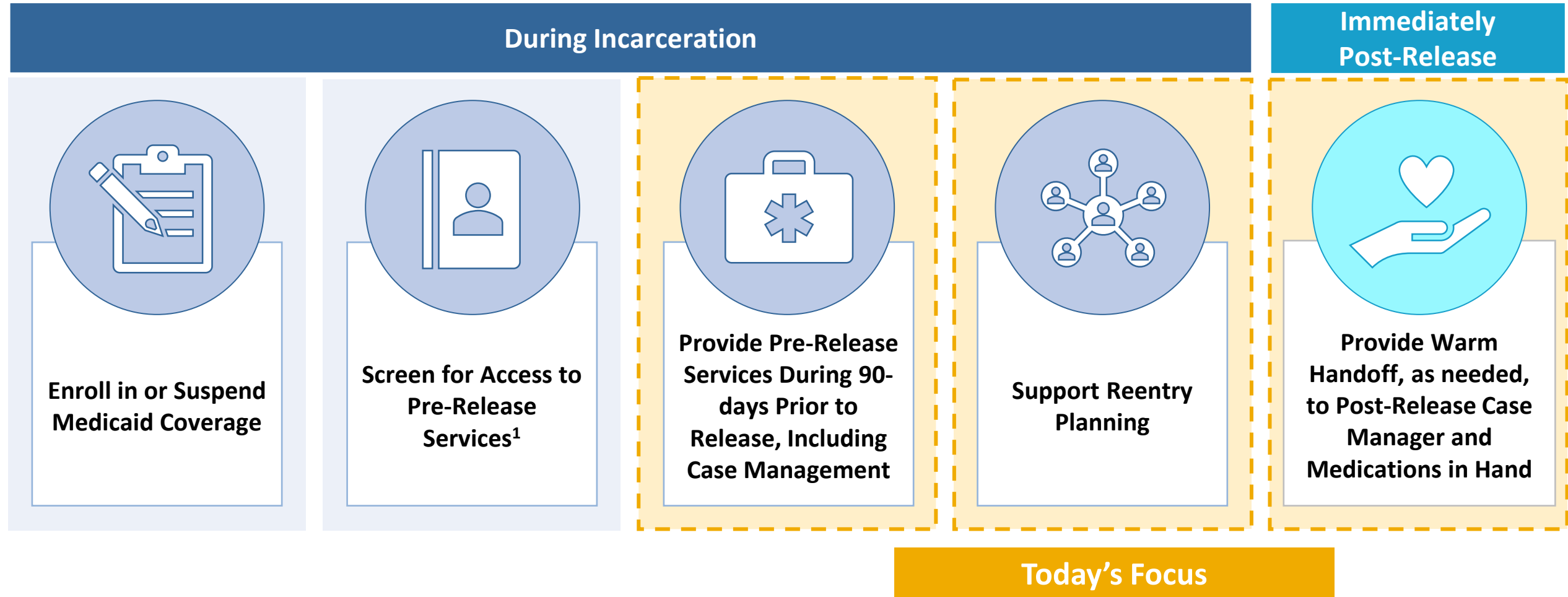
- ***NV Medicaid clarified they are currently developing a new provider type (PT 98) for correctional facilities to enroll as Medicaid providers*** under the Reentry Demonstration. In a future state, correctional facilities will be able to use the Electronic Verification System (EVS) to review patient eligibility information, including suspended status.
- ***NV Medicaid confirmed that most individuals enrolling in an MCO upon release will be permitted to change their assignment once they are released*** from incarceration. Individuals who are in a family unit will have unique considerations that NV Medicaid will clarify in future operational guidance.
- NV Medicaid will clarify expectations through future operational guidance for:
 - Individuals dually eligible for foster care services.
 - Privacy and security requirements for youth.
 - Individuals who are transferred across correctional facilities, including jails.

This is a high-level summary of the discussion from Advisory Committee #2. Nevada Medicaid provided written feedback in response to all the questions raised during the meeting by email. The meeting materials and recording are available on the Reentry [webpage](#).

Overview of Reentry Case Management Services

Key Components of Pre-Release Service Delivery

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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.

Case Management Services and the Reentry Initiative

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Core Objectives of Reentry Case Management

Support the coordination of services delivered during the pre-release period and upon reentry.

Ensure warm handoffs, linkages, and referrals to post-release services and supports.

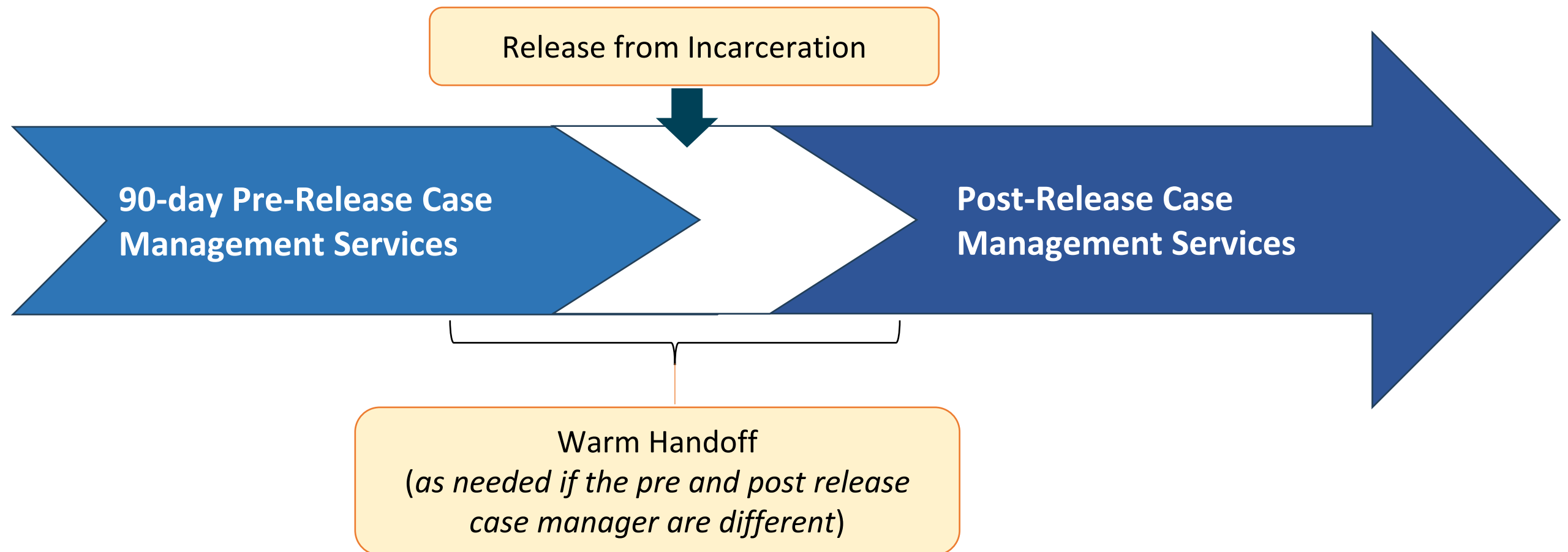
Ensure the arrangement of appointments and timely access to appropriate care delivered in the community.

¹ CMS, SMDL 23-003: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>.

PRE-Release to POST-Release Case Management

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Incarcerated individuals will receive pre-release case management as a part of their 90-day pre-release services. Upon their release, they will receive a warm handoff (*if needed*) to a post-release case manager and receive at least 30 days of post-release case management services in the community.





Case Management Services in the Pre- and Post-Release Period

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Pre-Release Case Management Services

-  Health Risk Assessment
-  Care Plan
-  Care Linkages/Care Coordination
-  Warm Handoff

Post-Release Case Management Services

-  Navigation Supports
-  Follow-up with Individual to Ensure Continuity of Care

Pre-Release Case Management

Required Pre-Release Case Management Services

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Pre-release case managers must ensure the completion of the following pre-release case management activities:



Health Risk Assessment



Care Plan



Care Linkages/Care Coordination



Warm Handoff

Pre-release case management can be offered in-person and/or via telehealth.



Pre-Release Case Manager Responsibilities

- The pre-release case manager must conduct a health risk assessment (HRA) that includes an assessment of:
 - Physical health,
 - Mental health,
 - Substance Use Disorder (SUD),
 - Housing and other social service supports, and
 - Functional needs.
- To develop the HRA, the pre-release case manager must meet with the individual; review prior records; and obtain informed consent (as needed).

- *How well do the HRA requirements align to current practice among correctional facilities?*
- *Are there anticipated best practices/known challenges to implement these HRA requirements?*



Pre-Release Case Manager Responsibilities

- Required to complete a person-centered care plan that includes release plans related to physical health, mental health, substance use disorder (SUD), housing, HRSN, functional needs, and strengths and support resources.
- Pre-release case managers must ensure the care plan:
 - Includes the following components:
 - ◆ Presenting diagnosis and health problems
 - Current and past physical, behavioral health, and HRSN needs and service utilization
 - Known treating providers
 - Social, educational and other underlying needs, such as vocational services or employment
 - ◆ An action plan
 - Health goals developed with the client
 - Services and health care items (including medicines) in the pre- or post-release to support goals achievement
 - Referrals to post-release services, including long-term services and support
 - Plan to support client SUD engagement and counseling as applicable
 - Supports Planning: A plan for engagement for identified support persons for the client
 - ◆ Identification, monitoring and management of barriers
 - Is created and implemented in consultation and collaboration with the individual and leverages the HRA
 - Is shared with the individual, their post-release case manager, post-release providers and (if known) MCO, and support persons upon their release (with the consent of the individual).

- *How well do the care plan requirements align to current practice among correctional facilities?*
- *Are there anticipated best practices/known challenges to implement these care plan requirements?*



Care Linkages/Care Coordination

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Pre-Release Case Manager Responsibilities

- Case managers are required to make links and ensure access to pre- and post-release service needs. Activities include, but are not limited to:
 - Ensuring coordination and receipt of pre-release services
 - Pre-release coordination with community-based and post-release providers based upon individual's identified needs
 - Ensuring medications provided in hand upon release
 - Scheduling appointments and making referrals for post-release services
 - Assisting in information exchange and securing consents as needed
 - Facilitating warm handoffs and links to community-based providers

- *How well do the care linkage requirements align to current practice among correctional facilities?*
- *Are there anticipated best practices/known challenges to implement these care linkage requirements?*



Pre-Release Case Manager Responsibilities

- The pre-release case manager must coordinate a warm handoff to the post-release case manager, if different, and ensure the completion of the following activities:
 - Share reentry care plan and other pertinent information with the individual, the post-release case managers, post-release providers, and (if known) the MCO.
 - Conduct a pre-release warm handoff meeting (in-person or via telehealth) with the individual and pre- and post-release case managers to:
 - Begin to establish a trusted relationship with the post-release case manager
 - Review, update, and discuss the reentry care plan with the individual
 - Obtain any necessary additional consents for information sharing
 - Identify outstanding service needs.
- For individuals with a known release date, the warm handoff should occur at least 14 days prior to release; if a warm handoff cannot take place prior to release, it should occur within one week of release.

- *How well do the warm handoff requirements align to current practice among correctional facilities?*
- *Are there anticipated best practices/known challenges to implement these warm handoff requirements?*

Post-Release Case Management



Navigation Supports

Ongoing navigation supports, including referrals and linkages to post-release appointments and providers and to community supports, in the 30 days post-release.



Follow-up with Individual*

Monitoring and follow up with the individual in the 30 days post-release to ensure engagement with community-based providers is meeting physical, behavioral needs as well as social supports.

**As a best practice, post-release case manager should meet the individual at release. Nevada Medicaid is working to define additional requirements for post-release engagement and follow-up.*

To what extent are MCOs/CBOs currently providing post-release services that meet these requirements?

Case Management Providers & Models

Nevada will utilize “embedded” and “in-reach” case managers to provide case management services during the pre-release period.

Embedded Case Managers

Facility-based case managers who are directly employed or contracted with a correctional facility and deliver pre-release case management services to incarcerated individuals.

In-Reach Case Managers

Case managers employed or contracted with community-based organizations and/or managed care organizations who partner with a correctional facility to deliver pre-release case management services to incarcerated individuals (in person or via telehealth).

Pre-Release Case Management Models

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To allow flexibility for implementation and maximize continuity of case management and access to services in the pre- and post-release period, correctional facilities may choose their preferred pre-release case management model.

Embedded Case Management

Facility staff provide pre-release CM services

Correctional facilities may elect to provide pre-release case management using employed or contracted correctional facility staff. Correctional facilities must ensure that the embedded pre-release case manager facilitates a warm hand-off to a community-based post-release case manager.

In-Reach Case Management

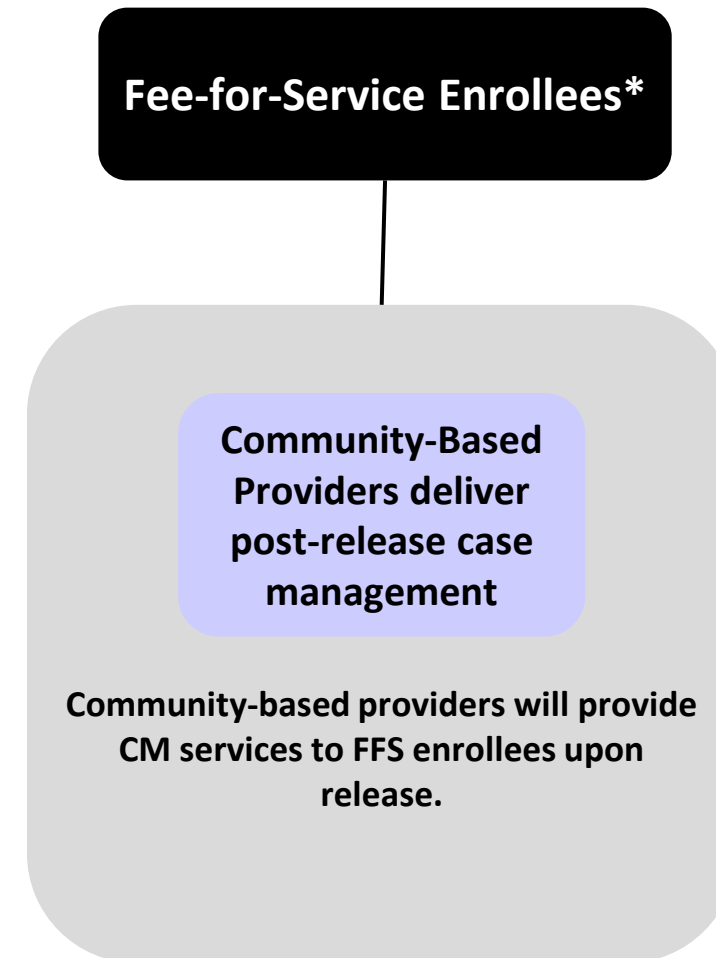
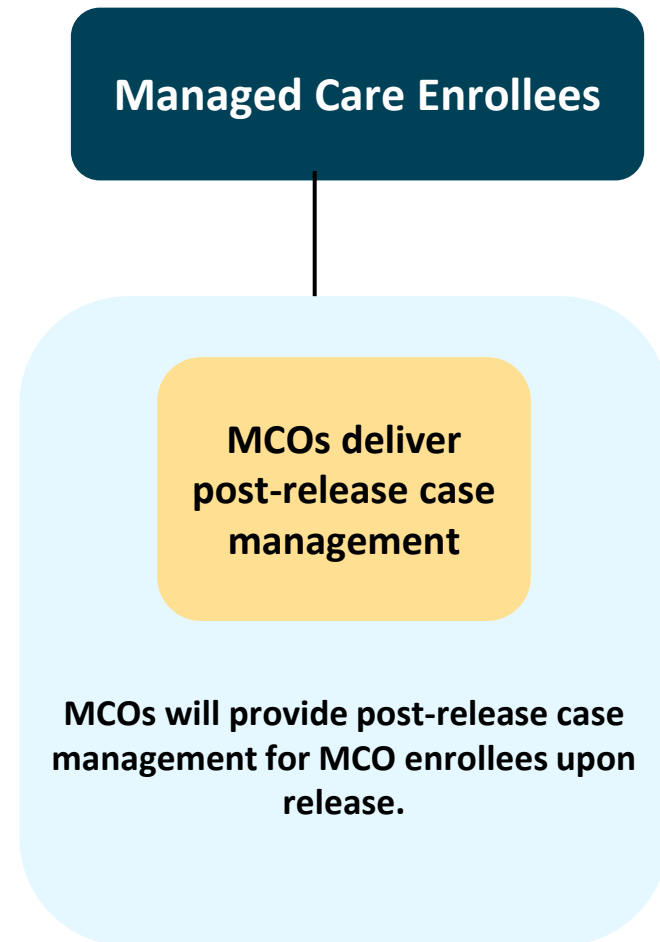
Community-Based Provider provides pre-release CM services

MCO provides pre-release CM services

Participating correctional facilities that cannot or do not want to provide embedded services will be required to partner with community-based providers and MCOs to deliver in-reach CM services.

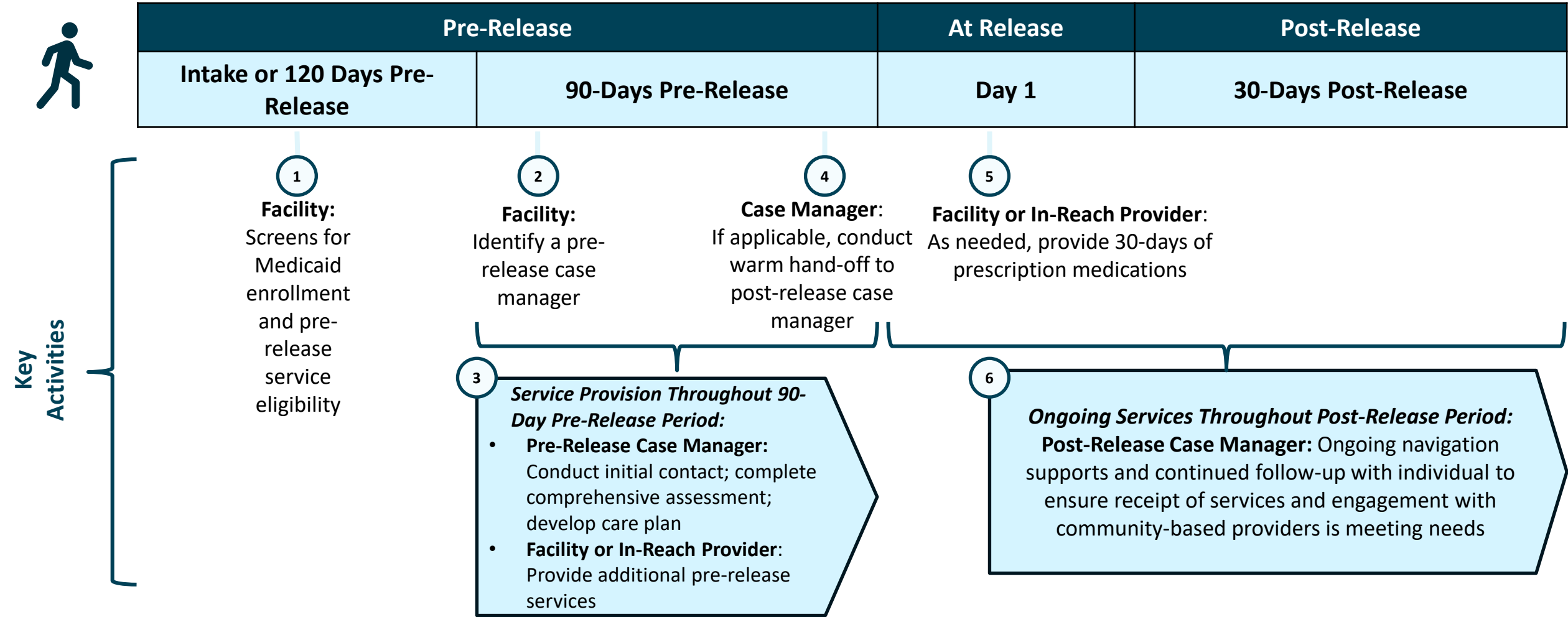
Post-Release Case Management Providers

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**Individuals who are released mid-month while their managed care enrollment is pending may require CM services from a community-based provider in the immediate post-release period and a warm handoff to the MCO case manager once assigned.*

Case Management for an Individual with Long-Term Stay*



*Nevada Medicaid is working to define requirements for individuals with short-term stays or unknown release dates.



Next Steps

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	▪ 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 Nevada Medicaid'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](#).

Appendix

Nevada Reentry Advisory Committee Members (1 of 2)

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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)

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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

Nevada Reentry Initiative Advisory Committee Overview

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The Justice-Involved Reentry Initiative 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 (with the kickoff lasting 1 hour) to consider various policy design and operational implementation topics.

Meetings will enable direct communication and problem solving between Nevada Medicaid 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	Nevada Medicaid 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 Nevada Medicaid's finalized program design unless otherwise indicated. Decisions on Nevada's Reentry Demonstration design and implementation are made at the sole discretion of Nevada Medicaid.

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).

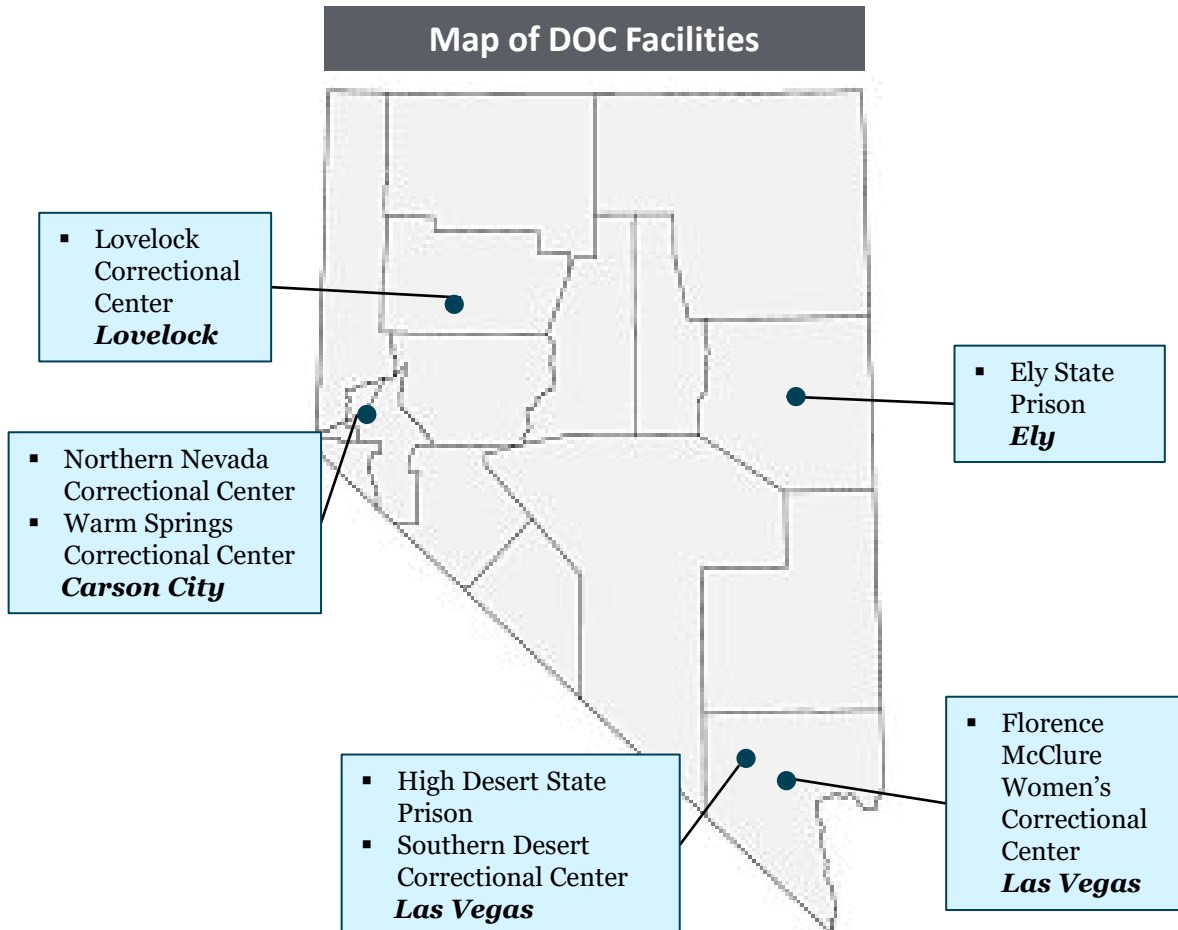
Juvenile Facilities³

- 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.

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.



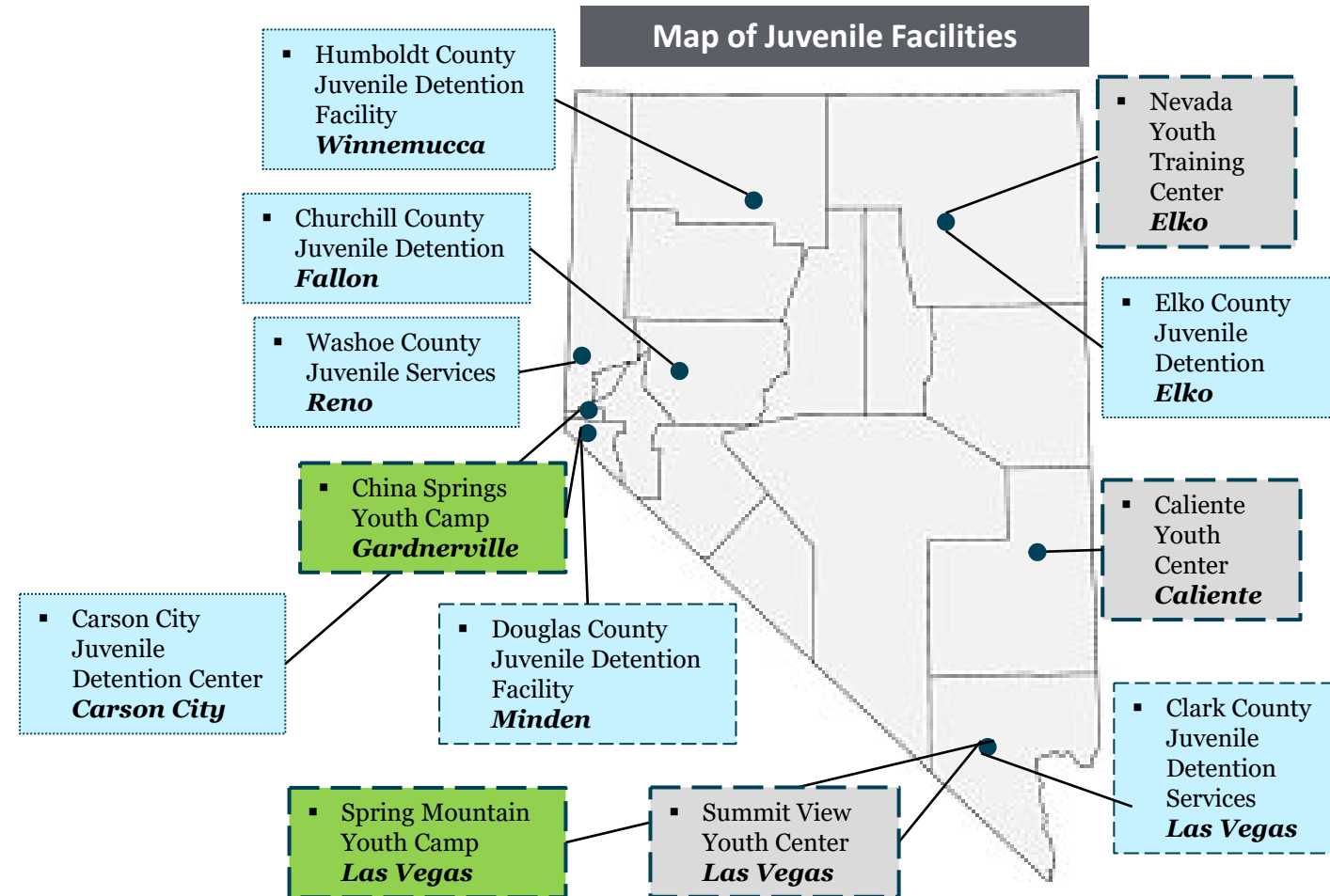
Nevada Department of
Health and Human Services

manatt

Landscape of Correctional System Partners – Juvenile Facilities

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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

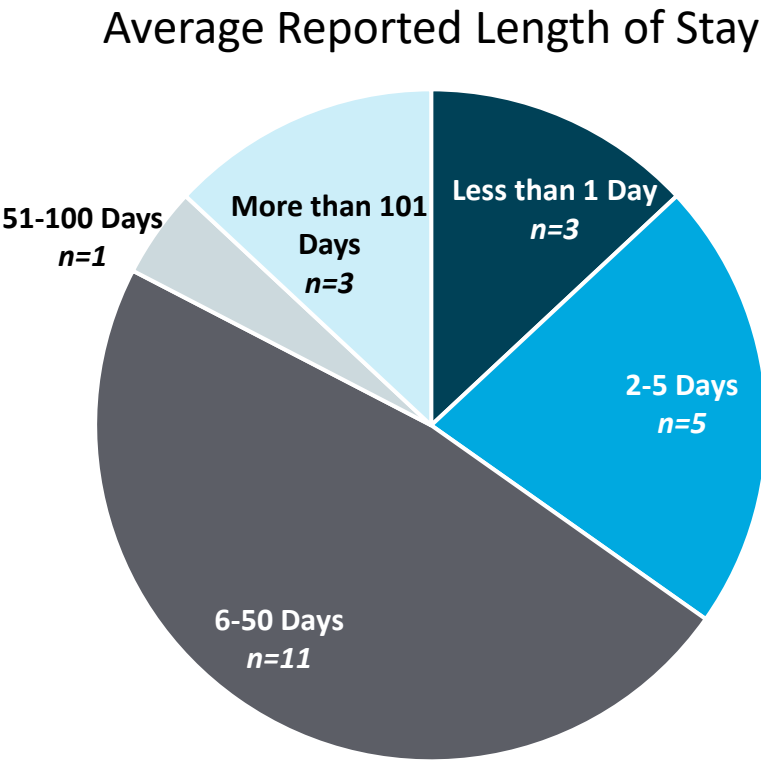
Houses **post-disposition** youth

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.

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.

Nevada Medicaid 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

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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 HIV
 - ✓ Laboratory and radiology services
 - ✓ Services of a Community Health Worker
 - ✓ Peer Support Services