DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUDGET OVERVIEW

Romaine Gilliland
DHHS Director
Presentation to the Human Services Network
Agency Request 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

- Health Care Financing & Policy: $1,151,406,119 (56%)
- Public & Behavioral Health: $255,059,831 (13%)
- Welfare & Supportive Services: $158,001,345 (8%)
- Aging & Disability Services: $242,592,782 (12%)
- Child & Family Services: $231,166,957 (11%)
- Director's Office: $3,565,855 (0%)
- Public Defender: $2,187,259 (0%)

Total: $2,043,980,148

Agency Request General Funds 2016-17 Biennium

- Health Care Financing & Policy: $1,387,278,199 (55%)
- Public & Behavioral Health: $817,517,240 (18%)
- Welfare & Supportive Services: $202,951,593 (8%)
- Aging & Disability Services: $337,780,480 (13%)
- Child & Family Services: $264,215,998 (11%)
- Director's Office: $4,353,370 (0%)
- Public Defender: $3,832,950 (0%)

Total: $2,517,969,825
Revenues by Division, 2014-15 and 2016-17 Biennia

Legislative Approved 2014-15 Biennium

- **Health Care Financing & Policy**: $5,038,158,190 (68%)
- **Public & Behavioral Health**: $665,205,438 (9%)
- **Welfare & Supportive Services**: $612,889,572 (8%)
- **Aging & Disability Services**: $494,189,838 (7%)
- **Child & Family Services**: $462,279,816 (6%)
- **Director’s Office**: $135,227,783 (2%)
- **Public Defender**: $5,418,192 (0%)

Total: $7,413,368,829

Agency Request 2016-17 Biennium

- **Health Care Financing & Policy**: $7,315,039,327 (73%)
- **Public & Behavioral Health**: $749,431,265 (8%)
- **Welfare & Supportive Services**: $709,237,145 (7%)
- **Aging & Disability Services**: $631,923,368 (7%)
- **Child & Family Services**: $516,989,511 (5%)
- **Director’s Office**: $115,841,544 (1%)
- **Public Defender**: $7,130,829 (0%)

Total: $10,045,592,989
Budgeted Funding Sources, Fiscal Years 2016 and 2017

**State Fiscal Year 2016**
- **Federal**: $2,960,709,283 (60%)
- **General Fund**: $1,196,834,807 (25%)
- **Other**: $747,871,180 (15%)

**State Fiscal Year 2017**
- **Federal**: $3,078,410,502 (60%)
- **General Fund**: $1,321,135,018 (26%)
- **Other**: $740,632,199 (14%)

Total for State Fiscal Years 2016 and 2017:
- **2016**: $4,905,415,270
- **2017**: $5,140,177,719
### Blended FMAP

**Updated September 2014**

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>FMAP</th>
<th>Enhanced (CHIP) FMAP</th>
<th>ACA Enhanced (CHIP) FMAP</th>
<th>New Eligibles FMAP</th>
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<tbody>
<tr>
<td>FY03</td>
<td>51.79%</td>
<td>66.25%</td>
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</tr>
<tr>
<td></td>
<td><strong>52.53%</strong></td>
<td><strong>66.77%</strong></td>
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<tr>
<td>FY04</td>
<td>54.30%</td>
<td>68.01%</td>
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<td><strong>55.34%</strong></td>
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<td>FY05</td>
<td>55.66%</td>
<td>68.96%</td>
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<tr>
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<td>55.05%</td>
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<td>54.14%</td>
<td>67.90%</td>
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<td>52.96%</td>
<td>67.07%</td>
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<td>FY09</td>
<td>50.66%</td>
<td>65.46%</td>
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<tr>
<td></td>
<td><strong>61.11%</strong></td>
<td><strong>72.78%</strong></td>
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</tr>
<tr>
<td>FY10</td>
<td>50.12%</td>
<td>65.08%</td>
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<tr>
<td></td>
<td><strong>63.93%</strong></td>
<td><strong>74.75%</strong></td>
<td></td>
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</tr>
<tr>
<td>FY11</td>
<td>51.25%</td>
<td>65.87%</td>
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<tr>
<td></td>
<td><strong>62.05%</strong></td>
<td><strong>70.44%</strong></td>
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<tr>
<td>FY12</td>
<td>55.05%</td>
<td>68.54%</td>
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</tr>
<tr>
<td>FY13</td>
<td>58.86%</td>
<td>71.20%</td>
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<tr>
<td>FY14</td>
<td>62.26%</td>
<td>73.58%</td>
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<tr>
<td>FY15</td>
<td>64.04%</td>
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<td>100.00%</td>
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<td>FY16</td>
<td>64.79%</td>
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<td></td>
<td>92.60%</td>
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<td>FY17</td>
<td>65.30%</td>
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<td>98.71%</td>
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<td>FY18</td>
<td>65.71%</td>
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<td>FY19</td>
<td>65.68%</td>
<td></td>
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<td>98.98%</td>
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<tr>
<td>FY20</td>
<td>65.23%</td>
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<td>81.41%</td>
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</table>

**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

Romaine Gilliland
Director

Kareen Masters
Deputy Director – Admin. Services

Ellen Crecelius
Deputy Director – Fiscal

Dena Schmidt
Deputy Director - Programs

State Public Defender
Karin Kreizenbeck

Aging and Disability Services
Jane Gruner

Child and Family Services
Amber Howell

Public and Behavioral Health
Richard Whitley

Welfare and Supportive Services
Steve Fisher

Health Care Financing and Policy
Laurie Squartsoff

Public Information Officer
Mary Woods
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

- Employer or Private Insurance: 1,666,645 (59%)
- Medicaid: 586,225 (21%)
- Medicare or Military Only: 203,468 (7%)
- Uninsured: 331,657 (12%)
- Silver State Health Insurance Exchange: 36,827 (1%)

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

- Eligible for Premium Tax Credits: 93,943 (28%)
- Medicaid Eligible: 39,239 (12%)
- Unsubsidized Marketplace or Employer Sponsored Insurance: 111,444 (34%)
- Ineligible for Due to Immigration Status: 84,388 (26%)

329,014 Uninsured

Uninsured Rate
Non-Elderly Nevadans = 13%
All Nevadans = 12%

Without Medicaid Expansion

- Eligible for Premium Tax Credits: 130,770 (20%)
- Medicaid Eligible: 317,583 (50%)
- Unsubsidized Marketplace or Employer Sponsored Insurance: 111,444 (17%)
- Ineligible for Due to Immigration Status: 84,388 (26%)

644,185 Uninsured

Uninsured Rate
Non-Elderly Nevadans = 13%
All Nevadans = 12%
Medicaid Eligibility and FMAP

2014 Federal Poverty Guidelines

<table>
<thead>
<tr>
<th>FPL</th>
<th>Household Size 1</th>
<th>Household Size 4</th>
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<tbody>
<tr>
<td>22%</td>
<td>$2,567</td>
<td>$5,247</td>
</tr>
<tr>
<td>26%</td>
<td>$3,034</td>
<td>$6,201</td>
</tr>
<tr>
<td>100%</td>
<td>$11,670</td>
<td>$23,850</td>
</tr>
<tr>
<td>122%</td>
<td>$14,237</td>
<td>$29,097</td>
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<tr>
<td>133%</td>
<td>$15,521</td>
<td>$31,721</td>
</tr>
<tr>
<td>138%</td>
<td>$16,105</td>
<td>$32,913</td>
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<tr>
<td>165%</td>
<td>$19,256</td>
<td>$39,353</td>
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<tr>
<td>200%</td>
<td>$23,340</td>
<td>$47,700</td>
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<tr>
<td>205%</td>
<td>$23,924</td>
<td>$48,893</td>
</tr>
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</table>

2014 Federal Poverty Guidelines

- **Old Eligibility Standard, Regular FMAP**
- **New Eligibility Standard, Medicaid Clients with CHIP FMAP**
- **New Eligibility Standard, CHIP FMAP**
- **Old Eligibility Standard, 100% FMAP**
- **New Eligibility Standard, 100% FMAP**
Total Medicaid with Retro
TANF Cash

The graph shows the trend of TANF Cash from 1999 to 2016. The x-axis represents the years from 1999 to 2016, and the y-axis represents the cash amount from 0 to 40,000.

Key Notes:
- The graph includes data points for Agency Request (A00), September 2014 Projection, and Leg. Approved.
- There is a significant increase in the cash amount from 2001 to 2002, followed by a decline in 2003.
- The cash amounts fluctuate with peaks in 2013 and 2014, with a notable decrease from 2015 onwards.

The graph provides insights into the changes in TANF cash over the years, highlighting periods of increase and decrease.
Autism Treatment Assistance Program (ATAP)

Former ATAP Medicaid Clients to Receive ABA Services

Leg. Approved
STAFFING
Total DHHS FTE, Fiscal Years 2003 - 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>FTE</th>
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<tbody>
<tr>
<td>FY03</td>
<td>3,863</td>
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<tr>
<td>FY04</td>
<td>4,427</td>
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<td>5,132</td>
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<td>5,302</td>
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<td>5,009</td>
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<td>FY11</td>
<td>5,038</td>
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<tr>
<td>FY12</td>
<td>4,902</td>
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<tr>
<td>FY13</td>
<td>4,911</td>
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<tr>
<td>FY14</td>
<td>5,341</td>
</tr>
<tr>
<td>FY15</td>
<td>5,541</td>
</tr>
<tr>
<td>FY16</td>
<td>6,344</td>
</tr>
<tr>
<td>FY17</td>
<td>6,487</td>
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## FTE by Division, FY08 – FY17

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<thead>
<tr>
<th>Division</th>
<th>FY08</th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
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<tbody>
<tr>
<td>Health Care Financing &amp; Policy</td>
<td>270</td>
<td>274</td>
<td>270</td>
<td>273</td>
<td>289</td>
<td>288</td>
<td>278</td>
<td>278</td>
<td>314</td>
<td>314</td>
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<tr>
<td>Mental Health &amp; Developmental Services</td>
<td>1,891</td>
<td>1,924</td>
<td>1,720</td>
<td>1,717</td>
<td>1,571</td>
<td>1,574</td>
<td>1,635</td>
<td>1,635</td>
<td>1,875</td>
<td>1,875</td>
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<tr>
<td>Public &amp; Behavioral Health</td>
<td>566</td>
<td>567</td>
<td>531</td>
<td>541</td>
<td>1,571</td>
<td>1,574</td>
<td>1,635</td>
<td>1,635</td>
<td>1,875</td>
<td>1,875</td>
</tr>
<tr>
<td>Aging &amp; Disability Services</td>
<td>192</td>
<td>193</td>
<td>196</td>
<td>209</td>
<td>760</td>
<td>759</td>
<td>869</td>
<td>885</td>
<td>1,032</td>
<td>1,085</td>
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<td>Welfare &amp; Supportive Services</td>
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<td>1,296</td>
<td>1,324</td>
<td>1,332</td>
<td>1,327</td>
<td>1,335</td>
<td>1,620</td>
<td>1,783</td>
<td>2,115</td>
<td>2,194</td>
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<td>Child &amp; Family Services</td>
<td>1,056</td>
<td>1,054</td>
<td>912</td>
<td>911</td>
<td>880</td>
<td>880</td>
<td>867</td>
<td>894</td>
<td>945</td>
<td>955</td>
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<td>Director's Office</td>
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<td>56</td>
<td>56</td>
<td>75</td>
<td>75</td>
<td>75</td>
<td>66</td>
<td>66</td>
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Note: FTE values are in whole numbers.
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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- DCFS, Administrator, Amber Howell, ahowell@dcfs.nv.gov
- DHCFP, Administrator, Laurie Squartsoff, laurie.squartsoff@dhcfp.nv.gov
- DPBH, Administrator, Richard Whitley, rwhitley@health.nv.gov
- DWSS, Administrator, Steve Fisher, shfisher@dwss.nv.gov