

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 21, 2025

Ann Jensen
Administrator
Nevada Health Authority
Nevada Medicaid
4070 Silver Sage Drive
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) NV-25-0012

Dear Administrator Jensen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-25-0012. This State Plan Amendment (SPA) amends the Medicaid state plan to provide mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles that are incarcerated in a public institution post-adjudication of charges.

We have conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Nevada Medicaid SPA NV-25-0012 was approved on November 21, 2025, with an effective date of January 1, 2025.

If you have any questions, please contact Cecilia Williams at 410-786-2539 or via email at Cecilia.Williams@cms.hhs.gov.

Sincerely,

WENDYE. HILL
PETRAS-5

Digitally signed by WENDYE. HILL
PETRAS-5
Date: 2025.11.21 09:05:54-08'00'

Wendy E. Hill Petras, Acting Director,
Division of Program Operations

Enclosures

cc: Jenifer Graham
Kirsten Coulombe
Malinda Southard
Casey Angres
Cindy Kirste
El Hermansen

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November 21, 2025

Ann Jensen
Administrator
Nevada Health Authority
Nevada Medicaid
4070 Silver Sage Drive
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) – NV-25-0012 Companion Letter

Dear Administrator Jensen:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to NV-25-0012, approved on November 21, 2025. This SPA amends the Medicaid state plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles that are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and state plan, this SPA is effective January 1, 2025, and will sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the state plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.
- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management services, including referrals to appropriate care and

services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

We appreciate the state's efforts to implement this mandatory coverage and recognize the progress that has been made as well as the complexities associated with full implementation. However, during the review of NV-25 -001 2, CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2026, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed the state should submit a SPA to remove the sunset date from the state plan.

1. **Standardized Eligibility and Enrollment Processes:** Prepare and implement standardized bi-directional information sharing for Medicaid enrollment and suspension processes across all facilities, including systems changes that limit payment for only authorized services. The Division of Health Care Financing and Policy (DHCFP) and its sister agency, the Nevada Division of Welfare and Supportive Services (DWSS) have developed requirements and manual processes for facilities to screen individuals for Medicaid eligibility, provide application assistance to those not yet enrolled, and communicate incarceration status and release date information to DWSS/DHCFP to effectuate coverage suspension and reactivation. Nevada will train correctional facilities on related requirements and provide targeted technical assistance to ensure consistent implementation across facilities. DHCFP/DWSS will develop a data sharing agreement between the state and correctional facilities to facilitate data exchange and will implement system changes that will allow for the state's MMIS and AMPS to store release date information to support coverage suspension and reactivation processes and limit services to the 30-day period prior to release.
2. **Support Medicaid Provider Enrollment:** Prepare and implement necessary provider system and process changes to support correctional facilities to enroll in Medicaid. DHCFP will identify eligible provider types and establish enrollment pathways within the state's Medicaid provider system. DHCFP will ensure that correctional facilities can enroll as Medicaid providers and will offer technical assistance as they navigate the enrollment process.
3. **Conduct System Configuration and Testing to Support Medicaid Eligibility, Billing, and Claiming Processes in Correctional Facilities:** Update DHCFP's MMIS and eligibility systems to support new coverage group and services. Implement systems changes in Nevada's MMIS to support Medicaid billing and claiming. Nevada will implement additional system changes that will allow the state's MMIS and AMPS to store release date information to support eligibility and enrollment processes (including suspension and coverage reactivation) and to ensure services are limited to the 30-day

period prior to release Nevada will facilitate correctional facility access to the state's Electronic Verification System which will allow facilities to view an individual's enrollment status DCHFP has also developed a billing guide to support billing and claiming however, many facilities do not have billing or EHR systems in place to facilitate related processes DCHFP will leverage CAA Grant Planning funds to support facilities' purchase and implementation of the IT infrastructure necessary to streamline billing and claiming processes

- 4 Training and Capacity Building Complete internal staff training, including training support and system staff, on the new Medicaid provider type, policy expectations, system processing, and data identification for reporting DCHFP will develop tailored training modules, support training sessions and establish ongoing support mechanisms for staff
- 5 Develop Oversight Procedures Establish internal monitoring and oversight infrastructure This will include defining performance metrics, data sources, and reporting timelines
- 6I Conduct Readiness Assessments Prepare for and conduct readiness assessments of carceral facilities and formally document facility participation and/or non-cooperation Specifically, Nevada is requiring all correctional facilities in the state to attest and sign a document confirming they are providing CAA-required services, including screening and diagnostic services and Targeted Case Management, to eligible juveniles in their facility, and is documenting related responses to support ongoing implementation and monitoring efforts

As always, CMS is available to provide technical assistance on any of these actions If you have any questions, please contact Cecilia Williams at (41 0) 78 b-2539 or via email at Cecilia.Williams@cms.hhs.gov

Sincerely,

WENDY E. HILL
LL PETRAS -S

Digitally signed by WENDY E.
HILL PETRAS -S
Date: 2025.11.21 09:06:45
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Wendy E Hill Petras, Acting Director
Division of Program Operations

Enclosures

cc< Jenifer Graham
Michael Gorden
Malinda Southard
Casey Angres
El Hermansen

**Mandatory Coverage for
Eligible Juveniles who are
Inmates of a Public Institution
Post Adjudication of Charges**

State/Territory: Nevada

General assurances. State must indicate compliance with all four items below with a check.

☒ In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

☒ In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

☒ In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

☒ The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Additional information provided (optional):

☐ No

☒ Yes [provide below]

As part of the State's current state assessment and readiness work, Nevada has determined that the majority of CAA eligible post-disposition youth in Nevada correctional facilities already receive screening and diagnostic services at intake and case management prior to their release into the community. In the event that services cannot be provided during the pre-release, consistent with CMS guidance outlined in the State Health Official Letter 24-006, Nevada is developing processes to ensure these services are available as soon as practicable after release. As of January 1, 2025, Nevada will be in partial compliance with Section 5121 requirements and will maintain clear documentation for each facility and/or circumstances where Nevada has determined that it is not feasible to provide for the required services during the pre-release period. Nevada intends to fully subsume the CAA requirements into the state's Reentry Section 1115 Demonstration once approved. Nevada's CAA operational plan will describe how it plans to phase in adult facilities and Medicaid billing based on a determination of each facility's readiness.

The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will cease on December 31, 2026.

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

The state will maintain clear documentation in its internal operational plan indicating which carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

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State Plan under Title XIX of the Social Security Act
State/Territory: Nevada

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible Juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

☐ State will provide TCM beyond the 30 day post release requirement. **[explain]:**

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

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State/Territory: Nevada**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

☐ 1 month

☐ 3 months

☐ 6 months

☐ 12 months

☒ Other frequency **[explain]**: Reassessments will be conducted as specified in the care plan, or as frequently as necessary to ensure execution of the care plan.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:

activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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State/Territory: Nevada

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

☐ Telephonic. Frequency: Click or tap here to enter text.

☐ In-person. Frequency: Click or tap here to enter text.

☒ Other **[explain]**:

Frequency of monitoring will be determined based on medical necessity. Post release case manager must conduct a follow up or additional monitoring either in person or via synchronous telehealth, which includes video or by telephone. Case managers are required to perform a minimum of one successful monitoring call within the first 15 days of post release. This call will determine if further follow-up is needed according to the release recommendations. If there is follow-up activities that have not been established, a secondary successful call will be required with in 10 days of the first call.

☒ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.
(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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State/Territory: Nevada**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

TCM Provider Agency Qualifications:

The organization providing case management services for Eligible Juveniles Services must meet the following provider qualification requirements:

- 1. A minimum of five years' experience of working successfully with children and families in the target population, including a demonstrated capacity to provide all components of case management; and**
- 2. Establish a system to coordinate services for individuals who may be covered under another program which offers components of case management or coordination similar to TCM including, but not limited to, the coordination of services with Managed Care providers, Division of Child and Family Services, as well as State waiver programs; and**
- 3. Demonstrated programmatic and administrative experience in providing comprehensive case management services and the ability to increase their capability to provide their services to the target group; and**
- 4. Must be an agency employing staff with case management qualifications; and**
- 5. Establish referral systems and demonstrated linkages and referral ability with essential social and health service agencies; and**
- 6. A minimum of five years' experience in responding successfully to the needs of children and families in the target population on a county and statewide, 24 hours, 7 days a week basis; and**
- 7. A minimum of five years' case management experience in coordinating and linking community medical, social, educational, or other resources needed by the target population on a county and statewide basis; and**
- 8. A minimum of five years' experience in documenting and maintaining individual case records that are in accordance with all applicable state and federal**

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State/Territory: Nevada**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

requirements; and

9. A minimum of five years' experience of demonstrated capacity in meeting the case management service needs of the target population; and

10. Demonstrated capacity to provide training and supervision for individual case managers, including training pertaining to Medicaid-covered services.

Qualifications of individual case managers:

- 1. Bachelor's degree in criminal justice, psychology, social work or a closely related field; or equivalent college and two years of experience in the criminal justice system to include conducting casework services, making program eligibility determinations, investigating offenders, preparing detailed reports for the purposes of justifying criminal sanctions and/or prosecution, or coordinating with law enforcement agencies, the juvenile justice system, community-based placements, and related State agencies regarding the preparation of parole agreements, placement, program development, obtaining services and the legal process of assigned youth; and**
- 2. Ability to work in and with legal systems, including the court system and law enforcement; and**
- 3. Ability to learn state and federal rules, laws, and guidelines relating to the target population and to gain knowledge about community resources.**

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Freedom of choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

☒ The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

☒ The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

☒ The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

☒ The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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**State Plan under Title XIX of the Social Security Act
State/Territory: Nevada**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

☒ State has additional limitations **[Specify any additional limitations.]**

Services are permitted with a limitation of 30 hours per month, which may be exceeded with prior authorization.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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