

# 1115 Demonstration Waiver Amendment

## Single Specialty Managed Care Plan Authority

### Nevada Health Authority (NVHA)

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September 5, 2025

[NVHA.nv.gov](https://nvha.nv.gov)



# 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 (will be added)

Public Comment period – Now through October 18, 2025

Email: [1115waivers@nvha.nv.gov](mailto:1115waivers@nvha.nv.gov)



# Agenda

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



# Background to Move Forward

On Oct. 4, 2022, the U.S. Department of Justice (DOJ) found that Nevada does not provide children with behavioral health disorders with adequate community-based services.

Instead, Nevada relies on segregated, institutional settings, like hospitals and residential treatment facilities, to serve children with behavioral health disabilities.

This violates the federal Americans with Disabilities Act (ADA).

The State reached a settlement agreement with the DOJ on January 2, 2025, defining how the State will come into compliance with the ADA.

Nevada Medicaid has begun moving forward with efforts that align with the activities needed to comply with the ADA for this population.



# Settlement Agreement between the United States & Nevada has been reached.

Settlement is effective January 2nd, 2025.

Full settlement can be found [here](#).

The screenshot displays the official website of the U.S. Department of Justice Office of Public Affairs. The header includes the department's seal, the text "Office of Public Affairs U.S. Department of Justice", and navigation links for "Our Offices", "Find Help", and "Contact Us". A search bar is also present. Below the header, a dark navigation bar contains links for "About", "News", "Documents", "Internships", "FOIA", "Contact", and "Information for Journalists". The main content area features a breadcrumb trail: "Justice.gov > Office of Public Affairs > News > Press Releases > Justice Department Reaches Agreement With Nevada To Ensure Children With Behavioral Health Disabilities Can Live In Their Homes and Communities". The page is titled "News" on the left and "PRESS RELEASE" on the right. The headline reads: "Justice Department Reaches Agreement with Nevada to Ensure Children with Behavioral Health Disabilities Can Live in Their Homes and Communities". On the left side, there are links for "All News", "Blogs", and "Photo Galleries".



# Overarching Agreement Purpose & Goals

## Purpose

- Prevent children from being removed from their family home to obtain treatment for behavioral health conditions;
- Prevent children from unnecessarily entering Hospitals and Residential Treatment Facilities due to unmet behavioral health needs; and
- Support the transition of children who have been placed in these settings back to their family homes and communities with needed services when appropriate.

## Goals

- Develop a system of community-based services that effectively engages families in service planning and ensures coordinated and family-centered care;
- Ensure services are sufficient, meaning they prevent unnecessary institutionalization (residential treatment); and
- Ensure children with behavioral health needs have the supports they need to live at home with their family and obtain the skills needed to live independently upon reaching adulthood.

**Note:** “Children” are defined as in the agreement as children in the “Focus population” as later discussed.

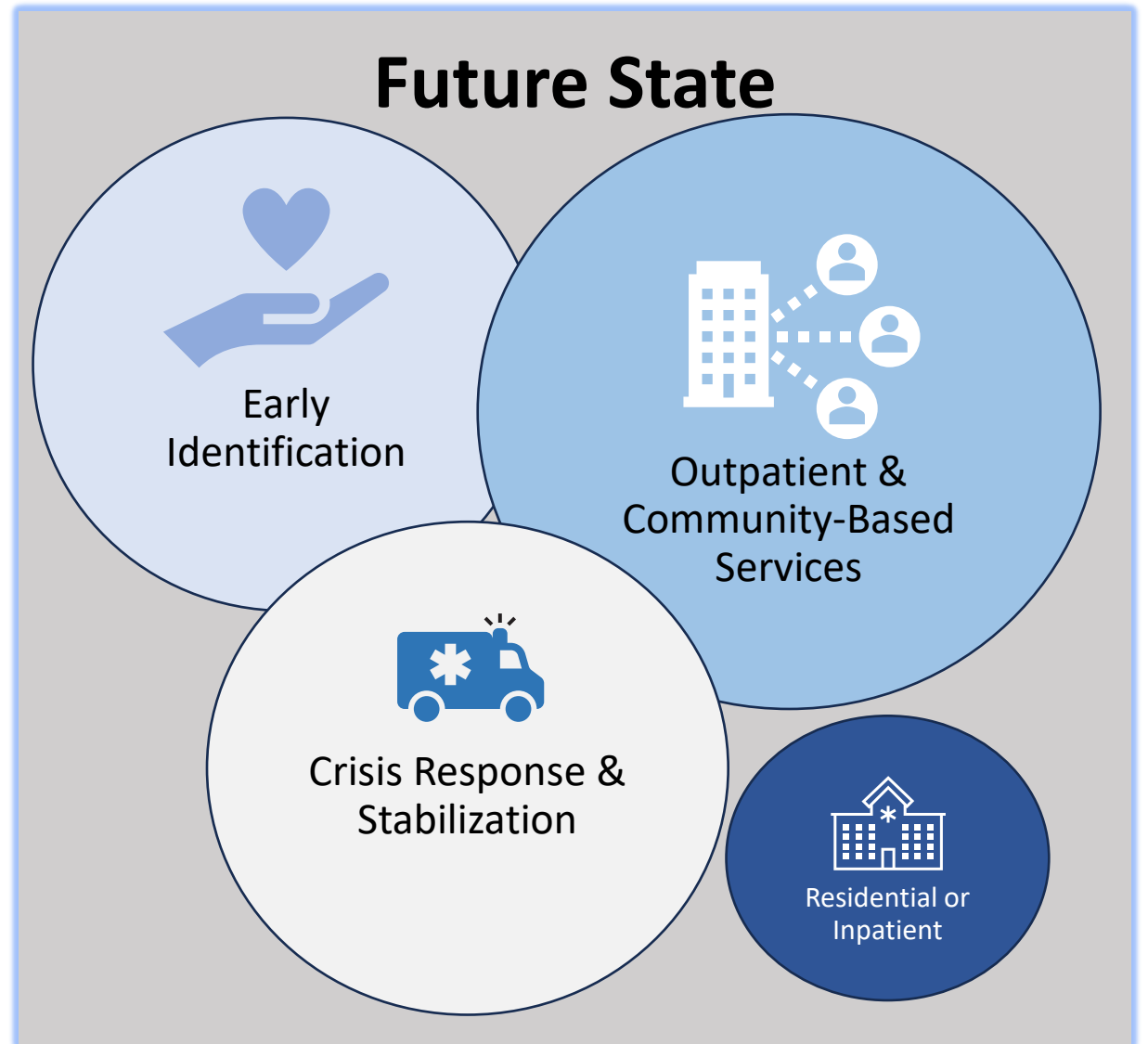


# The Need to Build Service Capacity to Shift Care

## Current State

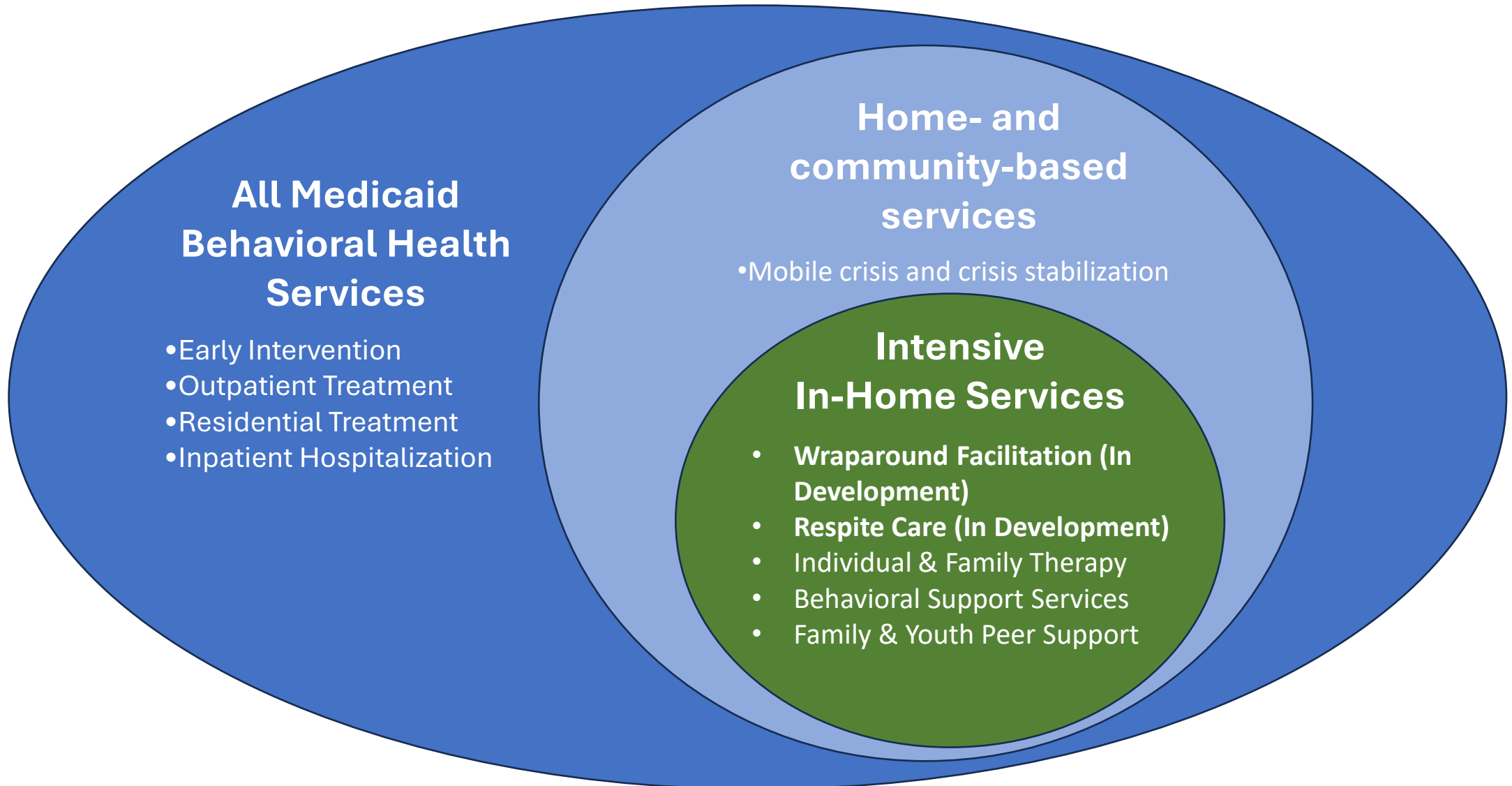


## Future State





# Children's Behavioral Health Transformation: Benefits Summary







# How does the Settlement Agreement require these benefits be delivered?

## What does this mean?

- The State is required to utilize a **new delivery system** to deliver benefits to eligible youth
- This Specialty Managed Care Plan must meet **basic requirements** outlined in the settlement, such as:
  - Sufficient provider network
  - Full Medicaid benefit set
  - Targeted BH benefits
- This delivery system will be held to standards **beyond** standard Medicaid managed care.
- **Stakeholder input** will be crucial to design this program in a manner that best serves our youth.

### Settlement Item II.X.:

**“Specialty Managed Care Plan”** is a Medicaid managed care entity or entities that the State contracts with to meet the unique needs of Children in the Focus Population and Children in the foster care system. Through this arrangement, the State’s Medicaid program will require this entity or entities to develop a sufficient network of providers to deliver and manage the full Medicaid benefit set for this population in addition to certain targeted benefits for this population, such as home and community-based services, specialized care coordination and care management, and screening, among other benefits as outlined in this Agreement. The Plan will also be required to meet specific reporting requirements and quality measures beyond what is typically offered in a standard Medicaid managed care program. The Plan may also subcontract certain services including case management to other public or private entities as long as the requirements of the Agreement are met for the Focus Population. The Plan will require that subcontractors report on compliance requirements and quality metrics on a regular basis.



# Nevada's Medicaid Delivery Models

**Nevada has two Medicaid delivery systems: fee-for-service and managed care. Medicaid services in the state are primarily delivered through managed care and will move to statewide managed care beginning January 1, 2026.**

## Fee For Service (FFS) System

- State administer Medicaid directly; volume-based approach includes no utilization management, creating risk for the state budget
- State pays providers directly per service
- State sets rates
- Current delivery system for rural areas and small population with special needs

## Medicaid Managed Care (MMC) System

- State contracts with managed care organizations (MCOs) to manage cost, utilization, quality of care
- MCOs develop provider networks and pay providers
- MCOs negotiate rates with providers
- Current delivery system for Washoe and Clark counties excluding small population with special needs



# New “Managed Care” Delivery System



MEDICAL SERVICES

BEHAVIORAL HEALTH CARE

TRANSPORTATION SERVICES

INTENSIVE CASE/CARE MANAGEMENT

Provider Network Adequacy & Access Requirements

Value Add Services (Employment & Housing Supports & Meals)

Collaboration Agreements with Schools, Child Welfare, Courts, etc.

24-Hour Family Nurse Support Line

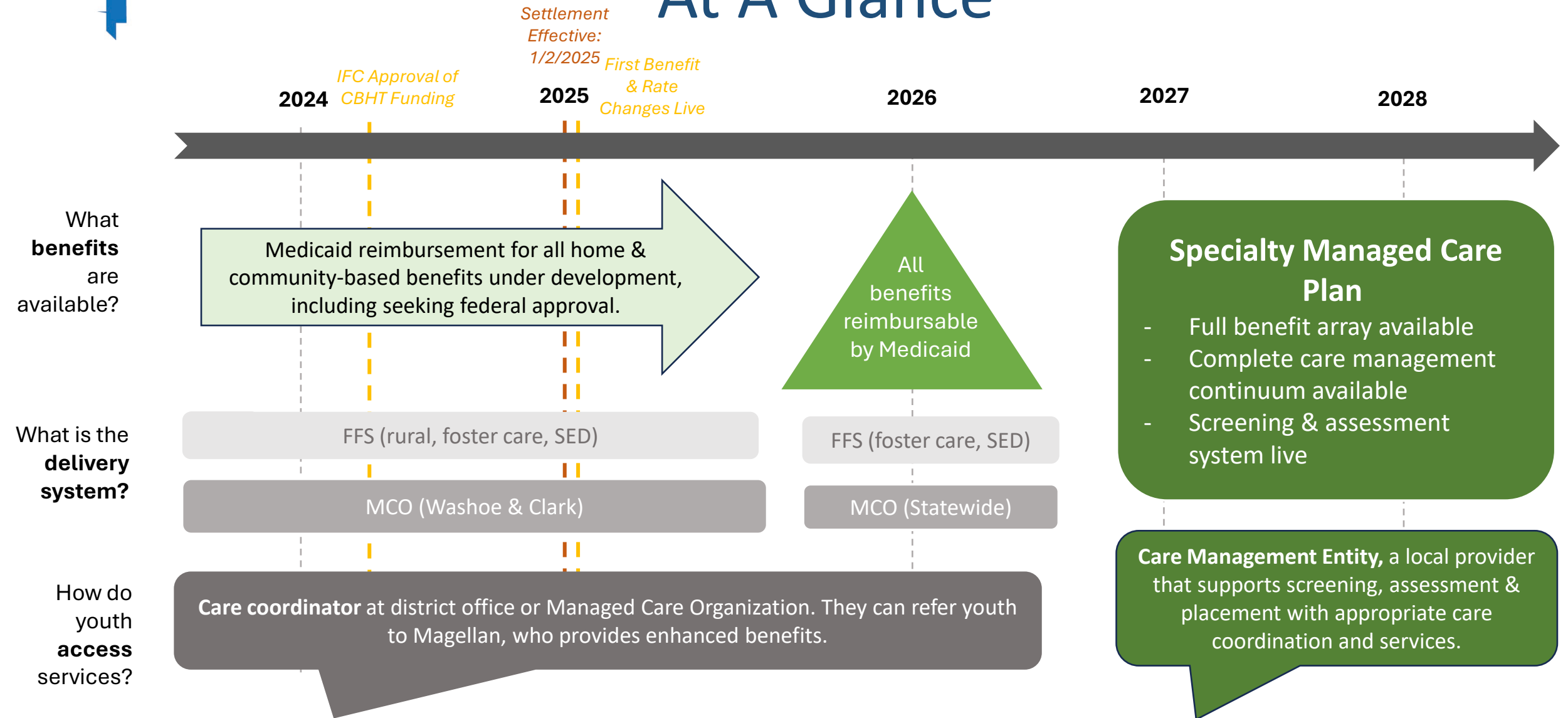
Quality Incentives & Performance Monitoring

Community Reinvestment & Workforce Development

State released Request for Information (RFI) to collect feedback on delivery system changes from providers and potential bidders prior to developing the Request for Proposals and Scope of Work (Contract) for new plan. Go Live Date is estimated for 1-1-2027.



# Children's Behavioral Health Transformation: At A Glance

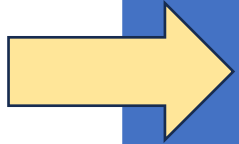




# Authorities

## 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 reduces 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**

**1115waivers@nvha.nv.gov**



# Contact Information

Children's Behavioral Health

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Or

Behavioral Health Benefits Coverage Team

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