



Department of Health and
Human Services

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Nevada Problem Gambling Services

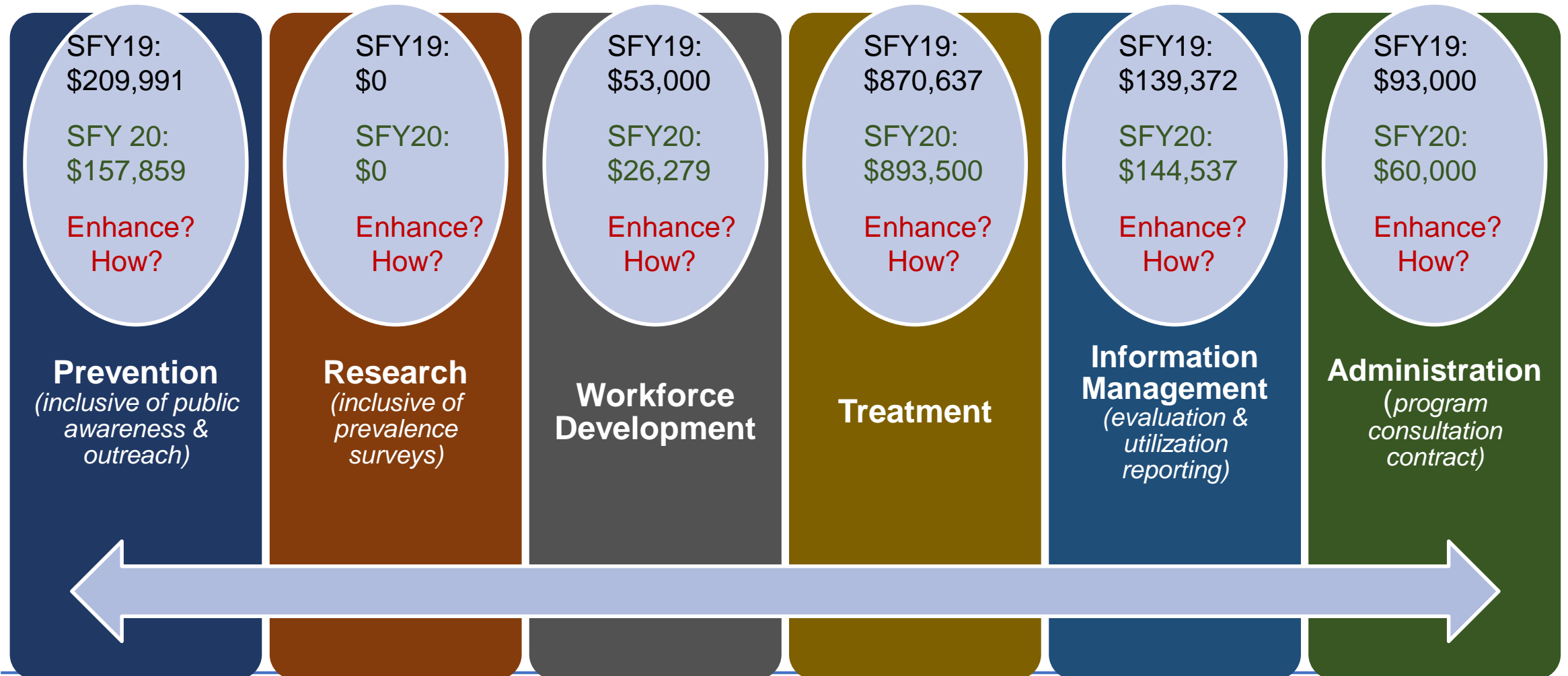
STRATEGIC PLANNING FOR USE OF SFY2020 & SFY2021 BIENNIUM BUDGET INCREASE FROM \$2.6M TO \$4M



Allocation Discussion

Fiscal Analysis

Problem Gambling Service Components: Budget by Category



SFY2020 Current Obligation = \$1,228,175; Authority = \$2,000,000; Difference = \$771,825

Enhancement Possibilities

Program Components

- Prevention / Public Awareness
- Research
- Workforce Development
- Treatment
- Information Management
- Administration

Enhancements per Strategic Plan

- Statewide public awareness campaign
 - Prevalence study
 - Create WFD “add-on” codes; CASAT, others
 - Increase rates & caps; “add-on codes”, specialty courts
 - Increase capacity
 - Increase capacity
-

Budget Projected for FY2020

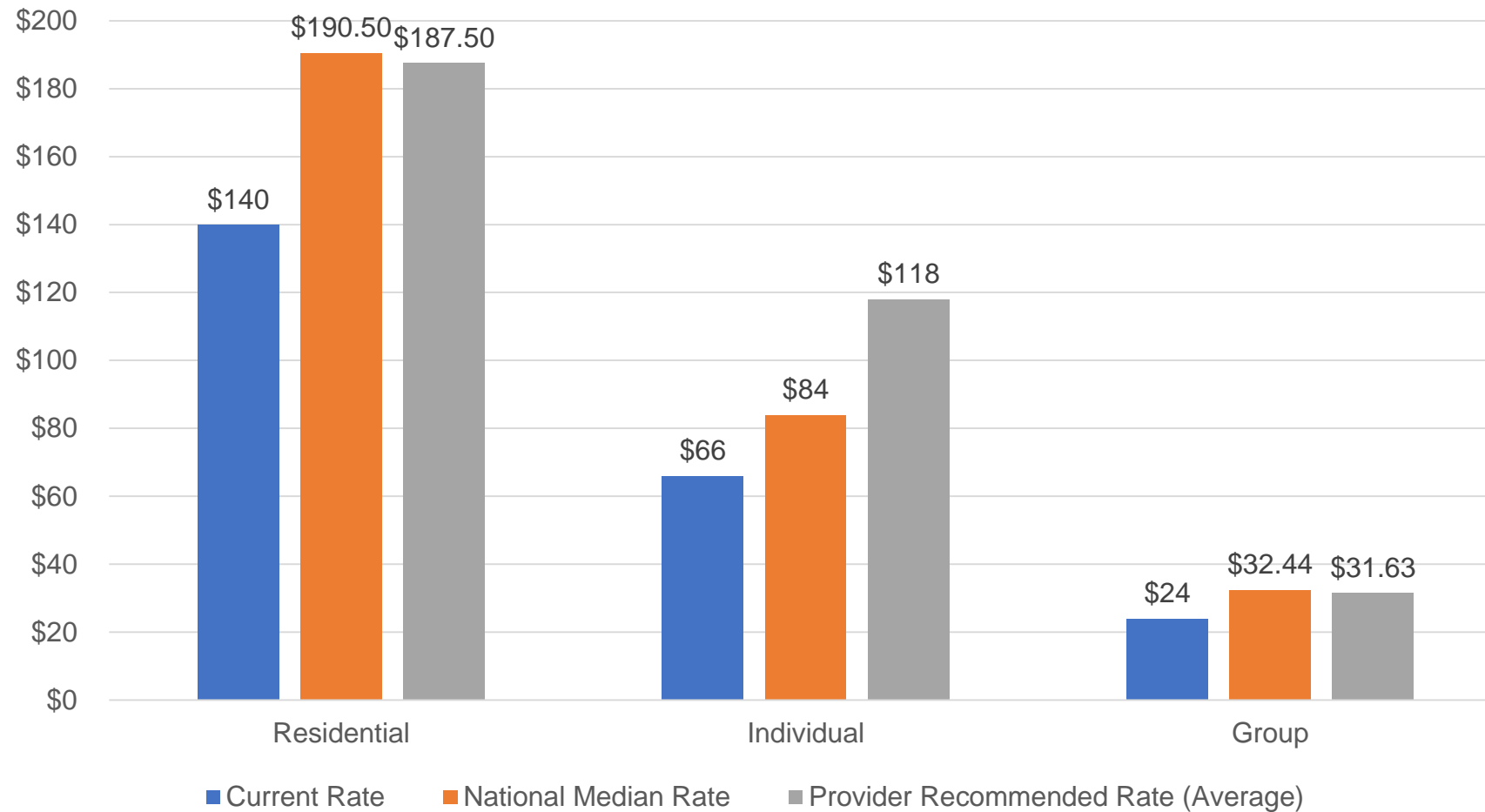
	FY16	FY17	FY18 & 19	SFY 18 & 19 Grants	Current SFY 20	Current SFY 20 Grants based on \$1.3M	Starting Point Discussion Allocation Applied to SFY 2020 \$2M Budget
Treatment	68%	58%	60%	\$ 870,637	68%	\$893,500	58% \$1,160,000
Prevention, Inclusive of Public Awareness	15%	15%	16%	\$ 209,991	12%	\$157,859	13% \$260,000
Workforce Development	4%	4%	4%	\$ 53,000	2%	\$26,279	2% \$40,000
Data Collection / Eval	8%	11%	11%	\$ 139,372	11%	\$144,537	10% \$200,000
Research	0%	0%	0%	\$ 0	0%	\$0	10% \$200,000
Unobligated Contingency Funds (for 6 month reallocation)	0%	8%	5%	\$ 54,840	3%	\$39,419	2% \$40,000
Diversion Court	0%	0%	0%	0%	0%	\$0	2% \$40,000
Administration, Inclusive of Consultation Contract*	4%	3%	4%	\$ 41,000	4%	\$60,000	3% \$60,000
Total Authority				\$1,368,840		\$1,321,411	\$2,000,000

*Note: It is this time and subject to change, DPBH direct costs for administering Nevada Problem Gambling Services will not be charged to the \$2M program budget (staff and overhead costs). Administrative costs charged to the \$2M program budget are only those contracted / out-sourced services.

Problem Gambling Treatment

REIMBURSEMENT RATES

Nevada PG Treatment Reimbursement Rate Comparisons: Current, National Median, Provider Recommended Average



Individual and Group rates based on one-hour of service

ACPG Reimbursement Subcommittee: Gambling Treatment Rate Survey *RESULTS*

- Provider survey responses indicate current rates:
 - *Do not support the cost of doing business*
 - *Are significantly detrimental to client care*
 - *Are significantly detrimental to employee retention*
 - *Are significantly detrimental to program sustainability*

Gambling Treatment Rates & Caps: Current & Planned

■ SFY2019 per Strategic Plan

- Treatment episode cap:
 - \$2,200 for outpatient treatment
 - \$3,000 residential treatment

■ SFY2020 per Strategic Plan

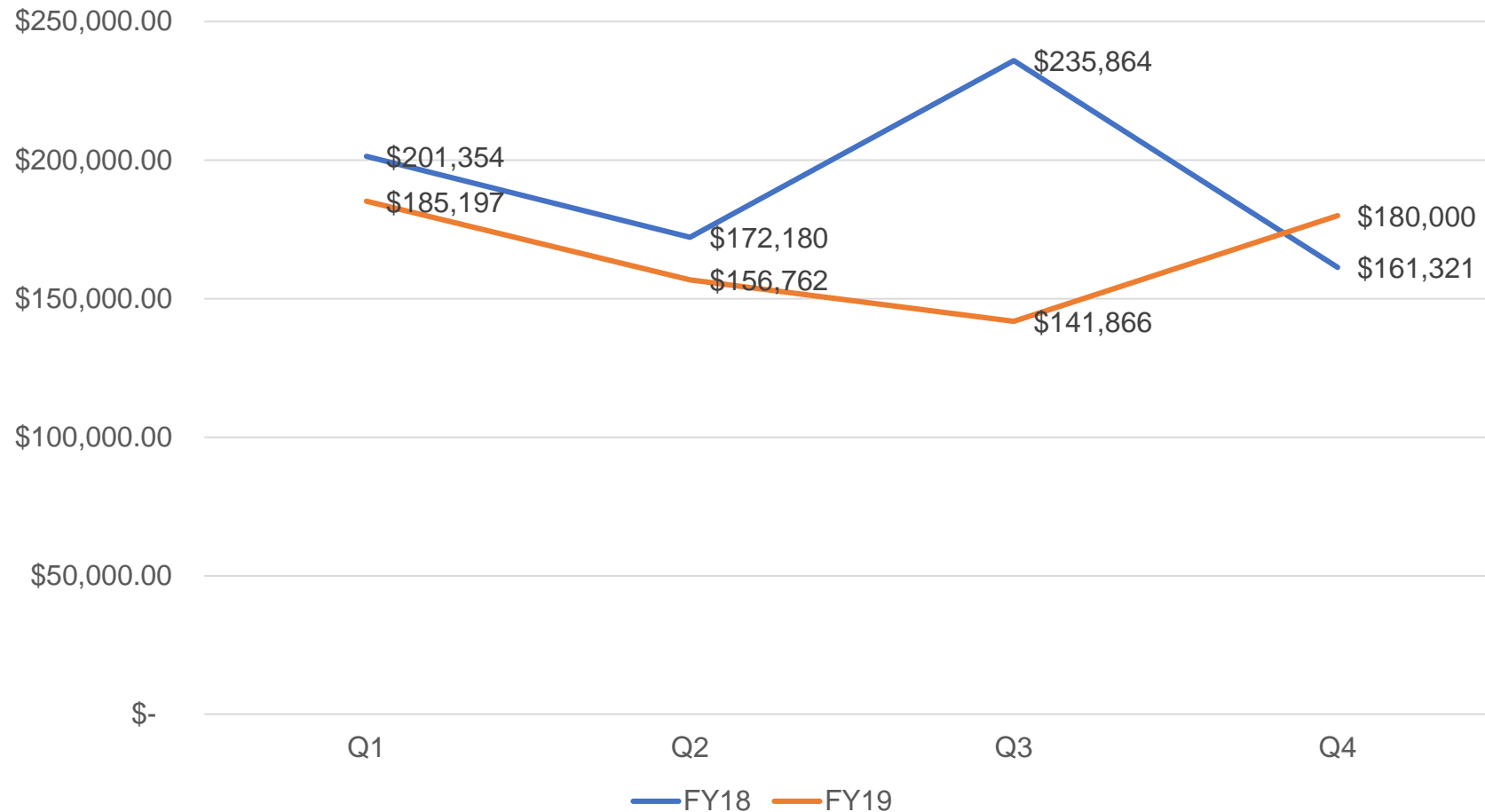
- Treatment episode cap:
 - \$2,350 for outpatient treatment
 - \$3,200 residential treatment
- New “Add-on” Codes
 - Capped at 8% of total grant award

No change in rates

Types of Provider	Assessment\ Diagnostic Workups	PRIMARY TREATMENT			
		Individual Session	Psycho-therapy Group Session	Psycho-ed Group Session	Residential Bed-day
CPGC	\$82.50/hr	\$66/hr	\$24/hr	\$18/hr	\$140
CPGC-I	\$62/hr	\$49.5/hr	\$18/hr	\$13.5/hr	\$140

SFY 18 & SFY 19

Problem Gambling Treatment Spending by Quarter



SFY 2018
TOTAL: \$770,718

SFY2019
EST. TOTAL: \$670,000

*Note: All figures based on actual claims for all providers and all months except for SFY2019 Q4 where an estimate is provided (missing May and June claim data)
During FY18 Q4 some grantees budgets fell short resulting in artificially reduced claims.*

Options to Consider for Raising Treatment Rates and Caps

<u>Package Options</u>	<u>% of Annual Budget</u>	<u>2-Year Budget</u>
Option #1: 25% Package	59%	\$2,360,000
Option #2: SAPTA Match	63%	\$2,500,000
Option #3: Package of Provider Requests	61%	\$2,450,000

Detail on following slides

Note: Estimates projected at +/- 20% confidence level due to many variables that can influence treatment system performance such as changes in problem gambling rates, grantee staffing and program changes, changes in public awareness of treatment, changes in public attitude toward help seeking, treatment availability, etc.

Treatment Increase: Package Option 1

Action

- Reimbursement rates increase 25%
- Outpatient cap increases to \$3,000
- Residential cap increases to \$4,000
- Add-on codes capped at 10% of total.

Estimated Annual Fiscal Impact

- \$115,385
 - \$87,120
 - \$48,640
 - \$102,115
- \$353,260 SFY2020

Estimated SFY 2020 Treatment Budget: \$1,123,260

Estimated SFY 2021 Treatment Budget: \$1,235,586 (assumes 10% growth)

Budget adjustment: Add \$229,760 (SFY 2020); Add \$342,086 (SFY 2021)

Based on beginning allocation of \$893,500

Treatment Increase: Package Option 2

Matching SAPTA Rates (+/- 2%) for Provider Type 17 (note, SAPTA rates converted to 15 min units)

Action

- Index reimbursement rates to SATPA
 - Residential treatment: \$142 per day (1%↑);
 - Assessment: \$38 per unit (8 unit max; 90791/H001) (19%↑);
 - Individual & Family sessions: \$27 per unit (90837) (39%↑); ;
 - Group: \$8.15 per unit (90853) (26%↑); .
- Outpatient cap increases to \$3,000 (27% ↑)
- Residential cap increases to \$4,000 (25% ↑)
- Add-on codes capped at 10% of total.

Estimated Annual Fiscal Impact

- \$171,399
 - \$2,122
 - \$34,090
 - \$46,469
 - \$88,188
- \$87,120
- \$48,640
- \$107,716
- \$414,875 SFY2020

Estimated SFY 2020 Treatment Budget: \$1,184,875

Estimated SFY 2021 Treatment Budget: \$1,303,363 (assumes 10% growth)

Budget adjustment: Add \$291,375 (SFY 2020); Add \$409,863 (SFY 2021)

Based on total FY2018 data: (a) claims total of \$770,000; 528 outpt enrollments & 76 residential per year; average outpatient case cost of \$1,238; average residential case cost of \$2,493
Assumptions: (a) SFY2018 predictive of SFY2020 performance; (b) Cap increases assume 33% outpatient enrollees and 80% residential enrollees would utilize cap increase

Treatment Increase: Package Option 3

Action

- Adjust reimbursement rates via provider input
 - Residential treatment: \$150 per day (7%↑);
 - Assessment: \$25 per unit (12 unit max) (17% ↑);
 - Individual & Family sessions: \$22 per unit (25% ↑) ;
 - Group: \$7.00 per unit (14% ↑)
- Outpatient cap increases to \$3,000 (27% ↑)
- Residential cap increases to \$4,000 (25% ↑)
- Add-on codes capped at 10% of total.
- Intake assessment removed from cap

Estimated Annual Fiscal Impact

- \$84,090
 - \$6,630
 - \$23,508
 - \$30,670
 - \$23,282
- \$87,120
- \$48,640
- \$106,036
- \$70,512

\$396,398 SFY2020

Estimated SFY 2020 Treatment Budget: \$1,166,398

Estimated SFY 2021 Treatment Budget: \$1,283,038 (assumes 10% growth)

Budget adjustment: Add \$272,898 (SFY 2020); Add \$389,538 (SFY 2021)

Gambling Court Investment Proposals

Investment

■ Gambling Treatment Diversion Court

- Details provided by Ms. Parker

■ Supplemental changes to strategic plan

- Create new gambling treatment codes for reimbursing treatment grantees court reporting and other to be identified services related to serving court mandated clients
- Create new treatment reimbursement codes for court mandated clients not meeting medical necessity standards for grant supported gambling treatment
 - For clients in sustained remission grant pays up to 50% (?) of service cost, client co-pay up to 100%, provider fees not to exceed state reimbursement rates

Budget

- \$40,000 ?

Workforce Development Investment Options

(Jeff Marotta)

Investment

Annual Budget

- Subsidize Nevada Conference on Problem Gambling ■ \$26,279
- Center for the Application of Substance Abuse Technologies (CASAT) contract for PG training ■ ?
- Increase “add-on” code limitation to enable greater use of the “Staff Professional Development” add-on code for treatment grantees. * ■ ?
- Issue WFD RFP/RFI & see what we get ■ ?

**Included under treatment allocation*

Public Awareness Investment Options

(Alan Feldman)

Investment Options

- Statewide TV ads
- Outdoor billboards
- Website development
- Social media campaign
- Industry partnership initiative
- Public media initiative
 - Contract for media relations expert

Budget?

- \$102,324.00
-

Research Investment Proposal: UNLV

(Bo Bernhard)

UNLV Proposal

- Expand Information Management & Evaluation Contract with UNLV
 - Add research questions to explore pathways to healthy outcomes
 - Statewide study: Add problem gambling questions to BRFSS & analyze
 - Increase capacity for ad hoc requests
 - Increase staffing levels to increase response time and capacity

Requested Budget

- \$430,301.22
 - \$286K budget increase (up from \$144K)
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Next Steps

Open for discussion. Below is one path for consideration:

- Draft revised strategic plan
- Circulate for stakeholder and public comments
- Revise based on input
- Present to ACPG for further discussion and consideration for formal endorsement (October target date)