

Nevada Justice-Involved Reentry Section 1115 Demonstration Waiver Application
Draft as of October 24, 2024

Section I – Program Description

1.1 Introduction

The Nevada Division of Health Care Financing and Policy (DHCFP), the Medicaid division within the Nevada Department of Health and Human Services (DHHS), is seeking a five-year Section 1115 demonstration from the Centers for Medicare & Medicaid Services (CMS) to improve care for adults and youth transitioning from correctional facilities into the community. Nevada’s request aligns with CMS’s State Medicaid Director (SMD) letter #23-003, “Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated,” released April 17, 2023¹. Specifically, Nevada is seeking authority to provide a set of targeted Medicaid services to eligible justice-involved populations within the 90-day period prior to their expected release. Starting in October 2025, the State intends to implement the Demonstration Statewide with a phased approach, beginning with state prisons, and all state-operated youth correctional facilities, county-operated juvenile detention centers or youth camp state prisons in Phase 1, and county-operated jails that opt-in in Phase 2.

The proposed Reentry Demonstration seeks to strengthen connections across Medicaid, carceral settings, health and social services agencies, community-based providers, and other entities to promote the health and wellbeing of justice-involved individuals and support their successful reentry into the community. To support implementation, Nevada is also seeking \$19.5 million total computable in capacity building funding to provide start-up funding to correctional facilities and implementing partners for the planning and implementation of reentry services.

1.2 Background

According to the Nevada Department of Corrections (NDOC)², 10,890 people were incarcerated in the state prison system as of September 2024. A maximum 7,900 individuals are estimated to be incarcerated in county and local jails³, with approximately 3,500 in Clark County facilities and 1,100 in Washoe County facilities (the two largest counties in the state)⁴.

Individuals leaving incarceration often lack the resources to access health care or other critical social services and are particularly at risk of experiencing poor health outcomes. Compared to individuals who have never been incarcerated, formerly incarcerated people have higher rates of physical and behavioral health needs and face numerous barriers to securing health care, housing, employment,

¹ Centers for Medicare & Medicaid Services, “RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated,” SMD #23-003, April 17, 2023. Available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>

² Monthly Statistical Summary, Nevada Department of Corrections, September 30, 2024. https://doc.nv.gov/uploadedFiles/docnvgov/content/About/Statistics/Monthly_Reports_by_Year/20240930%20Monthly%20Factsheet.pdf

³ Prison Policy Initiative – Nevada Profile. Retrieved from: <https://www.prisonpolicy.org/profiles/NV.html>.

⁴ Jail Data Initiative – Clark County. Retrieved from: https://jaildatainitiative.org/profile?fips=32003&state=NV&jail=Clark_County; Jail Data Initiative – Washoe County. Retrieved from: https://jaildatainitiative.org/profile?fips=32031&state=NV&jail=Washoe_County.

food, and other social supports that affect health outcomes and hinder their ability to successfully reintegrate into their communities upon release⁵. In the United States, an estimated 80 percent of people released from prison have chronic medical, psychiatric, or substance use disorders (SUD)⁶. Lack of access to physical and behavioral health care, including needed SUD or mental health treatment, places formerly incarcerated individuals at significantly increased risk for emergency department (ED) use and hospitalization⁷. Individuals reentering the community are also at much greater risk of overdose death compared to the general population⁸.

Incarceration rates in Nevada reflect racial disparities among the justice-involved population; Black people in particular are overrepresented in Nevada's carceral facilities. For example, in Clark County's jail, Black people comprise around 34% of the prison population, but only 12% of the county's residents⁹. Racial disparities in incarceration further exacerbate health disparities for individuals upon release¹⁰.

The Nevada Legislature enacted two bills to address the health needs of the state's incarcerated population. In 2021, Nevada passed Assembly Bill (AB) 358¹¹, which requires DHHS to suspend rather than terminate Medicaid eligibility when a person is incarcerated. It also authorizes incarcerated individuals to apply for Medicaid, if they are not already enrolled, up to six months before they are scheduled to be released. Following implementation of AB 358, approximately 73% of inmates released from NDOC facilities were enrolled in Medicaid within 30 days of their discharge in January 2023, an improvement from 42% who were released in 2020¹². Seeking to build on these successes, in 2023 the Nevada Legislature passed AB 389¹³, which required DHHS to apply for a Section 1115 reentry waiver to

⁵ Guyer J., Serafi, K., Bachrach, D., and Gould, A. (2019). State Strategies for Establishing Connections to Health Care for Justice-Involved Populations: The Central Role of Medicaid. The Commonwealth Fund. Retrieved from <https://www.commonwealthfund.org/publications/issue-briefs/2019/jan/state-strategies-health-care-justice-involved-role-medicaid>

⁶ Shira Shavit et al. (2017). Transitions Clinic Network: Challenges and Lessons in Primary Care for People Released from Prison," Health Affairs. Vol. 36. No. 6: 1006–15. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0089>

⁷ Wang, E.A., Wang, Y., Krumholz, and H.M. (2013). A high risk of hospitalization following release from correctional facilities in Medicare beneficiaries: a retrospective matched cohort study, 2002 to 2010. JAMA Intern Med. Vol. 173. No. 17: 1621-28. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4069256/>; Joseph W. Frank et al. (2013). Emergency department utilization among recently released prisoners: a retrospective cohort study. BMC Emerg Med. Vol. 13. No. 16. Retrieved from <https://bmccemergmed.biomedcentral.com/articles/10.1186/1471-227X-13-16>

⁸ Ingrid A. Binswanger et al. (2007). Release from prison—a high risk of death for former inmates. New England Journal of Medicine. Vol. 356. No. 2: 157-65. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5242316/>

⁹ Jail Data Initiative – Clark County. Retrieved from: https://jaildatainitiative.org/profile?fips=32003&state=NV&jail=Clark_County.

¹⁰ American Academy of Family Physicians. (2017). Incarceration and Health: A Family Medicine Perspective (Position Paper). Retrieved from <https://www.aafp.org/about/policies/all/incarceration.html>

¹¹ AN ACT relating to healthcare, Assembly Bill (AB) 358. NRS 2023, c 450. Retrieved from <https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/10257/Text>

¹² Minutes of the Meeting of the Assembly Committee on Health and Human Services Eighty-Second Session April 12, 2023

¹³ AN ACT relating to Medicaid, Assembly Bill (AB) 389. NRS 2023, c 422. Retrieved from <https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/10326/Text>

provide a targeted set of reentry services to individuals who are incarcerated in the 90 days prior to their release.¹⁴

With the implementation of these two bills and future approval of its proposed Reentry Demonstration, Nevada aims to facilitate continuity of care and increase access to high-quality, well-coordinated care during reentry for incarcerated individuals, resulting in improved quality health outcomes and reductions in ED visits and inpatient hospital admissions for both physical and behavioral health conditions.

1.3 Demonstration Goals

The Reentry Demonstration will address the health care needs of Nevada’s justice-involved population, advance the State’s health equity priorities, and promote the objectives of the Medicaid program by ensuring incarcerated individuals with high physical or behavioral health risks receive needed coverage and health care services pre- and post-release into the community. By bridging relationships between community-based Medicaid providers and justice-involved populations prior to release, Nevada seeks to improve health outcomes for individuals with a history of substance use, mental illness, and/or chronic disease by increasing access to stable and continuous care. Consistent with the CMS goals as outlined in the CMS SMD, Nevada’s specific goals for the Reentry Demonstration are to:

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

1.4 Proposed Demonstration

¹⁴ In December 2022, Congress passed the Consolidated Appropriations Act (CAA) which 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. Targeted case management services must also be provided in the 30 days following release. Given the overlap in eligible populations, impacted facilities, and required services, DHCFP plans to subsume the CAA service requirements into the Reentry Demonstration, upon implementation of the Demonstration.

DHCFP is seeking authority to provide a targeted benefit package to eligible individuals in state prisons, state and/or local juvenile facilities, and county jails for up to 90-days immediately prior to their expected date of release.

Eligible Facilities

Over the five-year demonstration period, state prisons, state and local juvenile facilities, and county jails will be considered eligible facilities under the demonstration upon a demonstration of readiness.

Nevada will phase in participating correctional facilities based on readiness over the course of the demonstration period as follows:

- 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). 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 and 30-day supply of medications upon release) to youth and adults eligible under the Demonstration.

Targeted Benefit Package

Nevada is seeking authority to cover a targeted benefit package for eligible individuals beginning up to 90-days prior to their expected release from an eligible correctional facility. The pre-release services under the Demonstration include services currently covered under Nevada's Medicaid and CHIP State Plans.

Eligible individuals will have access to the following services required under CMS' SMDL:

- **Case management** under which embedded correctional facility staff care managers or in-reach care managers will establish client relationships, conduct a needs assessment, develop a person-centered care plan, and make appropriate linkages and referrals to post-release care and supports.
- **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.

In addition to the above three services, Nevada plans to provide the following additional services to assist in improving care transitions for incarcerated individuals:

- **Physical and behavioral health clinical consultation services** (e.g., physical, behavioral health, and dental screening and diagnoses)
- **Prescription medications and medication administration during pre-release period**
- **Laboratory and radiology services**
- **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 a minimum set of required services—care

management, MAT, a 30-day supply of medications—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. Nevada will develop other service level tiers based on its engagement with and input from participating correctional facilities.

Capacity Building Funds

To support implementation of the reentry initiative, Nevada is requesting \$19.5 million total computable in capacity building funds. Capacity building funds will be available to correctional facilities and other implementation entities partnering with DHCFP to implement the initiative. This funding will support planning and implementation activities, including but not limited to: development of new business and operational practices related to health information technology (IT) systems; hiring and training of staff to assist with implementing the reentry initiative; development of operational workflows, processes and space modifications need to implement the initiative across participating carceral settings; and outreach, education, and stakeholder convening to advance collaboration.

Section II – Demonstration Eligibility

The Demonstration is intended to improve care transitions for incarcerated individuals who are soon-to-be former inmates of a public institution and who are otherwise eligible for Medicaid. The Demonstration will provide coverage for certain pre-release services furnished to individuals who are incarcerated in state prisons, state and/or local juvenile facilities, and county jails and who are returning to the community.

2.1 Eligible Populations

Individuals eligible to participate in the proposed Reentry Demonstration will include Medicaid eligible adults with specified health conditions, Medicaid/CHIP eligible youth under 21 and former foster youth under 26, who are incarcerated in state prison, local county jails, or juvenile facilities, and are expected to be released into the community within 90 days. Services will be available to incarcerated individuals who are both pre- and post-adjudication.

More specifically, eligible individuals must be:

- **Medicaid (MAGI and non-MAGI) eligible adults** who have been 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 who are pregnant or up to 12 months postpartum.
- **Medicaid/CHIP eligible youth under 21 years of age.** Youth under 21 are not required to meet the additional behavioral health/chronic conditions criteria outlined for adults.
- **Former foster youth, under 26 years of age.** Former foster youth under 26 are not required to meet the additional behavioral health/chronic conditions criteria outlined for adults.

Medicaid members will qualify for services outlined in this Demonstration based upon their medical need for services and Medicaid member eligibility requirements will not be affected by this Demonstration. See Table 1 below for more information on impacted Medicaid and CHIP eligibility groups.

Table 1. Eligibility Chart

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
Aged and Disabled	42 CFR 435.120, 42 CFR 435.122, 42 CFR 435.130, 42 CFR 435.132 – 42 CFR 435.134, 42 CFR 435.211 435.138	Below SSI level
Adults 19-64	42 CFR 435.119	At or below 138% of FPL
Children under 19	42 CFR 435.118 42 CFR 457.320	At or below 138 for Medicaid At or below 205% FPL for CHIP
Pregnant women and 12 months postpartum	42 CFR 435.116 Social Security Act 1903(v)(4) and 2107(e)(1)(N)	At or below 190% FPL
Parents and other caretaker relatives	42 CFR 435.110	At or below 138% FPL
Former foster care youth under 26	42 CFR 435.150	NOT APPLICABLE
Foster care children	42 CFR 435.145	NOT APPLICABLE

If CMS approves this Demonstration proposal, Nevada projects that up to 12,000 individuals will receive Medicaid coverage 90 days pre-release annually over the five-year demonstration period.

2.2 Medicaid Eligibility and Enrollment Procedures

Nevada will establish pre-release eligibility and enrollment processes for all eligible incarcerated individuals based on the criteria outlined in Section 2.1. As is the current practice, Nevada will suspend Medicaid coverage upon entry into a correctional facility and will continue processes to limit Medicaid coverage to inpatient hospital services while an individual is incarcerated and to reestablish full Medicaid benefits as soon as possible upon release. To implement the Reentry Demonstration, Nevada will establish pre-release eligibility and enrollment processes to permit coverage of the targeted benefit package during the 90-days prior to the expected day of release.

Section III – Demonstration Benefits and Cost Sharing Requirements

3.1 Benefits

As described above, Nevada is requesting that the scope of pre-release services be offered to eligible individuals beginning up to 90-days prior to release from a participating correctional setting. Eligible individuals will be able to access the following three services, required under CMS' SMDL:

- **Case management:** under which embedded correctional facility staff care managers or in-reach care managers will establish client relationships, conduct a needs assessment, develop a person-

centered care plan, and make appropriate linkages and referrals to post-release care and supports.

- **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.

In addition to the above three services, Nevada plans to provide the following additional services to assist in improving care transitions for incarcerated individuals:

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

Accordingly, other benefits and services covered under the Nevada Medicaid and CHIP State Plans, as relevant, that are not included in the above-described pre-release services (e.g., full EPSDT benefit for qualifying Medicaid beneficiaries under age 21) are not available to qualifying beneficiaries through this Demonstration.

3.2 Cost Sharing

There are no changes to cost sharing proposed under this Demonstration. Cost sharing under this demonstration is consistent with the provisions of the approved state plan.

Section IV – Delivery System

There are no changes to Nevada’s delivery system proposed under this Demonstration. At this time, Nevada is exploring whether to deliver pre-release services on a fee-for-service basis during the pre-release period. If Nevada elects to provide some, or all, services through managed care it will memorialize this decision in its Implementation Plan.

Section V – Implementation of Demonstration

5.1 Implementation Schedule

DHCFP is cognizant of CMS’ Implementation Plan requirements and is currently engaging in planning activities to support a proposed implementation go-live date of October 1, 2025, with a phased in approach.

Nevada will phase in participating correctional facilities over the course of the demonstration period, contingent upon facilities demonstrating readiness to participate in the Demonstration. Following waiver approval, DHCFP will initiate Phase 1 (spanning Demonstration Years 1-3), during which all State prisons, State-operated youth correctional facilities and County-operated juvenile detention centers or youth camps that demonstrate readiness, as determined by a readiness assessment to be developed by

the State, will participate in the initiative. In Phase 2 (spanning Demonstration Years 4-5), local county jails that demonstrate readiness will be eligible to opt-in to the Demonstration. All facilities that house post-disposition CAA-eligible youth will be required to provide eligible youth in their facilities with mandated CAA services (case management, screening and diagnostic services) that are also covered under the Demonstration. These facilities may, but will not be required, to opt into the Demonstration 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.

DHCFP will determine when each applicable facility is ready to participate in the Re-entry Demonstration Initiative based on a review of a facility-submitted assessment (and appropriate supporting documentation) demonstrating the facility's readiness to implement:

1. Pre-release Medicaid and CHIP application and enrollment processes for individuals who are not enrolled in Medicaid or CHIP prior to incarceration and who do not otherwise become enrolled during incarceration;
2. The screening process to determine a beneficiary's qualification for pre-release services;
3. The provision or facilitation of pre-release services for a period of up to 90 days immediately prior to the expected date of release, including the facility's ability to support the delivery of services furnished by providers in the community that are delivered via telehealth;
4. Coordination among partners with a role in furnishing physical, behavioral, and Health Related Social Needs (HRSN) services to beneficiaries;
5. Appropriate re-entry planning, pre-release care management, and assistance with care transitions to the community, including connecting beneficiaries to physical and behavioral health providers, and making referrals to care management and community support providers that take place throughout the 90-day pre-release period, and providing beneficiaries with covered outpatient prescribed medications and over-the-counter drugs (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan);
6. Operational approaches related to implementing certain Medicaid and CHIP requirements, including, but not limited to applications, suspensions, notices, fair hearings, reasonable promptness for coverage of services, and any other requirements specific to receipt of pre-release services by qualifying individuals under the Reentry Demonstration;
7. A data exchange process to support the care coordination and transition activities;
8. Reporting of requested data from DHCFP to support program monitoring, evaluation, and oversight; and
9. A staffing and project management approach for supporting all aspects of the facility's participation in the Re-entry Demonstration Initiative, including information on the qualifications of the providers that the correctional system will partner with for the provision of pre-release services.

5.2 Notification / Enrollment of Potential Participants Nevada Medicaid will leverage correctional facility staff or other qualified professionals to notify and enroll individuals into the waiver to receive services under the Demonstration. Correctional facility staff and/or qualified professionals will assess individuals' Medicaid enrollment status at the time of incarceration and, where needed, support the individual through the Medicaid application process. Correctional facility staff and/or qualified professionals will also screen individuals against eligibility criteria to receive services under the Demonstration and provide Medicaid-eligible individuals who meet the criteria.

5.3 Role of Managed Care in Provision of Benefits

DHCFP plans to use both correctional facility-based providers and in-reach managed care or centralized vendor providers to furnish services under the Demonstration. Specifically, pre-release care management services will be provided by embedded correctional facility staff care managers or by in-reach care managers. In-reach care management services will be provided either by managed care organizations or a centralized care management vendor. Upon release, post-release care management services will be provided by Managed Care plans for managed care enrollees and by a centralized care management vendor or community-based provider for managed care exempt and excluded Medicaid enrollees.

While there are only two counties that currently deliver Medicaid through Managed Care plans, Nevada will be going statewide with managed care in 2026, which will support further engagement of managed care plans in the Reentry Demonstration.

5.4 Stakeholder Engagement

DHCFP is developing the Demonstration with the support of and input from a range of Nevada-based stakeholders. This includes facilitating discussions with carceral partners, including the Nevada Department of Corrections and county facilities, as well as with cross-divisional partners from other areas of DHHS, including the Division of Welfare and Supportive Services, Division of Public and Behavioral Health, Division of Children and Family Services, and the Aging and Disability Services Division. DHCFP is also engaging stakeholders in the development of the Section 1115 application through public hearings, webinars, public comment, and other community forums. As planning for implementation continues, DHCFP will continue to engage with multiple internal and external stakeholders to ensure a smooth phased implementation of this Demonstration.

Section VI – Enrollment, Demonstration Financing and Budget Neutrality

This section describes the projected enrollment impact, expected financial expenditures and budget neutrality considerations associated with the proposed Demonstration.

6.1 Enrollment

Table 2 provides a summary of the annual estimated number of eligible justice-involved individuals who may receive pre-release services under the Reentry Services Demonstration.

Table 2: Estimated Justice-Involved Reentry Initiative Impacts

	Estimated Number of Individuals Affected by Justice-Involved Reentry Initiative				
	DY 1	DY 2	DY 3	DY 4	DY 5
	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
Justice-Involved Individuals	585	2,924	5,849	8,773	11,697

6.2 Expenditures

Nevada is seeking \$85.51 million over the five-year Demonstration period. Table 3 provides a summary of annual projected computable expenditures under the Reentry Services Demonstration.

Table 3: Projected Computable Expenditures Under the Reentry Services Demonstration

	Projected Total Computable Expenditures				
	DY 1	DY 2	DY 3	DY 4	DY 5
	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
Justice-Involved Reentry Services	\$1.12 million	\$5.88 million	\$12.35 million	\$19.44 million	\$27.22 million
Justice-Involved Capacity Building Funds	\$9.9 million	\$5.4 million	\$2.9 million	\$1.15 million	\$150,000

6.3 Budget Neutrality

The Demonstration is expected to be budget neutral as evaluated by CMS. Budget neutrality will align with the projected expenditures for the Reentry Demonstration as described above in Table 3. Nevada will continue to work with CMS to confirm and finalize budget neutrality during the demonstration negotiation and approval process.

Section VII – Requested Waivers and Expenditure Authorities

Under the authority of Section 1115(a) of the Act, the following waivers and expenditure authorities shall enable Nevada to implement the demonstration from October 1, 2025 to September 30, 2030. To the extent that CMS advises the State that additional authorities are necessary to implement the programmatic vision and operational details described above, the State is requesting such waiver or expenditure authority, as applicable. Nevada’s negotiations with the federal government, as well as State legislative/budget changes, could lead to refinements in these lists as we work with CMS to move this demonstration forward.

7.1 Waiver Authority Request

Under the authority of Section 1115(a)(1) of the Act, the following waivers shall enable Nevada to implement this demonstration.

Table 4. Requested Waiver Authorities

Waiver Authority	Use for Authority
Statewide: <i>Section 1902(a)(1)</i>	To enable the state to make pre-release services available, as described in this application, to qualifying beneficiaries on a geographically limited basis.
Freedom of Choice: <i>Section 1902(a)(23)(A)</i>	To enable the state to offer qualifying beneficiaries pre-release services, as described in this application, through only certain providers.
Amount, Duration, and Scope of Services: <i>Section 1902(a)(10)(B)</i>	To enable the state to provide only a limited set of pre-release services, as described in this application, to qualifying beneficiaries that is different than the services available to all other beneficiaries outside of carceral settings in the
Comparability: <i>Section 1902(a)(17)</i>	

	same eligibility groups authorized under the state plan or the Demonstration.
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7.2 Expenditure Authority Request

Under the authority of Section 1115(a)(2) of the Act, Nevada is requesting the following expenditure authority to cover justice involved pre-release services during the five-year demonstration period.

Table 5. Proposed Title XIX Expenditure Authorities

Title XIX Expenditure Authority	Use for Authority
Expenditures for Related to Pre-Release Services	Expenditures for pre-release services, as described in this application, provided to qualifying Medicaid beneficiaries for up to 90 days immediately prior to the expected date of release from a participating state prison, county jail, or youth correctional facility.
Expenditures for Building Capacity of Pre-Release Supports Through an Approved Reinvestment Plan	For costs not otherwise matchable related to a variety of activities necessary to support successful transitions from a carceral facility into the community. The activities will include pre-release readiness assessments, improving the eligibility process, education and training, linking Electronic Health Records, and other activities to be submitted in the Implementation Plan and Reinvestment Plan.

Table 6. Proposed Title XXI Expenditure Authorities

Title XIX Expenditure Authority	Use for Authority
Expenditures for Related to Pre-Release Services	Expenditures for pre-release services, as described in this application, provided to qualifying demonstration beneficiaries who would be eligible for CHIP if not for their incarceration status, for up to 90 days immediately prior to the expected date of release from a participating state prison, state and/or local juvenile facility, and county jail.

The expenditure authority for pre-release services through this initiative comprises a limited exception to the federal claiming prohibition for medical assistance furnished to inmates of a public institution at clause (A) following section 1905(a) of the Act (“inmate exclusion rule”).

Section VIII – Evaluation Approach and Demonstration Hypotheses

Nevada will contract with an independent evaluator to assess the impact of the proposed reentry demonstration. Nevada is proposing the research questions, hypotheses, and proposed evaluation approaches described below to include as part of its evaluation design.

Table 7. Proposed Evaluation Hypotheses, Approach, and Data Sources

Hypotheses	Evaluation Questions	Data Sources
<p>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.</p>	<ul style="list-style-type: none"> • Does the Demonstration result in increased Medicaid and CHIP enrollment rates among individuals leaving incarceration? 	<ul style="list-style-type: none"> • Medicaid and CHIP enrollment data through eligibility and enrollment system
<p>The demonstration will result in increased access to physical and behavioral health services in the pre- and post-release period and improve health outcomes.</p>	<ul style="list-style-type: none"> • Does the Demonstration increase the number of individuals leaving incarceration that receive physical health services within one/three/and six months from release? • Does the Demonstration increase the percentage of individuals leaving incarceration that have continuity in their prescription drugs filled within one/three/and six months from release? • Does the Demonstration increase the percentage of individuals receiving behavioral health services within one/three/and six months from release? • Does the Demonstration results in reductions in emergency department and inpatient hospital visits among those released from incarceration? 	<ul style="list-style-type: none"> • Claims data • Interviews or focus groups with providers and individuals with lived experience
<p>The demonstration will result in fewer ED visits and fewer inpatient hospitalizations.</p>	<ul style="list-style-type: none"> • Does the Demonstration results in reductions in emergency department and inpatient hospital visits among those released from incarceration? • Does the Demonstration increase the use of community-based SMI/SUD services? 	<ul style="list-style-type: none"> • Claims data • Interviews or focus groups

These hypotheses and plan are subject to change and will be further defined as Nevada works with CMS to develop an evaluation design consistent with the STCs and CMS policy.

Section IX – Public Notices

In accordance with 42 CFR section 431.408, DHCFP will conduct a thirty (30) day public notice and comment process from October 24 to November 24, 2024. This will allow the public and other interested parties the opportunity to review and provide feedback on the Reentry Demonstration. During this time, DHCFP will present and discuss the reentry demonstration during two public workshop/hearings, the first on Wednesday, November 6, 2024 at 1:00 PM PT and the second on Wednesday, November 13, 2024 at 9:00 AM PT.

All information related to public comment and public workshops/hearings has been made available on the dedicated website for this Demonstration.

9.1 Public Notice

DHCFP published public notice of the waiver application in the State Administrative Record and on a dedicated webpage on the DHCFP website on October 24, 2024 to formally begin the public comment period. DHCFP also used an electronic mailing list to notify the public of the extension, hearings, and opportunity to comment on the waiver draft. To encourage feedback and compliance with accessibility, a copy of the draft waiver will be made accessible at a public web link and available in hard copy. Instructions for requesting a hard-copy document are included in the formal public notice. The public notice document also provides detailed instructions to the public for submitting written comments. A copy of the formal public notice is attached as Appendix A and a copy of the abbreviated public notice document is attached as Appendix B. Both documents are also available for viewing on DHCFP’s 1115 Reentry website: https://dhcfp.nv.gov/Pgms/Waivers/Reentry_Initiative/

9.2 Public Workshops/Hearings

DHCFP will hold two (2) public hearings during the notice and comment period in geographically diverse areas of Nevada. The hearings are available for interested parties to attend either in person or virtually via TEAM’s platform. DHCFP confirms the two public hearings will be held on the following dates and locations, as scheduled and as publicized in the formal notice:

Public Workshop/Hearing #1
Wednesday, November 6
1:00pm PT
DHCFP Reno District Office: 745 W. Moana Lane Suite 200, Reno, NV 89509
https://teams.microsoft.com/meetingOptions/?organizerId=b5ab8d62-be8c-4cea-aaf6-eb7de8c1b391&tenantId=e4a340e6-b89e-4e68-8eaa-1544d2703980&threadId=19_meeting_ZDQ3YzgxNTMtNTUxYS00MjVmLTk4YTItNDQxNGNhYzE2MzY2@thread.v2&messageId=0&language=en-US

Public Workshop/Hearing #2
Wednesday, November 13

9:00am PT

DHCFP Las Vegas District Office: 1210 S. Valley View Suite 104, Las Vegas, NV 89102

https://teams.microsoft.com/meetingOptions/?organizerId=b5ab8d62-be8c-4cea-aaf6-eb7de8c1b391&tenantId=e4a340e6-b89e-4e68-8eaa-1544d2703980&threadId=19_meeting_Y2UxMDBkYzktYzdjOS00NjNmLWExNjgtZTlhZWl3YWZiNWVi@thread.v2&messageId=0&language=en-US

9.3 Tribal Consultation

On September 30, 2024, DHCFP sent public notice of the waiver application to the representatives of all federally recognized tribes located within Nevada in accordance with 42 CFR § 431.408, with the option to schedule a separate tribal consultation to discuss the waiver. A copy of the formal correspondence sent to the tribal representatives soliciting input on the waiver application can be found in Appendix C.

9.4 Summary of Public Comments and State Response

A summary of public comments received, including those from federally recognized tribes, will be developed at the conclusion of the public notice and comment period. This section will be updated to include a summary of comments as well as the state responses, including any changes to the waiver resulting from public comment.

Section IX – Demonstration Administration

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