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Joe Lombardo
Governor

Stacie Weeks
Director

September 3, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard Baltimore, MD 21244

Dear Administrator Oz,

On behalf of the State of Nevada, I submit this request for an amendment to Nevada's approved Section 1115 demonstration, *Nevada's Treatment for Opioid Use Disorders (OUDs) and Substance Use Disorders (SUD) Transformation*. Nevada Medicaid seeks federal expenditure authority and the 1115 Demonstration Waiver necessary to cover medical respite services for Medicaid and CHIP beneficiaries experiencing homelessness or at imminent risk of homelessness, effective July 1, 2027.

This request carries out the legislative mandate under Senate Bill 54 (2025), which directs the Nevada Health Authority (NVHA) to pursue federal approval to obtain federal financial participation for medical respite services. This amendment builds on the progress made under the current Treatment for OUDs and SUD Transformation demonstration by extending a proven continuum of care, strengthening transitions and community-based supports, and reducing reliance on high-cost institutional settings. Medical respite provides short-term recuperative services for individuals who are medically stable but lack a safe place to prepare for or recover from a procedure, emergency department visit, or hospital stay. This service is designed as a cost-effective medical model of care for individuals experiencing homelessness with chronic conditions, who often cycle between hospitals, emergency departments, shelters, and unfavorable housing conditions. Medical respite services are intended to complement, not replace, existing covered services, and to address well-documented gaps that undermine treatment success for individuals with complex medical and behavioral health needs without secure housing.The State believes this amendment is consistent with the objectives of Section 1115, as it is designed to improve health outcomes, strengthen delivery system performance, and support more efficient use of Medicaid resources by preventing unnecessary utilization of high-cost settings. The proposed services align with the State's broader strategy to transition individuals from institutional care to stable, community-based recovery while maintaining compliance with all applicable statutory and regulatory requirements.

Nevada Medicaid appreciates CMS's continued partnership and guidance as NVHA works to advance this demonstration. The enclosed amendment application includes a historical narrative, description of the proposed benefit and implementation approach, evaluation methodology, and budget neutrality projections. Please contact Ann Jensen, Administrator, Nevada Medicaid, at ajensen@nvha.nv.gov with any questions or requests for additional information.

Regards,

Ann Jensen
Administrator
Nevada Medicaid, NVHA

Cc: Stacie Weeks, Director, NVHA
Allison Genco Herzik, Chief of Staff, NVHA
Lynnette Aaron, Deputy Director, NVHA
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Section 1115 Nevada's Treatment of Opioid use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project Demonstration Amendment

State of Nevada

Nevada Health Authority

Nevada Medicaid

June 30, 2026

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Section 1: Executive Summary

The Nevada Health Authority (NVHA) is submitting this request for an amendment to its approved Section 1115 Demonstration, *Nevada's Treatment for Opioid Use Disorders (OUD) and Substance Use Disorders (SUD) Transformation*, to obtain federal authority to cover medical respite services for Medicaid beneficiaries who are experiencing homelessness or are at imminent risk of homelessness. This amendment is submitted pursuant to legislative direction from the Nevada Legislature under Senate Bill 54 (2025) and is intended to strengthen the continuum of care established under the State's existing SUD Institution for Mental Diseases (IMD) demonstration.

Since approval of the SUD IMD waiver in December 2022, Nevada Medicaid has made substantial progress in expanding access to residential and inpatient substance use treatment and improving care coordination and transitions between levels of care. Through implementation, the State has identified medical respite as a critical gap in the delivery system, particularly for individuals leaving IMD treatment, hospitalizations, or emergency department stays without a safe and appropriate place to recover. Absent access to medical respite, these individuals are more likely to experience avoidable readmissions, prolonged hospital stays, and increased emergency department utilization.

Medical respite is designed as a short-term, community-based, step-down service that provides a safe environment for individuals to recuperate before or after a medical procedure or hospitalization while receiving clinical care, behavioral health supports, and care coordination. By adding medical respite to the demonstration, Nevada Medicaid seeks to enhance transitions from institutional and acute care settings, promote recovery and treatment continuity, and reduce reliance on more costly and restrictive levels of care. The proposed service aligns with national standards for medical respite care and builds directly on the goals and infrastructure established under the existing SUD IMD waiver.

This amendment does not alter the scope of the currently approved SUD demonstration, nor does it modify previously submitted amendments related to serious mental illness or specialty managed care. Instead, it provides an additional tool to advance the demonstration's core objectives by strengthening the delivery system for individuals with complex medical, behavioral health, and social needs, many of whom are disproportionately impacted by homelessness.

NVHA believes this amendment furthers the objectives of Title XIX of the Social Security Act by improving access to high-quality, person-centered services, promoting more efficient use of Medicaid resources, and supporting better health outcomes for vulnerable populations. The State proposes to treat medical respite expenditures as "hypothetical" for budget neutrality purposes, recognizing that the underlying service components are otherwise coverable under the Medicaid state plan but for the respite setting. Nevada Medicaid respectfully requests CMS approval of this amendment and looks forward to continued partnership in advancing demonstration goals.

Section 2: Program Summary, Historical Narrative, and Demonstration Rationale

Program Summary

Nevada Medicaid is seeking an amendment to their Section 1115 Demonstration waiver, "Nevada's Treatment for Opioid Use Disorders (OUD) and Substance Use Disorders (SUD) Transformation" to request federal authorization to cover medical respite (pre- and post-procedure) to individuals at risk of or experiencing homelessness. The Nevada Health Authority (NVHA) is seeking to cover medical respite as a Medicaid service as directed by the Nevada Legislature in Senate Bill (SB) 54, passed in 2025, which requires NVHA to apply for any waiver necessary to receive federal financial participation to provide such service.[1]

Historical Narrative

The State of Nevada submitted a federal Section 1115 Demonstration waiver, "Nevada's Treatment for Opioid Use Disorders (OUD) and Substance Use Disorders (SUD) Transformation" on June 13, 2022 and received approval from the Centers for Medicare and Medicaid Services (CMS) on December 29, 2022. The intent of Nevada's OUD/SUD 1115 waiver was to increase access to critical substance use treatment levels of care that were not funded within the Nevada Medicaid program. This waiver sought to align the continuum of substance use treatment by providing residential/inpatient levels of care, as defined by the American Society of Addiction Medicine (ASAM), within an Institution for Mental Diseases (IMD).). The five-year demonstration is currently ongoing with an approval period from January 1, 2023 to December 31, 2027. Throughout the five-year demonstration, Neveda seeks to ensure timely access to a full continuum of evidence-based care for SUD and OUD, building adequate capacity at every level and strengthening care coordination and transitions.

To build upon the foundation of the state's original demonstration, Nevada Medicaid submitted an amendment request in November of 2024 to broaden the authority to reimburse IMD stays for individuals aged 21 to 64 years with serious mental illness (SMI) or severe emotional disturbance (SED). While not yet approved, this waiver amendment also proposed the coverage of an array of services intended to support Medicaid covered individuals to address housing and nutrition-related needs, recognizing that unmet social needs can lead to poorer health outcomes and higher utilization of costly healthcare services.

Nevada Medicaid is now seeking an additional amendment to request federal authorization to cover medical respite (pre- and post-procedure) to individuals at risk of or experiencing homelessness. This amendment will give Nevada Medicaid an additional tool to advance the broader demonstration goals of establishing a full continuum of evidence-based services in order to enhance transitions of care and prevent avoidable utilization in more costly and restrictive care settings.

This amendment will not impact the current approved OUD/SUD demonstration, nor would it impact the SMI Amendment submitted on November 24, 2024.

[1] https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/11846/Text

Through Executive Order 2013-20, and later reestablished by Assembly Bill 174 in 2019, Nevada created the Interagency Advisory Council on Homelessness to Housing (ICHH), with administrative support by the Department of Health and Human Services, to coordinate and focus statewide efforts to address homelessness.[2] The Homeless to Housing (H2H) Team, part of the Division of Welfare and Supportive Services, was established in 2019 by Governor Joe Lombardo to support Nevada's ICHH, as well as the Technical Assistance Subcommittee (ICHHTA).[3] This waiver amendment helps address some of the strategic issues that the 2022 ICHH Strategic Plan outlines such as housing, wraparound services, coordination of care, and coordination of data and resources.[4]

NVHA seeks to cover medical respite services in order to fulfill the legislative directive set forth by SB 54.[5] This amendment is aligned with the federal Administration's priorities to address the root causes of illness and reduce the burden of chronic disease through improved care coordination, appropriate utilization of services, and enhanced access to community-based supports for individuals with mental health conditions, obesity, diabetes, and other chronic conditions.[6]

The State of Nevada is committed to reducing federal and state Medicaid expenditures by shifting services to lower levels of care where appropriate. This Demonstration will expand access to medical respite services for individuals who are at risk of homelessness or who are experiencing homelessness. This Demonstration is intended to:

- Further the objectives of Title XIX and Title XXI of the Social Security Act by improving access to high-quality, person-centered services that improve health outcomes for vulnerable populations.
- Provide high-quality medical respite services to persons experiencing or at imminent risk of homelessness.
- Promote access to cost-effective step-down care for individuals preparing for a procedure or recovering from a hospitalization.
- Achieve cost avoidance through reduced utilization of unnecessary hospitalizations and emergency department visits.

Demonstration Rationale

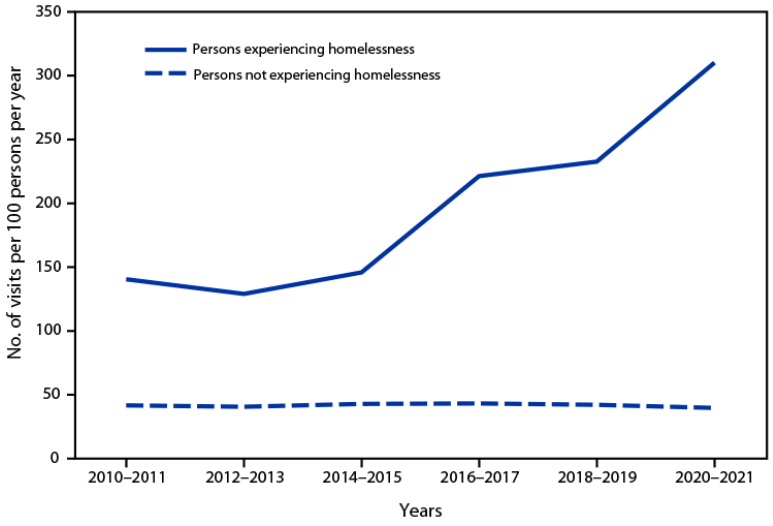
Across the United States, housing instability and homelessness are on the rise, and Nevada is observing the same troubling pattern. In 2024, the United States recorded an 18% increase in the number of people experiencing homelessness compared to 2023.**Error! Bookmark not defined.** This growth has been especially pronounced among unsheltered adults, whose numbers have increased by more than 40% since 2018. Over the past decade, Nevada has followed a similar trend: from 2015 to 2024, the state experienced a 15.6% increase in people experiencing homelessness.**Error! Bookmark not defined.** On a single night in January 2024, 10,106 Nevadans were experiencing homelessness.[5] This point-in-time snapshot only captures one moment in time and only a portion of the people who cycle in and out of homelessness over the course of a year. A significant portion of people experiencing homelessness are

[2] Nevada AB174
[3] 2024 Nevada Housing Crisis Response System Report
[4] Nevada Interagency Council on Homelessness to Housing Strategic Plan
[5] https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/11846/Text
[6] Establishing The President's Make America Healthy Again Commission

facing long-term instability—34% are chronically homeless.[6] Southern Nevada bears a disproportionate share of this need, with over 16,000 Southern Nevadans expected to experience homelessness this year.**Error! Bookmark not defined.**

This national increase in people experiencing homelessness has ripple effects across the healthcare system. Emergency room utilization tends to be higher among those experiencing homelessness compared to the general population, and trends in utilization appear to be rising. The rate of visits per year to hospital emergency departments by persons experiencing homelessness increased from an estimated 141 visits per 100 persons to 310 between 2010 and 2021.[7] Emergency room visit rates among persons not experiencing homelessness did not vary significantly across this time period, remaining stable at around 40 visits per 100 persons per year, as shown in Figure 1.[7]

Figure 1: Rate of Emergency Department Visits, by Homeless Status, *National Hospital Ambulatory Medical Care Survey, United States, 2010–2021*



Inpatient hospital stays tend to be longer and have a higher likelihood of readmission for those experiencing homelessnesswhen compared to the general population. People experiencing homelessness have an increased length of hospital stay by a factor of 4.03 days compared to those who are not homeless.[8] Homeless patients are also 30% more likely to be readmitted to the hospital within 30 days.[8] Reliance on emergency department visits and inpatient utilization often fails to address the underlying drivers of homelessness.

People experiencing homelessness have higher prevalence of mental and behavioral health conditions. At least one in five people experiencing homelessness has a SMI.[9] Compared to the general population, individuals with SMI who experience homelessness are more likely to experience victimization, involvement with the criminal legal system, health complications, and premature mortality.[9] People who experience homelessness and mental health conditions require extra support and resources.

Medical respite is a service that can support individuals experiencing homelessness who are recovering from illness, injury, or hospitalization. These programs combine short-term housing with access to medical, behavioral, and other critical services, helping to interrupt cycles of homelessness and hospitalization. Evidence indicates that medical respite care reduces the likelihood of future emergency

[7] Rate of Emergency Department Visits, by Homeless Status — National Hospital Ambulatory Medical Care Survey, United States, 2010–2021
[8] Demographic Differences in Hospital Readmissions, Hospital Length of Stay and Emergency Room Visits among Homeless Patients
[9] Homelessness and Serious Mental Illness

department (ED) visits and hospital readmissions and leads to lower overall patient costs. Medical respite has been shown to be effective in Massachusetts, where their medical respite program was associated with a 51% lower likelihood of readmission among individuals who were previously frequently admitted to the hospital.[10] Other evidence includes a literature review of over 100 medical respite programs that indicated that medical respite care is generally associated with reductions in hospital and ED visits, increased use of outpatient care, and overall cost savings.[11]

Nevada Medicaid believes that pursuing a medical respite demonstration will improve cost-effectiveness by reducing avoidable emergency department utilization, hospital readmissions, and inpatient stays for individuals experiencing homelessness who can be safely served in a less restrictive, community-based setting.

Section 3: Demonstration Amendment Approach, Service Description, and Goals

Demonstration Amendment Approach

The State of Nevada has designed medical respite as a short-term, step-down service with a goal of supporting a vulnerable population while controlling costs by providing a safe and clinically appropriate space for individuals to either prepare for or recover from a procedure. Often, individuals who are experiencing homelessness lack the option of a safe and appropriate environment to rest and recover, forcing them into emergency rooms, inappropriate hospitalization, and other high-cost levels of care. Without medical respite, these individuals may have higher readmission rates to hospitals and cycle in and out of emergency departments due to compounding medical conditions and the lack of a safe and stable place to recuperate.

NVHA views medical respite as a supportive service essential to bridging the gap between hospital and outpatient levels of care. By building medical respite into the continuum of Medicaid covered services, Nevada Medicaid can better support individuals with complex needs in recovering from an acute episode while providing behavioral health, medical care, and other supportive services that address root causes of disease. By providing medical respite care within a community setting, NVHA expects to see less reliance on more restrictive, higher cost settings, resulting in cost savings to the state and federal government.

The underlying components of medical respite services reflect clinical and non-clinical activities that are already covered under existing state plan services. Medical respite providers are often staffed by nurses, case managers, and other support staff to provide services such as post-acute clinical care, medication support or management, care coordination and connections to primary and behavioral healthcare, and behavioral health self-management support. As described in The National Health Care for the Homeless Council's *Standards for Medical Respite Care Programs*, the following medical respite standards were developed to address the following, all of which Nevada Medicaid seeks to improve achieve through coverage of this service:

[10] Thirty-Day Hospital Readmission Among Homeless Individuals with Medicaid in Massachusetts
[11] Medical Respite Literature Review: An Update on the Evidence for Medical Respite Care

- People experiencing homelessness suffer profound disparity in health and mortality compared to the general population.
- Hospital lengths of stay are generally decreasing across all medical conditions and acute and post-acute medical care is increasingly being delivered on an outpatient basis.
- People need a safe, stable, and supportive place to recover from illness and injury.
- Recovery is extremely difficult on the streets; shelters generally are not equipped to support people who are sick or injured.
- Homelessness itself causes and exacerbates existing medical conditions and makes adherence to treatment plans more difficult.
- Medical respite programs promote connections to primary and behavioral health care and decrease hospital utilization; thus, improving efficiency and reducing costs in health systems.
- Medical respite programs are critical to community efforts to end homelessness.[12]

Service Description

Nevada describes medical respite care as acute and post-acute medical care and other support services to persons who are experiencing homelessness who:

1. Are unable to completely recover from an illness, injury or disease; and
2. Do not require care from a hospital or other inpatient medical facility.

Medical respite care shall include:

Services and supports to allow individuals to recuperate prior to or following a medical procedure, operation, or hospital stay, including:

- Management of care, including evaluation, assessment, care planning, and coordination of referrals and follow-up for medical, behavioral health, and social services;
- Acute and post-acute medical care;
- Behavioral health care; and
- Storage and management of medications.

Under this demonstration, medical respite will be provided to individuals who are experiencing homelessness, defined as persons who are at imminent risk of homelessness, or homeless and who are unable to completely recover from an illness, injury or disease but do not require care from a hospital or other inpatient medical facility; preparing for a procedure or recovering following a hospitalization (including emergency department).

Medical respite facilities who are qualified to provide medical respite care must:

- Be enrolled as a Medicaid provider;
- Demonstrate an ability to operate a model of medical respite defined by the state, which shall align with the NIMRC medical respite standards;

[12] https://nhchc.org/wp-content/uploads/2025/03/Standards-for-Medical-Respite-Programs_2025.pdf

- Have a staffing model that includes qualified clinical and non-clinical staff operating within the scope of their practice to meet all components of the model of medical respite defined by the state;
- Be staffed 24/7 by qualified health care staff who have been trained in:
    - Trauma-informed care;
    - De-escalation techniques; and
    - Mental health first aid.

Description of Goals

By administering medical respite through Medicaid, Nevada seeks to achieve the following goals and outcomes that align with the original waiver's intent of "Improve care coordination and transitions between levels of care." This Demonstration amendment is intended to:

> Goal #1: Further the objectives of Title XIX and Title XXI of the Social Security Act by improving access to high-quality, person-centered services that improve health outcomes for vulnerable populations.
>
> Goal #2: Provide high-quality Medical Respite services to persons experiencing or at imminent risk of homelessness through reduced utilization of unnecessary hospitalizations and emergency department visits.
>
> Goal #3: Promote access to cost-effective step-down care for individuals preparing for a procedure or recovering from a hospitalization.

Section 4: Impact on Eligibility, Enrollment, Benefits, Cost Sharing, and Delivery System

Eligibility and Enrollment

All individuals covered under mandatory and optional eligibility categories approved for full benefit coverage under Nevada Medicaid and CHIP state plan will be eligible to receive services authorized under this demonstration, as long as service-specific eligibility criteria are met. Individuals eligible only for limited benefit Medicaid plans will not be eligible for services authorized under this demonstration. The proposed demonstration amendment will not introduce any program changes that would impact Medicaid or CHIP eligibility and is therefore not expected to impact Medicaid or CHIP program eligibility or enrollment trends. NVHA estimates that approximately 69 Medicaid eligible individuals and projected 0 CHIP eligible individuals who meet medical respite service eligibility criteria will receive medical respite services in each month of the demonstration, following program go-live.

Benefits and Cost Sharing

The proposed demonstration amendment would add medical respite services as a covered benefit under Nevada's Medicaid and CHIP programs. The proposed demonstration amendment will not introduce any changes to cost sharing in the Medicaid program. While NVHA does not intend to create a cost sharing obligation for individuals receiving these services, NV acknowledges the cost sharing requirements

established by H.R.1 that will go into place on 10/1/28. NVHA awaits further guidance from CMS to clarify whether cost sharing obligations will apply to the services authorized under this demonstration.

Delivery System

Starting January 1, 2026, Nevada Medicaid expanded the managed care delivery system statewide, including rural areas. Managed care enrollment is mandatory for most beneficiaries, with the exception of American Indians and Alaska Natives, persons in the “aged, blind, disabled” Medicaid eligibility category, individuals receiving limited benefits, individuals dually eligible for Medicare and Medicaid, children with special health care needs, and foster care and adoption assistance children. Managed care enrollees receive the same benefits as beneficiaries receiving services through FFS. The State currently contracts with five managed care organizations (MCOs).

The proposed demonstration amendment will not introduce any changes to the Nevada Medicaid delivery system. Medical respite services will be administered through both fee-for-service and managed care delivery systems. Medical respite providers will be responsible for billing the appropriate payer based on the individual's enrollment.

Medical respite services will be provided by any qualified provider that meets NVHA-defined standards and enrolls as a Medicaid provider.

Section 5: Hypotheses and Evaluation Plan

This demonstration does not alter the original approved evaluation design. The hypotheses below are additive to evaluate the new services being added to this amendment.

Goal	Hypotheses	Evaluation Questions	Data Sources
Further the objectives of Title XIX and Title XXI of the Social Security Act by improving access to high-quality, person-centered services that improve health outcomes for vulnerable populations	Objectives of Title XIX and Title XXI of Social Security Act will be furthered by providing medical respite.	Were objectives of Title XIX and Title XXI of Social Security Act furthered by providing medical respite?	Interviews/focus groups with providers, hospitals, and beneficiaries
Provide high-quality medical respite services to persons experiencing or at imminent risk of homelessness to achieve cost avoidance through reduced utilization of unnecessary hospitalization and emergency department visits	Unnecessary ED visits and hospital readmissions will decrease among those receiving medical respite.	Did access to medical respite decrease unnecessary ED visits and hospital readmissions?	Claims data

Goal	Hypotheses	Evaluation Questions	Data Sources
Promote access to cost-effective step-down care for individuals preparing for a procedure or recovering from a hospitalization.	Access to cost-effective step-down care for individuals preparing for a procedure or recovering from a hospitalization will be provided by this service offering.	Was access to the service improved?	Interviews/focus groups with providers, hospitals, and beneficiaries

Section 6: Implementation of Demonstration

In line with the legislative charge established by SB54, Nevada Medicaid is requesting a demonstration to cover medical respite with a target effective date of July 1, 2027. Nevada Medicaid intends to submit any required post-approval documentation as outlined by CMS in the Demonstration special terms and conditions.

Potential Nevada Medicaid recipients who would benefit from the Demonstration initiatives, as well as Nevada Medicaid-enrolled providers, will be notified through the State's typical processes, which include NVHA physical mail and electronic announcements and newsletters, provider bulletins, etc. Notifications will highlight new services made available under the Demonstration, as well as locations and contact information where services may be obtained. The State contracts with five MCOs, which will be required to add medical respite as a covered benefit. Any potential mid-year capitation rate adjustments will be evaluated by the State's actuary. A waiver effective date of July 1, 2027, will allow time to establish necessary provider types and enrollment procedures for facilities; make necessary Medicaid Management Information System edits; and obtain approval of a Demonstration implementation plan.

The implementation of medical respite services in the State aligns with the goal of supporting the most vulnerable Medicaid members, as outlined in the SMI amendment submitted in December 2024. As previously stated, individuals experiencing homelessness often have higher rates of OUD, SUD, and SMI which is why Nevada Medicaid seeks to connect members of this vulnerable community to services across a variety of programs authorized by an 1115 waiver. By providing medical respite to this population, the service can further support the following milestones as outlined in the SMI amendment: 1) Improving Care Coordination and Transitioning to Community-Based Care, 2) Increasing Access to Continuum of Care, Including Crisis Stabilization Services.

Section 7: Budget Neutrality

Nevada Medicaid recognizes that when submitting a Section 1115 demonstration waiver, states must include an initial projection showing that the demonstration is expected to be budget neutral to the federal government. Budget neutrality will be assessed in accordance with terms and conditions mutually agreed upon by the State and CMS, monitored periodically throughout the approval period, and, at the demonstration's conclusion, evaluated using per-member per-month (PMPM) costs.

For the budget neutrality development, Nevada Medicaid has categorized are treating these services as a Medicaid Authorizable Populations and Services (MAPS) activity, as all underlying components of the

service (e.g., behavioral health screening and assessment, acute and post-acute medical care, medication administration) could otherwise have been provided through inpatient hospitalization under Medicaid state plan but for a different site of service (DSS). Therefore, expenditures for medical respite services would equal otherwise allowable expenditures absent the demonstration. Furthermore, Nevada Medicaid is evaluating expenditures on a PMPM basis. As such, the budget neutrality limits are developed as PMPM amounts that include only the medical respite service costs.

Table 1 *includes the baseline Without Waiver case load, total expenditures, and PMPM amounts.*

Table 1 Nevada 1115 Demonstration Waiver Enrollment, Expenditures and PMPM by Demonstration Year Without Waiver					
	Demonstration Year 1	**Demonstration Year 2**	**Demonstration Year 3**	**Demonstration Year 4**	**Demonstration Year 5**
Case Load (Member Months)	0	0	0	0	831.91
Expenditures	$0	$0	$0	$0	$5,904,474
PMPM	$0.00	$0.00	$0.00	$0.00	$7,097.51

Table 2 *includes the With Waiver case load, total expenditures, and PMPM amounts. Given that medical respite services are evaluated as MAPS, the results are equivalent.*

Table 2 Nevada 1115 Demonstration Waiver Enrollment, Expenditures and PMPM by Demonstration Year With Waiver					
	Demonstration Year 1	**Demonstration Year 2**	**Demonstration Year 3**	**Demonstration Year 4**	**Demonstration Year 5**
Case Load (Member Months)	0	0	0	0	831.91
Expenditures	$0	$0	$0	$0	$5,904,474
PMPM	$0.00	$0.00	$0.00	$0.00	$7,097.51

Caseload projections and utilization rates were developed based on information provided to NVHA from Las Vegas Recuperative Care Center, an existing provider of medical respite services. This data was adjusted to account for increased access as a result of provider capacity expansion and new providers entering the State. Total expenditures were developed based on the projected utilization rate and an estimate of the average reimbursement rate for this service on a per diem basis.

Appendix I includes additional documentation required by CMS in demonstrating budget neutrality.

Section 8: Requested Waivers and Expenditure Authority

Below is a summary of the Section 1115 expenditure and waiver authorities requested to implement this demonstration amendment. Nevada Medicaid acknowledges that CMS may identify additional required authorities during the waiver approval process and is eager to pursue any additional required authorities

- **Expenditure Authority *1115(a)(2)***
  Expenditures for medical respite services not otherwise covered that are furnished to individuals who meet the qualifying criteria. The demonstration will cover populations and services that are otherwise authorizable as inpatient and rehabilitative services, but for the site of service.
- **Comparability; Amount, Duration, and Scope *Section 1902(a)(10)(B) and 1902(a)(17)***
  To the extent necessary to enable the state to provide a varying amount, duration, and scope of medical respite services to a subset of beneficiaries, depending on beneficiary needs.

Section 9: Public Notice and Tribal Consultation

The 30-day comment period began on May 14, 2026, and concluded on June 13, 2026. During this time, NVHA hosted two public hearings to gather comments from interested parties.

Public Hearing #1:

Date/Time: Wednesday, May 20, 2026: 9:00 am PDT

In-Person Location:

Division of Public and Behavioral Health
Walker Conference Room
10375 Professional Circle
Reno, NV 89521

Virtual Meeting Information:

Microsoft TEAMS Meeting Info URL: Join Public Hearing #1 via Microsoft Teams
Meeting ID: 298 521 702 641 39
Passcode: Rc9tT63G
Dial in by phone: +1 775-321-6111, 482793340#

Public Meeting #2:

Medicaid Advisory Committee (MAC)

Date/Time: Wednesday, June 3, 2026, 1:00 pm PDT

In-Person Location:

Nevada Health Division – Directors Office
1210 S. Valley View Suite 104
Las Vegas, NV 89102

Virtual Meeting Information:

Microsoft TEAMS Meeting Info:
URL: Join Public Meeting #2 via Microsoft Teams
Meeting ID: 216 359 442 399 11
Passcode: DU2s2zB7

Dial in by phone:
+1 775-321-6111,,841247946#
Phone conference ID: 841 247 946#

Public comments were able to be submitted via email to 1115waivers@nvha.nv.gov through 5 p.m. Pacific Standard Time on June 13, 2026. The public was provided with the following additional information about the public notice process:

The full public notice as well as the full waiver application are posted online at: Nevada 1115 Demonstration Waiver Amendment webpage.

If you require a physical copy of supporting material for the public meeting, please contact 1115waivers@nvha.nv.gov, or at 1100 East William Street, Suite 101, Carson City, Nevada 89701.

Individuals who require special accommodation in order to attend these public meetings should notify NVHA as soon as possible, and at least ten days in advance of the meeting, by email at: 1115waivers@nvha.nv.gov or in writing, at: 9850 Double R Blvd, Suite 200, Reno, Nevada 89521

After Nevada Medicaid has reviewed comments submitted during the state public comment period, the Nevada Medicaid will submit a revised application to CMS. Interested parties will also have an opportunity to submit formal comment during the federal comment period; the submitted application will be available for comment on the CMS website at CMS Section 1115 Demonstrations and Waivers list.

Tribal Notice

Link to full tribal notice Full Tribal Notice (PDF)

Appendix 1: Budget Neutrality Tables

BUDGET NEUTRALITY SUMMARY

HYPOTHETICALS ANALYSIS						
Without-Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)	**TOTAL**				

	DY 01	DY 02	DY 03	DY 04	DY 05	
Medical Respite	$ -	$ -	$ -	$ -	$ 5,904,474	$ 5,904,474
TOTAL	$ -	$ -	$ -	$ -	$ 5,904,474	$ 5,904,474
With-Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)	**TOTAL**				
	DY 01	**DY 02**	**DY 03**	**DY 04**	**DY 05**	
Medical Respite	$ -	$ -	$ -	$ -	$ 5,904,474	$ 5,904,474
TOTAL	$ -	$ -	$ -	$ -	$ 5,904,474	$ 5,904,474
HYPOTHETICALS VARIANCE	$ -	$ -	$ -	$ -	$ -	$ -

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY	**BASE YEAR**	**TREND**	**DEMONSTRATION YEARS (DY)**					**TOTAL**
GROUP	**DY 00**	**RATE**	**DY 01**	**DY 02**	**DY 03**	**DY 04**	**DY 05**	**WOW**
Medical Respite								
Pop Type: Medical Respite								
Eligible Member Months	831.91	0.0%	-	-	-	-	$831.91	
PMPM Cost	7,097.51	0.0%	$ -	$ -	$ -	$ -	$ 7,097.51	
Total Expenditure	5,904,474	0.0%	$ -	$ -	$ -	$ -	$ 5,904,474	$ 5,904,474

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY		TREND	DEMONSTRATION YEARS (DY)					TOTAL
GROUP	DY 00	RATE	DY 01	DY 02	DY 03	DY 04	DY 05	WW
Medical Respite								
Pop Type: Medical Respite	Hypothetical							
Eligible Member Months	831.91	0.0%	-	-	-	-	$831.91	
PMPM Cost	7,097.51	0.0%	$ -	$ -	$ -	$ -	$ 7,097.51	
Total Expenditure	5,904,474	0.0%	$ -	$ -	$ -	$ -	$ 5,904,474	$ 5,904,474

Appendix 2: Full Public Notice

Section 1115 Demonstration Waiver Full Public Notice

Amendment to Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project for Medical Respite

State of Nevada

Department of Health and Human Services

Nevada Health Authority

May 14, 2026

Joe Lombardo

Governor

State of Nevada

Stacie Weeks

Director

Nevada Health Authority

1115 Demonstration Amendment Summary

A. Program Summary

In accordance with 42 CFR § 431.408, Nevada is seeking an amendment to its Section 1115 Demonstration waiver, “Nevada’s Treatment for Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation” to request federal authorization to cover medical respite services (pre- and post-procedure) to individuals at risk of or experiencing homelessness. The Nevada Health Authority (NVHA) is seeking to cover medical respite as a Medicaid service as directed by the Nevada Legislature through the passage of Senate Bill (SB) 54, passed in 2025, which requires NVHA to apply for any waiver necessary to receive federal financial participation to provide such service.

B. Demonstration Goals

By administering medical respite through Medicaid, Nevada seeks to achieve the following goals and outcomes that align with the original waiver’s intent of “Improve care coordination and transitions between levels of care.” This Demonstration amendment is intended to:

Goal #1: Further the objectives of Title XIX and Title XXI of the Social Security Act by improving access to high-quality, person-centered services that improve health outcomes for vulnerable populations.

Goal #2: Provide high-quality medical respite services to persons experiencing or at imminent risk of homelessness through reduced utilization of unnecessary hospitalizations and emergency department visits.

Goal #3: Promote access to cost-effective step-down care for individuals preparing for a procedure or recovering from a hospitalization.

C. Eligible Populations

All individuals covered under mandatory and optional eligibility categories approved for full benefit coverage under Nevada Medicaid and CHIP state plan will be eligible to receive services authorized under this demonstration, as long as service-specific eligibility criteria are met. Individuals eligible only for limited benefit Medicaid plans will not be eligible for services authorized under this demonstration. The proposed demonstration amendment will not introduce any program changes that would impact Medicaid or CHIP eligibility, and is therefore not expected to impact Medicaid or CHIP program eligibility or enrollment trends.

D. Enrollment and Expenditures Projections

Table 1 below illustrates the anticipated estimated enrollment and expenditures for individuals that are expected to receive medical respite services authorized under this demonstration on a per member per month (PMPM) basis.

Table 1: Enrollment and Expenditure Projections

Nevada 1115 Demonstration Waiver Enrollment, Expenditures and PMPM by Demonstration Year					
	Demonstration Year 1	**Demonstration Year 2**	**Demonstration Year 3**	**Demonstration Year 4**	**Demonstration Year 5**
Case Load (Member Months)	0	0	0	0	831.91
Expenditures	$0	$0	$0	$0	$5,904,474
PMPM	$0.00	$0.00	$0.00	$0.00	$7,097.51

E. Benefits, Cost Sharing, and Delivery System

The proposed demonstration amendment would add medical respite services as a covered benefit under Nevada's Medicaid and CHIP programs. The proposed demonstration amendment will not introduce any changes to cost sharing in the Medicaid program. NVHA does not intend to create a cost sharing obligation for individuals receiving these services. Medical respite services will be administered through managed care and Medicaid fee-for-service delivery systems.

F. Waiver and Expenditure Authorities

Expenditure and waiver authorities requested to implement this demonstration amendment include:

- Expenditure Authority
  Expenditures for medical respite services not otherwise covered that are furnished to individuals who meet the qualifying criteria.
- Comparability; Amount, Duration, and Scope Section 1902(a)(10)(B) and 1902(a)(17)
  To the extent necessary to enable the state to provide a varying amount, duration, and scope of medical respite services to a subset of beneficiaries, depending on beneficiary needs.

G. Evaluation and Hypothesis

This demonstration does not alter the original approved evaluation design. The hypotheses below are additive to evaluate the new services being added to this amendment.

Goal	Hypotheses	Evaluation Questions	Data Sources
Further the objectives of Title XIX and Title XXI of the Social Security Act by improving access to high-quality, person-centered services that improve health outcomes for vulnerable populations	Objectives of Title XIX and Title XXI of Social Security Act will be furthered by providing medical respite	Were objectives of Title XIX and Title XXI of Social Security Act furthered by providing medical respite?	Interviews/focus groups with providers, hospitals, and beneficiaries
Provide high-quality medical respite services to persons experiencing or at imminent risk of homelessness to achieve cost avoidance	Unnecessary ED visits and hospital readmissions will decrease among those receiving medical respite.	Did access to medical respite decrease unnecessary ED visits and hospital readmissions?	Claims data

Goal	Hypotheses	Evaluation Questions	Data Sources
through reduced utilization of unnecessary hospitalization and emergency department visits			
Promote access to cost-effective step-down care for individuals preparing for a procedure or recovering from a hospitalization.	Access to cost-effective step-down care for individuals preparing for a procedure or recovering from a hospitalization will be provided by this service offering.	Was access to the service improved?	Interviews/focus groups with providers, hospitals, and beneficiaries

H. State Public Notice and Comment Period

NVHA published a notice of the public comment period for the Demonstration waiver on May 14, 2026. The notice was published on the DHCFP website at Nevada Medicaid Public Notices webpage and on the State's public notice website at https://notice.nv.gov/. The latter may be accessed by using the website's drop-down menus by selecting "State" as the Government type, "Department of Health and Human Services" as the Entity type, and "Division of Health Care Financing and Policy" as the Public Body.

The published notice included details of the waiver application, dates, and locations for public hearings of which include teleconferencing and videoconferencing, as well as the physical and email addresses where interested parties submitted written comments.

The 30-day comment period began on May 14, 2026, and concluded on June 13, 2026. During that time, NVHA hosted two public hearings to gathered comments from interested parties.

Public Hearing #1:

Name: NVHA Public Meeting Medical Respite

Date/Time: May 20, 2026, 9:00 am PDT

Location:

Division of Public and Behavioral Health

Walker Conference Room

10375 Professional Circle

Reno, NV 8521

Virtual Meeting Information:

Microsoft TEAMS Meeting Info:
Meeting ID: 298 521 702 641 39

Passcode: Rc9tT63G

Complete URL: Join Public Hearing #1 via Microsoft Teams

Dial in by phone :+1 775-321-6111,,482793340# United States, Reno

Public Meeting #2:

Name: Medicaid Advisory Committee (MAC)

Date/Time: June 3, 2026, 1:00pm PDT

Location:

Nevada Health Division—Directors Office

1210 S. Valley View Suit 104

Las Vegas, NV 89102

Virtual Meeting Information:

Microsoft TEAMS Meeting Info

URL: Join Public Meeting #2 via Microsoft Teams

Meeting ID: 216 359 442 399 11

Passcode: DU2s2zB7

Dial in by phone:

+1 775-321-6111, 841247946#

Phone conference ID: 841 247 946#

Further, NVHA sent emails to stakeholder groups via an online announcement and a subscription email listserv to inform them of the waiver and the public comment period. All materials including the published notice, hearing information, and waiver application were made available online at: Nevada Public Notice website. The public hearing agenda was made available at District Offices throughout the State.

With support and further recommendation from CMS, Nevada has developed a dedicated webpage for 1115 Demonstrations to further outline and provide easy access to core information related to the 1115 process, for example, Public Notice, Public Hearings held, minutes from public meetings, 1115 application, 1115 Implementation Plan, etc.

If you are unable to join the public meetings, we invite review of the Demonstration application amendment at the Nevada Medicaid website under 1115 waivers or go to Nevada 1115 Demonstration

Waiver Amendment webpage where you can also provide public comment. Public comments can be submitted to 1115waivers@nvha.nv.gov through 5 p.m. Pacific Standard Time on June 13, 2026.

This notice and agenda have been posted online also at Nevada 1115 Demonstration Waiver Amendment webpage, and http://notice.nv.gov, as well as Carson City, Las Vegas, Elko, and Reno central offices for Nevada Medicaid. Please see addresses for central office locations:

1. Nevada Health Authority, 9850 Double R Blvd, Second Floor, Reno NV 89521
2. Las Vegas Medicaid District Office, First Floor, 1210 S. Valley View, Las Vegas, NV 89102
3. Nevada State Library and Archives, 100 Stewart Street, Carson City
4. Legislative Building, 401 S. Carson Street, Carson City
5. Grant Sawyer Building, 555 E. Washington Avenue, Las Vegas
6. Washoe County District Health Department, 9th and Wells, Ren

E-mail notice has been made to such individuals as have requested notice of meetings (to request notifications please contact 1115waivers@nvha.nv.gov, or in writing at 1100 East William Street, Suite 101, Carson City, Nevada 89701.)

If you require a physical copy of supporting material for the public meeting, please contact 1115waivers@nvha.nv.gov, or at 1100 East William Street, Suite 101, Carson City, Nevada 89701. Supporting material will also be posted online as referenced above.
Note: We are pleased to make reasonable accommodations for members of the public with a disability that wish to participate. If accommodated arrangements are necessary, notify NVHA as soon as possible and at least ten days in advance of the meeting, by e-mail at 1115waivers@nvha.nv.gov or in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701.

After Nevada reviews comments submitted during the state public comment period, the state will submit a revised application to CMS. Interested parties will also have an opportunity to submit formal comment during the federal comment period; the submitted application will be available for comment on the CMS website at CMS Section 1115 Demonstrations and Waivers list.

Appendix 3: Abbreviated Public Notice

Amendment to Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project for Medical Respite Abbreviated Public Notice

May 14, 2026

Summary:

Nevada is seeking an amendment to its Section 1115 Demonstration waiver, "Nevada's Treatment for Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation" to request federal authorization to cover medical respite services (pre- and post-procedure) to individuals at risk of or experiencing homelessness. The Nevada Health Authority (NVHA) is seeking to cover medical respite as a Medicaid service as directed by the Nevada General Assembly in Senate Bill (SB) 54, passed in 2025, which requires NVHA to apply for any waiver necessary to receive federal financial participation to provide such service.

This amendment seeks to 1) Further the objectives of Title XIX and Title XXI of the Social Security Act by improving access to high-quality, person-centered services that improve health outcomes for vulnerable populations; 2) Provide high-quality medical respite services to persons experiencing or at imminent risk of homelessness through reduced utilization of unnecessary hospitalizations and emergency department visits; and 3) Promote access to cost-effective step-down care for individuals preparing for a procedure or recovering from a hospitalization.

A copy of the full public notice and the draft Demonstration application may be found at Nevada Medicaid Waivers webpage. This notice is being provided pursuant to CMS requirements in 42 CFR 431.408.

Public Comment and Hearing Information

The 30-day comment period will begin on May 14, 2026 and will conclude on June 13, 2026. During this time, NVHA will host two public hearings to gather comments from interested parties.

Public Hearing #1:

Name: NVHA Public Meeting Medical Respite

Date/Time: May 20, 2026, 9:00 am PDT

Location:

Division of Public and Behavioral Health

Walker Conference Room

10375 Professional Circle

Reno, NV 8521

Virtual Meeting Information:

Microsoft TEAMS Meeting Info:
Meeting ID: 298 521 702 641 39
Passcode: Rc9tT63G

Complete URL: Join Public Hearing #1 via Microsoft Teams

Dial in by phone :+1 775-321-6111,,482793340# United States, Reno

Public Meeting #2:

Name: Medicaid Advisory Committee (MAC)

Date/Time: June 3, 2026, 1:00pm PDT

Location:

Nevada Health Division—Directors Office

1210 S. Valley View Suit 104

Las Vegas, NV 89102

Virtual Meeting Information:

Microsoft TEAMS Meeting Info

URL: Join Public Meeting #2 via Microsoft Teams

Meeting ID: 216 359 442 399 11

Passcode: DU2s2zB7

Dial in by phone:

+1 775-321-6111, 841247946#

Phone conference ID: 841 247 946#

Public comments can be submitted to 1115waivers@nvha.nv.gov through 5 p.m. Pacific Standard Time on June 13, 2026.

The full public notice as well as the full waiver application are posted Nevada Medicaid Waivers webpage.

If you require a physical copy of supporting material for the public meeting, please contact 1115waivers@nvha.nv.gov, or at 1100 East William Street, Suite 101, Carson City, Nevada 89701.

Individuals who require special accommodation in order to attend these public meetings should notify NVHA as soon as possible, and at least ten days in advance of the meeting, by email at: 1115waivers@nvha.nv.gov or in writing, at: 1100 East William Street, Suite 101, Carson City, Nevada 89701

After Nevada reviews comments submitted during the state public comment period, the state will submit a revised application to CMS. Interested parties will also have an opportunity to submit formal comment during the federal comment period; the submitted application will be available for comment on the CMS website at CMS Section 1115 Demonstrations and Waivers list.

Appendix 4: Tribal Notice

Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
NEVADA MEDICAID
4070 Silver Sage Drive
Carson City, Nevada 89701
NVHA.NV.GOV

Stacie Weeks, Director

Ann Jensen, Administrator

May 1, 2026

Inter-Tribal Council of Nevada
Serrell Smokey, ITCN President
Tribal Chairman of Washoe Tribe
919 Highway 395 South
Gardnerville, Nevada 89410

Dear Tribal Members:

In accordance with established consultation guidelines, the Nevada Health Authority (NVHA) is notifying Nevada tribes of the following proposed updates to policy:

Nevada Medicaid is seeking an amendment to the Section 1115 Demonstration waiver, "Nevada's Treatment for Opioid Use Disorder (OUDs) and Substance Use Disorders (SUD) Transformation", to request federal authorization to cover medical respite (pre- and post-procedure) to individuals at risk of or experiencing homelessness. This amendment will give Nevada an additional tool to advance the broader demonstration goals of establishing a full continuum of evidence-based services to enhance transitions of care and prevent avoidable utilization in more costly and restrictive care settings.

The Nevada Health Authority (NVHA) is seeking to cover medical respite as a Medicaid service as directed by the Nevada General Assembly in Senate Bill (SB) 54, passed in 2025, which requires NVHA to apply for any waiver necessary to receive federal financial participation to provide such service.

There is currently no anticipated fiscal impact to the Tribal Government.

If you would like a consultation regarding this proposed change in policy, please contact Nahayvee Flores-Rosiles at nflores-rosiles@nvha.nv.gov or (775) 350-0786 who will schedule a meeting. We would appreciate a reply within 30 days from the date of this letter. If we do not hear from you within this time, we will consider this an indication that no consultation is requested.

Sincerely,

Kim Smalley
Kim Smalley (May 1, 2026 13:06:56 PDT)

Kim Smalley
Division Compliance Chief, NVHA

cc: Malinda Southard D.C., CPM, Deputy Director, NVHA
Dr. Keith Benson DMS, Nevada State Dental Health Officer, NVHA
Sarah Dearborn, Chief of Benefits, Nevada Medicaid
Evette Cullen, Chief of Medical, Dental and DME, Nevada Medicaid
Nahayvee Flores-Rosiles, Tribal & Community Liaison, NVHA

4070 Silver Sage Drive, Carson City, Nevada 89701

Page 1 of 1

Appendix 5: Summary of Public Comments

Theme: General Support

Summary of Public Comment:

Several commenters expressed strong support for Nevada's proposal to amend its Section 1115 demonstration waiver to include medical respite services. One commenter (University of Nevada, Reno - Orvis School of Nursing) noted that the proposal is well aligned with all three stated goals of the demonstration:

- Goal 1: Medical respite improves access to high-quality, person-centered care by giving people who are not ready for street discharge a safe and supportive place to recover.
- Goal 2: Medical respite reduces unnecessary hospitalizations, emergency department use, and EMS transport by helping patients stabilize and receive follow-up care after discharge.
- Goal 3: Medical respite expands access to cost-effective step-down care by offering a lower-cost, clinically appropriate alternative between hospitalization and independent living.

NVHA Response:

NVHA acknowledges and appreciates these commenters for sharing their support of the medical respite initiative. NVHA recognizes the alignment between medical respite services and the demonstration's stated goals of improving access to care, reducing unnecessary emergency utilization, and providing cost-effective alternatives to hospitalization.

Theme: Service Definition and Covered Services

Summary of Public Comment:

One commenter (University of Nevada, Reno - Orvis School of Nursing) recommended that nursing services be explicitly included in the medical respite service definition, recognizing nursing's essential role in post-acute recovery, medication management, patient education, and ongoing clinical monitoring.

NVHA Response:

NVHA appreciates this recommendation and will consider explicitly including nursing services in the medical respite service definition during ongoing implementation planning, recognizing the critical role nursing plays in post-acute care settings.

Summary of Public Comment:

One commenter (Nam Phan - CareSource) recommended that NVHA avoid using absolute language such as "complete" recovery in eligibility criteria. The commenter noted that individuals at 99% recovery should still qualify for benefits, and suggested more flexible language to ensure appropriate access to services.

NVHA Response:

NVHA appreciates this feedback regarding service eligibility language. While NVHA is not making changes to eligibility language in the waiver application at this time, NVHA does not interpret the current language to exclude individuals who have not fully recovered from an illness, injury, or disease. NVHA will continue to engage with stakeholders as subsequent implementation guidance is developed to avoid inadvertently excluding individuals who may benefit from medical respite services.

Theme: Eligible Populations

Summary of Public Comment:

One commenter (REMSA Health) expressed concern about the service definition regarding "pre- and post-procedure" language, stating that some populations may not be eligible for the service because they have other conditions where a "procedure" may not be provided to resolve their condition. The commenter expressed specific concern about populations including:

- Individuals with serious mental illness (SMI)
- Individuals with chronic cognitive disabilities
- Elderly patients with cognitive decline

The commenter also expressed a desire to provide accommodations for elderly homeless individuals with cognitive decline.

NVHA Response:

NVHA appreciates this feedback. To clarify, the medical respite service will be available to eligible individuals prior to or following a medical procedure, operation, or hospital stay. The intent is that medical respite services will provide a cost-effective step down to higher levels of care for individuals who do not have a safe and stable home to recover or prepare for hospital-level medical treatment. If a medical procedure, operation, or hospital stay does not occur or is not scheduled, an individual will not be eligible for medical respite services. While NVHA is not amending the waiver application to change eligibility criteria, as implementation planning continues, NVHA will continue to engage with stakeholders to develop service guidance and further define these triggering events and associated time frames for eligibility and service duration.

Theme: Length of Stay

Summary of Public Comment:

One commenter (Shawna Derousse – Health Plan of Nevada) requested clarification on the length of time prior to delivery, specifically whether it is 60 or 90 days. The commenter also asked about the average length of stay, either prior to a procedure or after a procedure.

NVHA Response:

NVHA will provide clarification on the amount of time before a procedure or operation in which medical respite services will be available and expected length of stay parameters in subsequent implementation

guidance. NVHA intends to work with stakeholders to establish appropriate timeframe parameters that balance clinical appropriateness, service access, and program sustainability.

Theme: Support Documentation

Summary of Public Comment:

One commenter (REMSA Health) submitted a data brief from Washoe County in support of the medical respite waiver application.

Medical Respite Data Summary

Prepared by Campbelle Redding, BS, NREMT

Key Findings:

-Voluntary survey distributed during **February-May 2026** in **Reno, NV**
-All data was **self-reported**
-**221** total responses (current Washoe County homeless population estimated to be **1,787** per 2026 PIT Count)
-**87%** of respondents were experiencing homelessness

What is Medical Respite?

Medical Respite is short-term housing for individuals experiencing homelessness to continue recovering after a medical event. Medical respite can help coordinate follow-up care in addition to providing an individual a safe, stable place to recover.

Gender Distribution:

Gender	Survey	2026 PIT Count
Male	**74%**	68%
Female	**26%**	25%
Other	**1%**	7%

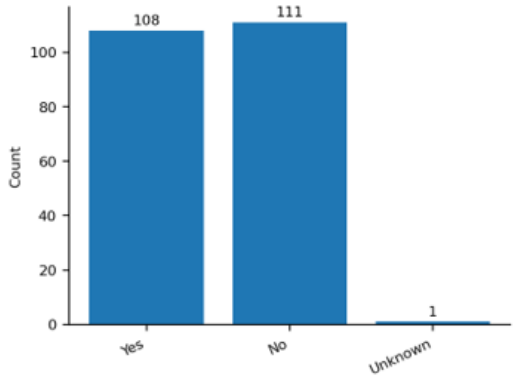
Interpretation: The gender representation among survey respondents closely mirrors the gender distribution of individuals experiencing homelessness in Washoe County.

Age Distribution:

Age Group	Count	Percent
< 65	**190**	**67.28%**
0–17	1	0.5%
18–24	9	4.1%
25–34	31	14.0%
35–44	49	22.2%
45–54	54	24.4%
55–64	46	20.8%
+ 65	**27**	**12.2%**
Unknown	1	0.5%
Multiple/Unclear	1	0.5%
Total	219	100%

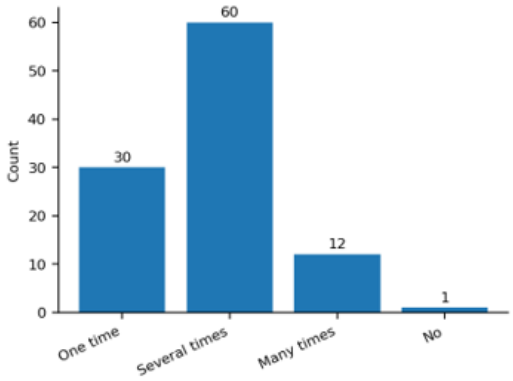
Interpretation: Over 67% of respondents were under the age of 65, making them eligible for Medicaid coverage. Of the respondents over the age of 65, it is unknown how many may have dual enrolled coverage.

Have you ever been discharged from the hospital before you felt you were able to take care of your medical needs?



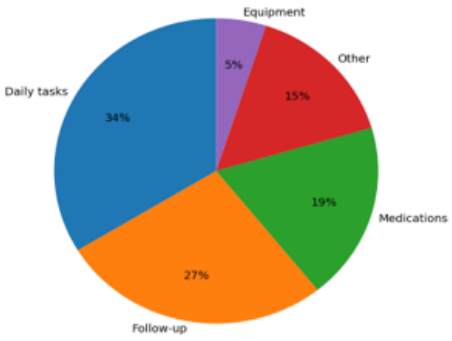
Interpretation: Nearly half of respondents reported being discharged before ready. Medical Respite can help medically at risk homeless who aren't sick enough to stay in the hospital but feel too sick to take care of their own medical needs.

If you were discharged from the hospital before you felt you were able to take care of your medical needs, has this happened one time, several times, or many times?



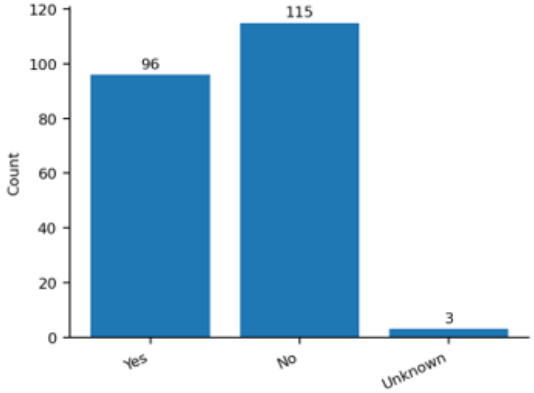
Interpretation: Many respondents reported repeated premature discharge issues. This indicates that reports of being discharged before an individual feels ready are not isolated events, but more of a systemic concern.

What best describes the medical needs you had trouble managing after discharge?



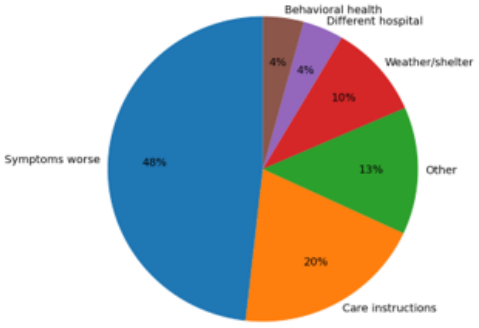
Interpretation: Medical Respite provides a controlled environment where medically at risk homeless can receive continued supportive care, such as assistance with daily tasks, post-discharge follow-up and medication assistance.

Have you ever returned to the hospital within 48 hours of being discharged?



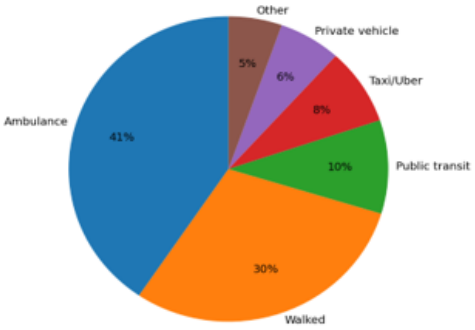
Interpretation: Many respondents did in fact return to the hospital shortly after discharge.

If returned to the hospital within 48 hours, what best describes why you returned to the hospital?



Interpretation: Most respondents returned to the hospital because their symptoms got worse. Medical Respite could help these individuals better manage their symptoms to prevent deterioration with subsequent readmission.

If returned to the hospital within 48 hours, how did you return to the hospital?



Interpretation: Most respondents rely on EMS to return to the hospital.

NVHA Response

NVHA appreciates the submission of supporting data from Washoe County and will consider this information as part of ongoing implementation planning and evaluation design.

Conclusion

Overall, comments received during the public comment period were largely supportive of the Section 1115 medical respite waiver request. Several commenters highlighted the alignment of medical respite services with the demonstration's stated goals. Suggestions that will be considered for subsequent implementation guidance from commenters included:

- Explicitly including nursing services in the medical respite service definition
- Clearly defining terms such as “procedure”, “operation”, and “hospitalization” to clarify circumstances that would render individuals eligible for medical respite
- Clarifying timeframe parameters for pre-procedure medical respite and service duration limits