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Nevada Medicaid Web Announcement 3409

Attention All Providers and Partners: Nevada Medicaid Creates Email List to Assist With Justice Involved Reentry Initiative

Nevada Medicaid has a new email list for all partners who want to help people successfully transition from the justice system. To sign up for the new email list, go to

<https://dhcfp.nv.gov/Resources/NevadaMedicaidUpdate/NevadaMedicaidUpdate/> and click on the email link under the "Justice Involved Reentry Initiative." (FYI: the same link will take you to a webpage where you can sign up for many other email lists. You will get messages about meetings, guidance, documents, opportunities to participate, websites, resources and more.)

For questions related to the Reentry Initiative or any 1115 Waiver, write to: 1115waivers@dhcfp.nv.gov

Nevada Medicaid has created the new email list in efforts to comply with Centers for Medicare & Medicaid Services (CMS) guidance on youth reentry requirements.

CMS issued the following youth reentry requirements:

[CMS released guidance on the provision of Medicaid and CHIP services to incarcerated youth](#), in accordance with requirements in the Consolidated Appropriations Act (CAA) of 2023. States will be required to develop an internal operational plan to ensure compliance with the CAA Section 5121 requirements. States are required to have this plan in place no later than January 1, 2025. States will also be required to submit a Medicaid State Plan Amendment (SPA) attesting that the state has developed an internal operational plan, and in accordance with this plan, will provide coverage of the required services for eligible juveniles. This SPA must be submitted no later than March 31, 2025.

Key takeaways include:

- Medicaid agencies will be required to provide screening and diagnostic services and targeted case management (including referrals) in the 30 days prior to release and targeted case management (including referrals) for at least 30 days post-release for eligible juveniles who are post-adjudication.
- "Eligible juvenile" is defined as an individual under 21 years of age determined eligible for Medicaid in any eligibility group, or an individual in the mandatory eligibility group for former foster care children, who was determined eligible for Medicaid before becoming an inmate of a public institution or who is determined eligible for Medicaid while an inmate of a public institution.
- The Section 5121 requirements only apply to individuals who are post-adjudication, which CMS defines as when "the court process has determined that the eligible juvenile committed the charged act and the court ordered the eligible juvenile held as an inmate of a public institution as part of the disposition of the charges."
- The Section 5121 requirements apply to "all types of carceral facilities where an eligible juvenile who is post-adjudication may be confined as an inmate of a public institution," including state prisons, local jails, tribal jails and prisons, and all juvenile detention and youth correctional facilities. At this time, this does not include federal prisons, although CMS intends to provide further guidance on this issue at a later date.

- Generally, screening and diagnostic services should align with the state’s standards for EPSDT (Early and Periodic Screening, Diagnostic, and Treatment benefit) medical and dental screening and diagnostic services or other state-established standards that meet reasonable standards of medical and dental practice. Case management services should align with the Medicaid definition of Targeted Case Management (TCM) services at 42 C.F.R. § 440.169.
- If the scheduled release date of an eligible juvenile changes and they are no longer within 30 days of their new scheduled release date, Medicaid agencies should suspend coverage of services until the eligible juvenile is within 30 days of their new scheduled release date.