

# Dignity, Independence, and Self-Determination for All.



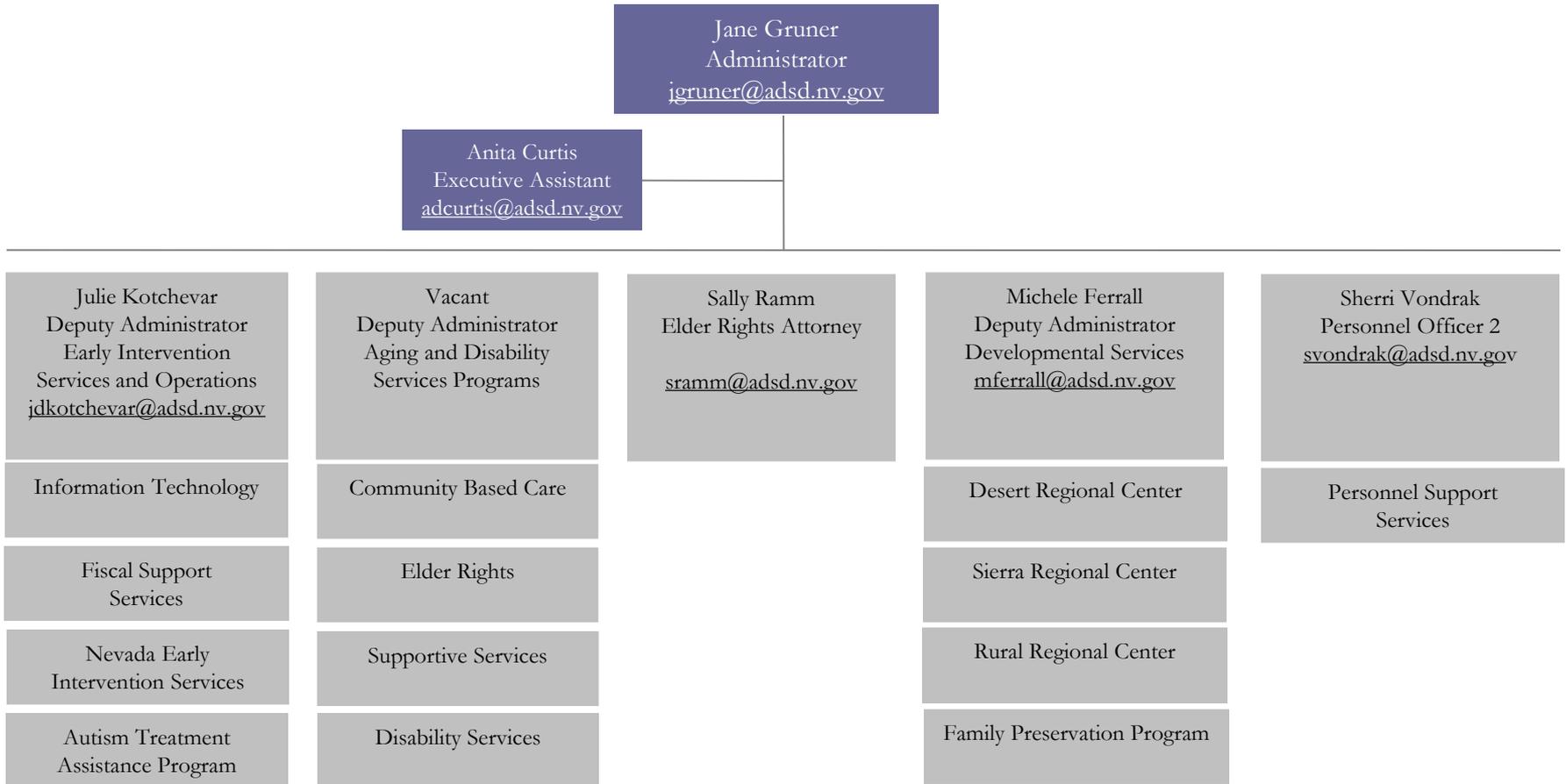
## State of Nevada Aging and Disability Services Division **Budget Presentation**

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Administrator

January 21, 2015

# ORGANIZATIONAL STRUCTURE

Department of Health and Human Services  
 Aging and Disability Services Division  
 2016-2017 Biennium



# ADSD MISSION AND VISION

**Vision:** Nevadans, regardless of age or ability, will enjoy a meaningful life led with dignity and self-determination.

**Mission:** Ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent, meaningful and dignified lives.

**Philosophy:** ADSD seeks to understand and respond to the individual and his/her needs using principles of:

- Accessibility
- Accountability
- Culturally and linguistically appropriate services
- Ethics
- Mutual respect
- Timeliness
- Transparency

# ADSD STRATEGIC PLAN GOALS

## **Increase funding and services to meet nationally or state accepted funding levels by service population.**

- Establish acceptable reimbursement rates by service type.
- Implement a strategic financing plan to secure resources for ADSD.
- Fund services and support for the coordination and delivery of service.

## **Adopt and implement a Universal, Person-Centered Framework.**

- Define and implement the customer service philosophy and include family in the framework for customer service delivery.

## **Establish a Standardized, Evidence-based Service Delivery System for all ADSD programs; regardless of population or region. Three key components of care include access, transportation, and collaboration.**

- Develop and implement a standardized service delivery system.
- Develop solutions for standardizing and sharing (as appropriate) client records, including IT solutions for electronic records.
- Implement evidence-based practice (EBP) and create an evaluation plan and system for measuring and analyzing outcomes for each program.
- Develop criteria and process for measuring effectiveness of the person-centered plan based on outcomes.

## **Adopt and report on criteria that demonstrate outcomes and efficiencies.**

- Adopt meaningful performance measurements of quality.
- Establish standards for all services that can provide information to support continuous quality improvement efforts.
- Report annually to the public the outcome measure results.

## **Develop a system to recruit and retain a highly-trained, adaptive, skilled workforce.**

- Develop a recruitment and retention plan for an adaptive, skilled workforce.
- Develop and implement customer service training throughout ADSD.
- Develop and implement a process for continuous educational opportunities to enhance a person-centered approach toward service delivery.

# SUMMARY OF AGENCY OPERATIONS

The Aging and Disability Services Division is responsible for providing services to Nevada's seniors, persons with physical disabilities, persons with intellectual disabilities, and infants and toddlers with developmental and physical disabilities or special healthcare needs. ADSD's program areas include:

- **Nevada Early Intervention Services:** identifies infants and toddlers who are at risk for or have developmental delays; provides services and support to families to meet the individualized developmental needs of their child; and facilitates the child's learning and participation in family and community life through the partnership of families, caregivers and service providers. Budgets include 3208 Early Intervention Services.
- **Developmental Services:** provides or purchases services for people with intellectual disabilities and related conditions and their families. Most services are funded by Medicaid Title XIX through the Home and Community Based Waiver and Targeted Case Management. Services purchased or provided include: service coordination, family supports, residential supports, jobs and day training, psychological services, nursing services, and quality assurance. Budgets include 3280 Sierra Regional Center, 3279 Desert Regional Center, 3167 Rural Regional Center, and 3166 Family Preservation Program.
- **Aging and Disability Services:** the disability services unit provides resources at the community level that assist people with severe disabilities and their families in helping them to live as independently as possible in an integrated setting. Programs within this unit include the Assistive Technology for Independent Living, the Communication Access Program for persons who are Deaf or hard of hearing, and the Autism Treatment Assistance Program (ATAP). Within the Aging Unit is the Community Based Care (CBC) unit which provides service to those seniors and persons with disabilities most at risk through the Home and Community Based Waiver (HCBW) for the Frail Elderly, Community Service Options Program for the Elderly (COPE), Homemaker Program, and Personal Assistance Services (PAS) to provide alternatives to nursing home placement. The Elder Protective Services (EPS) Program receives and investigates reports of abuse, neglect, self neglect, exploitation, and isolation of persons aged 60 years and older. Budgets include 3266 Home and Community Based Care.
- **Administrative and Other Services:** provides systems advocate services and grants management, pharmaceutical assistance, information management, central office fiscal support, and personnel services. Budgets include 3151 Federal Programs and Administration, 3140 Tobacco Settlement Program, and 3156 Senior and Disability Rx.

# CORE FUNCTIONS

## We Serve People

- Health Services
- Human Services



# SUMMARY OF AGENCY PROGRAMMATIC ACTIVITIES

ADSD has divided the service functions it performs into 10 programmatic activities. Those activities are:

- **Autism Treatment Assistance Program:** supports families in accessing behavioral interventions for their children with autism spectrum disorders.
- **Medicare Benefits Counseling and Fraud Prevention:** provides information to consumers regarding Medicare benefits, unbiased benefit planning assistance, and also works toward fraud prevention.
- **Communication Access for Deaf and Hard of Hearing:** provides 24/7 telephone relay services, along with equipment and training, for Nevadans with communication disabilities, and maintains a registry of qualified interpreters.
- **Early Intervention Services:** helps children ages birth to three, with developmental delays, through services such as speech therapies, vision, hearing, nutritional services, specialized instruction, etc.
- **Elder Protective Services:** investigates reports of abuse, neglect, self neglect, exploitation, and isolation of persons aged 60 years and older.
- **Home and Community Based Services:** assists older persons and individuals with disabilities to live in most integrated settings and avoid or delay institutionalization with various supports and services such as homemaker, respite, chore, personal emergency response systems, attendant care, etc.
- **Institutional Care:** provides 24-hour nursing support at the Intermediate Care Facility (ICF), supervision, and rehabilitation training that serves the most significantly impacted individuals with intellectual disabilities and related conditions in the Las Vegas area.
- **Long Term Care Ombudsman:** investigates and resolves complaints made by or on behalf of individuals who are residents of long term care facilities, including residential facilities for groups.
- **State Pharmacy Assistance Program:** provides low-income seniors and persons with disabilities assistance with the cost of prescription drugs and monthly prescription insurance premiums.
- **Developmental Services Community Support Services:** supports individuals with intellectual disabilities and related conditions to live in integrated community settings. Services include the Family Preservation Program, supported living arrangements, jobs and day training, family support, respite, and psychological services.

# PERFORMANCE MEASURES

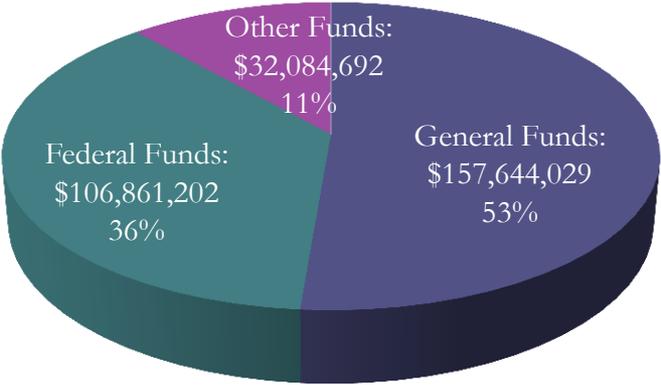
The Aging and Disability Services Division reviewed, updated, eliminated or revised a number of performance measures. The Division's goal related to performance measures is to provide meaningful measures of program performance in accordance with our strategic plan goals. Highlights of the changes include:

- **Corrections as a result of the merger:** some performance measures were eliminated because the programs were no longer in the agency as a result of the merger, the activity was not an accurate reflection of program changes as a result of the merger, or the measure did not reflect the changed organizational structure. Examples include the removal of measures related to psychological services or Part C compliance.
- **Meaningful measures of performance:** some performance measures were added where there was not a meaningful measure of performance and others were eliminated if they did not measure a meaningful program outcome. Examples of added measures include the addition of performance measures for IT, fiscal and personnel. Examples of eliminated measures include complaints filed to the Federal Communications Commission and children exiting service with typical development.
- **Population measures:** population measures were added for programs which did not currently have a measure. Population measures were also added to support Division strategic plan goals that address increased program participation. An example is the addition of a population measure for the number of persons receiving targeted case management.
- **Measures in support of strategic plan goals:** measures were added that reflect particular strategic plan goals for programs that did not currently have a measure. An example is a new measure for Early Intervention Services that measures the percentage of the population served compared to the national average.

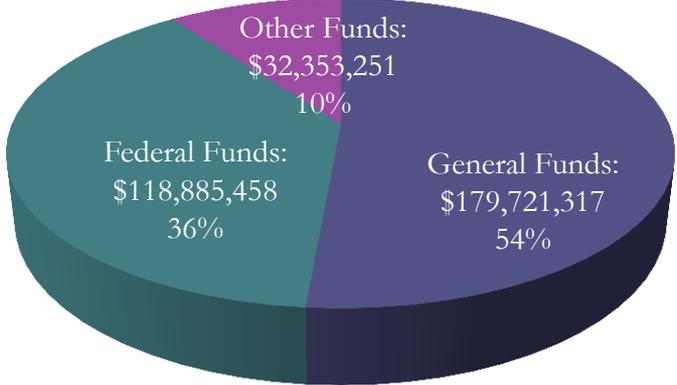
# STATE FISCAL YEAR 2016 – STATE FISCAL YEAR 2017

## FUNDING REQUESTS

**SFY 2016**  
**Total Funding Request**  
**\$269,943,409**



**SFY 2017**  
**Total Funding Request**  
**\$297,341,376**



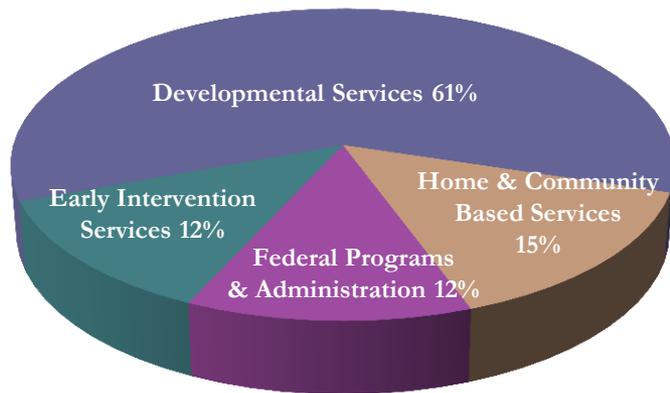
# STATE FISCAL YEAR 2016 – STATE FISCAL YEAR 2017

## SPENDING BY PROGRAM

**SFY 2016**

**Funding Request by Program**

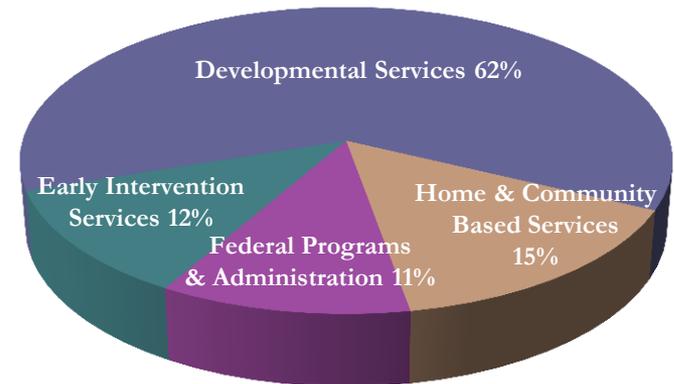
**\$269,943,409**



**SFY 2017**

**Funding Request by Program**

**\$297,341,376**



## FULL TIME EQUIVALENT POSITIONS

Budget	Base	Transfers	Maintenance	Enhancement	Total FTE
3151: Federal Programs & Admin	118.51	3	6	5	132.51
3156: Senior and Disability Rx	3	-1	0	0	2
3208: Early Intervention Services	208.37	.51	1.51	0	210.39
3167: Rural Regional Center	36.28	0	5	0	41.28
3279: Desert Regional Center	303.11	0	17	0	320.11
3280: Sierra Regional Center	67.02	0	2.51	0	69.53
3266: Home and Community Based Services	149	27	12	3	189
<b>Total FTE</b>	<b>885.29</b>	<b>27.51</b>	<b>44.02</b>	<b>8</b>	<b>964.82</b>

## MAJOR BUDGET INITIATIVE

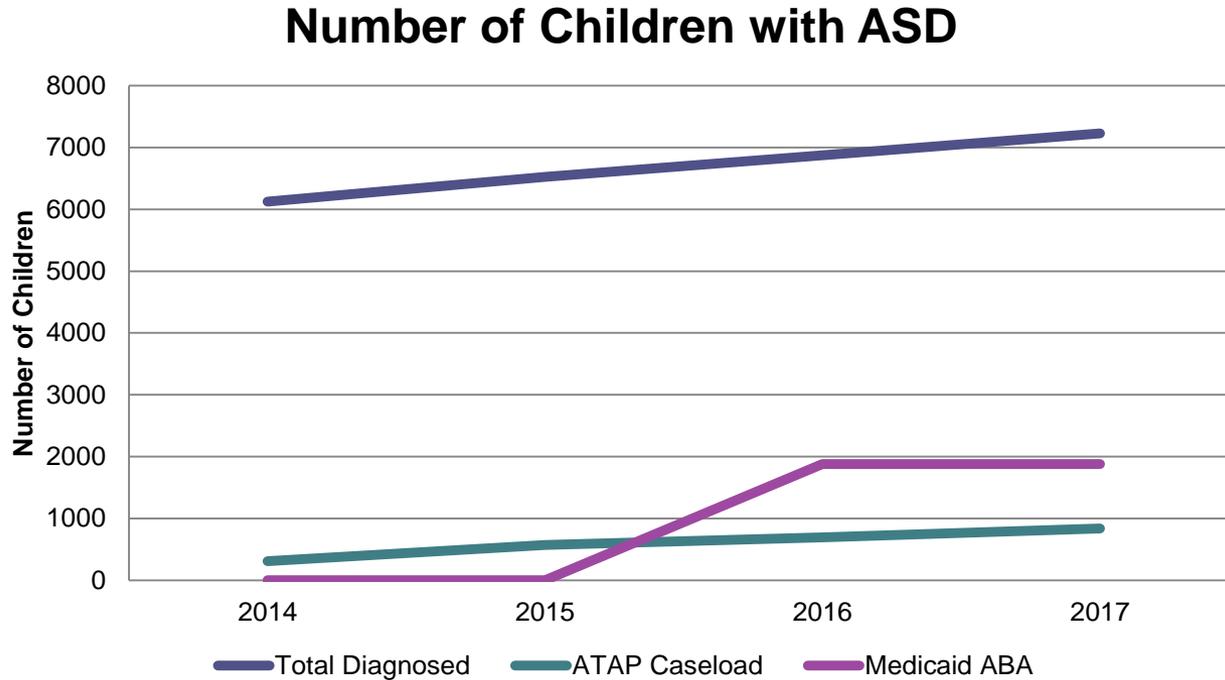
Autism Spectrum Disorder (ASD) impacts 1 in every 68 children. Since 2002, when the CDC began an intensive surveillance of children with autism, the prevalence rate has increased 78%. Nevada Department of Education data indicate that over 6,000 children in Nevada have a diagnosis of ASD. The Department of Health and Human Services has proposed a strategy designed to treat ASD through programs offered by Aging and Disability Services Division (ADSD) and Division of Healthcare Financing and Policy (DHCFP).

NRS 427A.875 established the Autism Treatment Assistance Program within the ADSD to serve as the primary autism program within the Department and to provide and coordinate the provision of services to persons with ASD through the age of 19.

ADSD has requested budget authority to serve an additional 264 children over the biennium, increasing the caseload to 836 children by the end of fiscal year 2017. The DHCFP has also requested budget authority to add Applied Behavioral Analysis (ABA) services based on projections of need and provider capacity. The expansion of services would assist in filling the gaps with early intervention, school and community programs in order to meet federal requirements and the need for services in Nevada. Combined, the initiative is expected to provide services for 2,464 children over the biennium.



# MAJOR BUDGET INITIATIVE



There are currently 6,000 children in Nevada with a diagnosis of ASD. The Department projects that between ATAP and Medicaid, a combined total of 2,464 children will be able to receive treatment over the biennium.

# M200 CASELOAD GROWTH

**M201- Caseload Growth Autism Treatment Assistance Program (ATAP)**

**Budget Accounts:** 3266

**Total Cost:**

FY 16 = \$4,860,673

FY 17 = \$7,373,137\*

The Autism Treatment Assistance Program funds intensive evidence based behavioral therapy for children aged birth to 19 years with Autism Spectrum Disorder (ASD).

ATAP has seen a significant increase in new applications (more than doubling over the prior biennium). Current Waitlist: 511

This caseload growth would permit an additional 264 to receive services over the biennium.

\*Includes \$2.2 million held in reserve



# M200 CASELOAD GROWTH

**M200** - Caseload Growth for Long Term Care  
Ombudsman Program

**Budget Account:** 3151

**Total Cost:**

FY 16 = \$286,425

FY 17 = \$432,019



The ombudsman program advocates for residents of long term care facilities by working to resolve problems of individual residents and to bring about changes at the local, state and national levels that will improve residents quality care and quality of life.

Caseload is expected to grow from 7,170 annual cases in 2015 to 12,057 annual cases by the end of 2017. An increase of 68.15%.

This is the first year this program has requested a legislatively approved caseload to address growth as it occurs.



# M200 CASELOAD GROWTH

**M200** - Caseload Growth for Early Intervention Services

**Budget Account:** 3208

**Total Cost:**

FY 16 = \$680,639

FY 17 = \$1,277,348

Early intervention services identifies and provides services to infants and toddlers who have a developmental or physical disability or special healthcare need.

This caseload growth would permit an additional 193 additional children over the biennium to receive services.

This decision unit also accounts for an increase in per child therapy costs as the program no longer has a waiting list for services.



# M200 CASELOAD GROWTH

**M200-** Caseload Growth for Family Preservation Program

**Budget Account:** 3166

**Total Cost:**

FY 16 = \$49,368

FY 17 = \$143,616

The Family Preservation Program provides a monthly stipend to families of persons who have a profound intellectual disability to assist with their care.

This caseload growth would permit an additional 41 families to participate in the program over the biennium.



# M200 CASELOAD GROWTH

## M200 - Caseload Growth for Community Based Care Services

**Budget Account:** 3266

**Total Cost:**

FY 16 = \$1,015,682  
 \$744,594 GF  
 FY 17 = \$2,014,654  
 \$768,151 GF

This decision unit will increase the caseload for programs that serve seniors and persons with physical disabilities.



Program	Caseload Increase	Percent Increase	Current Waitlist
COPE	20	40%	34
Homemaker	78	24%	38
PAS	20	16%	14
HCBW Waiver	173	9.5%	513
WIN	51	13%	111

# M200 CASELOAD GROWTH

**M200** - Caseload Growth for Developmental Services

**Budget Accounts:** 3167, 3279, 3280

**Total Cost:**



Regional Center	FY 16	FY17	Caseload Increase	Current Waitlist
Rural Regional BA 3167	\$1,040,578 GF \$561,537	\$3,077,842 GF \$1,591,479	111 17%	135
Sierra Regional BA 3280	\$1,890,257 GF \$1,013,328	\$5,998,738 GF \$3,064,252	270 22%	179
Desert Regional BA 3279	\$5,202,437 GF \$2,962,628	\$12,726,678 GF \$7,015,785	539 13%	366

Developmental Services provides or purchases services for people with intellectual disabilities and related conditions and their families.

# M500 MANDATES

**M540-** Caseload Growth for the Assistive Technology for Independent Living Program

**Budget Accounts** 3266

**Total Cost:**

FY 16 = \$27,874

FY 17 = \$52,958

The caseload is remaining constant, but additional funds are needed in order to keep current with the increasing costs of goods and services used by the program to support individuals with physical disabilities.

The program primarily funds home and vehicle modifications that permit individuals with physical disabilities to remain in their homes and communities.

This decision unit is supported by the Olmstead Decision which mandates that states serve persons with disabilities in the most integrated setting.



# ENHANCEMENTS

## **Developmental Services BA 3167, 3279, 3280**

### **(Efficient and Responsive State Government)**

- E250 Provider rate adjustment
- E248 Psychological extern (Rural Regional Center)
- E276 Out of state travel for evaluations of consumers served out of state (Sierra Regional Center)
- E730 Public Works recommended deep cleaning and AC cleaning (Sierra Regional Center)

## **Autism Treatment Assistance Program BA 3266**

### **(Efficient and Responsive State Government)**

- E235 Health Program Manager 3
- E230 Support for the Governor's Commission on Autism Spectrum Disorders

## **Disability Services BA 3266**

### **(Efficient and Responsive State Government)**

- E225 Elder Rights Specialist for EPS in Elko
- E226 Interpreter oversight (funded through the telephone surcharge)
- E227 Reduces contract programmer staff (companion to BA 3151 E225 on next slide)

## **Aging Services BA 3151**

### **(Educated and Healthy Citizenry, Efficient and Responsive State Government)**

- E228 Support for the Task Force on Alzheimer's Disease
- E282 Update the strategic plan for seniors and persons with disabilities
- E286 Support for the Governor's Commission on Aging

## **Early Intervention Services BA 3208**

### **(Equipment Replacement, New Equipment)**

- E717 Replace laminators
- E718 Replace audiology equipment
- E719 Replace infant scale
- E721 New mobile audiology screening equipment
- E722 New vehicles leased based on assessment of vehicle usage and mileage reimbursement of personal vehicles

# ENHANCEMENTS

## **Administration BA 3151**

### **(Efficient and Responsive State Government, Educated and Healthy Citizenry, New Equipment)**

- E225 IT staff to support providers and staff as a result of new ID/D system\*
- E229 Training to support IT staff (no travel included)
- E285 Support for Governor's Task Force on Integrated Employment
- E232 Travel to support administration, fiscal and IT staff
- E722 New vehicle to support staff with equipment deployment

\*Note: This unit has a companion decision unit in 3266 (E227) that reduces the amount previously spent on contract IT staff

# TECHNOLOGY INVESTMENT

## E233 Bandwidth Expansion

BA 3151- expansion of the Elko bandwidth

- \$10,225 in FY16
- \$9,300 in FY17

## E724 Network Security

BA 3151- includes a request for network and security equipment in order to protect PHI

- \$151,266 in FY16
- \$51,206 in FY17

## E710/711/712/720 IT Equipment Replacement

Includes a request for IT equipment, software, and computers based on the 5 year replacement schedule

Budget	FY16	FY17
3151 Federal Programs and Admin	\$261,288	\$148,458
3156 Senior/Disability Rx	\$2,287	\$0
3167 Rural Regional Center	\$107,756	\$69,416
3208 Early Intervention	\$164,769	\$145,342
3266 Home and Community Based Care	\$61,948	\$55,888
3279 Desert Regional Center	\$302,857	\$248,827
3280 Sierra Regional Center	\$177,323	\$76,871

# POSITION TRANSFERS

## **Transfer of the Waiver for Independent Nevadans (WIN) Program from Division of Health Care Financing and Policy (DHCFP) to ADSD**

The waiver programs operated by the State which provide home or community based care will reside in the new ADSD with the inclusion of the WIN program.

E900/901 in Budget Account 3266 requests the transfer of 29 staff from DHCFP to ADSD in order to provide more fully integrated services for persons who need to access waiver services to remain in their home and community based setting.

- \$2,023,755 in FY16  
\$993,697 GF
- \$2,088,189 in FY17  
\$1,025,557 GF

### **Other Transfers**

There are a few other decision units to transfer staff from one budget account to another in order to better allocate program resources

- E902 transfers a Management Analyst from 3156 to 3151
- E903 transfers a Social Service Program Specialist 2 and a Social Services Chief 1 from 3266 to 3151



## M425 DEFERRED MAINTENANCE

### **Budget Account 3280 (Sierra Regional Center)**

Replace concrete sidewalks at the building entrance which pose a significant safety hazard.

- FY16= \$8,000 GF

Carpet Replacement for Buildings 605 and 606

- FY 16=\$72,500

### **Budget Account 3279 (Desert Regional Center)**

Convert approximately 200,000 square feet of lawn to desert landscaping to conserve water and utility costs. Costs include a reduction from the SNWA rebate at \$1.50/square foot.

- FY16=\$57,557
- FY17=\$291,274

# GRANT CHANGES

## Early Intervention Services BA 3208 (Maternal and Child Health Block Grant)

- E490 Removes positions funded by the grant
- E491 Restores positions funded by the grant with GF

Early Intervention has had pediatricians on staff since Special Children's Clinic was created in the 1970's. During the budget shortfall funding for these positions was moved from general fund to the MCH block grant. In 2014, DPBH notified ADSD that the MCH grant was no longer able to cover these services and eliminated the sub-grant to ADSD. The budget request includes the enhancement unit to restore these positions back to general funding in order to maintain this vital service.



# BILL DRAFT REQUESTS

## **BDR # 15A4021043 Clean Up Bill**

The 2013 Legislature approved AB488 which merged Early Intervention and Developmental Services into Aging and Disability Services Division. Several areas of the NRS guiding the Division of Mental Health and Developmental Services and essential to the work of Developmental Services were not integrated into NRS 435. This bill will address the areas needing to be realigned.

# ISSUES IMPACTING THE DIVISION

## **Population growth and demographic changes.**

- In 2000, 304,000 (15.1%) of Nevadans were 60 and older, by 2030 slightly over 1 million (25.2%) will be 60 and older.
- The current service system will need to grow in capacity and in expertise to serve the changing demographics.

## **Growth in the incidence of Alzheimer's Disease and dementia.**

- 1 in 9 people over age 65 have Alzheimer's Disease
- 1/3 of people aged 85 and older have Alzheimer's Disease
- Every state and region across the country is expected to experience double-digit percentage increases in the numbers of people with Alzheimer's due to increases in the proportion of the population age 65 and older. In Nevada, it is estimated that the state will see an increase of 50-80%.
- This is expected to have a serious impact to the healthcare system and families.

## **Persons with Intellectual Disabilities are also aging.**

- Over 75% of people with ID live with families, and more than 25% of family care providers are over the age of 60 years and another 38% are between 41-59 years
- Medical advances and technology have improved the life expectancy of persons with an ID and the number of these persons who are considered aging is expected to double by 2030.
- Service system impacts come by way of both the aging person and their aging family caregivers.

## **Growth in the demand for services for children with Autism Spectrum Disorder (ASD).**

- 1 in 68 children is diagnosed with autism.
- In Nevada, over 6,000 children have a diagnosis of autism.
- Early diagnosis and treatment are critical to the long term outcomes of children with ASD.

# ANY QUESTIONS?

