

1915(c) Waiver Case Management

Division of Nevada Medicaid

Presented by: Ellen Frias-Wilcox – Waiver Program Specialist, LTSS
Lucy Wroldsen – Management Analyst, Rates
Gladys Cook – Program Specialist, Provider Enrollment



November 6, 2025

Case Management (CM) Provider Types

CM providers (public/private) must be enrolled as one or all of the below Medicaid Waiver Provider Types (PT):

- PT 48 – FE Waiver (Community)
- PT 57 FE Waiver (Residential Group Homes)
- PT59 FE Waiver (Assisted Living Facility)
- PT 58 – Physically Disabled (Community) and Assisted Living Facility
- PT 95 – Structured Family Caregiving

Provider Enrollment Requirements

Case Management providers must be enrolled as a Waiver Case Management Provider Agency through Nevada Medicaid's fiscal agent.

The following requirements must be verified upon enrollment:

- Documentation of taxpayer ID
- Business license from the Secretary of State (for in-state providers) or a copy of the Secretary of State business license in the provider's home state (for out-of-state provider).
- Proof of Worker's Compensation Insurance
- Proof of Unemployment Insurance Account
- Proof of Commercial General Liability
- Proof of Business Automobile Liability Coverage
- Proof of Commercial Crime Insurance
- Local or toll-free phone number accessible during traditional business hours (8:00 am - 5:00 pm).
- Business office that is accessible to the public during established and posted business hours OR demonstrate availability to waiver individuals during traditional business hours (8:00 am - 5:00 pm).
- FBI Criminal Background Check

Provider Enrollment Requirements (con't)

Employees who provide case management must meet the requirements listed above and:

- Have a valid driver's license and means of transportation to conduct home visits.
- Adhere to Health Insurance Portability and Accountability Act (HIPAA) requirements.
- FBI criminal history background check.
- Licensed Social Worker by the State of Nevada Board of Examiners for Social Workers, licensed as a Registered Nurse by the State of Nevada Board of Nursing, or have a professional license or certificate in a medical specialty applicable to the assignment; **OR have at minimum a Bachelor's degree** from an accredited college or university in social work, gerontology, counseling, nursing, psychology, human growth and development, special education, sociology, criminal justice or a closely related social science or human services field. One year of professional experience providing case management services in a social or health related field is preferred but can be obtained through on the job training; or have an equivalent combination of education and experience.

Two (2) Types of Case Management Providers

- Public Case Management – State, county, and local entities
 - Payment for services may be cost settled
- Private Case Management – all other agencies that are not state, local or county - Payment for services are based on the Medicaid rate
 - The current rate for Private CM is \$15.84/15 mins.

Rates Determination

The initial rate for Case Management was set by ADSD in 2002 using actual costs for case management.

In 2005, the rate was reviewed, and a 20% increase was proposed by ADSD, again using actual costs for case management in 2005. The rate increase was approved by Nevada Medicaid. Only costs directly attributable to case management services and a reasonable allocation of indirect costs are included in the rate.

Indirect costs are developed in conformance with the Division's cost allocation plan and include agency administrative costs and travel.

Challenges in Recruiting CM Providers

CM service is a waiver service offered under FE, PD and SFCG Waivers, which allows private or public (state, county or local) case management agencies who are interested in providing CM service to enroll as Medicaid providers. However, this comes with challenges:

- Baby Boomers retiring – high demand in private case management service to assist elders and family in navigating the system, and collaborating and coordinating care which makes it a competitive market;
- Private CM agencies prefer to serve private pay recipients as the rate is way higher than Medicaid rate;
- Hospitals, insurance companies, and nonprofits compete for the same limited pool of qualified candidates;
- Burnout and low wage lead to high turnover, making it difficult to retain or recruit new case managers.

QUESTIONS

Contact Information

Ellen Frias-Wilcox
LTSS Waiver Supervisor -
Medicaid
Efrias-wilcox@nvha.nv.gov
775-684-3757

Crystal Wren
ADSD Operations Chief
cwren@adsd.nv.gov
775-687-0969

General Information Inbox
hcbs@nvha.nv.gov