Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
NEVADA MEDICAID
9850 Double R Blvd, Suite 200
Reno, NV 89521
NVHA.NV.GOV

Stacie Weeks, Director

Ann Jensen, Administrator

July 31, 2026

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

Dear Dr. Oz:

Enclosed is Nevada's formal submission of a new Section 1115 Demonstration request, to be known as the "Healthy Futures" program, to cover select fertility preservation services.

The Nevada Health Authority (NVHA), Division Nevada Medicaid (Nevada Medicaid), requests authority from the Centers for Medicare & Medicaid Services (CMS) to provide medically necessary procedures to preserve fertility for beneficiaries diagnosed with breast or ovarian cancer when cancer treatment may directly or indirectly cause infertility. The State of Nevada appreciates your consideration of this waiver request. We look forward to the continued guidance and support from CMS in the review process.

Sincerely,

[redacted]

Administrator
Division of Nevada Medicaid, NVHA

Cc. Stacie Weeks, Director, NVHA
Casey Angres, Agency Manager, Innovation and Federal Compliance
Evette Cullen, Medical & Dental Benefits Coverage Chief, NVHA
Sarah Dearborn, Social Services Chief III, Medical, Dental, and Behavioral Health Benefits Coverage, NVHA

Section 1115 Demonstration Application

Healthy Futures Program

Fertility Preservation Services for Individuals Diagnosed with Breast or Ovarian Cancer

State of Nevada
Nevada Health Authority
Nevada Medicaid

Joe Lombardo
Governor
State of Nevada

Stacie Weeks, JD, MPH
Director
Nevada Health Authority

Table of Contents

Section I. Introduction

Passed during the 2025 General Legislative Session of the Nevada State Legislature, Assembly Bill 428[1] (AB 428 (2025)) requires the NVHA to seek Federal authority for Medicaid coverage for medically necessary procedures to preserve fertility for beneficiaries of reproductive age (15-49) who are diagnosed with breast or ovarian cancer, whose cancer treatment (e.g., chemotherapy, radiation) may directly or indirectly cause infertility. This coverage mandate extends to other insurance policies regulated by the State of Nevada (the State or Nevada), including the Public Employees Benefit Program, the Battle Born State Plans (Public Option), Qualified Health Plans (QHP) available on the State-Based Exchange, and small and large group health plans, for policies delivered or renewed on or after January 1, 2026.

This application for the "Healthy Futures" Section 1115 Demonstration Project carries out the objectives of the Nevada State Legislature's directive in AB 428 (2025) and requests a five-year approval period for this new Medicaid benefit for the target population by January 1, 2027.

Section II. Goals and Objectives

The goal of this request is to improve access to fertility preservation services for Medicaid beneficiaries of reproductive age (15-49) diagnosed with breast or ovarian cancer at risk of infertility due to cancer treatment. This request promotes the objectives of the Medicaid program by ensuring equivalent access to fertility preservation services in the State for individuals diagnosed with breast or ovarian cancer, regardless of income.

Section III: Background

The incidence of new cancer diagnoses in women before the age of 50 years is on the rise in the United States.[2] This trend has also been seen in Nevada, where the breast and ovarian cancer rate among women under 50 years has increased over the past five years.[3] As cancer diagnoses increase among individuals of reproductive age, fertility preservation is gaining more attention in comprehensive cancer care. Despite guidelines from the American Society of Reproductive Medicine or the American Society of Clinical Oncology recommending fertility preservation consultation, referral rates remain low due to access barriers, including provider availability and cost.

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[1] Assembly Bill 428, available at https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/12625/Text

[2] Shiels MS, Haque AT, Berrington de Gonzalez A, Camargo MC, Clarke MA, Davis Lynn BC, et al. "Trends in cancer incidence and mortality rates in early onset and older-onset age groups in the United States," 2010–2019. Cancer Discov 2025;15:1363–76.

[3] 2017–2021 Incidence data provided by the National Program of Cancer Registries (NPCR). https://www.cdc.gov/cancer/npcr/) SEER*Stat Database United States Department of Health and Human Services, Centers for Disease Control and Prevention. Created by statecancerprofiles.cancer.gov on 11/14/2025.

NVHA is pleased to join the growing number of states seeking approval to provide Medicaid coverage for fertility preservation services generally or for targeted populations,[4] as is the directive in AB 248 (2025).

Section IV: Proposed Benefit Design

Medicaid beneficiaries aged 15 to 49 years with a diagnosis of breast or ovarian cancer at risk of infertility would be eligible to receive the following fertility preservation services, consistent with established medical practices or professional guidelines published by the American Society of Reproductive Medicine or the American Society of Clinical Oncology:

1. Collection of eggs, including ovarian stimulation medications that are not otherwise covered under Nevada's Medicaid State Plan (i.e., Clomiphene Citrate, Letrozole, and gonadotropins), and monitoring through pelvic ultrasounds and blood tests to track follicle growth.
2. Egg retrieval through a transvaginal, ultrasound-guided technique to remove eggs from the follicles for freezing.
3. Cryopreservation storage of retrieved mature eggs, which is covered as a single payment for an eight-year- period. If the individual remains eligible for Medicaid after the eight-year- storage period, the beneficiary may request an additional storage period of the same term. If the individual loses Medicaid coverage during the eight-year- storage period, the stored eggs will remain in storage for the full eight-years.

Investigational or experimental procedures, post-cryopreservation procedures (e.g., thawing, pre-implantation genetic testing), and in vitro fertilization will not be covered under this benefit. Cost sharing will not be imposed on the fertility preservation benefit. The benefit will be available statewide and provided through the fee-for-service delivery system. No other program features in Nevada's Medicaid or CHIP programs are expected to be impacted by the proposed demonstration beyond provision of the fertility preservation benefit to Medicaid beneficiaries aged 15-49 years with a diagnosis of breast or ovarian cancer at risk of infertility.

Section V. Projected Waiver Impact

No enrollment limits will be applied to the Demonstration. This Demonstration is not expected to increase enrollment projections for Nevada's Medicaid program. This demonstration waiver will be available for Nevada Medicaid recipients based on need, rather than waiver specific eligibility criteria.

[4] CMS. *Illinois State Plan Amendment (SPA) #: 19-0003* (2019). https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IL/IL-19-0003.pdf; CMS. *Amendment to Medicaid Reform 1115 Demonstration* (2014). https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ut-cms-amndmnt-aprvl.pdf; Montana DPHHS. *Section 1115 Demonstration Amendment/Extension (2023).* https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/mt-wasp-pa-10202023.pdf

To develop the budget neutrality projections, Nevada Medicaid relied on publicly available, industry sources for costs for egg generation, egg retrieval, egg freezing, and egg storage as there are no existing state expenditures for this benefit. Nevada Medicaid relied on encounter data to identify current Medicaid recipients meeting the age criteria of 15 to 49 years with the diagnosis criteria of breast or ovarian cancer. The budget neutrality projections rely on an assumed penetration rate of utilizers among individuals meeting eligibility criteria based on available research from the National Library of Medicine. The cost per beneficiary was converted to a per member per month cost by relying on an assumed number of member months per individual beneficiary.

Across the five-year waiver period, the aggregate cost is projected at approximately $126 million. Nevada Medicaid acknowledges the budget neutrality projections utilize a hypothetical per capita approach, aligning with CMS budget neutrality policy as of September 2022, outlined in State Medicaid Director letter #24-003. Nevada looks forward to collaborating with CMS on applying the most recent budget neutrality guidance disseminated through State Medicaid Director letter #26-003 and the anticipated treatment of the covered services and populations under this demonstration as Medicaid Authorizable Populations and Services (MAPS). See Appendix B for the budget neutrality model.

Table 1: Projected Utilizers and Total Computable Expenditures

Demonstration Year (DY) (Calendar Year Basis)	DY 1 (CY 2027)	DY 2 (CY 2028)	DY 3 (CY 2029)	DY 4 (CY 2030)	DY 5 (CY 2031)
Fertility Preservation Benefit Utilizers	324	327	331	334	337
Total Computable Expenditures	$22 million	$23.5 million	$25.1 million	$26.8 million	$28.5 million

Section VI. Demonstration Hypothesis and Evaluation

With the assistance of an Independent Evaluator, the NVHA will develop an Evaluation Design for CMS' approval based on quantitative and qualitative measures to test the hypothesis that the Demonstration will allow individuals diagnosed with breast or ovarian cancer at risk of infertility to preserve the ability to have children in the future, along with corresponding research questions. See Table 1 below for additional details on proposed hypothesis, research questions, and anticipated measures, data sources, and analytic approaches. The final hypotheses, research questions, and analytic approach will be determined in collaboration with CMS through the

Evaluation Design to evaluate whether the Demonstration was successful in achieving its goal. As AB 428 (2025) does not authorize coverage for post -cryopreservation services (e.g., egg thawing, preimplantation genetic testing) or in vitro fertilization, NVHA does not anticipate analyzing the number of individuals electing fertility preservation services that achieve pregnancy.

Table 2. Research Questions, Measures, Data Sources, and Analytic Approach

Goal 1 — Improve access to fertility preservation services for Medicaid beneficiaries of reproductive age diagnosed with breast or ovarian cancer at risk of infertility due to cancer treatment.			
Hypothesis 1 — The Demonstration will allow individuals diagnosed with breast or ovarian cancer at risk of infertility to preserve the ability to have children in the future.			
Research Question (RQ)	**Anticipated Measure**	**Anticipated Data Source(s)**	**Anticipated Analytic Approach(es)**
RQ 1. Does the Demonstration allow individuals diagnosed with breast or ovarian cancer to preserve their ability to have children in the future?	Utilization of Services Provided by the Demonstration	Medicaid Management Information System (MMIS) (claims)	Descriptive trends over time; Interrupted time series
RQ 2. What barriers and facilitators to Demonstration participation did beneficiaries experience?	Description of beneficiary experiences	Beneficiary survey; Focus group/interview	Thematic Analysis
RQ 3. What barriers and facilitators impacted the State's implementation of the demonstration? What strategies supported addressing barriers?	Description of stakeholder experiences	Focus group/interview	Thematic Analysis
RQ 4. What barriers and facilitators did providers experience in delivering fertility preservation services to the Demonstration population?	Description of provider experiences	Provider survey; Focus group/interview	Thematic Analysis

Section VII. Requested Waiver and Expenditure Authority

The following table summarizes the anticipated waiver and expenditure authorities needed for the fertility preservation benefit.

Requested Authority	Use of Authority
Waiver of Section 1902(a)(10)(B) of the Social Security Act - Amount, Duration, and Scope of Services and Comparability	To enable the State to provide fertility preservation services for beneficiaries diagnosed with breast or ovarian cancer and cancer treatment that may directly or indirectly cause infertility.
Expenditure Authority for Fertility Preservation Services for Beneficiaries Diagnosed with Breast or Ovarian Cancer	Federal Medicaid match for fertility preservation service expenditures for full benefit Medicaid eligibles of reproductive age who are diagnosed with breast or ovarian cancer and cancer treatment (e.g., chemotherapy, radiation) that may directly or indirectly cause infertility.

Section VIII. Public Notice Process

In accordance with 42 CFR section 431.408, the NVHA published notice of the public comment period for the fertility preservation Demonstration proposal on May 4, 2026, on the Nevada Health Authority website at https://www.nevadamedicaid.nv.gov/programs/waivers/oral-health-demonstration-waiver/ and at the State's Administrative Record at https://notice.nv.gov/. NVHA also used an electronic mailing list to notify the public of the hearings and opportunity to comment on the proposed Demonstration. NVHA conducted a forty-seven-day public notice and comment process from May 4, 2026, to June 19, 2026, exceeding the federally required public comment period of thirty days. The public notice period was preceded by a Request for Information sent to fertility preservation clinics across the State in March 2026, and one written comment was received.

All materials including the published notice, hearing information, and draft application were made available online at https://www.nevadamedicaid.nv.gov/programs/waivers/oral-health-demonstration-waiver/. The public hearing agendas, public notices, and the draft application were also made available online at https://www.nevadamedicaid.nv.gov/public-notices/meetings-public-notices/ and at NVHA offices throughout the State.

The public was invited to submit written comments by email to 1115waivers@nvha.nv.gov or by mail to 9850 Double R Blvd, Suite 200 Nevada 89521.

This proposed Demonstration project was discussed at the Tribal Consultation meeting on April 8, 2026, and the formal Tribal Consultation period began May 4, 2026, via transmission of the formal Tribal Consultation Letter. Public meetings dedicated to the Demonstration project were held

Wednesday, May 27, 2026, and Wednesday, June 3, 2026 (the Medicaid Advisory Committee Meeting). Twelve individuals attended the May 27th meeting, and eighty-one individuals attended the June Medicaid Advisory Committee meeting.

As discussed with CMS during public notice period, Nevada Medicaid's public notice documents described the fertility preservation request as an amendment to Nevada's Whole Mouth Whole Body Connection for Adults with Diabetes Demonstration Project (11-W-00428/9). That demonstration will be terminated before the end of the current approval period due to Nevada's approved State Plan Amendment for adult dental benefits. To avoid confusion, Nevada Medicaid has created a distinct location on the State's website for the Healthy Futures demonstration, including all public notice documents and this application, at https://www.nevadamedicaid.nv.gov/programs/waivers/fertility-preservation-services/. The public notice documents will remain at the initial location (*see* https://www.nevadamedicaid.nv.gov/programs/waivers/oral-health-demonstration-waiver/) and users will be instructed to visit the new webpage for up-to-date information. In addition to the State website links provided herein, the abbreviated public notice, full public notice, tribal consultation letter, and agendas/materials for the public meetings are provided in Appendix A.

Section IX: Summary of Comments and State Response

During the public notice period, the State received one comment letter from Nevada Fertility Advocates in support of the Healthy Futures initiative. The commenter stated that coverage of services such as ovarian stimulation medications, egg retrieval, and long-term cryopreservation storage would promote equity, improve access to medically necessary care, and help preserve future family-building opportunities for individuals facing infertility-causing cancer treatment.

At the June 3, 2026, Medicaid Advisory Committee Meeting, questions were raised regarding the scope of coverage and implementation. The State clarified that the initiative covers fertility preservation of eggs but does not include conception services when the individual later chooses to use the preserved eggs. The State also confirmed that similar programs have been implemented in other states, including Utah, and noted that legal questions regarding ownership of eggs after death are outside the scope of Medicaid coverage.

No comments were received during the 60-day public comment period for Tribal Consultation.

Section X: Demonstration Administration

Contact information for Nevada's 1115 Demonstration Waiver request is as follows:

Evette Cullen, Medical and Dental Benefits Coverage Chief, NVHA, e.cullen@nvha.nv.gov

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Ann Jensen
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Abbreviated Public Notice

Section 1115 Demonstration Waiver Amendment Application
Fertility Preservation Services for Individuals Diagnosed with Breast or Ovarian Cancer

May 4, 2026

Summary:
The Nevada Health Authority (NVHA), Division of Medicaid, is publishing public notice of intent to submit to the Centers for Medicare & Medicaid Services (CMS) an amendment to the Whole Mouth Whole Body Connection for Adults with Diabetes Section 1115 Demonstration Project. The amendment would provide Medicaid coverage for fertility preservation services to beneficiaries of reproductive age who are diagnosed with breast or ovarian cancer and undergoing cancer treatment that may directly or indirectly cause infertility, consistent with Assembly Bill 428 of the 2025 General Legislative Session. NVHA will request authority to implement the benefit by January 1, 2027, and to change the name of the demonstration project to "Healthy Futures." This notice is being provided pursuant to federal requirements for public notice and comment under 42 CFR 431.408. A copy of the full public notice and the finalized draft demonstration application is available at https://www.nevadamedicaid.nv.gov/programs/waivers/oral-health-demonstration-waiver/.

Hard copies of materials are available at NVHA offices in Carson City, Las Vegas, Elko, and Reno:

- 4070 Silver Sage Drive, Carson City, Nevada 89701
- 1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801
- 1210 South Valley View, Suite 104, Las Vegas, Nevada 89102
- 745 West Moana Lane, Suite 200, Reno, Nevada 89509

Public Comments and Hearing Information:

NVHA will accept written public comments from Friday, May 1, 2026, through Friday, June 5, 2026, at 5:00pm Pacific Time. Written comments may be emailed to 1115waivers@nvha.nv.gov or mailed to 9850 Double R Blvd, Suite 200, Reno, Nevada 89521. Please include "Fertility Preservation Services" in the subject line.

NVHA will host two public hearings to discuss the demonstration amendment:

First Public Meeting:
Date/Time: Wednesday, May 27, 2026, 9:00–10:00am PDT

In-Person Location:
Division of Public and Behavioral Health
Walker Conference Room
10375 Professional Circle
Reno, Nevada 89521

Virtual Meeting Information:
Microsoft TEAMS Meeting URL:
https://teams.microsoft.com/meet/216843088908800?p=2CjZ8eA2klxo7uE1ur
Meeting ID: 216 843 088 908 800
Passcode: Mg6bn3Bb

Dial in by phone:
+1 775-321-6111
Phone conference ID: 122 107 119#

Second Public Meeting:
Name: 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 URL:
https://teams.microsoft.com/meet/21635944239911?p=TCZVAx0xsjJJyDVKH6
Meeting ID: 216 359 442 399 11
Passcode: DU2s2zB7

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

Meeting information is posted online at https://www.nevadamedicaid.nv.gov/public-notices/meetings-public-notices/ and https://www.nevadamedicaid.nv.gov/public-notices/meeting-archives/medicaid-advisory-committee-meeting-archive/2026-mac-meetings/. If you require a physical copy of supporting material for the public meetings, please email 1115waivers@nvha.nv.gov or write to 9850 Double R Blvd, Suite 200, Reno, Nevada 89521.

Reasonable Accommodation:
NVHA provides reasonable accommodation for members of the public with disabilities who wish to participate in the public meetings. If accommodations are needed, 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 to 9850 Double R Blvd, Suite 200, Reno, Nevada 89521.

Joe Lombardo
Governor

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Stacie Weeks, JD MPH
Director

Ann Jensen
Administrator

Section 1115 Demonstration Waiver Full Public Notice

Nevada's Whole Body Whole Mouth Connection for Adults with Diabetes Demonstration Fertility Preservation Services for Individuals Diagnosed with Breast or Ovarian Cancer Amendment

State of Nevada
Nevada Health Authority

May 04, 2026

Joe Lombardo
Governor
State of Nevada

Stacie Weeks
Director
Nevada Health Authority

1115 Demonstration Amendment Summary

A. Program Summary

The Nevada Health Authority (NVHA), Division of Medicaid, has an approved federal Section 1115 Demonstration Waiver known as Nevada's Whole Mouth Whole Body Connection for Adults with Diabetes Demonstration Project (11-W-00428/9) (hereafter referred to as the "Demonstration") to provide limited dental benefits for adults with diabetes. The Demonstration has a five -year approval period of July 1, 2024, through June 30, 2029, and NVHA is seeking to amend this Demonstration to add Medicaid coverage for fertility preservation services by January 1, 2027.

During the 2025 General Legislative Session of the Nevada State Legislature, Assembly Bill 428[1] (AB 428 (2025)) became law and requires the NVHA to provide Medicaid coverage for medically necessary procedures to preserve fertility for beneficiaries of reproductive age who are diagnosed with breast or ovarian cancer and undergoing cancer treatment (e.g., chemotherapy, radiation) that may directly or indirectly cause infertility. This coverage mandate extends to other insurance policies regulated by the State of Nevada (the State or Nevada), including the Public Employees Benefit Plan, the Battle Born State Plan (Public Option), Health Link Qualified Health Plans, and small and large group health plans, for policies delivered or renewed on or after January 1, 2026.

This amendment does not impact the current authorization for dental services for adults with diabetes. However, upon approval of the fertility preservation benefit request, NVHA requests to change the name of the "Whole Mouth Whole Body Connection for Adults with Diabetes" Section 1115 Demonstration Project (11-W-00428/9) to the "Healthy Futures" Section 1115 Demonstration Project.

B. Demonstration Goals and Objectives

The goal of this amendment request is to improve access to fertility preservation services for Medicaid beneficiaries of reproductive age diagnosed with breast or ovarian cancer at risk of infertility due to cancer treatment. The amendment request promotes the objectives of the Medicaid program by ensuring equivalent access to fertility preservation services in the State for individuals diagnosed with breast or ovarian cancer regardless of income.

C. Eligible Populations

The proposed fertility preservation benefit would be available to full benefit Medicaid beneficiaries ages 15–49 years with a diagnosis of breast or ovarian cancer and cancer treatment may directly or indirectly cause infertility.

[1] Assembly Bill 428 available at https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/12625/Text

D. Benefits, Cost Sharing, and Delivery System

Medicaid beneficiaries aged 15–49 years with a diagnosis of breast or ovarian cancer at risk of infertility may receive the following fertility preservation services consistent with established medical practices or professional guidelines published by the American Society of Reproductive Medicine or the American Society of Clinical Oncology:

1. Collection of eggs, including ovarian stimulation medications that are not otherwise covered under Nevada's Medicaid State Plan (i.e., Clomiphene Citrate, Letrozole, and gonadotropins), and monitoring through pelvic ultrasounds and blood tests to track follicle growth.

2. Egg retrieval through a transvaginal, ultrasound-guided technique to remove eggs from the follicles for freezing.

3. Cryopreservation storage of retrieved mature eggs, which is covered as a single payment for an eight-year period. If the individual remains eligible for Medicaid after the eight-year storage period, the beneficiary may request an additional storage period of the same term. If the individual loses Medicaid coverage during the eight-year storage period, the stored eggs will remain in storage for the full eight years.

Investigational or experimental procedures and post-cryopreservation procedures (e.g., egg thawing, preimplantation genetic testing) will not be covered under this benefit. Cost sharing will not be imposed on the fertility preservation benefit. The benefit will be available statewide and provided through the fee-for-service delivery system.

E. Demonstration Enrollment and Expenditure Projections

No enrollment limits will be applied to the Demonstration. This Demonstration is not expected to increase enrollment projections for Nevada's Medicaid program. This demonstration waiver will be available for Nevada Medicaid recipients based on need, rather than waiver -specific eligibility criteria.

As the current Demonstration for dental services for adults with diabetes ends June 30, 2029, the projected number of utilizers of fertility preservation services and projected total computable expenditures for the remaining demonstration years (DYs) are as follows:

Table 1: Projected Utilizers and Total Computable Expenditures

Demonstration Year	DY3 (January 1, 2027–June 30, 2027)	DY4 (July 1, 2027–June 30, 2028)	DY5 (July 1, 2028–June 30, 2029)
Fertility Preservation Benefit Utilizers	162	326	329
Total Computable Expenditures	$10.2 million	$21.1 million	$22.1 million

F. Demonstration Hypothesis and Evaluation

With the assistance of an Independent Evaluator, the NVHA will develop an Evaluation Design for CMS' approval based on quantitative and qualitative measures to test the hypothesis that the Demonstration will allow individuals diagnosed with breast or ovarian cancer at risk of infertility to preserve the ability to have children in the future, along with corresponding research questions. See Table 2 below for additional details on proposed hypothesis, research questions, and anticipated measures, data sources, and analytic approaches. The final hypotheses, research questions, and analytic approach will be determined in collaboration with CMS through the Evaluation Design to evaluate whether the Demonstration was successful in achieving its goal. As AB 428 (2025) does not authorize coverage for post-cryopreservation services (e.g., egg thawing, preimplantation genetic testing) or in vitro fertilization, NVHA does not anticipate analyzing the number of individuals electing fertility preservation services that achieve pregnancy.

Table 2. Research Questions, Measures, Data Sources, and Analytic Approach

Goal 1 — Improve access to fertility preservation services for Medicaid beneficiaries of reproductive age diagnosed with breast or ovarian cancer at risk of infertility due to cancer treatment.			
Hypothesis 1 — The Demonstration will allow individuals diagnosed with breast or ovarian cancer at risk of infertility to preserve the ability to have children in the future.			
Research Question (RQ)	**Anticipated Measure**	**Anticipated Data Source(s)**	**Anticipated Analytic Approach(es)**
RQ 1. Does the Demonstration allow individuals diagnosed with breast or ovarian cancer to	Utilization of Services Provided by the Demonstration	Medicaid Management Information System (MMIS) (claims)	Descriptive trends over time; Interrupted time series

Goal 1 — Improve access to fertility preservation services for Medicaid beneficiaries of reproductive age diagnosed with breast or ovarian cancer at risk of infertility due to cancer treatment.			
Hypothesis 1 — The Demonstration will allow individuals diagnosed with breast or ovarian cancer at risk of infertility to preserve the ability to have children in the future.			
Research Question (RQ)	**Anticipated Measure**	**Anticipated Data Source(s)**	**Anticipated Analytic Approach(es)**
preserve their ability to have children in the future?			
RQ 2. What barriers and facilitators to Demonstration participation did beneficiaries experience?	Description of beneficiary experiences	Beneficiary survey; Focus group/interview	Thematic Analysis
RQ 3. What barriers and facilitators impacted the State's implementation of the demonstration? What strategies supported addressing barriers?	Description of stakeholder experiences	Focus group/interview	Thematic Analysis
RQ 4. What barriers and facilities did providers experience in delivering fertility preservation services to the Demonstration population?	Description of provider experiences	Provider survey; Focus group/interview	Thematic Analysis

G. Waiver and Expenditure Authorities

The following table summarizes the anticipated waiver and expenditure authorities needed for the fertility preservation benefit. This amendment request does not impact existing waiver and expenditure authorities for the dental benefit for adults with diabetes.

Requested Authority	Use of Authority
Waiver of Section 1902(a)(10)(B) of the Social Security Act — Amount, Duration, and Scope of Services and Comparability	To enable the State to provide fertility preservation services for beneficiaries diagnosed with breast or ovarian cancer and cancer treatment may directly or indirectly cause infertility.
Expenditure Authority for Fertility Preservation Services for Beneficiaries Diagnosed with Breast or Ovarian Cancer	Federal Medicaid match for fertility preservation service expenditures for full benefit Medicaid eligibles of reproductive age who are diagnosed with breast or ovarian cancer and cancer treatment may directly or indirectly cause infertility.

H. State Public Notice and Comment Period

The NVHA published notice of the public comment period for the fertility preservation Demonstration amendment on May 4, 2026, on the Nevada Health Authority website at https://www.nevadamedicaid.nv.gov/public-notices/meetings-public-notices/ and at the State's Administrative Record 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, "Nevada Health Authority" as the Entity type, and "Division of Nevada Medicaid" as the Public Body. The published notice includes details of the amendment application, dates, and locations for public hearings, which include teleconferencing and videoconferencing. The physical address and email contact information are also provided for interested parties to submit written comments as restated herein.

The State's public comment period will begin on May 4, 2026, and end June 5, 2026. NVHA will accept written public comments from Monday, May 4, 2026, through Friday, June 5, 2026 at 5:00pm Pacific Time. Written comments may be emailed to 1115waivers@nvha.nv.gov or mailed to 9850 Double R Blvd, Suite 200, Reno, Nevada 89521. Please include "Fertility Preservation Services" in the subject line.

All materials including the published notice, hearing information, and draft amendment application were made available online at https://www.nevadamedicaid.nv.gov/programs/waivers/oral-health-demonstration-waiver/. The public hearing agendas, public notices, and the draft amendment application will be made available at NVHA offices throughout the State and online at https://www.nevadamedicaid.nv.gov/public-notices/meetings-public-notices/. The following are addresses for the NVHA office locations:

4070 Silver Sage, Carson City, Nevada 89701
1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801
1210 South Valley View, Suite 104, Las Vegas, Nevada 89102
745 West Moana Lane, Suite 200, Reno, Nevada 89509

Further, the NVHA will email stakeholder groups an announcement to inform them of the amendment to the Demonstration and the public comment period. To request notifications, please email 1115waivers@nvha.nv.gov or mail to 9850 Double R Blvd, Suite 200, Reno, Nevada 89521.

For additional details on this Demonstration amendment request, please attend the public hearings. Meetings may be subject to change; check the website for meeting details and updates at https://www.nevadamedicaid.nv.gov/public-notices/meetings-public-notices/.

First Public Meeting:
Date/Time: Wednesday, May 27, 2026, 9:00–10:00am PDT

In-Person Location:
Division of Public and Behavioral Health
Walker Conference Room
10375 Professional Circle
Reno, Nevada 89521

Virtual Meeting Information:
Microsoft TEAMS Meeting URL:
https://teams.microsoft.com/meet/216843088908800?p=2CjZ8eA2klxo7uE1ur
Meeting ID: 216 843 088 908 800
Passcode: Mg6bn3Bb

Dial in by phone:
+1 775-321-6111
Phone conference ID: 122 107 119#

Second Public Meeting:
Name: 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 URL:
https://teams.microsoft.com/meet/21635944239911?p=TCZVAx0xsjJJyDVKH6
Meeting ID: 216 359 442 399 11
Passcode: DU2s2zB7

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

If you require a physical copy of supporting material for the public meetings, please email 1115waivers@nvha.nv.gov or write to 9850 Double R Blvd, Suite 200, Reno, Nevada 89521. Supporting material is also posted online as referenced above.

Reasonable Accommodation:

NCHA provides reasonable accommodation for members of the public with disabilities who wish to participate in the public meetings. If accommodations are needed, 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 to 9850 Double R Blvd, Suite 200, Reno, Nevada 89521.

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Carson City, Nevada 89701
NVHA.NV.GOV

Stacie Weeks, Director

Ann Jensen, Administrator

May 4, 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:

During the 2025 General Session of the Nevada State Legislature, Assembly Bill 428 (AB 428) became law and requires Nevada Medicaid, as well as other health insurance products governed by the State, to provide medically necessary procedures to preserve fertility for beneficiaries who are diagnosed with breast or ovarian cancer, and are undergoing cancer treatment that may directly or indirectly cause infertility. Nevada Medicaid needs 1115 waiver demonstration authorization from the Centers for Medicare & Medicaid Services (CMS) to add this benefit to the Medicaid program because the legislation targets availability based on a diagnosis of breast or ovarian cancer.

To this end, Nevada Medicaid will request an amendment to the Whole Mouth Whole Body Connection for Adults with Diabetes section 1115 Medicaid demonstration this summer to authorize coverage of fertility preservation services through the fee-for-service delivery system and to change the name of the demonstration project to "Healthy Futures." Although Nevada Medicaid desires to implement this benefit by January 1, 2027, there are no guarantees that federal approval will be granted by that time.

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 4, 2026 10:39:21 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
Evette Cullen, Social Services Chief II, NVHA
Minden Hall, Social Services Program Specialist III, NVHA
Nahayvee Flores-Rosiles, Tribal & Community Liaison, NVHA

4070 Silver Sage Drive
Carson City, NV 89701
NVHA.NV.GOV
Stacie Weeks, JD, MPH, Director

Joe Lombardo, Governor
GOV.NV.GOV

1000 N. Division St. Suite 200
Carson City, NV 89703
DHS.NV.GOV
Laura Rich, Director

Si necesitas ayuda traduciendo este mensaje, por favor escribe a Info@nvha.nv.gov, o llame (702) 668-4200 o (775) 687-1900
We will make reasonable accommodations for members of the public with a disability.
Please notify Nevada Medicaid as soon as possible to Info@nvha.nv.gov.

NOTICE OF TRIBAL CONSULTATION/UPDATE

Date of Publication:	March 5, 2025
Date and Time of Meeting:	April 8, 2026 at 9:00 am
Name of Organization:	The State of Nevada, Nevada Health Authority (NVHA)
Place of Meeting:	Division of Public and Behavioral Health Walker Conference Room 10375 Professional Circle Reno, NV 89521 Please use the teleconference/Microsoft Teams options provided below.

Note: *If at any time during the meeting an individual who has been named on the agenda or has an item specifically regarding them included on the agenda is unable to participate because of technical or other difficulties, please email Nahayvee Flores-Rosiles at nflores-rosiles@nvha.nv.gov and note at what time the difficulty started so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.*

Please be cautious and do not click on links in the chat area of the meeting unless you have verified they are safe. If you ever have questions about a link in a document purporting to be from Nevada Medicaid, please do not hesitate to contact nflores-rosiles@nvha.nv.gov for verification.

Webinar:	https://tinyurl.com/TC040826 Select "Join," enter Meeting Number 259 956 087 910 59, your name and e-mail, and then select "Join." The meeting should not require a password, but if it does, use Wm7yx72p.
Audio Only:	(775) 321-6111
Conference ID:	928 005 941#

PLEASE DO NOT PUT THIS NUMBER ON HOLD (*hang up and rejoin if you must take another call*)

YOU MAY BE UNMUTED BY THE HOST WHEN SEEKING PUBLIC COMMENT, PLEASE HANG UP AND REJOIN IF YOU ARE HAVING SIDE CONVERSATIONS DURING THE MEETING OR THOSE MAY BE HEARD BY OTHERS AND RECORDED

This meeting may be recorded to facilitate note-taking or other uses. By participating you consent to recording of your participation in this meeting.

Agenda

1. Cultural Opening
2. Introductions
    a. Tribal Leaders or Representatives
    b. Intertribal Council of Nevada (ITCN) Representatives
    c. Indian Health Service (IHS) Representatives
    d. Nevada Department of Native American Affairs (DNAA) Representatives
    e. State Representatives
        i. NVHA/DHS Tribal Liaisons
        ii. NVHA/DHS Leadership
3. Public Comment
4. Nevada Health Authority Consultation/Update
    a. Director's Office
        i. Rural Health Transformation Project Update, Dena Schmidt, Social Services Chief II
        ii. Department Updates, Nahayvee Flores-Rosiles, Tribal Liaison
    b. Division of Nevada Medicaid
        i. Administrator's Update, Ann Jensen, Administrator
        ii. Behavioral Health Update, Lori Follet, Social Services Chief II
        iii. 1115 Waiver Amendments for Medical Respite and Fertility Preservation, Sarah Dearborn, Social Services Chief III
        iv. Adult Dental Services, Dr. Keith Benson DMD, State Dental Health Officer
        v. Long Term Supportive Services Policy Updates, Kirsten Coulombe, Deputy Administrator, and Cloris Barrientos, Social Services Program Specialist II
        vi. FMAP Reinvestment Proposal, Nahayvee Flores-Rosiles, Tribal Liaison
        vii. Division Updates, Carissa Pearce, Nahayvee Flores-Rosiles, and Concepcion Martinez, Tribal Liaison
            - Presumptive Eligibility for Tribes
            - Non-Emergency Medical Transportation
    c. Division of Consumer Health Services
        i. Division updates, Tiffany Davis and Katie Charleson, Tribal Liaison
            - New Tribal Liaison for DCHS
            - Tribal Exchange Representative Update
            - Open Enrollment Metrics
            - Special Enrollment Period
5. Break

6. Department of Human Services Consultation/Update
    a. Director's Office
        i. Department Updates, Devon Pickles, Tribal Liaison
    b. Aging & Disability Services Division
        i. ADSD Policy Updates – Shannon Ivy, Health Program Manager III
        ii. Division Updates – Autumn Blattman, Tribal Liaison
    c. Division of Child and Family Services
        i. Division Updates – Christy Humphrey, Tribal Liaison
    d. Division of Public and Behavioral Health
        i. Division Updates – Jason Molino, Tribal Liaison
    e. Division of Social Services
        i. SNAPET Updates, Jacqueline Marchetti, Social Services Program Specialist II
        ii. Division Updates – Vanessa Justice, Tribal Liaison
7. Public Comment
8. Cultural Closing
9. Adjournment

NOTE: To use the long link to the meeting in the event there are issues with the URL shortener, please use the following complete link:
https://teams.microsoft.com/meet/25995608791059?p=J36EjrhWud94cYXDFR

Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

PLEASE NOTE: Items may be taken out of order. Items may be pulled or removed from the agenda at any time. All public comment may be limited to three minutes.

Nevada Medicaid is exempt from Chapter 233B according to NRS 233B.039 and is not required to comply with the Nevada Administrative Procedure Act in this process. This meeting is conducted by and with state agency staff which is not a public body for purposes of NRS 241 related to Nevada Open Meeting Law but every effort is made to be transparent in notice and information provided to encourage public awareness and participation.

This notice and agenda have been posted online at http://dhcfp.nv.gov and http://notice.nv.gov, as well as Carson City, Las Vegas, Elko, and Reno central offices for Nevada Medicaid. E-mail notice has been made to such individuals as have requested notice of meetings (to request notifications please contact nflores-rosiles@nvha.nv.gov, or at 4070 Silver Sage Drive, Carson City, Nevada 89701.

Nevada Medicaid, 1919 College Parkway, Suite 120, Carson City, Nevada 89706
Nevada Medicaid, 1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801
Nevada Medicaid, 1210 S. Valley View, Suite 104, Las Vegas, Nevada 89102
Nevada Medicaid, 745 W. Moana Lane, Suite 200, Reno, Nevada 89509

If you require a physical copy of supporting material for the public meeting, please contact nflores-rosiles@nvha.nv.gov, or at 4070 Silver Sage Drive, 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 and wish to participate. If accommodated arrangements are necessary, notify Nevada Medicaid as soon as possible in advance of the meeting, by e-mail at nflores-rosiles@nvha.nv.gov in writing, at 4070 Silver Sage Drive, Carson City, Nevada 89701.

1115 Demonstration Waiver Amendment
Healthy Futures

Evette Cullen

Social Services Chief II, Nevada Medicaid

May 26, 2026

1

Agenda

1. Background
2. Introduction
3. Healthy Futures: AB 428 (2025) — Expanding Fertility Preservation Coverage for Nevada Beneficiaries
4. Goals
5. Proposed Benefit Design
6. Eligibility
7. Projected Waiver Impact
8. Projected Utilizers and Total Computable Expenditures
9. Demonstration Hypothesis and Evaluation
10. Research Questions, Measures, Data Sources, and Analytic Approach
11. Waiver and Expenditure Authorities
12. Questions and Feedback

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NEVADA HEALTH AUTHORITY

Background

The incidence of new cancer diagnoses in women before the age of 50 years is on the rise in the United States.

- This trend has also been seen in Nevada, where the breast and ovarian cancer rates among women under 50 years has increased over the past five years.
- Despite guidelines from the American Society of Reproductive Medicine and the American Society of Clinical Oncology recommending fertility preservation consultation, referral rates remain low due to provider, institutional, and financial barriers.

3

Introduction

1115

The Nevada Health Authority (NVHA) Division of Medicaid has an approved federal Section 1115 Demonstration Waiver known as Nevada's "Whole Mouth, Whole Body Connection for Adults with Diabetes" Demonstration Project

January 1, 2027: Healthy Futures Section 1115 Demonstration Project

NVHA is seeking to amend this Demonstrations to add Medicaid coverage for fertility preservation services by January 1, 2027. NVHA is also requesting to change the name of the Demonstrations to the "Healthy Futures" Section 1115 Demonstration Project

The Demonstrations has a five-year approval period of July 1, 2024, through June 30, 2029

July 1, 2024– June 30, 2029

NEVADA HEALTH AUTHORITY

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Healthy Futures: AB 428 (2025) — Expanding Fertility Preservation Coverage for Nevada Beneficiaries

During the 2025 General Legislative Session of the Nevada State Legislature, Assembly Bill 428 (AB 428 [2025]) became law and requires the NVHA to provide Medicaid coverage for medically necessary procedures to preserve fertility for beneficiaries of reproductive age, who are diagnosed with breast or ovarian cancer, and cancer treatment (e.g., chemotherapy, radiation) may directly or indirectly cause infertility.

NVHA requests to change the name of the "Whole Mouth, Whole Body Connection for Adults with Diabetes" Section 1115 Demonstration Project (11-W-00428/9) to the "Healthy Futures" Section 1115 Demonstration Project.

This coverage mandate extends to other insurance policies regulated by the State of Nevada, including the Public Employees Benefit Plan, the Battle Born State Plan (public option), Health Link Qualified Health Plans, and small and large group health plans, for policies delivered or renewed on or after January 1, 2026.

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Goals

- NVHA is pleased to join the growing number of states that seek to offer Medicaid coverage for fertility preservation services for eligible beneficiaries.
- The goal of this amendment request is to improve access to fertility preservation services for Medicaid beneficiaries of reproductive age diagnosed with breast or ovarian cancer at risk of infertility due to cancer treatment.

NEVADA HEALTH AUTHORITY

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Proposed Benefit Design: Fertility Preservation Services Offered

- Collection of eggs, including ovarian stimulation medications that are not otherwise covered under Nevada's Medicaid State Plan (i.e., Clomiphene Citrate, Letrozole, and gonadotropins), and monitoring through pelvic ultrasounds and blood tests to track follicle growth.
- Egg retrieval through a transvaginal, ultrasound-guided technique to remove eggs from the follicles for freezing.
- Cryopreservation storage of retrieved mature eggs, which is covered as a single payment for an eight-year period. If the individual remains eligible for Medicaid after the eight-year storage period, the beneficiary may request an additional storage period of the same term. If the individual loses Medicaid coverage during the eight-year storage period, the stored eggs will remain in storage for the full eight years.

Note: The listed fertility preservation services are consistent with established medical practices or professional guidelines published by the American Society of Reproductive Medicine or the American Society of Clinical Oncology.

Who would be eligible?

Medicaid beneficiaries aged 15 years–49 years with a diagnosis of breast or ovarian cancer at risk of infertility.

- Investigational or experimental procedures and post-cryopreservation procedures (e.g., thawing, pre-implantation genetic testing) will **not** be covered under this benefit.
- Cost sharing will not be imposed on the fertility preservation benefit.
- The benefit will be available statewide and provided through the fee-for-service delivery system.

NEVADA HEALTH AUTHORITY

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Projected Waiver Impact

- Per the current waiver's Special Terms and Conditions (STC) 3.7.c., the State must provide a data analysis identifying the specific "with waiver" impact of the proposed amendment on the current budget neutrality agreement.
- This amendment does not impact the existing budget-neutrality agreement for the dental benefit for adults with diabetes. No enrollment limits will be applied to the Demonstration.
- This Demonstration is not expected to increase enrollment projections for Nevada Medicaid.
- The waiver will be available to Nevada Medicaid recipients based on clinically defined need rather than waiver-specific eligibility criteria.

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Projected Utilizers and Total Computable Expenditures

As the current Demonstration for dental services for adults with diabetes ends June 30, 2029, the projections for fertility preservation services align with the remaining demonstration years (DYs) and are provided below. Actual expenditures under the Demonstration will vary, with the figures below representing the amounts up to which the federal government will share in the cost.

Demonstration Year (DY)	DY 3 (January 1, 2027–June 30, 2027)	DY 4 (July 1, 2027–June 30, 2028)	DY 5 (July 1, 2028–June 30, 2029)
Fertility preservation benefit utilizers	162	326	329
Total computable expenditures	$10.2 million	$21.1 million	$22.1 million

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Demonstration Hypotheses And Evaluation

- NVHA, along with an independent evaluator, will submit an evaluation design to the Centers for Medicare & Medicaid Services (CMS) using quantitative measures to test the Demonstration hypothesis.
- Hypothesis: The Demonstration enables individuals diagnosed with breast or ovarian cancer, who face infertility risk, to preserve the ability to have children in the future.
- Final hypotheses, research questions, measures, data sources, and analytic methods will be finalized with CMS during the evaluation design process.

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Research Questions, Measures, Data Sources, and Analytic Approach

- **Goal 1** — Improve access to fertility preservation services for Medicaid beneficiaries of reproductive age diagnosed with breast or ovarian cancer at risk of infertility due to cancer treatment.
- **Hypothesis 1** — The Demonstration will allow individuals diagnosed with breast or ovarian cancer at risk of infertility to preserve the ability to have children in the future.

Research Question (RQ)	Anticipated Measure	Anticipated Data Source(s)	Anticipated Analytic Approach(es)
RQ 1. Does the Demonstration allow individuals diagnosed with breast or ovarian cancer to preserve their ability to have children in the future?	Utilization of services provided by the Demonstration	Medicaid Management Information System (claims)	Descriptive trends over time; Interrupted time series
RQ 2. What barriers and facilitators to Demonstration participation did beneficiaries experience?	Description of beneficiary experiences	Beneficiary survey; focus group/interview	Thematic analysis

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Research Questions, Measures, Data Sources, and Analytic Approach

Additional Research Questions

Research Question (RQ)	Anticipated Measure	Anticipated Data Source(s)	Anticipated Analytic Approach(es)
RQ 3. What barriers and facilitators impacted the State's implementation of the Demonstrations? What strategies supported addressing barriers?	Description of stakeholder experiences	Focus group/interview	Thematic analysis
RQ 4. What barriers and facilities did providers experience in delivering fertility preservation services to the Demonstration population?	Description of provider experiences	Provider survey; focus group/interview	Thematic analysis

NEVADA HEALTH AUTHORITY

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Waiver and Expenditure Authorities

- The following table summarizes the anticipated waiver and expenditure authorities needed for the fertility preservation benefit.
- This amendment request does not impact existing waiver and expenditure authorities for the dental benefit for adults with diabetes.

Requested Authority	Use of Authority
Waiver of Section 1902(a)(10)(B) of the Social Security Act — Amount, Duration, and Scope of Services and Comparability	To enable the State to provide fertility preservation services for beneficiaries diagnosed with breast or ovarian cancer and cancer treatment may directly or indirectly cause infertility.
Expenditure Authority for Fertility Preservation Services for Beneficiaries Diagnosed with Breast or Ovarian Cancer	Federal Medicaid match for fertility preservation service expenditures for full benefit Medicaid eligibles of reproductive age who are diagnosed with breast or ovarian cancer and cancer treatment may directly or indirectly cause infertility.

NEVADA HEALTH AUTHORITY

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Public Notices Process

April 8, 2026	• This proposed Demonstration amendment was discussed at a Tribal Consultation meeting • Tribal consultation period began via transmission of the formal Tribal consultation letter
May 1, 2026	• NVHA published notice of the public comment period for the fertility preservation Demonstration amendment on the NVHA website and at the State's Administrative Record* • NVHA also used an electronic mailing list to notify the public of the hearings and opportunity to comment on the proposed Demonstration
May 1, 2026, to June 19, 2026	• NVHA is conducting a 35-day public notice and comment process and exceeded the federally required public comment period of 30 days
May 27, 2026	• Public meeting
June 3, 2026	• Medicaid Advisory Committee meeting

NEVADA HEALTH AUTHORITY

*In accordance with 42 CFR section 431.408, the NVHA published notice of the public comment period for the fertility preservation Demonstration amendment on May 1, 2026, on the Nevada Health Authority website at https://www.nevadamedicaid.nv.gov/programs/waivers/oral-health-demonstration-waiver/ and at the State's Administrative Record at https://notice.nv.gov/.

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Public Notice Links

- All materials, including the published notice, hearing information, and draft amendment application, were made available online at https://www.nevadamedicaid.nv.gov/programs/waivers/oral-health-demonstration-waiver/.
- The public hearing agendas, public notices, and the draft amendment application were also made available online at https://www.nevadamedicaid.nv.gov/public-notices/meetings-public-notices/ and at NVHA offices throughout the state.
- The public was invited to submit written comments by email to 1115waivers@nvha.nv.gov or by mail to 9850 Double R Blvd, Suite 200 Nevada 89521.

NEVADA HEALTH AUTHORITY

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Questions & Feedback

NEVADA HEALTH AUTHORITY

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Thank you for your participation!

Learn More & Stay Involved

Website: Nevada Medicaid Home

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Upcoming events listed Public Notices

Contact Us

Team Name
Benefits Coverage, Nevada Medicaid
1115waivers@nvha.nv.gov

For accommodations or translated materials, please contact us at the information above.

NEVADA HEALTH AUTHORITY

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Joe Lombardo,
Governor

NEVADA HEALTH AUTHORITY

NEVADA MEDICAID

4070 Silver Sage Drive
Carson City, Nevada 89701
NVHA.NV.GOV

Stacie Weeks, JD MPH,
Director

Ann Jensen
Administrator

Si necesitas ayuda traduciendo este mensaje, por favor escribe a medicaid@nvha.nv.gov, o llame (702) 668-4200 o (775) 687-1900
We will make reasonable accommodations for members of the public with a disability.
Please notify Nevada Medicaid as soon as possible to medicaid@nvha.nv.gov.

NOTICE OF PUBLIC MEETING OF THE MEDICAID ADVISORY COMMITTEE

The Medicaid Advisory Committee (MAC) for Nevada Medicaid will conduct a public meeting at the following location:

Date of Posting:	May 4, 2026
Date and Time of Meeting:	June 3, 2026, at 1:00 PM
Name of Organization:	The State of Nevada, Nevada Health Authority (NVHA), Nevada Medicaid
Place of Meeting:	Medicaid District Office LV Conference Room 1210 S. Valley View Blvd Las Vegas, NV 89102 Please use the teleconference/Microsoft Teams options provided below.

Note: *If at any time during the meeting an individual who has been named on the agenda or has an item specifically regarding them included on the agenda is unable to participate because of technical or other difficulties, please email communityandprovider@nvha.nv.gov and note at what time the difficulty started so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.*

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Webinar:	https://tinyurl.com/7vw7kbjm The meeting should not require a password, please search for the meeting manually using the meeting number above to join.
Audio Only:	(775) 321-6111
Conference ID:	841 247 946#

PLEASE DO NOT PUT THIS NUMBER ON HOLD (*hang up and rejoin if you must take another call*)

YOU MAY BE UNMUTED BY THE HOST WHEN SEEKING PUBLIC COMMENT, PLEASE HANG UP AND REJOIN IF YOU ARE HAVING SIDE CONVERSATIONS DURING THE MEETING

This meeting may be recorded to facilitate note-taking or other uses. By participating you consent to recording of your participation in this meeting.

AGENDA

1. **Call to order**

2. **Disclosure of any Conflicts of Interest**

3. **Roll call**

4. **General Public Comments** *(Because of time considerations, the period for public comment by each speaker or organization may be limited to three minutes and speakers are urged to avoid repetition of comments made by previous speakers.)*

5. **Beneficiary Advisory Council (BAC) Recap**

    a. By: BAC Chair Larkins or Vice Chair Gravelle

6. **Discussion:** March Meeting Minutes

    a. By: Chair Mediwala or Vice Chair Melvin

7. **For Possible Action:** Vote on March Meeting Minutes

    a. By: Chair Mediwala or Vice Chair Melvin

8. **Administrator's Report**

    a. By: Ann Jensen, Administrator, Nevada Medicaid

9. **Federal Legislative Updates**

    a. By: Ann Jensen, Administrator, Nevada Medicaid & Chloe Chism, Public Information Office II, NVHA

10. **1115 Medical Respite Amendment**

    a. By: Sarah Dearborn, Social Services Chief III, Nevada Medicaid

11. **1115 Fertility Preservation Amendment**

    a. By: Evette Cullen, Social Services Chief II, Nevada Medicaid

12. **MCO Marketing Materials**

    a. By: MCOs
        i. Anthem Blue Cross Blue Sheild
        ii. CareSource
        iii. Health Plan of Nevada
        iv. Molina Healthcare
        v. SilverSummit Healthplan

13. **Review of the MAC Annual Report**

    a. By: MAC Members

14. Roundtable Discussion

a. By: MAC Members

15. General Public Comments (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, you may join the meeting by dialing (775) 321-6111 and when prompted to provide the Meeting ID, enter 841 247 946#. You may then press *5 to raise your hand during the public comment periods to provide your comment. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name. Those who wish to provide a written comment may submit their comment via mail to 4070 Silver Sage Drive, Carson City, Nevada 89701 or via email to documentcontrol@nvha.nv.gov).

16. Adjournment

a. By: Chair Mediwala or Vice Chair Larkins

NOTE: To use the long link to the meeting in the event there are issues with the URL shortener, please use the following complete link:
https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F_%23%2Fmeet%2F21635944239911%3Fp%3DTCZVAx0xsjJJyDVKH6%26anon%3Dtrue&type=meet&deeplinkId=b1fa1128-e867-4b72-b057-5522043e7f35&directDl=true&msLaunch=true&enableMobilePage=true&suppressPrompt=true
Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

PLEASE NOTE: Items may be taken out of order. Items may be pulled or removed from the agenda at any time. All public comment may be limited to three minutes.

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Nevada Medicaid, 745 W. Moana Lane, Suite 200, Reno, Nevada 89509

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Appendix B: Budget Neutrality Model

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

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR SFY 2024	TREND RATE 2	DEMONSTRATION YEARS (DY) DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL WOW
Fertility Preservation MEG **Pop Type:** **Hypothetical**										
Eligible Member Months	1.0%			1.0%	1,296	1,309	1,322	1,335	1,348	
PMPM Cost	5.7%	42	$13,993.25	5.7%	$ 16,989.52	$ 17,957.92	$ 18,981.52	$ 20,063.47	$ 21,207.09	
Total Expenditure					$ 22,018,418	$ 23,506,917	$ 25,093,569	$ 26,784,732	$ 28,587,157	$ 125,990,794

Mercer: Trend rate from other NV 1115 demonstrations, assumed to be President's Budget trend.

Mercer: Reflects months of aging from midpoint of the Base Year (state fiscal year 2024 / July 2023-June 2024) of January 2024 to midpoint of Demonstration Year 1 (CY 2027) of July 2027.

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

ELIGIBILITY GROUP	SFY 2024	DEMO TREND RATE	DEMONSTRATION YEARS (DY) DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL WW
Fertility Preservation MEG **Pop Type:** **Hypothetical**								
Eligible Member Months	1,252	1.0%	1,296	1,309	1,322	1,335	1,348	
PMPM Cost	$ 13,993.25	5.7%	$ 16,989.52	$ 17,957.92	$ 18,981.52	$ 20,063.47	$ 21,207.09	
Total Expenditure			$ 22,018,418	$ 23,506,917	$ 25,093,569	$ 26,784,732	$ 28,587,157	$ 125,990,794

Mercer: Trend rate from other NV 1115 demonstrations, assumed to be President's Budget trend.

Mercer: Reflects 42 months of aging from midpoint of the Base Year (state fiscal year 2024 / July 2023-June 2024) of January 2024 to midpoint of Demonstration Year 1 (CY 2027) of July 2027.

Mercer: Reflects 42 months of aging from midpoint of the Base Year (state fiscal year 2024 / July 2023-June 2024) of January 2024 to midpoint of Demonstration Year 1 (CY 2027) of July 2027.

Budget Neutrality Summary

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY) DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL
Fertility Preservation MEG	$ 22,018,418	$ 23,506,917	$ 25,093,569	$ 26,784,732	$ 28,587,157	$ 125,990,794
TOTAL	$ 22,018,418	$ 23,506,917	$ 25,093,569	$ 26,784,732	$ 28,587,157	$ 125,990,794

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY) DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL
Fertility Preservation MEG	$ 22,018,418	$ 23,506,917	$ 25,093,569	$ 26,784,732	$ 28,587,157	$ 125,990,794
TOTAL	$ 22,018,418	$ 23,506,917	$ 25,093,569	$ 26,784,732	$ 28,587,157	$ 125,990,794
VARIANCE	$ -	$ -	$ -	$ -	$ -	$ -