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Stacie Weeks
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MEMORANDUM

TO: Assemblymember Tracy Brown-May, Chair
Joint Interim Standing Committee on Health and Human Services

FROM: Stacie Weeks, Director, Nevada Health Authority

SUBJECT: Follow-up Responses for January 6, 2026, Meeting of the Joint Interim Standing Committee on Health and Human Services

cc: Allison Genco Herzik, Chief of Staff, Nevada Health Authority
Malinda Southard, Deputy Director of Community Engagement and Workforce Development, Nevada Health Authority
Cythia Leech, Administrator, Health Purchasing and Compliance Division, Nevada Health Authority
Ann Jensen, Administrator, Nevada Medicaid, Nevada Health Authority

During the January 6, 2026, meeting of the Joint Interim Standing Committee on Health and Human Services, the Nevada Health Authority (NVHA) presented an Overview and Update on the Creation of the Nevada Health Authority. Below are responses to the follow-up questions from Legislators.

A question was asked regarding parental involvement relative to medical services being provided in schools. How do parents have the authority as to what services children are being provided in schools? (Assemblymember Brown-May)

"In Nevada K–12 schools, parents retain primary authority over medical services provided to their children through informed, written consent, which is required for most non-emergency health, mental health, and related services delivered in the school setting. State and federal laws (including Nevada statutes, administrative code, and IDEA) ensure parents are notified, may approve or decline services, access records, and may withdraw consent at any time, with limited exceptions for emergencies or specific minor-consent circumstances." - Christy McGill, Deputy Superintendent of Public Instruction, Nevada Department of Education (NDE)

Christy McGill can be reached at cmcgill@doe.nv.gov.

*What is the current number of Nevada youth who remain placed out of state for services?
(Assemblymember Brown-May)*

Updated data for Nevada youths aged 0-20 who were placed in out-of-state (OOS) Psychiatric Residential Treatment Facilities (PRTF) as of January 2026 reflects claims from July 2025 to December 2025.

Youths (0-20) Who were Placed in OOS PRTF, Medicaid (Fee-for-Service/Managed Care)

Month-Year	Youth Count
Jul 2025	126
Aug 2025	124
Sep 2025	127
Oct 2025	129
Nov 2025	120
Dec 2025	116

** Due to claim lag time data for 2025 may be incomplete and subject to changes.*

Regarding inspection and licensing facilities to ensure compliance, how often does NVHA go out to inspect licensed facilities? (Senator Titus)

The frequency of inspections depends on several factors, including regulatory requirements, facility type, and whether complaints have been filed. NVHA Bureau of Health Care Quality and Compliance (HCQC) licenses, permits, and inspects **over 50 different facility types, conducts inspections through CMS grant work, and oversees more than 2,000 active facilities statewide**, so inspection schedules vary significantly.

- **Initial Licensure Inspections:**

Every facility undergoes a full inspection before receiving its initial license. Facilities that provide care to individuals onsite—whether for short-term stays (such as hospitals) or long-term residency—receive an onsite inspection.

- **Periodic Inspections:**

After licensure, HCQC conducts inspections based on federal and state timeframes, which can range from **every year to every six years**, depending on the facility type. For example, Assisted Living Facilities are inspected annually per NRS 449.131 (3).

- **Complaint-Based Inspections:**

In addition to periodic inspections, HCQC investigates complaints filed against facilities, **conducting roughly 2,500 complaint inspections each year**. As a result, some facilities may be inspected multiple times within a given period. These inspections are prioritized based on the severity of the reported issue.

Aptos Italic How many Medicaid Waivers do we have operational in the state? What is the administrative time it takes to get a waiver completed and approved? (Assemblymember Brown-May)

Nevada currently administers and operates four 1915(c) Home and Community-Based Services waivers, two 1915(b) waivers, and two 1115 demonstration waivers that support broader program innovations. These waivers are essential for tailoring Medicaid services to Nevada's needs. Nevada is currently seeking approval for six major 1115 waiver initiatives, all aimed at expanding access and improving service delivery. Below is a breakdown of waivers currently in operation in the state and pending waivers:

Waiver Type	Status
1915(c) Home and Community Based Services	
<i>Individuals with Intellectual and Developmental Disabilities-</i> Provides day habilitation, prevocational services, residential support, supported employment, behavioral consultation/training and intervention, benefits counseling services, career planning, counseling services, dental services, individual directed goods and services, non-medical transportation, nursing services, nutrition counseling, and residential support management services to individuals with intellectual disabilities ages 0 or older who meet an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care.	Active
<i>Persons with Physical Disabilities-</i> Provides case management, homemaker, respite, assisted living services, attendant care services, chore services, environmental accessibility adaptations, home delivered meals, personal emergency response system services and specialized medical equipment and supplies to individuals ages 65 or older and individuals with physical disabilities ages 0 or older who meet a nursing facility level of care.	Active
<i>Frail Elderly-</i> Provides case management, homemaker, respite, adult companion, adult day care, augmented personal care, chore, home delivered meals, and personal emergency response system services to individuals ages 65 or older who meet a nursing facility level of care.	Active
<i>Structured Family Caregiving-</i> Provides case management, respite, structured family caregiving (SFCG) services to individuals ages 65 or older and individuals with other disabilities ages 0-64 years who meet a nursing facility level of care.	Active

1915(b) Waivers	
<i>Certified Community Behavioral Health Clinic</i>	Active
<i>Dental Benefits Administrator</i>	Active
1115 Demonstration Waivers	
<i>Whole Mouth Whole Body Connection for Adults with Diabetes Demonstration Waiver</i> - Purpose is to provide expenditure authority for the state to offer a limited dental benefit to a subset of the Medicaid-eligible adult population enrolled in Nevada Medicaid, specifically nonpregnant diabetic adults (21 through 64 years of age).	Active
<i>Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project</i>	Active, Pending Amendments: • Adding acute psychiatric treatment in an Institution for Mental Diseases (IMD) for individuals determined Seriously Mental Ill (SMI) aged 21-64 and adding Health Related Social Needs (HRSN) services – Pending CMS Approval • Authority for a single specialty plan for receipt of all Medicaid services for children with complex behavioral health needs and children in foster care – Pending CMS Approval
<i>Medical Respite for Homeless-</i> Provide coverage for medical respite care for persons experiencing homelessness.	Pending Amendment Development
<i>Fertility Preservation-</i> Coverage for certain procedures or services for the preservation of fertility of insureds who have been diagnosed with breast or ovarian cancer.	Pending Development
<i>Justice Involved Reentry-</i> Provide certain services 90 days pre- and post- release to incarcerated individuals.	Pending CMS Approval Submitted to CMS 12-13-2024
<i>Traditional Healing-</i> Allow Medicaid reimbursement for traditional health care practices to support sovereign tribal governments in offering culturally relevant health care for Native American populations.	Pending Development

Submitting a waiver requires significant administrative effort. Developing and submitting an application takes anywhere from 3–9 months of state work, including policy design, stakeholder engagement, and public comment, followed by 12–18 months of CMS review and negotiation.

For 1115 waivers, the timeline is even longer—often four to five years from concept to full implementation and often requires vendor support for technical assistance. Year 1 focuses on defining policy goals, securing stakeholder support, and drafting the initial application. Year 2 includes public notice, tribal consultation, and addressing public comments, while Year 3 involves final submission and CMS review. Approval generally occurs in Year 4, followed by post-approval protocols and vendor procurement, with full implementation underway in Year 5. Once approved, waivers require ongoing maintenance, including quarterly and annual reporting, compliance monitoring, stakeholder engagement, and preparation for renewals every five years.

How was funding for the Rural Health Transformation Program determined? A request was made to provide an update on which items or initiatives will not be funded due to the award being \$20 million less than the requested amount. (Assemblymember Brown-May)

NVHA did not receive detail from CMS for any items or initiatives that will not be funded due to the award amount being \$20 million less than was requested. NVHA submitted the budget in the original application utilizing percentages of the total projected award amount to arrive at individual initiative funding totals. Therefore, NVHA is submitting a budget revision amendment to CMS by the stated deadline of January 30th to reflect the total Year 1 award amount of \$179,930,508 with funding allocated to all originally-requested initiatives and items, albeit at slightly lower amounts.