

Yes Virginia We are Integrating: Early Intervention & Developmental Services

July 2013 Newsletter

STAYING INFORMED—INFORMATION TO KNOW

Division of ASD — changes, expansions & improvements

Update from Jane Gruner:

The Governor and Nevada Legislature have approved, and finalized budgets, for consolidation of Divisions across DHHS. ASD welcomes Developmental Services and Early Interventions Services into our Division. The Health Division and Mental Health will become the Division of Public and Behavioral Health. An unexpected change by the Nevada Legislature was to move the Part C unit, over to the Director's Office in DHHS. The consolidation becomes effective July 1, 2013.

We are very excited to move forward in creating a system that supports Nevadans across the life span. Aging and Disability Services Division, the Division of Public and Behavioral Health and the Director's Office are committed to maintaining and improving a quality service system and will continue to collaborate wherever possible.

Integration Timeline

Quality Assurance (QA) and Program timelines include:

- Update Strategic Plan by 12/31/13
- Policy Standardization by 12/31/13 & Implementation by 6/30/15
- Implement Standards of Practice by 6/30/14
- Intake/Eligibility/QA Development & Enhance Behavioral Health Assessment by 6/30/15
- Implement Quality Management System for all Waivers by 6/30/15
- Establish Provider Standards (with training) by 9/30/15

Information Technology, Fiscal & Human Resources timelines include:

- Staff Relocation (minimal impact) by 9/30/13
- Policy Standardization by 12/31/13 & Implementation by 6/30/15
- Implement Developmental Services Case Management System by 9/30/15
- Determine Feasibility for NEIS Case Management System by 12/31/14

NOTE: Above dates are subject to change

Inside this issue:

Update from Jane Gruner	1
Integration Timeline	1
Overview	2
Early Intervention Services	2
Other Legislative Updates for ASD	3

Topics to be discussed in the next Newsletter

- * Current status of integration
- * What's new in ASD
- * Other topics of interest
- * Status of legislative initiatives, etc.

OVERVIEW

Early Intervention (EI) works to identify infants and toddlers who have, or are at substantial risk for, developmental disabilities. The EIS system includes 3 regional state offices and seven community providers, as well as professionals who contract as a sole entity, available to provide services and supports for infants and toddlers, and their families, until the child's third birthday.

Providers work with families, integrating the cultural and language of the family, to support and provide interventions which help facilitate/improve the child's development. Funding is provided primarily through General Fund appropriations but also include grant revenue from the Individuals with Disabilities Education Act (IDEA) - Part C funds. The IDEA Part C grant has a maintenance of effort (MOE) which requires all General Fund added to this account, and expended in the upcoming biennium, must be continued in successive years. This grant was affected by the federal budget sequester, as well as other federal reductions, which means a approximately \$200 thousand per fiscal year will not be available for direct services or other infrastructure or improvement activities.

Between FY2011 and FY2012 the number of infants/toddlers in need of early intervention increased by 454—from 4,336 to 4,790. At the end of February 2013, there were 2,822 active Individual Family Service Plans (IFSPs) and 419 children referred to EIS. ADSD expects this number to exceed an annual total of 6,000 infants/toddlers by the end of FY2015. However, the DHHS re-projected caseload and determined that there may be fewer infants/toddlers than projected. The Department of Administration elected to support the budget submitted.

General Funds appropriations of \$15,167 each year will be expended for Autism Diagnostic Observation Schedule-2 kits per year for use in the Early Intervention clinics.



Early Intervention Services

High-quality,
comprehensive,
coordinated & family
-centered services &
supports.

EARLY INTERVENTION SERVICES:

Community providers are paid a monthly capitated rate of \$565 per caseload slot. That amount pays for service interventions required by IDEA Part C. State EI programs also provide these required services; however, they also provide:

- 100% of all initial referral calls
- Periodic monitoring of children who do not qualify for EI services
- Approve all invoices for IFSP services from community providers
- Special children's clinics for metabolic disorders and craniofacial genetics
- Follow-up for newborn screening and newborn hearing results
- Vision clinics
- Child care facilities training on continuity of care to children, so the child is getting the same intervention in both environments (home and daycare)
- Review of child abuse referrals for children ages 0-3 to determine if they have intervention needs resulting from abuse
- Hospital screening & monitoring for newborns in neonatal units for the earliest intervention possible

Other Legislative Updates for ADSD

Program Officer: management of volunteers for the State Health Insurance Assistance Program (SHIP), the Senior Medicare Patrol (SMP), & Volunteer Long Term Care Ombudsmen Program.

Long Term Care Ombudsman Program : approximately \$245 thousand per year in General Funds (GF) to stay operational.

Senior Rx and Disability Rx Programs approximately \$4.9 million dollars per year in Tobacco Settlement Funding to provide a \$1,000 benefit to approximately 1,100 participants (pilot program).

Nevada Early Intervention Services Program: additional \$1.9 million in FY14 and \$4.0 million in FY15 for caseload growth.

Home and Community Based Services: seven new FTE's to support the necessary case management for Frail Elderly are increased.

Home and Community Based Waiver for the Frail Elderly (HCBW): increase from 1,713 to 1,771 (+58) in FY14 and 1,771 to 1,830 (+59) in FY15.

Community Service Options Program for the Elderly (COPE): decrease from 95 slots approved for the 2011-2013 biennium to 59 in FY14 and 61 in FY15 based on current utilization.

Assisted Living Waiver (AL): maintained current funding (currently 54 slots are budgeted).

Title XX Homemaker: maintained current funding. (currently 320 slots are budgeted).

Personal Assistance Services (PAS) : maintained current funding (currently 150 slots are budgeted).

Elder Protective Services (EPS): reclassified two positions to improve oversight and quality assurance.

Autism Treatment Assistance Program (ATAP) : additional \$2.6 million in GF over 14/15 biennium to serve 50% of current wait list & seven new positions to support caseload growth & quality management.

Independent Living (IL) Program: increase from 244 slots to 300 slots in FY14 and to 360 slots in FY15. The wait list for services is expected to decrease from 205 to 150.

Developmental Services: technology investment request for integrated case management system to replace the current medical records and billing system.

Family Preservation Program: will increase by 36 participants (growth from 602 in FY13 to 638 in FY15).

Rural Regional Center: \$1.04 million in FY14 & \$841,000 in FY15 to increase Supported Living Arrangements (SLA's) by 11 placements (320 to 331)/Jobs & Day Training (JDT) by 42 placements (220 to 262).

Desert Regional Center: 52 new FTE's to support caseload growth (41 FTE) and to support the increased number of individuals requiring intensive behavioral supports at the on-campus ICF/ID (11 FTE).

Sierra Regional Center: 3.5 new FTE & 0.5 million in FY14 & \$1.3 million in FY15 to support caseload growth: SLA slots (23 in FY14 & 16 in FY15), JDT slots (18 & 13 respectively), & Respite slots (8 and 6).

Statewide Salary Changes: the 2013 Legislature approved the following changes impacting employee's salaries:

- 2.5% pay increase
 - Continuation of 48 hours of furlough leave each fiscal year for FY14 and FY15
 - Continuation of the temporarily suspension of longevity payments for FY14 and FY15
 - Restoration of merit pay starting in FY15 (July 2014)
 - An increase for the Public Employee Retirement System (PERS) contribution rate of approximately 1% for those employees who elect Employee/Employer Contribution Plan and 2% for those who elect Employee Pay Contribution Plan. Please see PERS website for additional information (<http://www.nvpers.org/>).
-

The cold harsh
reality is that
we have to
balance the
budget.
Michael
Bloomberg

BUT:

LET US NOT FORGET THE REASON WHY WE COME TO WORK EACH DAY:



Aging and Disability
Services Division
3416 Goni Road
Bldg D #132
Carson City NV 89706

Phone: 775-687-4210

Fax: 775-687-0574

Website:

<http://aging.state.nv.us>