

Proposal to Assist the Nevada Commission on Services for Persons with Disabilities, Olmstead/Strategic Planning Subcommittee and Nevada Commission on Aging, Subcommittee on Strategic Plan Accountability Committee on Olmstead Planning

Submitted: October 8, 2014

Nearly twelve years ago, the Nevada Strategic Plan for People with Disabilities was submitted and approved for implementation. This Plan included nine primary goals and more than 200 strategies to resolve the numerous barriers to the provision of appropriate community supports and services to Nevadans with disabilities. Tony Records and Associates (TRA) provided technical assistance in the development of this plan, particularly as it addresses compliance with Title II of the Americans with Disabilities Act (ADA) and the Olmstead decision. Subsequently, TRA conducted an additional review in 2009 and 2010, and provided a report in September 2010 with findings and recommendations designed to ensure compliance with the Olmstead requirements. The report will also include a list of recommendations to address what will be needed to achieve compliance with Olmstead and the ADA.

The Nevada Strategic Plan Accountability Committee (SPAC) continued to review plan implementation and issued annual reports on progress, as well as obstacles and accomplishments. The SPAC cited numerous accomplishments, including the transition of more than 500 Nevadans with disabilities from nursing facilities to the community, initiatives on diversion of people from unnecessary institutional placements and the addition of a state budget category related to compliance with Olmstead.

TRA proposes to conduct an updated review of activities in Nevada that specifically relate to compliance with the requirements in the integration mandate of the ADA and, specifically, the Olmstead decision. This review will include a coordinated process of observations, interviews, document reviews, data analysis and survey inquiries. Tony Records, President of TRA, will directly conduct all review activities. This summary review will include the following activities:

- ❑ Meetings and interviews with members of the CSPD and COA to review summary of all Strategic Plan and other Olmstead activities.
- ❑ Determine which Strategic Plan implementation activities are Olmstead related.
- ❑ Meetings and interviews with stakeholders (state and county staff, people with disabilities and their family members) to discuss the accomplishments and obstacles to Olmstead related activities.
- ❑ Review state documents, testimony and reports that relate to Olmstead-related activities.
- ❑ Conduct document review of best practices in Olmstead planning in at least 5 other states.
- ❑ Draft and complete report and present findings and recommendations to CPSD and COA.

A detailed work plan and list of activities, as well as associated costs, is provided below.

Work Plan:

The duration of the project is from November 1, 2014 to March 15, 2015.

Activity	Level of Effort	Timeframe and/or Deliverable
Initial meetings with CSPD and COA staff and Commission members.	4 days	November 2014. Notes from meetings.
Review current activities and determine which activities are Olmstead related.	1 day	November/December 2014. Memo to CSPD.
Follow-up meetings with key stakeholders and members of all relevant commissions to discuss accomplishments and obstacles to Olmstead-related activities.	5 days	November 2014 through January 2015
Meetings with key state and county administrators.	4 days	November/December 2014
Meeting with CSPD and COA to review preliminary findings.	2 days	December 2014
Conduct research on other states and review Federal initiatives.	2 days	December 2014
Draft report to include findings and recommendations.	3 days	January/February 2015. Submit report.
Presentation of findings and recommendations from report to CSPD and COA and state legislature.	2 days	February, 2015. PowerPoint presentation.
Total	23 days	

COST

Total Cost 23 Days x \$1,400 per day. * = \$32,200.00

* Daily discounted rate is fully “loaded” and includes consultation fees, travel time, administrative costs**, airfare, hotel, meals, gratuities and local travel.

** Administrative costs include secretarial support, document production, long distance telephone calls, faxing, copying, postage and overnight mail, etc.

DEPARTMENT OF HEALTH AND HUMAN SERVICES BUDGET OVERVIEW

Romaine Gilliland

DHHS Director

Presentation to the Human Services Network
Agency Request Budget (A01)

October 21, 2014

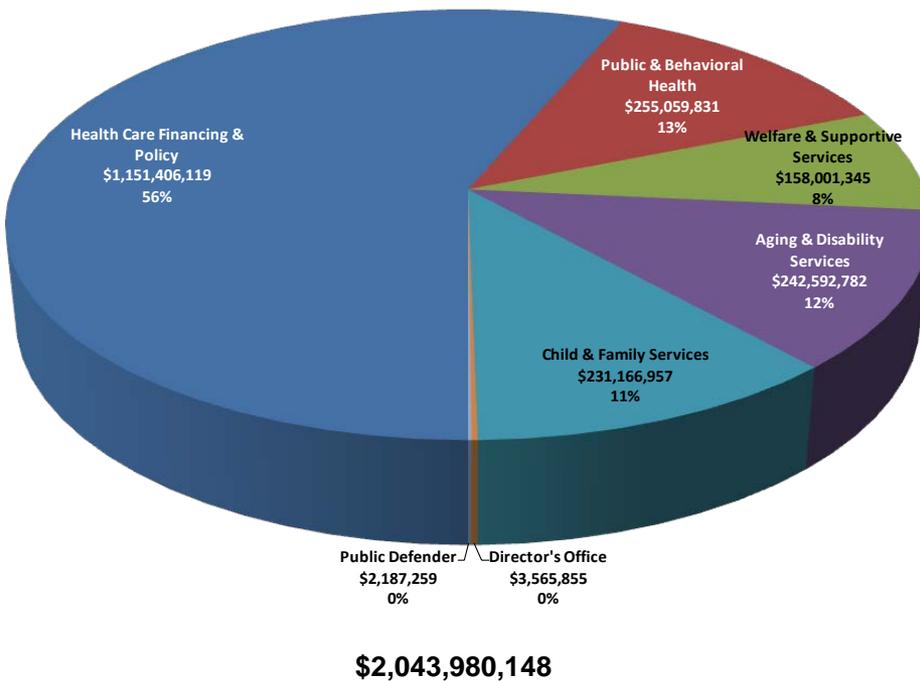
DHHS's Mission

- The Department of Health and Human Services (DHHS) promotes the health and well-being of Nevadans through the delivery of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.
- The department consists the following divisions: Aging and Disability Services, Child and Family Services, Health Care Financing and Policy, Public and Behavioral Health, Welfare and Supportive Services, and the Public Defender's Office.
- Statutory Authority: NRS 232.290-465.

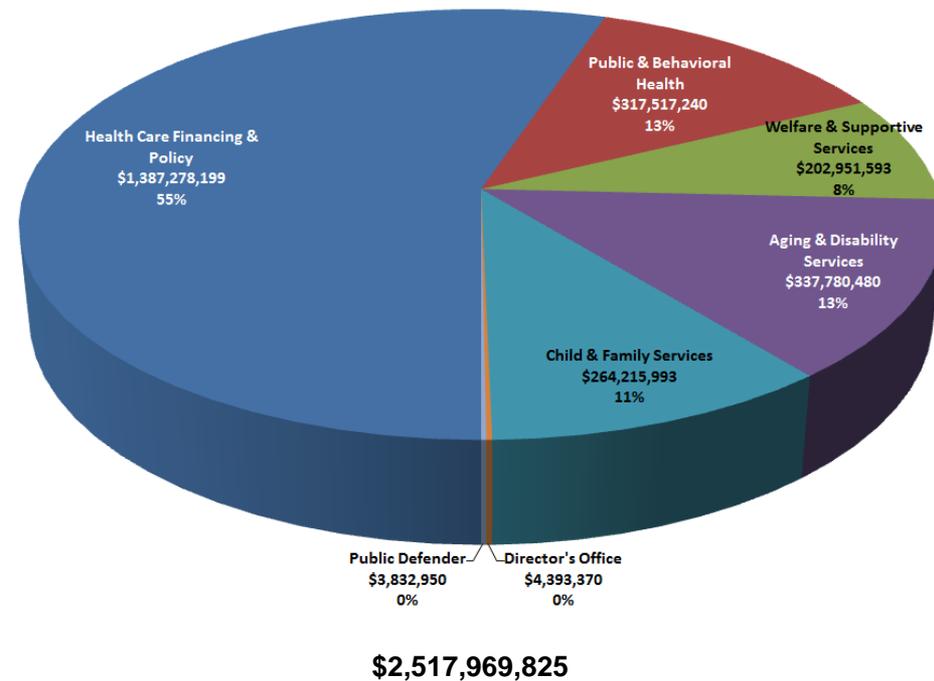
Helping People. It's who we are and what we do.

General Funds by Division, 2014-15 and 2016-17 Biennia

Legislative Approved General Funds 2014-15 Biennium

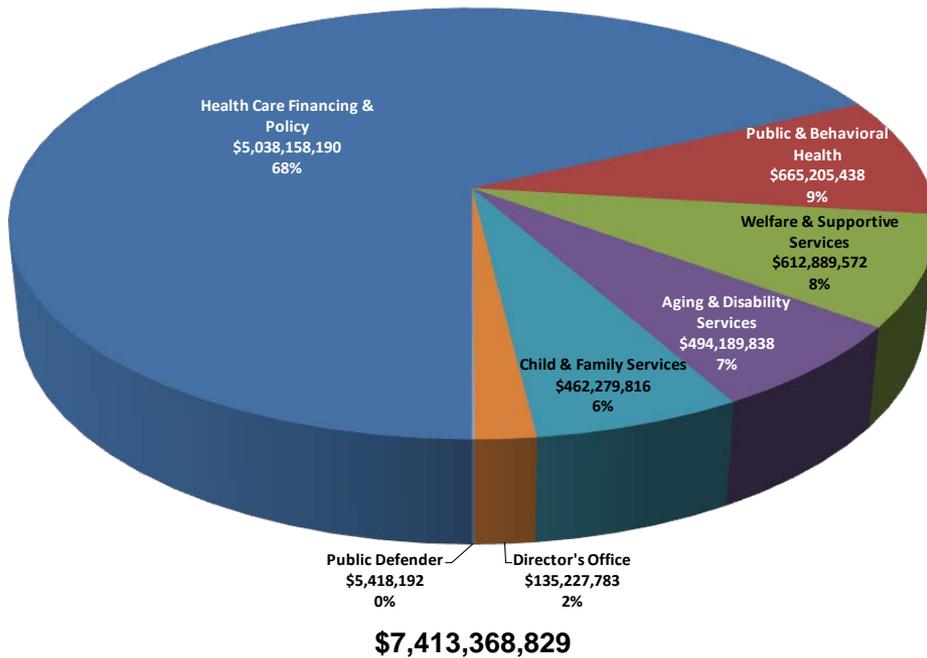


Agency Request General Funds 2016-17 Biennium

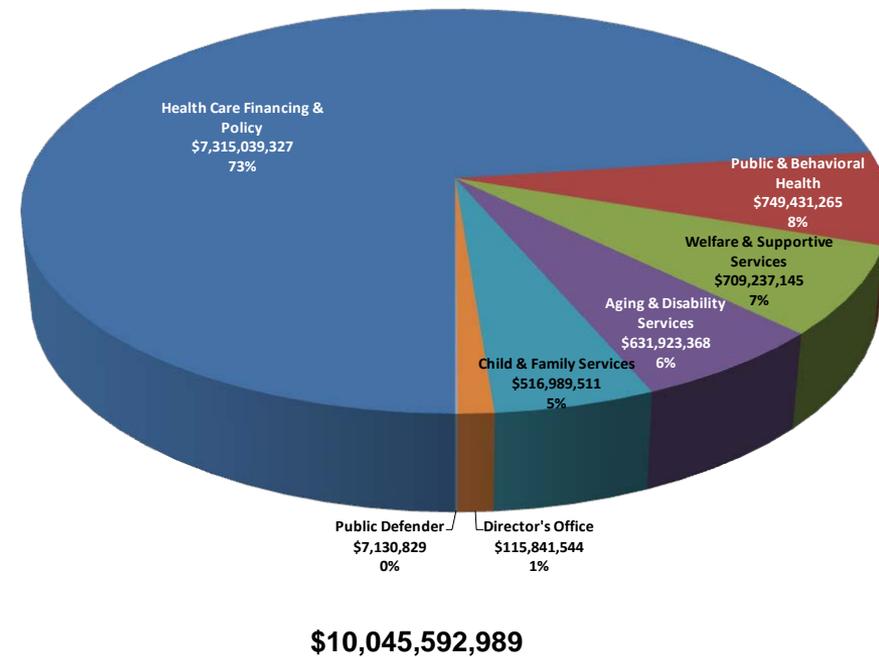


Revenues by Division, 2014-15 and 2016-17 Biennia

Legislative Approved 2014-15 Biennium

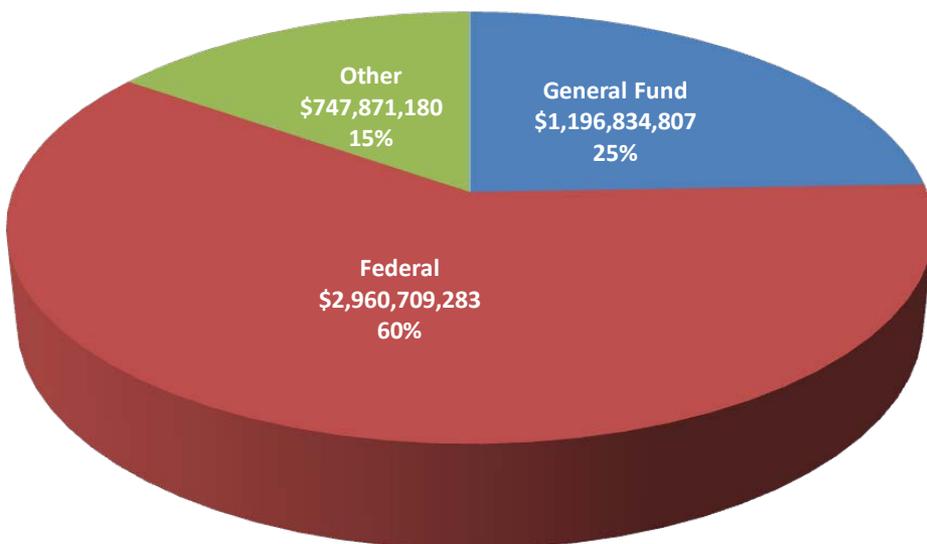


Agency Request 2016-17 Biennium



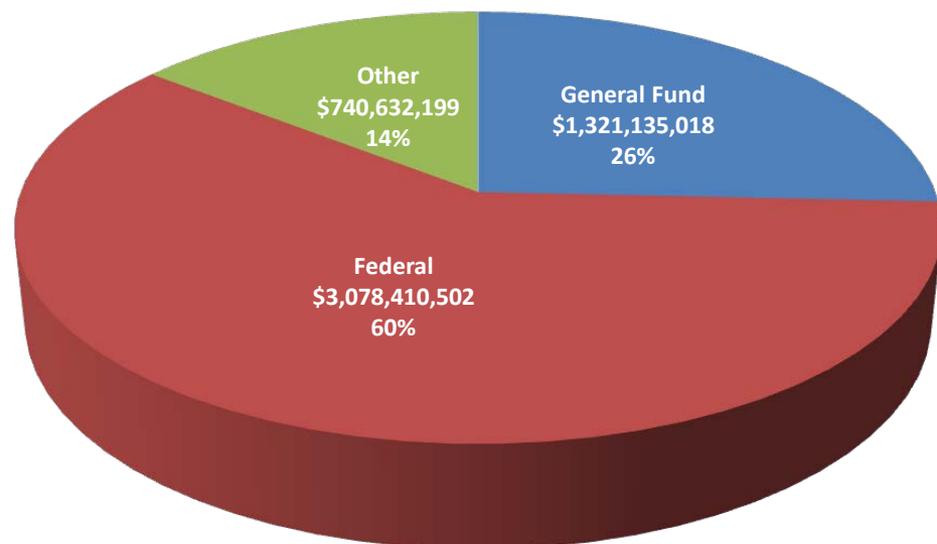
Budgeted Funding Sources, Fiscal Years 2016 and 2017

State Fiscal Year 2016



\$4,905,415,270

State Fiscal Year 2017



\$5,140,177,719

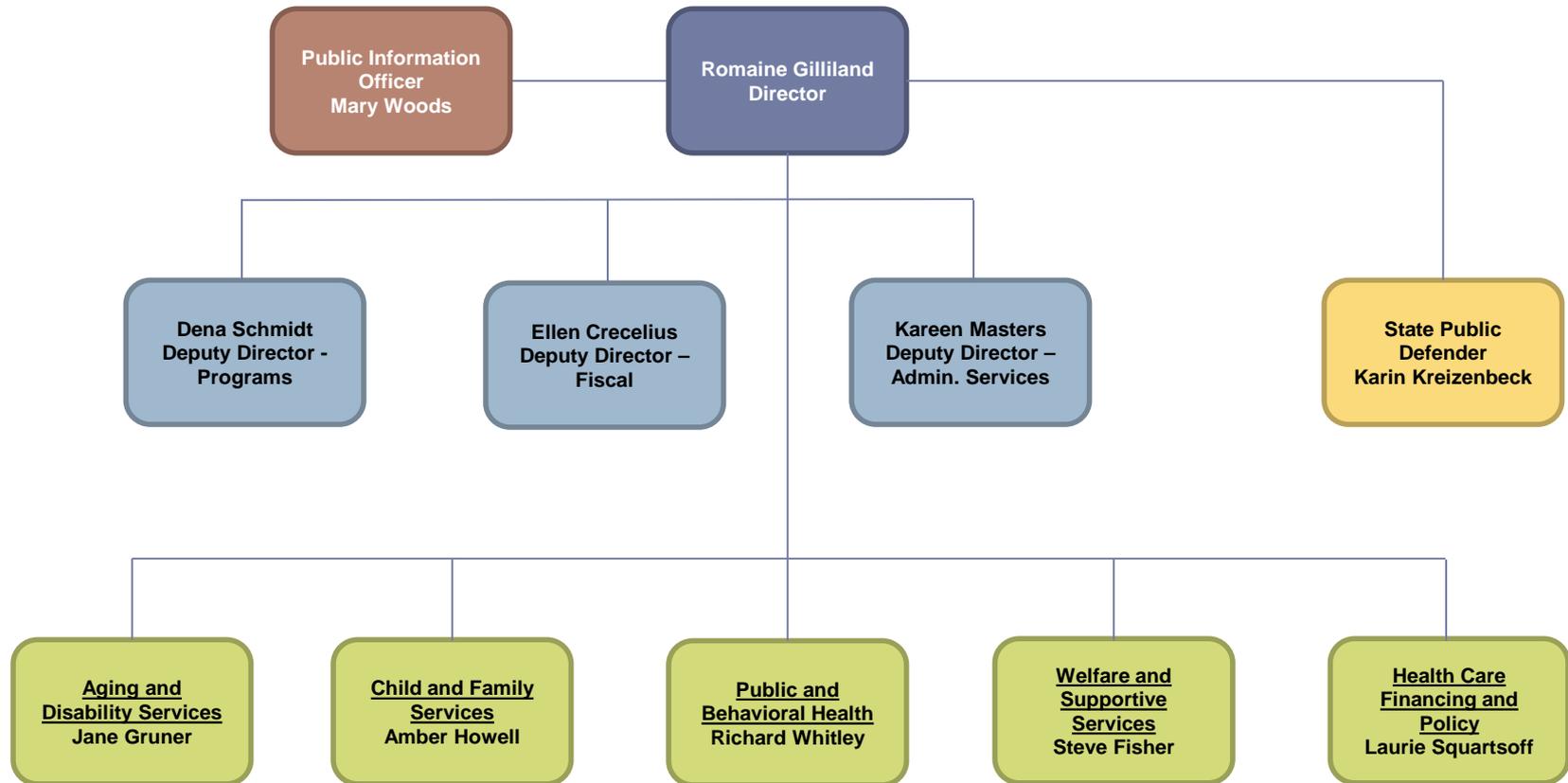
Blended FMAP

Updated September 2014

State Fiscal Year	FMAP	Enhanced (CHIP) FMAP	ACA Enhanced (CHIP) FMAP	New Eligibles FMAP
FY03	51.79%	66.25%		
	52.53%	66.77%		
FY04	54.30%	68.01%		
	55.34%	68.74%		
FY05	55.66%	68.96%		
FY06	55.05%	68.53%		
FY07	54.14%	67.90%		
FY08	52.96%	67.07%		
FY09	50.66%	65.46%		
	61.11%	72.78%		
FY10	50.12%	65.08%		
	63.93%	74.75%		
FY11	51.25%	65.87%		
	62.05%	70.44%		
FY12	55.05%	68.54%		
FY13	58.86%	71.20%		
FY14	62.26%	73.58%		100.00%
FY15	64.04%	74.83%		100.00%
FY16	64.79%		92.60%	100.00%
FY17	65.30%		98.71%	97.50%
FY18	65.71%		99.00%	94.50%
FY19	65.68%		98.98%	93.50%
FY20	65.23%		81.41%	91.50%

NOTE: The green cells reflect a 2.95% increase for the period April 2003 through June 2004. The blue cells reflect the ARRA stimulus adjusted FMAP for October 2008 through December 2010. The FMAP values for FY17 through FY20 are projections.

DHHS Organizational Chart



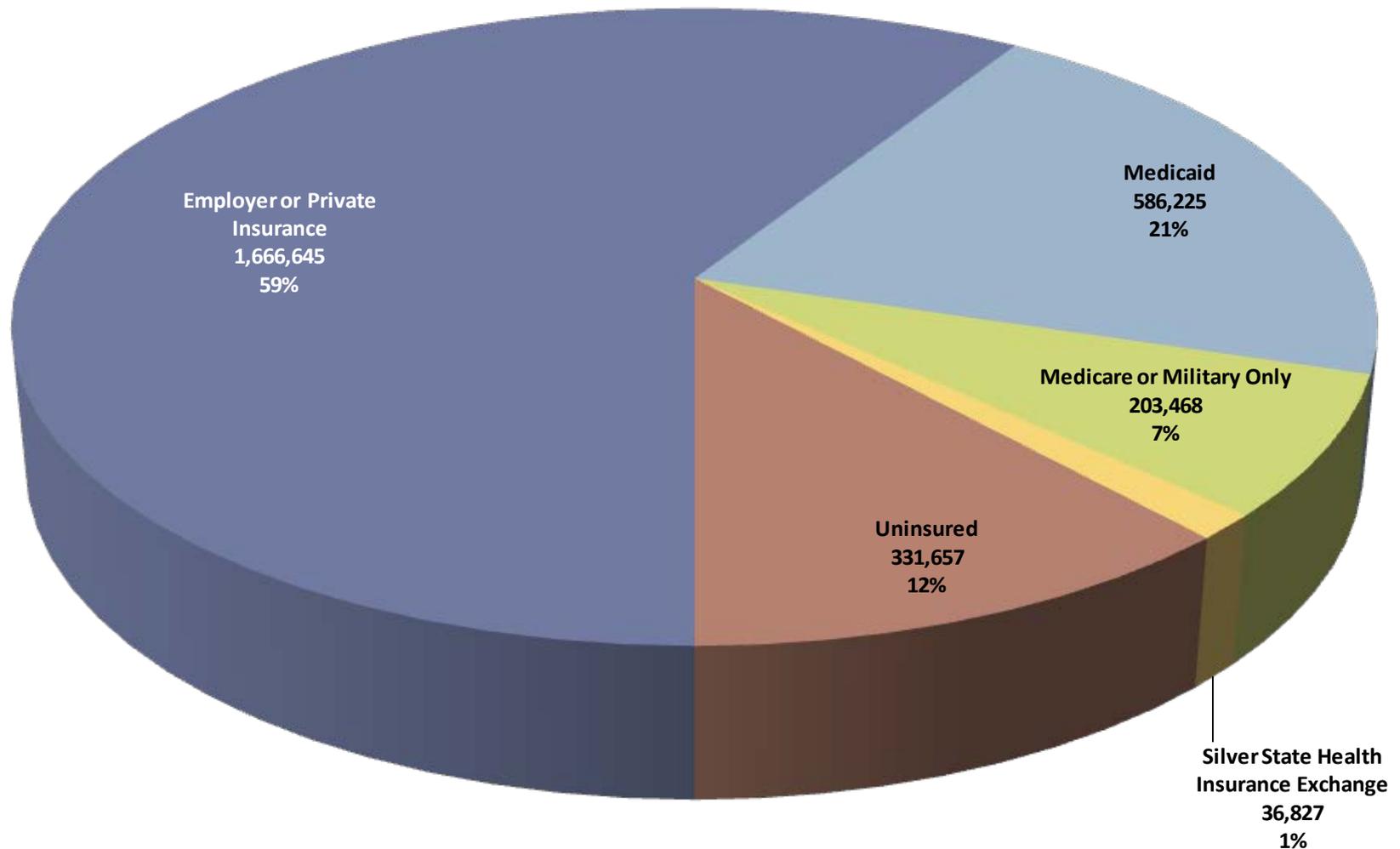
Organizational Changes

- **Waiver for Persons with Physical Disabilities** (WIN waiver) – moving from DHCFP to ADSD
- **Food Security** Coordinator – stationed in the Director's Office, but reporting to DWSS Administrator to ensure proper coordination with the Food Security Council and SNAP Education and Training
- **Tribal Liaison** moves from DPBH to Director's Office to work on Department-wide issues.
- Move the **Caliente and Pahrump behavioral health clinics** into the Rural Clinics budget account (3648) from the Southern Nevada Adult Mental Health Services budget account (3161) to create an integrated system of care in rural Nevada and allow for increased coordination with the Community Health Nursing program.

AFFORDABLE CARE ACT (ACA) AND CASELOAD GROWTH

Estimated Insurance Status of All Nevadans as of July 2014

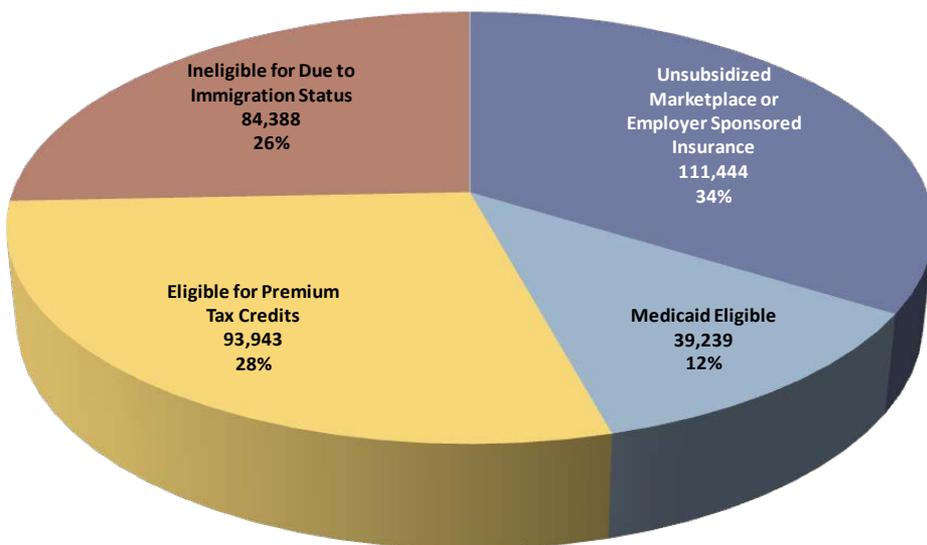
Total Population = 2,824,822



Note: Individuals may have more than one form of insurance, particularly Medicare or Military health care combined with private insurance or Medicaid.

Estimated Eligibility for Coverage among Currently Uninsured Nevadans as of July 2014

With Medicaid Expansion



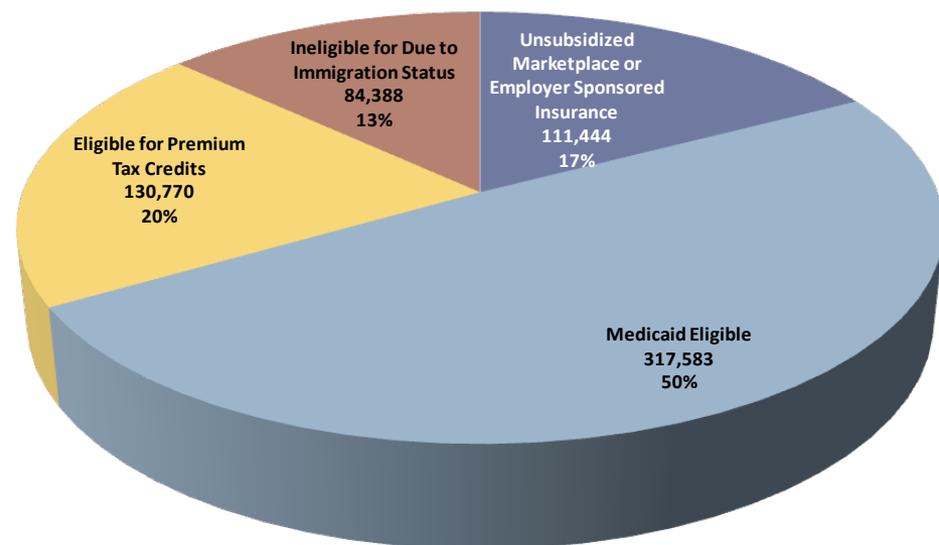
329,014 Uninsured

Uninsured Rate

Non-Elderly Nevadans = 13%

All Nevadans = 12%

Without Medicaid Expansion



644,185 Uninsured

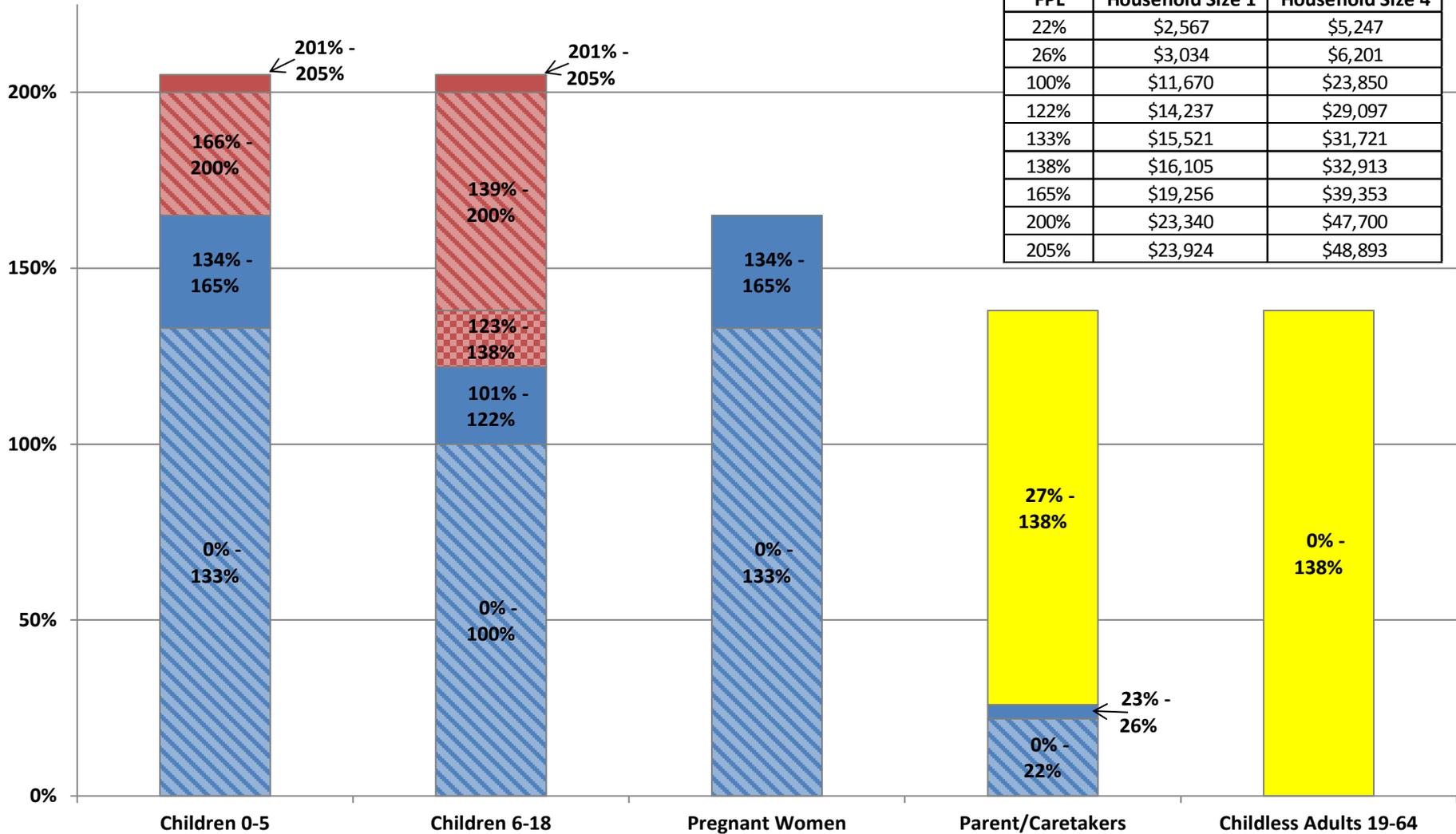
Uninsured Rate

Non-Elderly Nevadans = 26%

All Nevadans = 23%

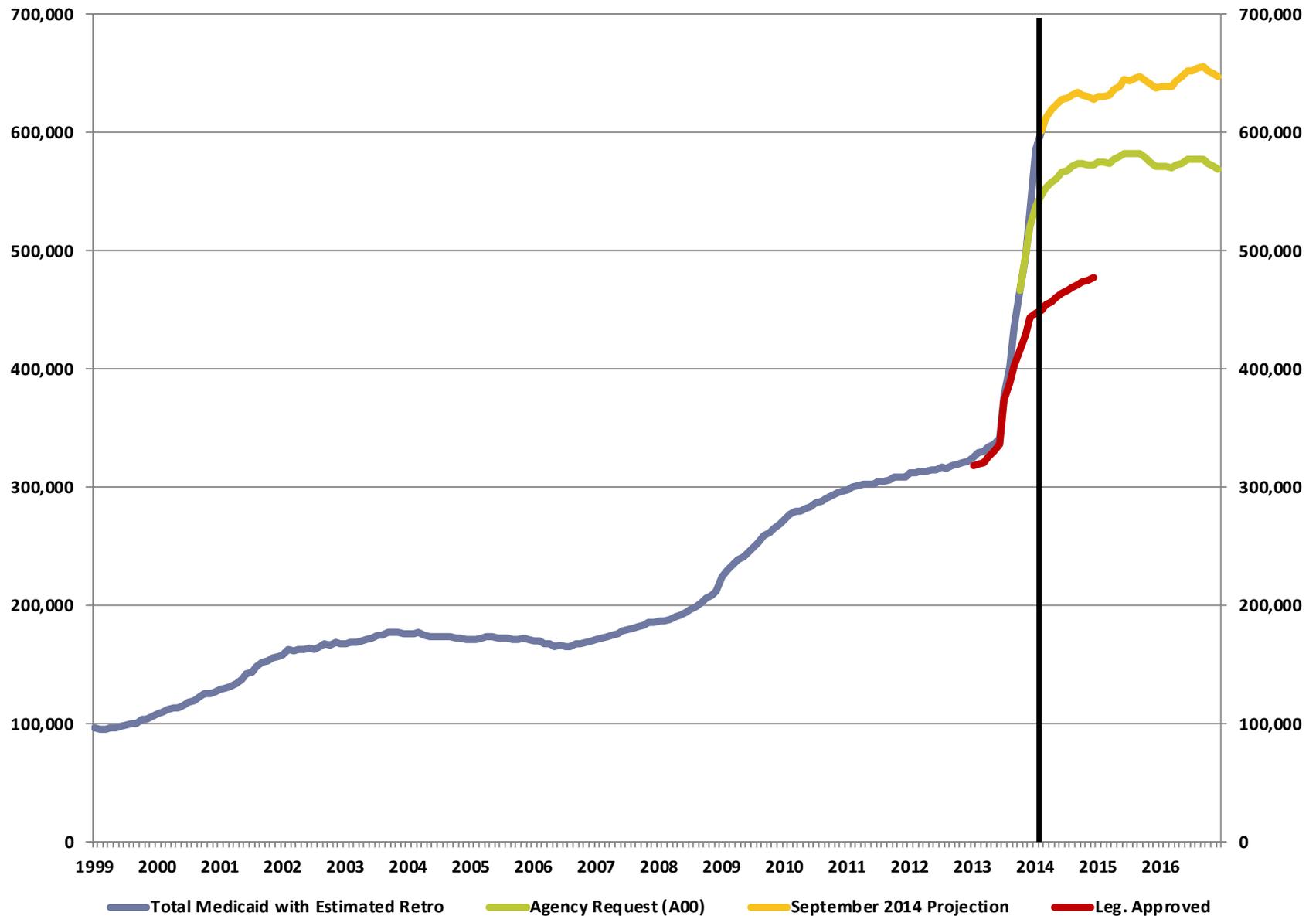
Medicaid Eligibility and FMAP

2014 Federal Poverty Guidelines		
FPL	Household Size 1	Household Size 4
22%	\$2,567	\$5,247
26%	\$3,034	\$6,201
100%	\$11,670	\$23,850
122%	\$14,237	\$29,097
133%	\$15,521	\$31,721
138%	\$16,105	\$32,913
165%	\$19,256	\$39,353
200%	\$23,340	\$47,700
205%	\$23,924	\$48,893

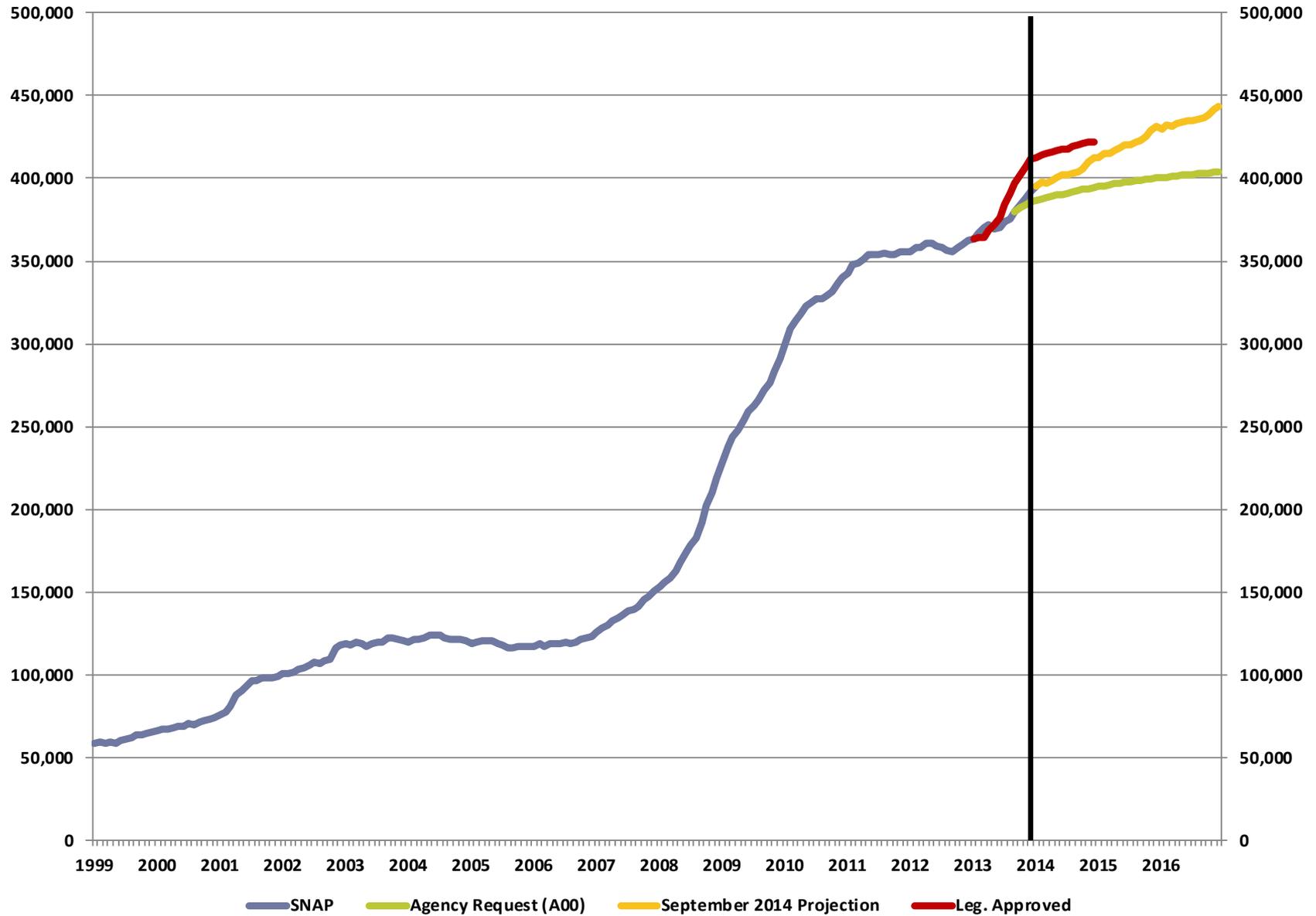


- Old Eligibility Standard, Regular FMAP
- New Eligibility Standard, Medicaid Clients with CHIP FMAP
- New Eligibility Standard, CHIP FMAP
- New Eligibility Standard, Regular FMAP
- Old Eligibility Standard, CHIP FMAP
- New Eligibility Standard, 100% FMAP

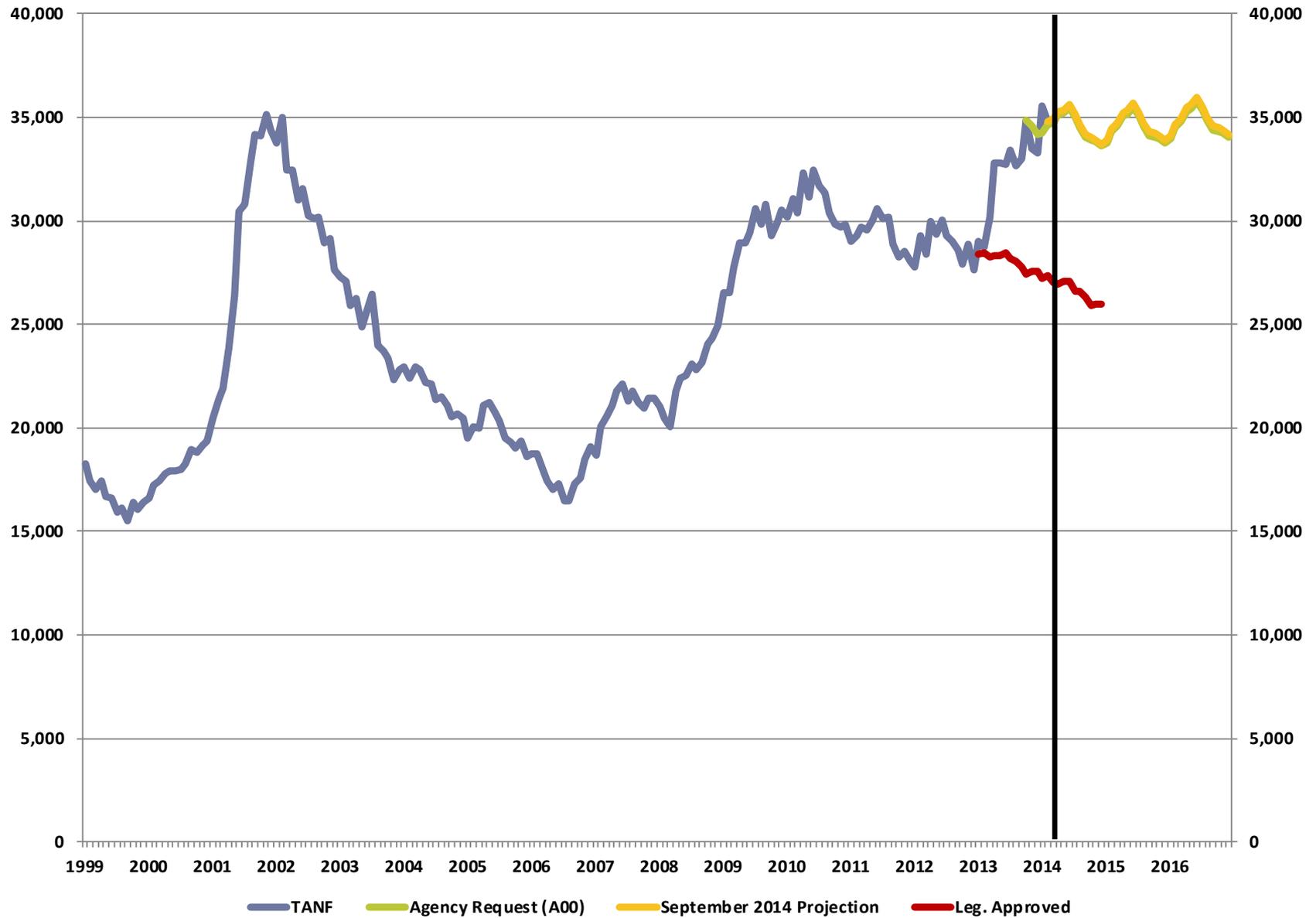
Total Medicaid with Retro



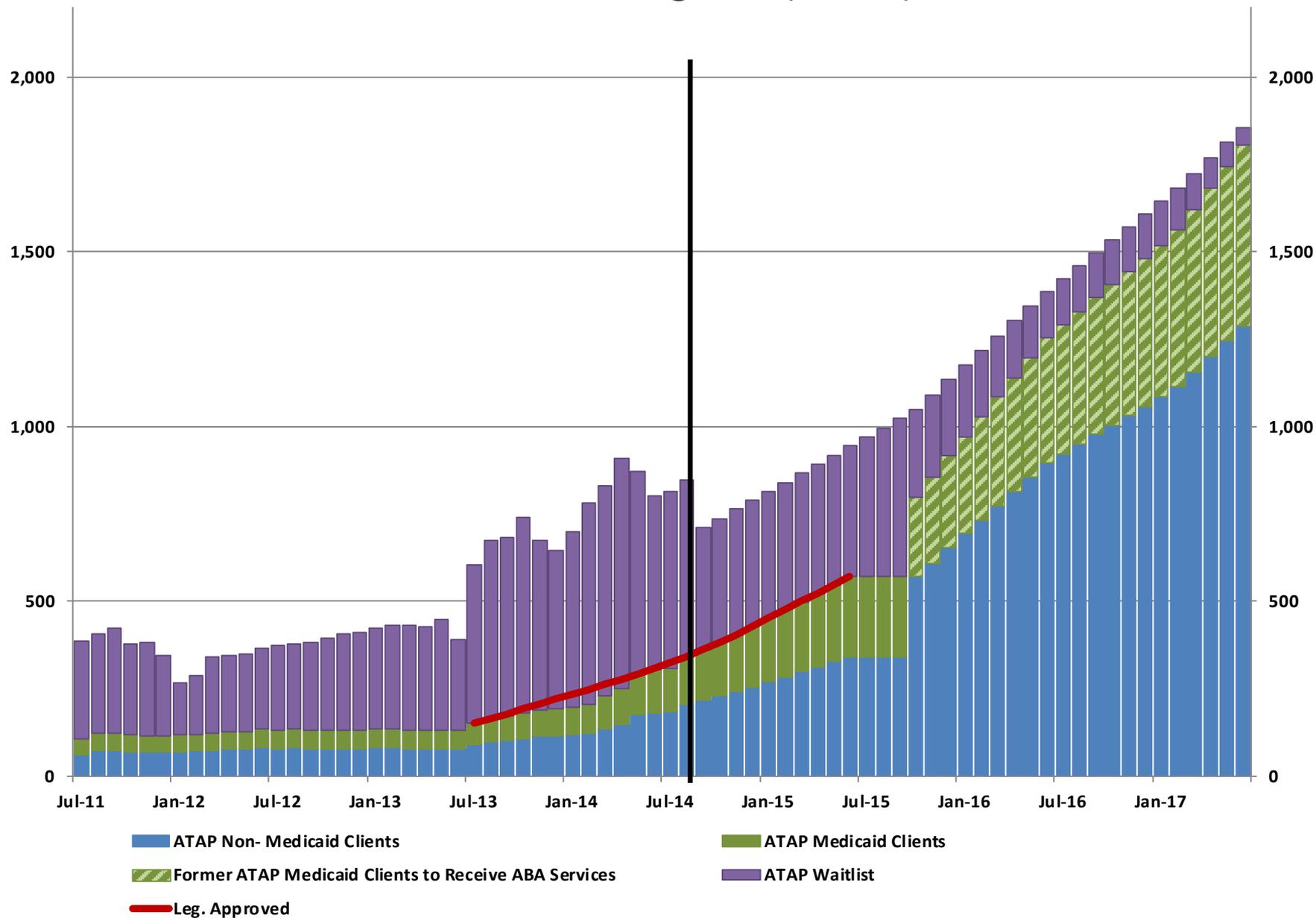
SNAP



TANF Cash

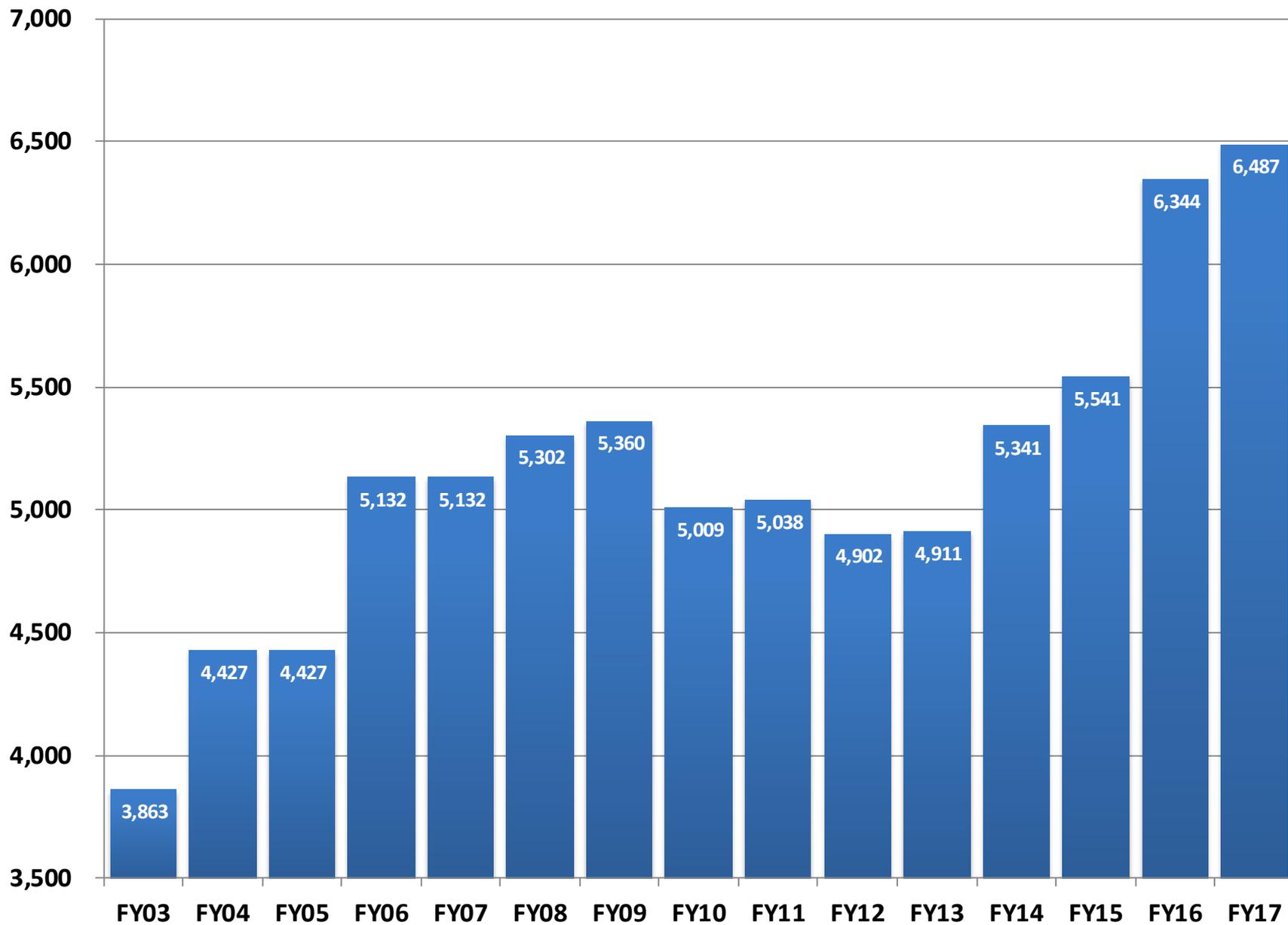


Autism Treatment Assistance Program (ATAP)

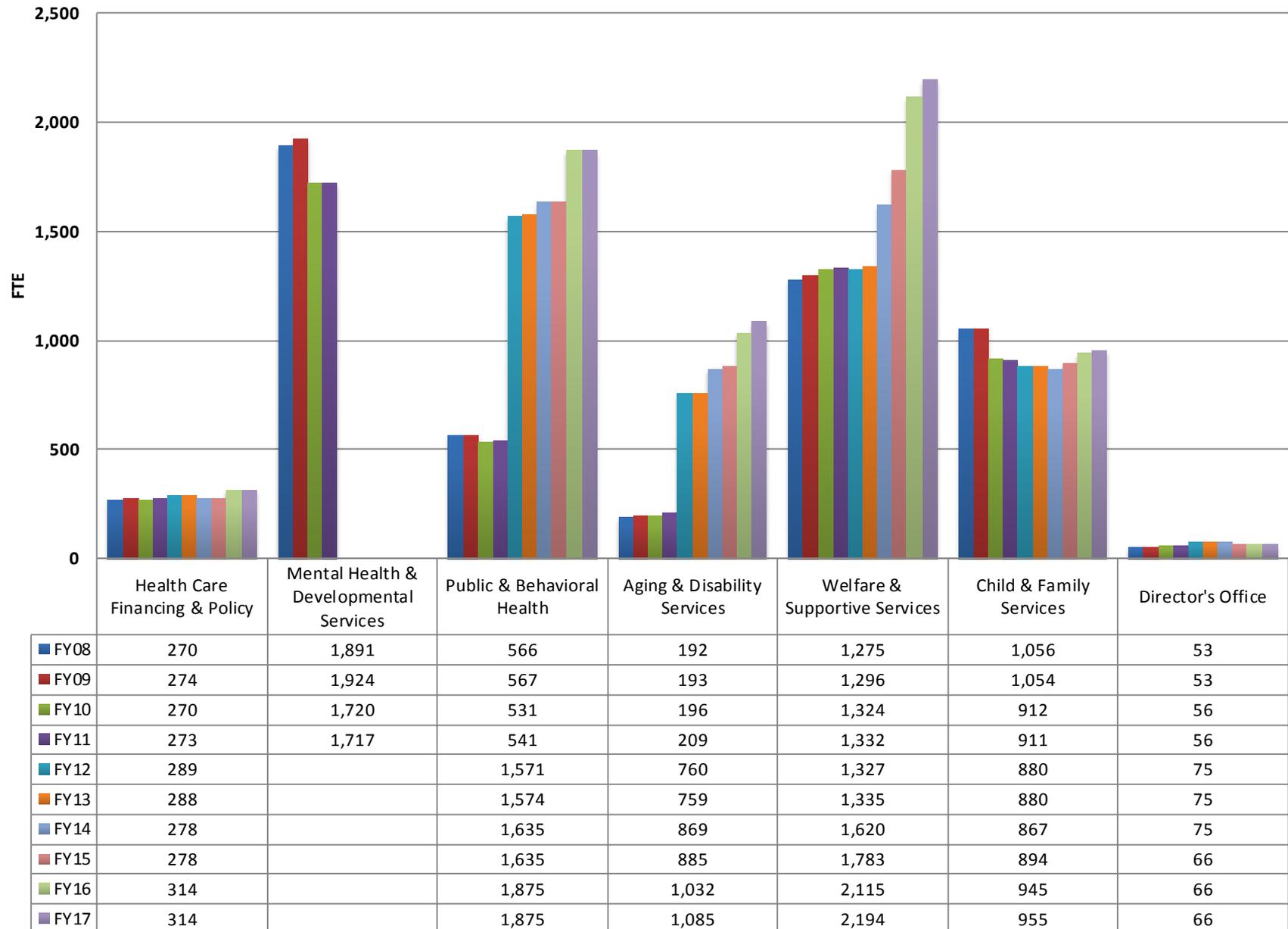


STAFFING

Total DHHS FTE, Fiscal Years 2003 - 2017



FTE by Division, FY08 – FY17



DWSS Enhancements

- Business Process Reengineering
- Enhanced Lobby Management
- Document Imaging
- Client Correspondence Management
- Policy Changes

Other Significant Changes

- Rate Increases
 - Home Health Nursing Services
 - Nursing Facilities
 - Inpatient Hospitals
 - Physicians, Physician's Assistants (PA), and Advanced Practice Registered Nurses (APRN)
 - Developmental Services Providers (ADSD)
 - Adult Group Care Facilities
- Hospital Presumptive Eligibility – Begins January 1, 2015
- Expanding Specialized Foster Care Program
- Implementing key recommendations from the Commission on Statewide Juvenile Justice Reform

Mandates

- Applied Behavior Analysis
 - Intensive behavior intervention for children with Autism Spectrum Disorder
 - Currently conducting public workshops
 - Requested funding to begin October 1, 2015
 - Concern for adequacy of the provider network
- Juvenile Justice Prison Rape Elimination Act (PREA)
- Independent Living Assistance Program (Olmstead)
 - Home and vehicle modifications for individuals with physical disabilities
- Implementation of Medicaid Asset Verification System

Behavioral Health

- Governor's Behavioral Health and Wellness Council recommendations including Home Visitation Program, Mental Health Court, and Child and Adult Mobile Outreach Safety Teams
- Stein Hospital – 47 forensic beds
- Statewide Psychiatric Medical Director
- Expand Medical School Residency Program
- Residential Services
- Improved Community-Based Behavioral Health Services
- Transitional Housing for Conditional Release

Fund for a Healthy Nevada – Highlights of Proposed Spending Plan

- **Wellness**

- \$5 million for Food Security projects
- \$2.9 million for Family Resource Centers
- \$2.8 million for Differential Response
- \$1.4 million for Nevada 2-1-1
- \$12.6 million for State-administered Health / Mental Health programs

- **Disability Services**

- \$3.3 million for Disability Services including Respite, Positive Behavior Support and Independent Living
- \$8.9 million for State-administered supportive programs

- **Aging and Disability Services**

- \$5.4 million for Senior Rx and \$1.3 for Disability Rx
- \$12 million Senior Independent Living
- \$400,000 for Assisted Living

- **Tobacco Prevention and Cessation**

- \$2 million

Resources – Department of Health and Human Services Website dhhs.nv.gov

- *Quick Links*
 - DHHS Quick Facts “Nassir Notes” (Next update December 2014)
- *About Us*
 - Budget Information
- *Reports and Publications*
 - Reports
 - Welfare Fact Book (next update Feb. 2015),
 - Medicaid Fact Book and Executive Summary (next update Nov. 2014),
 - Medicaid State Plan, and
 - Public Assistance Caseload
 - Medicaid Chart Pack

Contact Information

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