

1115 Demonstration Waiver Amendment Single Specialty Managed Care Plan Authority

Nevada Health Authority (NVHA)

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Public Notice / Materials

OEM.NV.GOV (Office of Emergency Management)

- *Meeting Agenda Notice (South 9/5/25 North 9/17/25)
- *Full Public Notice
- *Abbreviated Notice
- *1115 Waiver Amendment
- *Tribal Notification
- *Power Point Presentation (full version)

Public Comment period – Now through October 18, 2025 Email: 1115waivers@nvha.nv.gov

2



Agenda

- 1. Background
- 2. Agreement
- 3. Delivery Systems
- 4. Delivery Model
- 5. Waiver Authorities
- 6. 1115 SUD / OUD Waiver Amendment



Authorities

Overview of Federal waivers of Title XIX Requirements

Medicaid Authority	Proposed Services	Expected Impact
1915(i) State Plan	Respite Care	Reduces psychiatric residential treatment use
1115 Waiver Amendment	Single Specialty Managed Care Plan	Improves care coordination and cost efficiency
1905(a) State Plan	Targeted Case Management, Family and Youth Peer Support Services	Implements a high-touch care coordination and Wraparound Facilitation model and Enhances community-based support and reduces crisis events
1915(b)(1) Waiver	Managed Care Delivery System	Allows for accountability in the oversight and improvement of service delivery



Section 1. Introduction

Nevada is requesting federal authorization to amend this waiver to require all Medicaid-eligible children in the care and custody of Nevada, those receiving adoption subsidy assistance, and other children and youth who meet defined clinical or risk-based criteria to enroll in a single specialty managed care plan. Mandatory eligibility groups will include Medicaid eligible children and youth ages 0-21 or up to age 26 if aged out of foster care in Nevada at age 18 and who meet additional criteria as defined further in Section III. Background.

This amendment does not impact the current OUD and SUD demonstration, nor would it impact the November 2024 pending amendment request to receive federal Medicaid matching funds for Serious Mental Illness or Severe Emotional Disturbance treatment provided in an Institution for Mental Disease. Rather, Nevada seeks to amend the current demonstration to support the design of a new managed care program with a single managed care organization (MCO) that would operate under concurrent 1115 and 1915(b) federal authorities.

Nevada is committed to reducing federal and state Medicaid expenditures by shifting services away from costly institutional settings and investing in care models that provide accountability, care coordination, and improved outcomes. The single specialty health plan will provide quality, comprehensive, family-integrated care targeted to eligible children and youth.



Section II. Goals and Objectives

Accountability for the Population: The needs of the focus population require specialized and integrated medical services and support systems, and these evidence-based & trauma-informed service models may be delivered by providers unaccustomed to interacting with Medicaid managed care plans. The provision of an enhanced benefit package under a single MCO supports continuity of care, transitions between settings of care, and educes provider burden by streamlining service authorization procedures for more timely service delivery. With this system of care, Nevada hopes to reduce institutional placements, as well as drive efficiency by increasing the use of lower levels of care. The MCO must have experience with multi-system involved children and youth and ensure key staff, case managers, and member/provider support systems have the requisite knowledge and expertise.

Accountability as a Risk-Based Entity: The projected size of the target population is 20,000, combined with the costs of intensive services and specialized operations suggests a single MCO can remain financially viable as a risk-based entity and be held to financial obligations (e.g., meeting a minimum medical loss ratio based on credible experience).



Objective 1: Provide child and family centered care coordination practices for each member enrolled

Members will have access to a care coordination model that takes into consideration the unique needs of each child and family to address individualized issues. This includes enhanced cross-system partnerships and trauma informed care across child-serving systems in alignment with requirements outlined in the DOJ Settlement Agreement, including the development of individualized care plans, assignment of care coordinators, and cross-agency team-based planning to strengthen coordination and improve the well-being of children, youth, and families who are often involved in multiple child-serving systems.

Objective 2: Drive system efficiencies by reducing utilization of higher levels of care

While members will be able to have freedom of choice of providers within the specialty health plan network, the care coordination model will reduce institutional placements, provide effective access to lower levels of care, establish a comprehensive physical and behavioral health provider network that is trauma-informed and specializes in the targeted population, and reduces over-utilization of services.



Mandatory / Voluntary Eligible Groups

Mandatory eligibility groups will include children and youth ages 0-21 or up to age 26 if aged out of foster care at age 18 who meet at least one of the following criteria:

- Have a Serious Emotional Disturbance (SED) designation or Serious Mental Illness (SMI) diagnosis or substance use disorder
- Are involved with the foster care system.

Voluntary eligibility groups include children and youth that are determined to be at high risk of developing SED or SMI based on a variety of factors and Native American children and youth that otherwise meet the criteria for mandatory enrollment categories.

Nevada will automatically enroll these children into the specialty health plan!



Questions?



Public Workshop / Hearing on 1115 Amendment – September 17, 2025

Children's Behavioral Health Transformation Advisory Committee – October 9, 2025

Temp Website: **OEM.NV.GOV**

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