



# DHHS DIRECTOR'S OFFICE

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Pre-Session Budget Hearing

January 24, 2013

## DHHS Director's Office Objectives

- Promote health and well-being of Nevadans through delivery/facilitation of essential services to:
  - Strengthen families,
  - Protect public health, and
  - Help individuals achieve their highest level of self-sufficiency.
- These objectives correspond to the Governor's Strategic Priority of *Educated and Healthy Citizenry*.
  - The Director's Office core functions include:

### Health Services

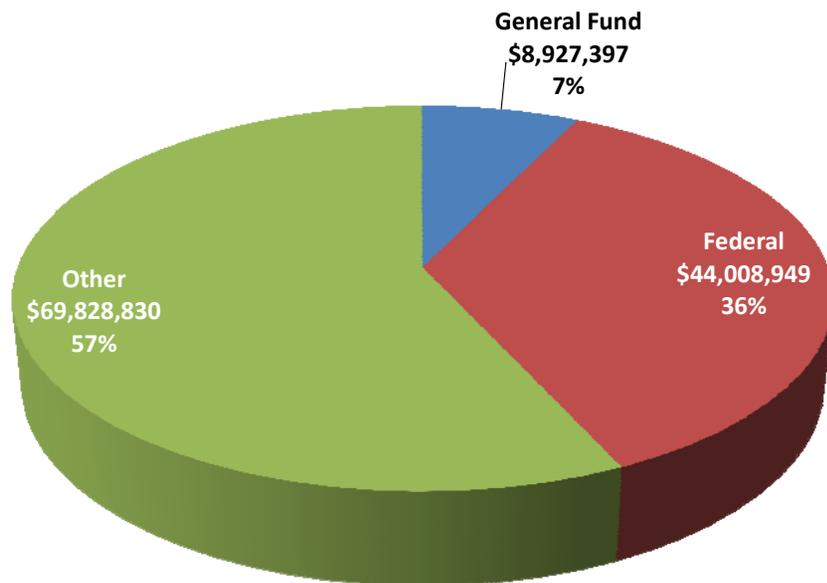
Prevention  
Wellness  
Access to Affordable Health Care

### Human Services

Hunger  
Self-Sufficiency  
Child Well-Being  
Well-Being of the Disabled  
Senior Well-Being  
Risky Behaviors

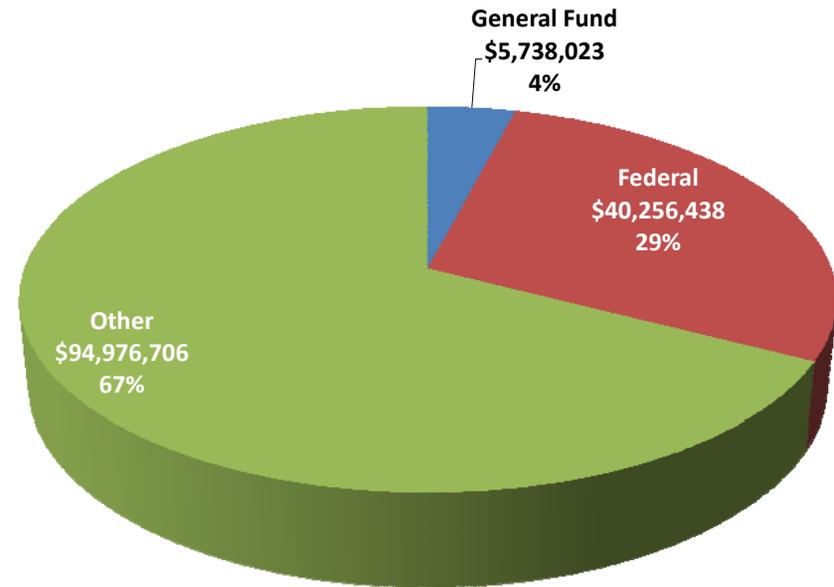
# Budgeted Funding Sources

Legislatively Approved 2012-13 Biennium



\$122,765,176

Governor's Recommended 2014-15 Biennium



\$140,971,167

## Director's Office Activities

- Administration and Fiscal
- Health Information Technology
- Head Start Collaboration and Early Childhood Systems
- Grants Management
- Indigent Accident and Supplemental Fund
- Public Defender
- Council on Developmental Disabilities
- Consumer Health Assistance

## Office of Health Information Technology (3150)

- The Office of Health Information Technology administers and manages Nevada's Health Information Exchange Cooperative Agreement to facilitate the establishment of a statewide health information exchange (HIE).
- Federal grant funding for the HIE will end February 2014.
  - Four positions associated with this project are eliminated at the start of FY15.
- State general funds are not being requested to meet the match requirement of Nevada's ARRA HITECH State Health Information Exchange Cooperative agreement.
  - DHHS and the Nevada Health Information Exchange (NHIE) will collaborate to pursue gifts, grants and donations to meet federal match requirements.
  - The goal is to secure 90% of the match funding by October 1, 2013.
  - As required by the cooperative agreement, the match funding must be met by February 7, 2014.

# HIE Implementation

- The NHIE's activities will be taken over by the private non-profit HIE created per NRS 439.588.
  - Board of Directors announced in May 2012 and has been meeting regularly since August 2012.
  - Currently recruiting CEO with anticipated start date early March 2013.
  - NHIE is in the process of obtaining 501(c)3 status from the IRS.
- Phase One HIE capabilities (secure point-to-point messaging) is expected to be operational by the end of March 2013.
- NHIE expects to procure a technology solution by late June 2013 following a competitive bid process.
- System testing to begin October 2013.
- Mandated HIE services will be operation by January 1, 2014.

## Suicide Prevention (3150)

- The Office of Suicide Prevention (3150) provides prevention, intervention, and training to community groups and professionals throughout the state.
- The Office of Suicide Prevention (four FTE) will be transferred to the Health Division and integrated within the Bureau of Child, Family and Community Wellness (3222).
- Approximately \$500,000 per fiscal year of Tobacco Settlement Funding will be used to replace the Suicide Prevention Grant funding, which expires in June 2013.
  - This will provide budgetary stability to the Office of Suicide Prevention and will convert two contractual staff to state employees.

## Tribal Liaison (3150)

- Transfers the Tribal Liaison (Health Program Specialist) position from the Health Division (3224) to the Director's Office (3150).
- The Tribal Liaison performs work on behalf of all divisions in the Department.

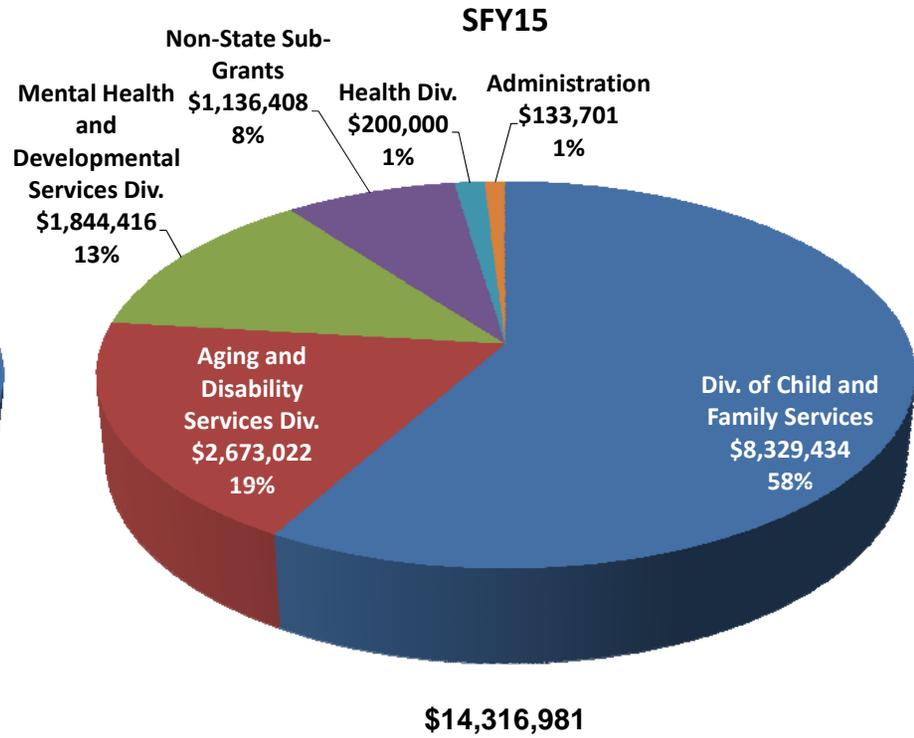
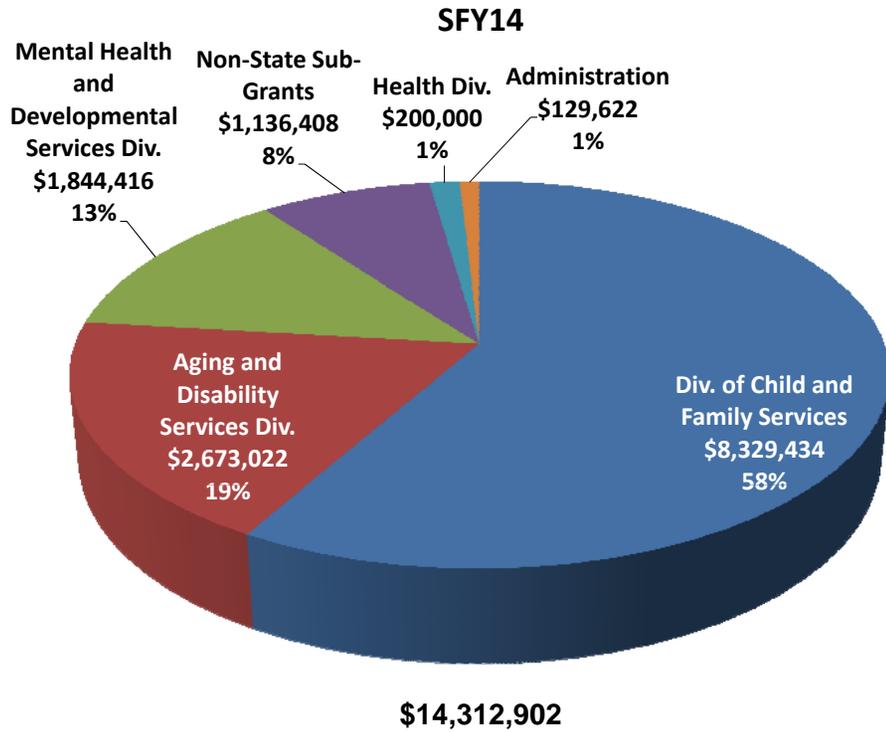
## Head Start Collaboration and Early Childhood Systems Office (3150)

- The Head Start Collaboration and Early Childhood Systems Office (3150) coordinates and works to improve access to early childhood services for children from birth to school entry.
- Federal grants will expire in early FY14, but no positions will be eliminated because another Head Start program grant will cover all of the personnel costs of one state employee.

## Grants Management (3195)

- The Grants Management Unit (3195) awards funds to state agencies and community organizations that offer services designed to:
  - Increase self-sufficiency,
  - Provide support to at-risk individuals and families, and
  - Prevent/reduce child abuse and neglect.
- The Grants Management Unit administers two federal block grants:
  - Community Services Block Grant (CSBG), and
  - Social Services Block Grant (Title XX).
- Funding for both CSBG and Title XX is holding stable and no major shifts are requested.
  - CSBG funds are distributed through a federally approved allocation formula to twelve designated Community Action Agencies around the state.
  - Title XX is distributed partly through a competitive process and partly through legislative mandate.

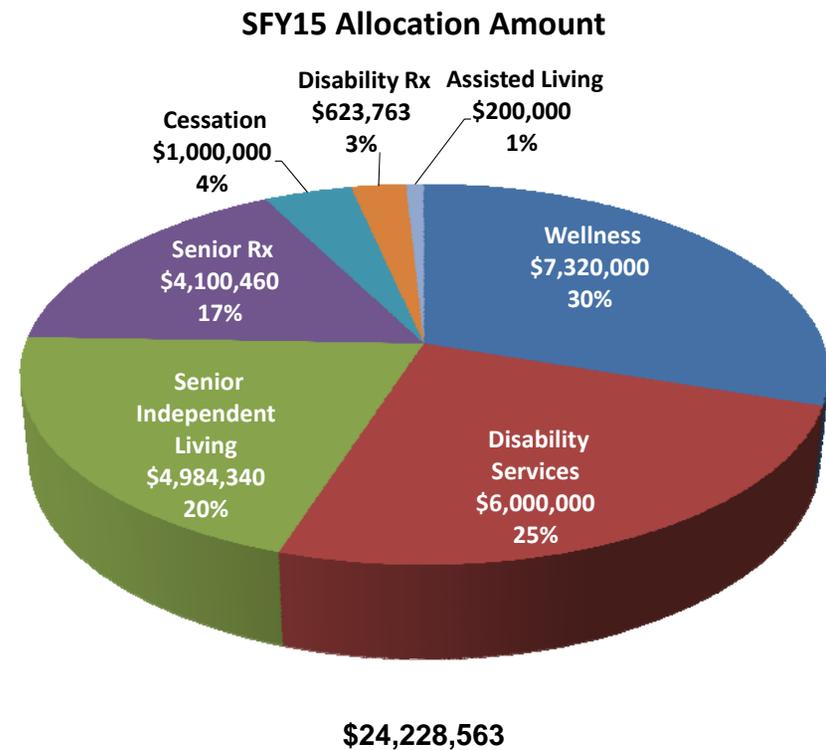
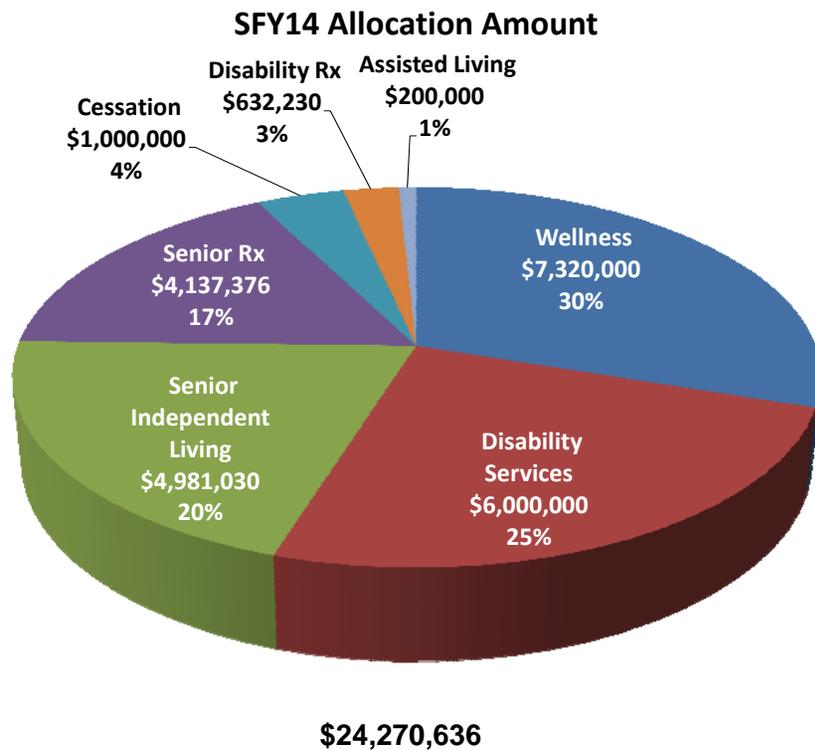
# Title XX



# Tobacco Funding

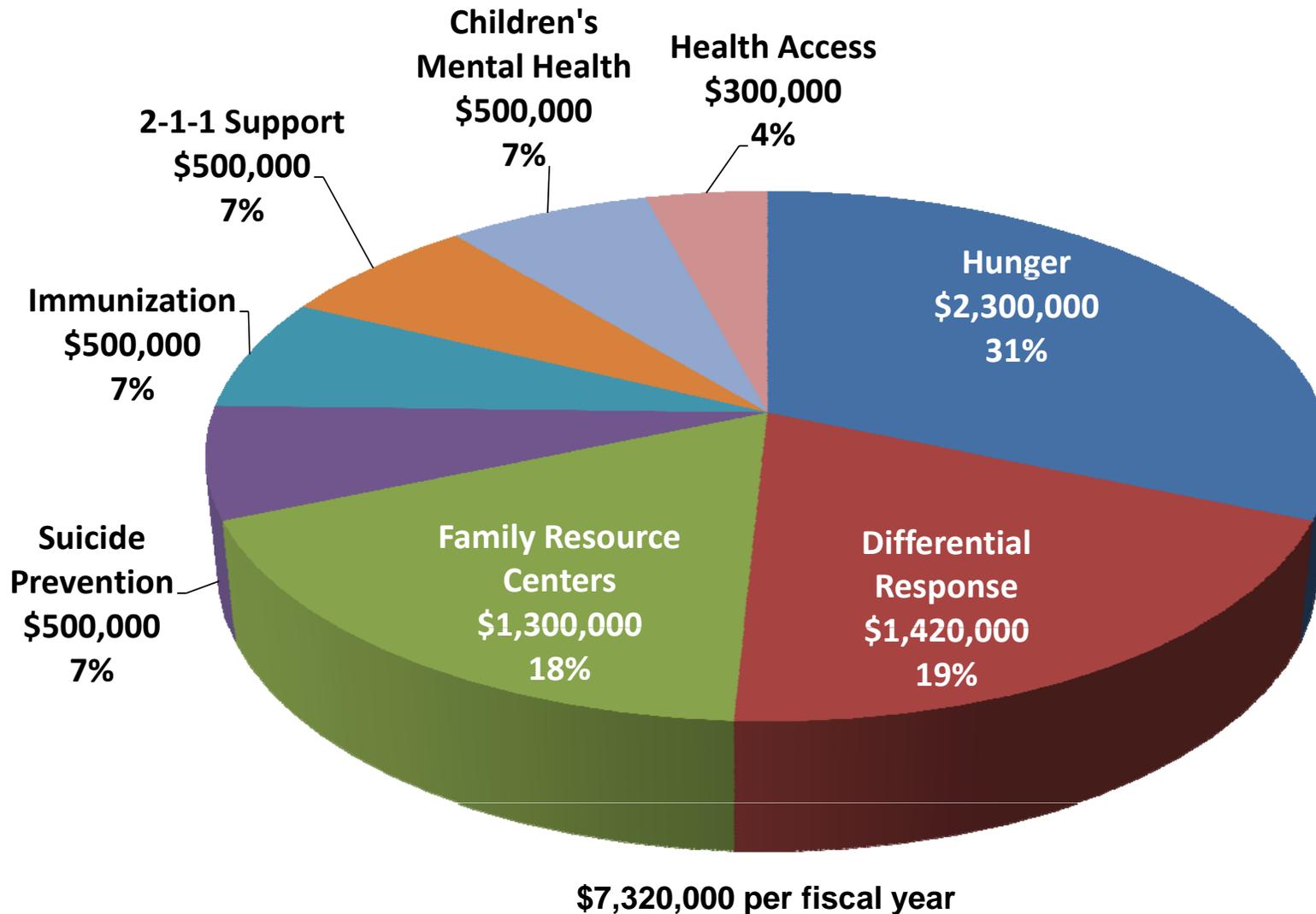
- Per NRS 439.630, allocations reflect recommendations of community needs and priorities submitted to the DHHS Director by the:
  - Grants Management Advisory Committee,
  - Commission on Aging, and
  - Commission on Services for Persons with Disabilities.
- These advisory boards based their recommendations on research, surveys, and public hearings held across the state during FY12.

# Tobacco Funding Allocation



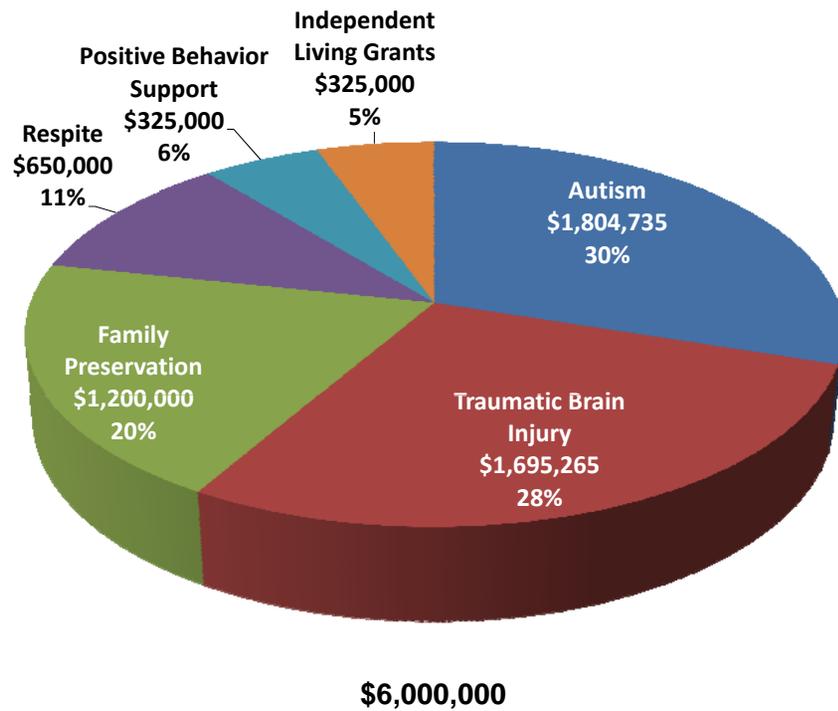
# Wellness

## SFY14 and SFY15 Annual Allocation Amounts

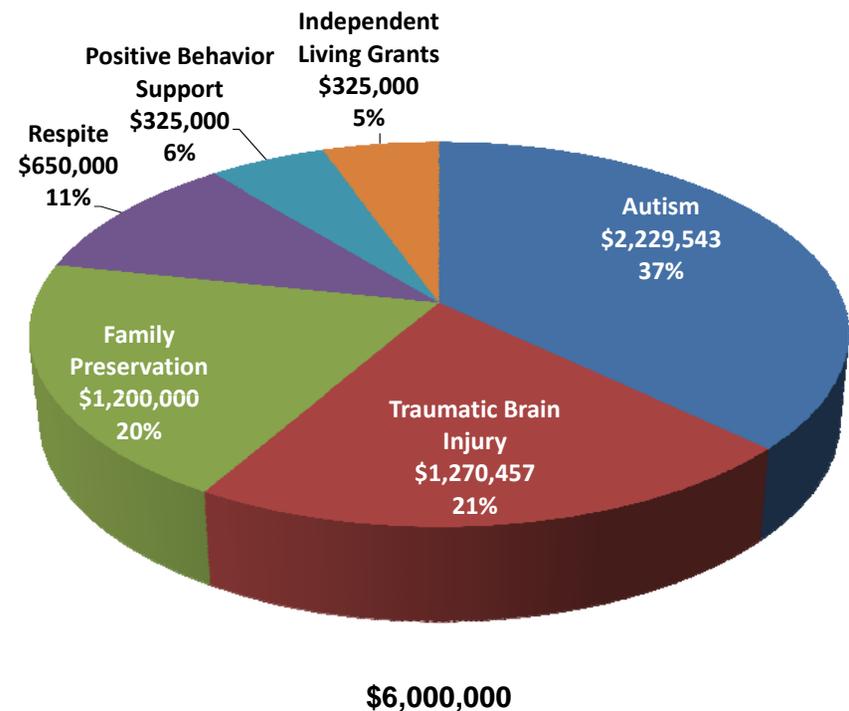


# Disability Services

**SFY14 Allocation Amount**



**SFY15 Allocation Amount**



# Tobacco Funding Allocation 2014-15 Biennium

Use Category	Existing	Replacement	New	Total
Senior Rx	8,237,836			8,237,836
Disability Rx	1,255,993			1,255,993
Senior Independent Living	9,965,370			9,965,370
Assisted Living	400,000			400,000
Cessation			2,000,000	2,000,000
<b>Wellness</b>				
Suicide Prevention		1,000,000		1,000,000
Hunger	2,000,000		2,600,000	4,600,000
Immunization	346,526		653,474	1,000,000
2-1-1 Support	1,000,000			1,000,000
Health Access	600,000			600,000
Children's Mental Health	1,000,000			1,000,000
Differential Response	2,600,000	240,000		2,840,000
Family Resource Centers	2,600,000			2,600,000
<b>Disability Services</b>				
Respite	1,300,000			1,300,000
Positive Behavior Supports	650,000			650,000
Independent Living Grants	650,000			650,000
Traumatic Brain Injury	2,965,722			2,965,722
Autism	2,365,224	1,669,054		4,034,278
Family Preservation	2,319,392	80,608		2,400,000
<b>TOTAL</b>	<b>40,256,063</b>	<b>2,989,662</b>	<b>5,253,474</b>	<b>48,499,199</b>

## 2-1-1

- 2-1-1 connects people with community services/resources and volunteer opportunities. It also provides support for community crisis and disaster recovery.
  - 2-1-1 is available 24 hours per day, seven days per week.
- The Governor's Recommended Budget includes 2-1-1 funding of \$555,000 per fiscal year:
  - \$500,000 per fiscal year from the Grants Management Unit (3195),
  - \$25,000 per fiscal year from the Office of Consumer Health Assistance (3204), and
  - \$30,000 per fiscal year from the Health Division, Bureau of Child, Family and Community Wellness (3222).

## Problem Gambling (3200)

- The Problem Gambling Program (3200) is funded from a \$2 per machine slot tax.
  - For FY11 through FY13 \$1 of the \$2 tax has been “swept” to the General Fund to help offset budgetary shortfalls.
  - During this time, funding to inpatient and outpatient treatment programs has been restricted and prevention activities suspended.
- The full \$2 tax is being restored for the 2014-15 biennium.
  - This restored funding will reestablish support for prevention programs, allow for more reasonable reimbursement rates to be paid to treatment providers, and increase the per client benefit cap.
- The Advisory Committee for Problem Gambling (ACPG) will have use of approximately \$1.5 million per year to provide prevention, treatment, and workforce development programs.

## Children's Trust Fund (3201)

- The Children's Trust Fund (3201) receives revenues from a \$3 fee on birth and death certificates.
- These funds are used to support programs and services to prevent abuse and neglect of children.
- The Grants Management Unit (3195) administers the programs operated with this funding.
- Funds spent in this account help leverage federal funding from the Community-Based Child Abuse Prevention (CBCAP) program.

## Indigent Accident and Supplemental Fund (3244)

- The Indigent Accident Fund (IAF) and Supplemental Fund for Medical Assistance to Indigent Persons (3244) provide reimbursement to counties and hospitals for unpaid charges related to the medical treatment of indigent individuals.
  - The IAF is funded by a \$0.015 ad valorem tax on each \$100 of assessed value of taxable property in each county.
  - The Supplemental Fund is funded by a \$0.01 ad valorem tax.
- The IAF/Supplemental Fund has been transferred to the General Fund for each of the last five fiscal years.
  - Few claims have been paid during this period.

State Fiscal Year	Receipts	Sweep to General Fund	NACO/ Admin.	HIFA	Hospitals	Other
FY13 Budgeted	19,278,718	19,218,718	60,000	-	-	-
FY12	19,250,597	19,112,621	60,000	77,975	1,738,256	42,360
FY11	22,189,062	21,889,136	60,000	232,893	-	-
FY10	26,954,923	25,199,365	100,000	268,127	1,387,431	-
FY09	29,076,220	25,000,000	148,565	276,608	3,651,047	-
FY08	25,484,588	-	151,241	197,150	24,600,455	535,741

*\*"Receipts" includes beginning cash, interest, and balance forward to a new year.*

## IAF/Supplemental (cont.)

- The Governor's Recommended budget ends the "sweeping" of these funds and restores the full IAF/Supplemental program, approximately \$21 million per fiscal year.
- Ongoing discussions are occurring regarding the possibility of repurposing all or part of the IAF/Supplemental funding to obtain Medicaid federal matching funds. Hospitals would be compensated through rate increases.
  - The \$21 million per fiscal year in funding could be matched federally and result in approximately \$56 million in payments to hospitals.

## Fund for a Healthy Nevada (3261)

- The Fund for a Healthy Nevada (3261) acts as a pass through to the Grants Management Unit (3195), which grants out the funds for tobacco prevention/treatment, to improve the health and well-being of Nevadans, and to provide services to seniors and persons with disabilities.

## Public Defender (1499)

- The Nevada State Public Defender (1499) represents indigent adults and juveniles accused of committing crimes in certain rural counties (Carson City, Eureka, Storey, and White Pine) and handles appeals of post-conviction habeas corpus petitions for state prison inmates accused of a crime.
- Funding for the 2014-15 biennium is split 19% General Fund and 81% county fees, with the exception of Post-Conviction Relief, which is 100% General Fund.
  - The 2012-13 biennium split was 22% General Fund and 78% county fees.
- Historically, the total cost to provide Post-Conviction Relief has exceeded the Legislatively-approved amount with funds being requested from a Transfer from Statutory Contingency Funds after the start of each state fiscal year.
  - Category 12 - Post-Conviction Relief appears to under-funded and looking at a 3-year average of \$1,208,496 or a 5-year average of \$996,662, the category would require statutory contingency funds of \$493,803 and \$281,969, respectively.

## Developmental Disabilities (3154)

- The Governor's Council on Developmental Disabilities (3154) advocates for the rights of people with developmental disabilities.
- Little change from previous budget requests.

## Consumer Health Assistance (3204)

- The Governor's Office of Consumer Health Assistance (GovCHA) provides information and assistance to consumers regarding health insurance, their rights and responsibilities, hospital billing, and obtaining health care.
  - GovCHA also houses the Office of Minority Health, which works to improve the health of minorities.
- In FY15, GovCHA will be reduced from 15.5 positions to 11.5 positions as a result of the loss of Health Insurance Exchange and United Health Settlement funding.