

NEVADA HEALTH AUTHORITY

Nevada Medicaid

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Ann Jenson Administrator

Beneficiary Advisory Council (BAC) Draft Meeting Minutes

Date and Time of Meeting: November 10, 2025 – 9:00AM

Name of Organization: Nevada Health Authority – Division of Nevada Medicaid

Place of Meeting: Historic Westside School

330 W. Washington Ave.

Las Vegas, NV 89106; Teams Meeting

Council Members' Present: Absent Member's:

Ann Jensen, Medicaid Administrator Azraella Gravelle Bill Sims Grace Larkins, Chair Jessica Funderburk Kaelani Queen Brooke Blanco

1. Call to Order

Chair Grace Larkins called this meeting to order at 9:06 am.

2. Conflicts of Interests

Chair Larkins asked for members to disclose any conflicts of interest during this time. No conflicts were addressed.

3. Roll Call

Chair Larkins conducted roll call. A quorum was established.

4. Public Comment

Chair Larkins called for public comment. No public comments were made during this time.

5. Council Member Introductions

Chair Larkins invited each member to briefly introduce themselves to help those who haven't yet met in person become acquainted. Jessica Funderburk was introduced as a new member.

6. Discussion of Draft August Meeting Minutes and Approval

Chair Larkins asked for a motion to approve August meeting minutes. Chair Larkins made a motion to approve, BAC member Bill Sims seconds. The motion passes and meeting minutes are approved.

7. Roundtable Discussion

Chair Larkins opened the floor for BAC members to discuss their priorities and share why they decided to join the BAC. Chair Larkins also asked about obstacles that members have faced in the past or currently as a recipient of Medicaid.

Member Bill Sims addressed his concern when it comes to being referred to other providers. Member Sims stated not all providers accept Medicaid and that gap needs to be bridged to make it easier on Medicaid recipients.

Member Azraella Gravelle addressed her concern regarding family planning and what it looks like having a family in Medicaid and benefits associated with those matters. Member Gravelle also mentioned that communication that is sent to recipients at times does not translate very well and thinks communication needs to be in plain language for recipients.

Member Jessica Funderburk commented that she would like to learn as much as possible and be a part of educating others around what can be offered. Member Funderburk voiced her support of long-term care facilities and advocating for maternal health as her priorities.

Member Kaelanie Queen addressed her concerns about the online provider list. Member Queen said she needed to find a mental health specialist and it took her numerous phone calls to schedule her daughter with a provider who accepts Medicaid Fee for Service (FFS).

8. Administrator's Report

Administrator Jensen provided an update on the three major topics the division is focused on and introduced a featured initiative as the spotlight project for the meeting. The spotlight focused on value-based care, a model that shifts provider payments from volume-based to quality- and outcome-based. Administrator Jensen stated this approach is designed to improve health outcomes for Medicaid beneficiaries while promoting efficient use of resources. Nevada will begin implementing this model with a focus on two key areas: Maternal and Child Health, and Care Transitions. Further information will be shared with members as it comes out.

Administrator Jensen then discussed the upcoming implementation of Statewide Managed Care, which will take effect on January 1, 2026. This expansion will extend managed care beyond urban Washoe and Clark counties to include Nevada's rural communities. The open enrollment period is currently underway and will remain open until December 26, 2025. Medicaid recipients are encouraged to select a health plan during this time. After their initial selection, recipients will have a 90-day window to switch plans if needed. For rural residents, two managed care options will be available: SilverSummit Healthplan and CareSource.

The second major update focused on the launch of a new health plan specifically designed for children with complex behavioral needs and those involved in the foster care system. Also set to begin on January 1, 2027, this initiative aims to provide comprehensive, coordinated care that includes both medical and behavioral health services. Each child enrolled in the program will be assigned a dedicated care coordinator to help navigate systems such as education, child welfare, and juvenile justice when applicable. The state is currently in the process of selecting a managed care organization to administer this plan. A detailed 300-page Request for Proposal (RFP) has been published on the Medicaid website, and stakeholders are invited to submit proposals through January 6, 2026. Review teams made up of representatives from Medicaid, Child and Family Services, legal aid, and other partners will evaluate submissions throughout January and February. The RFP will be distributed to BAC members.

Lastly, Administrator Jensen addressed recent legislative changes at both the federal and state levels. Administrator Jensen reassured the committee that despite the federal government shutdown, Medicaid remains fully operational, with provider payments continuing and communication with federal partners mostly uninterrupted. Administrator Jensen also previewed upcoming eligibility changes that may affect coverage to childless adults in the future, though these changes are still a few years away. Additionally, concerns about potential Medicaid funding cuts were addressed, noting that the impact would vary by state. In Nevada, the Children's Behavioral Health Program may be particularly affected due to its specific funding structure. Administrator Jensen concluded by sharing updates on Medicaid redetermination policies. Beginning in the summer of 2026, most recipients will be required to renew their benefits twice a year instead of

annually. However, certain individuals may qualify for exemptions based on specific criteria.

During discussions, BAC members expressed strong interest in providing feedback on new policies introduced in the One Big Beautiful Bill Act, particularly those that will impact Medicaid eligibility and service delivery. Members were especially concerned for those who are victims of sexual assault and who are going through transitional housing. Members emphasized the importance of how to best inform recipients of these upcoming changes. There was also a request for more detailed information on Nevada Check-Up premiums, including how changes might affect families currently enrolled in the program.

9. Legislative Updates

Chair Larkins introduced Casey Angres, Agency Manager with the Division of Nevada Medicaid, to provide legislative updates. Ms. Agres presented an overview of several key bills from the most recent legislative session that have implications for Medicaid policy and regulations.

Her update included the following Assembly Bills (AB):

- AB 36: An act relating to Medicaid where providers must request hearings within 90 days determined by State law.
- AB 463: Medicaid and MCOs must respond to prior authorizations 2 business days after receiving request.
 - o BAC member Bill Sims asked if this bill would affect prior authorizations for pharmacy services? Support staff to follow up with pharmacy team.
- AB 514: Medicaid adds Rehabilitative Residential Mental Health Care for complex behavioral needs.
 - BAC member Kaelani Queen asked if there is an ability to include a form of childcare or coordination support for people with children using Rehabilitative Residential Mental Health Care services so that children are not placed into the foster care system temporarily.

And the following Senate Bills (SB):

- SB 54: Adds coverage for medical respite services for individuals experiencing homelessness.
- SB 185: Allows family members to be paid for personal care provided to certain children with chronic illness or disability.
- SB300: Increases Opioid Use Disorder (OUD) rates, broaden Federally Qualified Health Center (FQHC) access.
- SB 389: Single Pharmacy Benefit Manager for Medicaid and Children's Health Insurance Program (CHIP).

Ms. Angres provided a summary of each bill, including its purpose, effective dates, and status of implementation. For a detailed explanation of each bill, please refer to the recording of the BAC meeting. The legislative update begins at approximately the 1 hour and 28-minute mark.

10. Statewide Managed Care

Chair Larkins introduced Maria Curiel, Social Service Program Specialist III with the Division of Nevada Medicaid, to provide an overview of the Statewide Managed Care (SMC) transition. Ms. Curiel provided information on SMC expansion scheduled to go live January 1, 2026, and will extend managed care coverage to all counties in Nevada, including rural areas. This expansion is expected to enroll approximately 75,000 additional Medicaid recipients.

Key highlights from the presentation included:

- Timeline and transition support for members during rollout
- Managed Care Organizations (MCOs) and the specific regions they'll serve
- Goals of the expansion, such as improving access and care coordination
- Implementation strategies including outreach, telehealth, and streamlined enrollment
- A focus on whole-person care, addressing social determinants of health
- Accountability and performance measure to ensure quality and transparency

11. Roundtable Discussion

The second roundtable discussion provided an open forum for BAC members to raise questions or suggest topics for future meeting agendas. During this time, BAC member Kaelani Queen expressed interest in reviewing marketing materials from the MCOs. In response, BAC Support Staff member Nahayvee Flores-Rosiles informed the council that review of the MCO marketing material is planned for a future BAC meeting in 2026.

Chair Larkins shared that the MAC has begun developing a formal work plan to help structure their meetings, which will be further discussed during the MAC meeting later today. Chair Larkin expressed interest in adopting a similar approach for the BAC, noting that a structured work plan could help guide future discussions and ensure alignment with the council's priorities. BAC Support Staff member Nahayvee added that such a work plan would also assist staff in developing more focused and relevant agendas for upcoming BAC meetings.

Nahayvee informed members that future meeting dates would be scheduled in the third month of each quarter. Future meetings will take place in March, June, September, and December. All BAC members agreed that they like how meetings are back-to-back on the same day as the MAC meeting and would like to continue this format moving forward.

BAC members also expressed interest in how to reach recipients through the NV Medicaid application and how pregnancy-related benefits can be better communicated to expecting mothers.

BAC member Azraella Gravelle expressed her appreciation for seeing a recent ad showing that people on Medicaid are working people. She stated that there is a big misconception that people who are on Medicaid do not work and she appreciated the ad showing otherwise.

12. Public Comment

Public comment made by Dulcinaya Church, "I was speaking with Jessica Houston earlier this year in April, and we had some progress, and I just wanted to revisit what the topic we broached back then, which was we see a lot of members. I am speaking from experience with the DME company, but we see a lot of members who find the current Nevada Medicaid three-month trial very cumbersome. A lot of the evidence out there does support shorter trials, and I wanted to know if there was an open letter penned, and I don't know if that's something that can be revisited or added as an agenda item in the future."

13. Adjournment

Chair Larkins adjourned this meeting at 11:38AM on November 10, 2025.