



Department of Health and Human Services Aging and Disability Services Division

SFY 2013-2015 Budget Presentation

Brian Sandoval, Governor

Michael Willden, Director

Jane Gruner, Administrator

Tina Gerber-Winn, Deputy Administrator

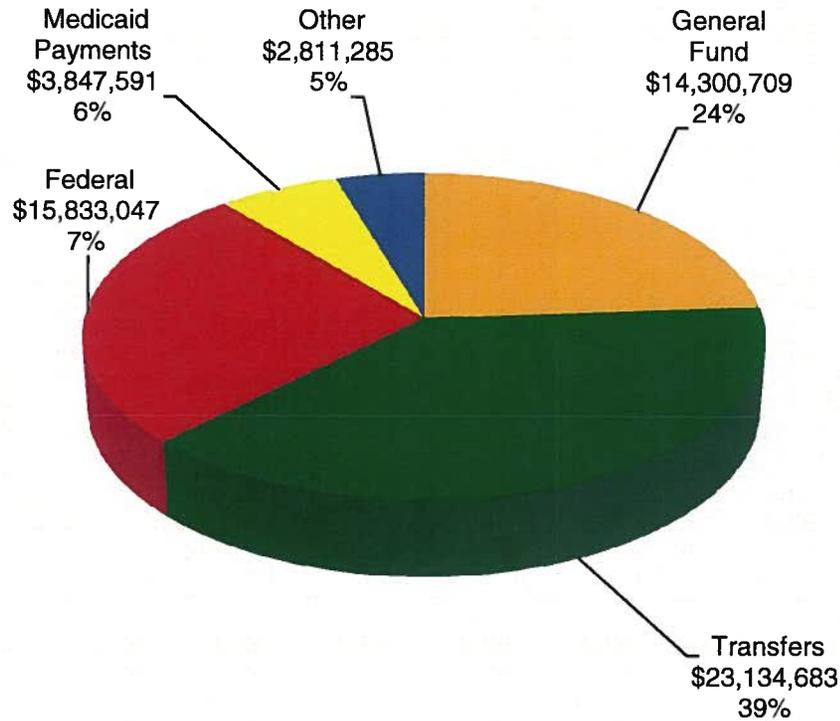
Janet Murphy, Deputy Administrator

Michele Ferrall, Deputy Administrator

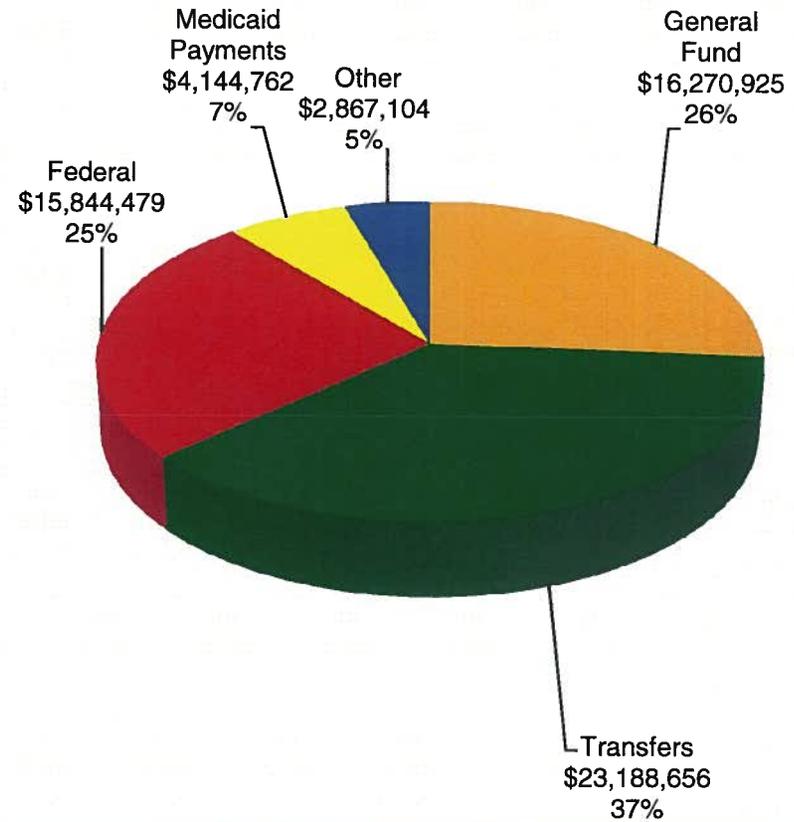
March 13, 2013

Funding Sources

Aging and Disability Services



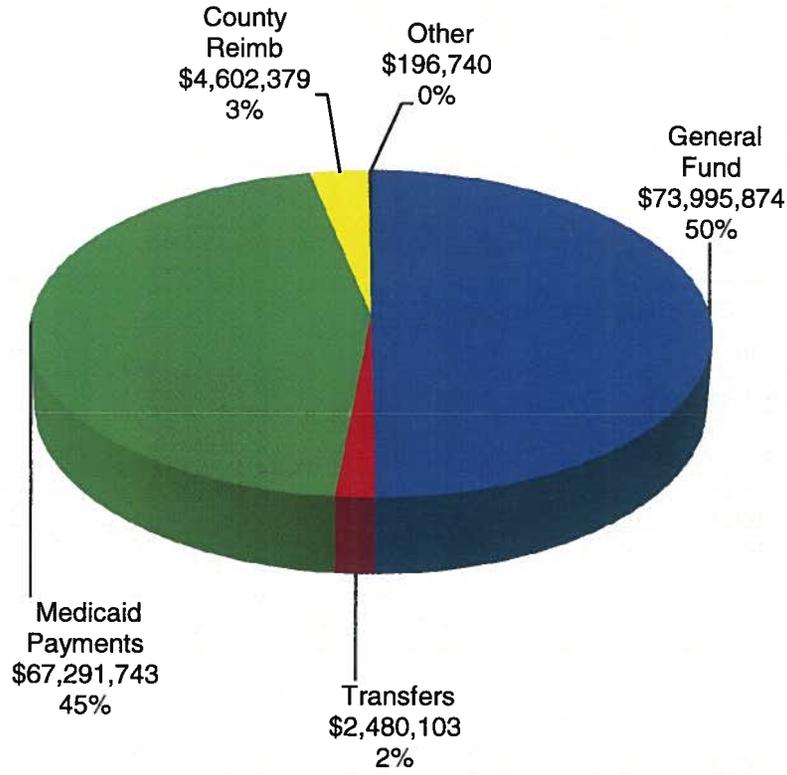
FY2014



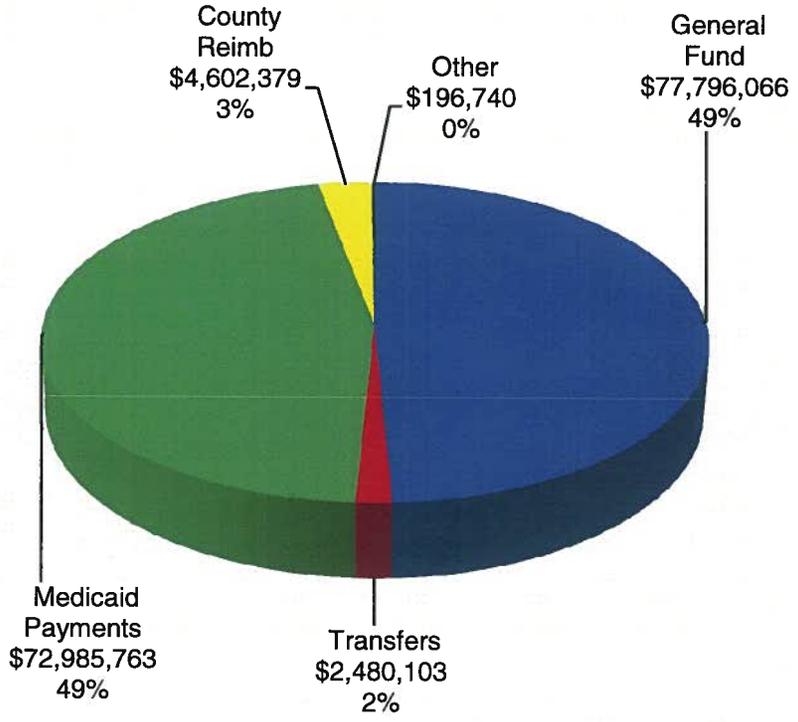
FY2015

Funding Sources

Developmental Services



FY2014

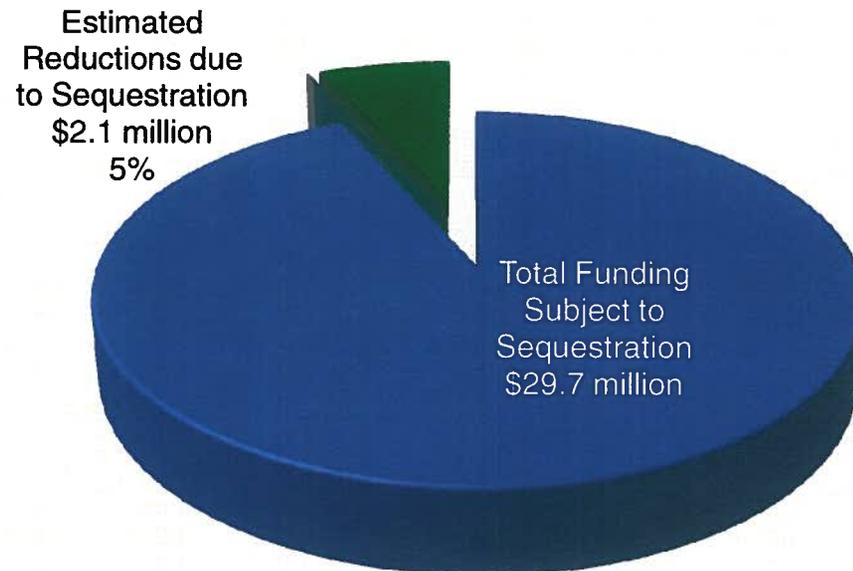


FY2015

Sequestration SFY 2014-2015

► Potential Funding Reductions

- Title V : \$51,052
- Title VII: \$21,392
- Title III: \$1.5 million
- Nutrition Services Incentive Program: \$101,456
- Assistive Technology: \$70,715
- Part C/NEIS: \$397,211





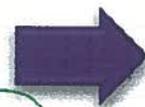
Current Challenges

- Funding
- Provider availability including specialists
- Data collection
- Intake/Eligibility processes
- Rapid program growth



Planned Improvements

- Standardized caseload projections
- Consistent provider deliverables and agency oversight
- Integrated case management system
- Consolidated policy, including prioritization
- Strategic plan with stakeholder input

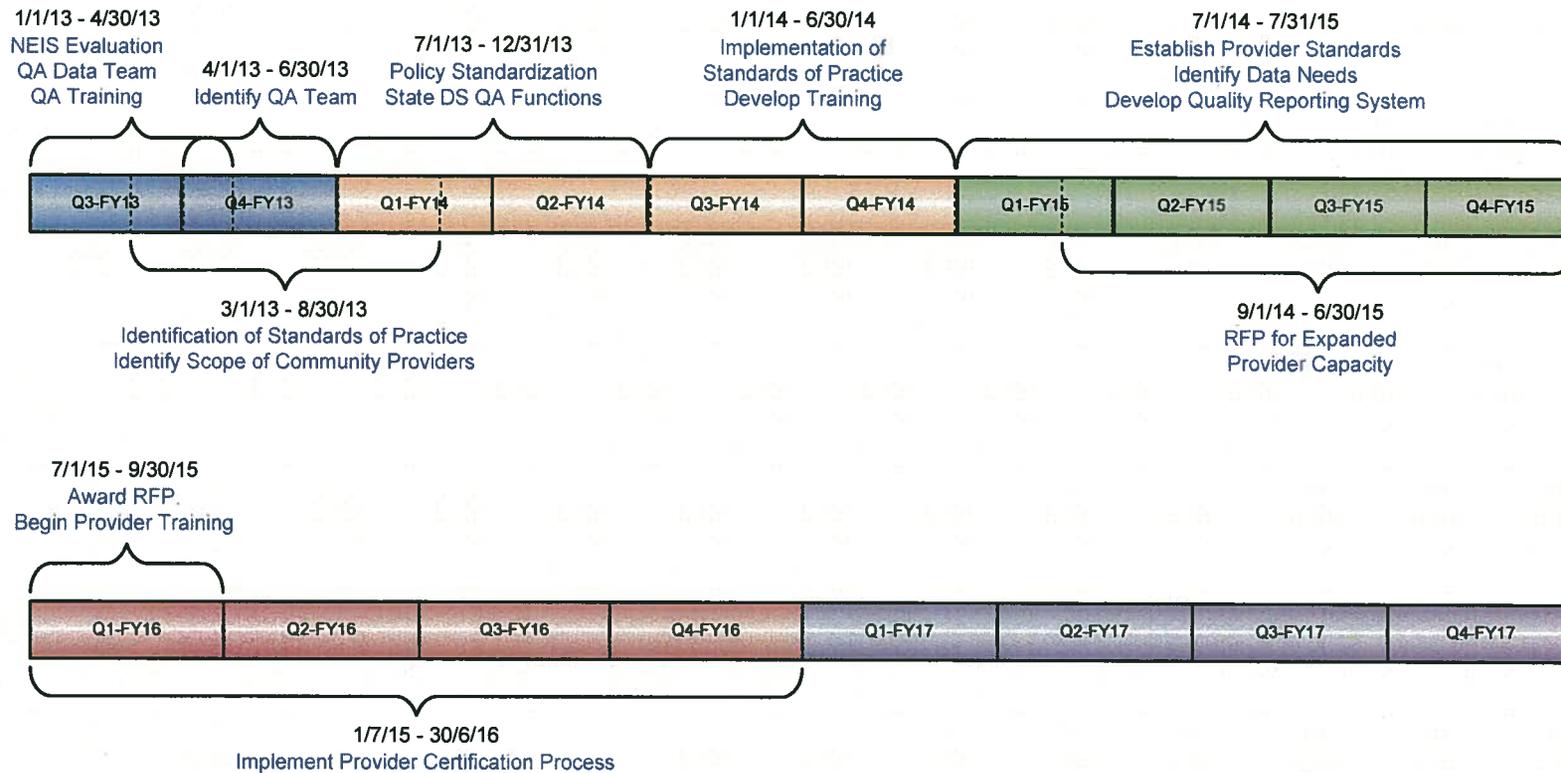


Anticipated Results for Clients

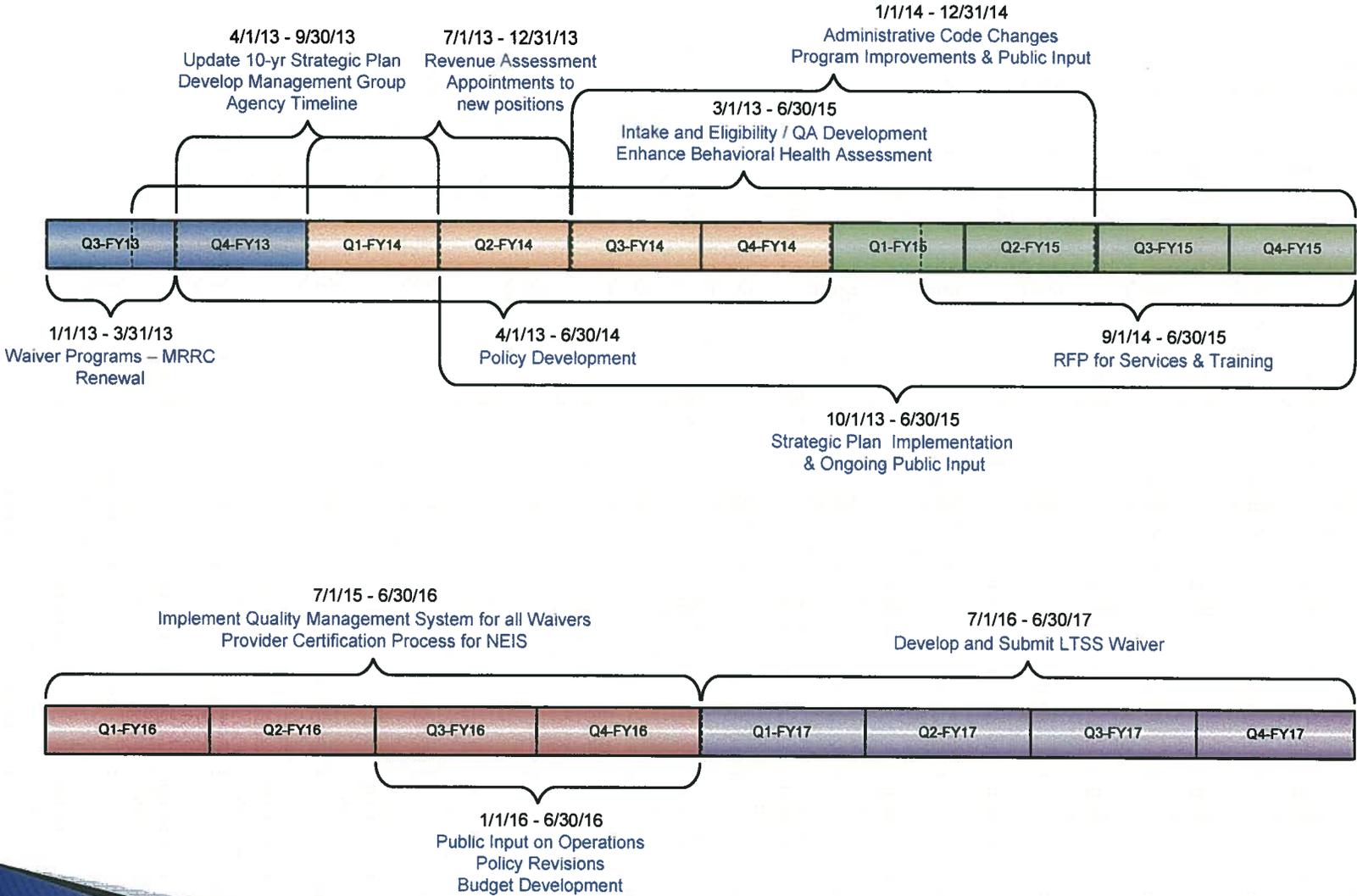
- Shortened wait times
- Improved service delivery
- Timelier services
- No service disruptions
- Informed choice and improved satisfaction

Agency Timeline

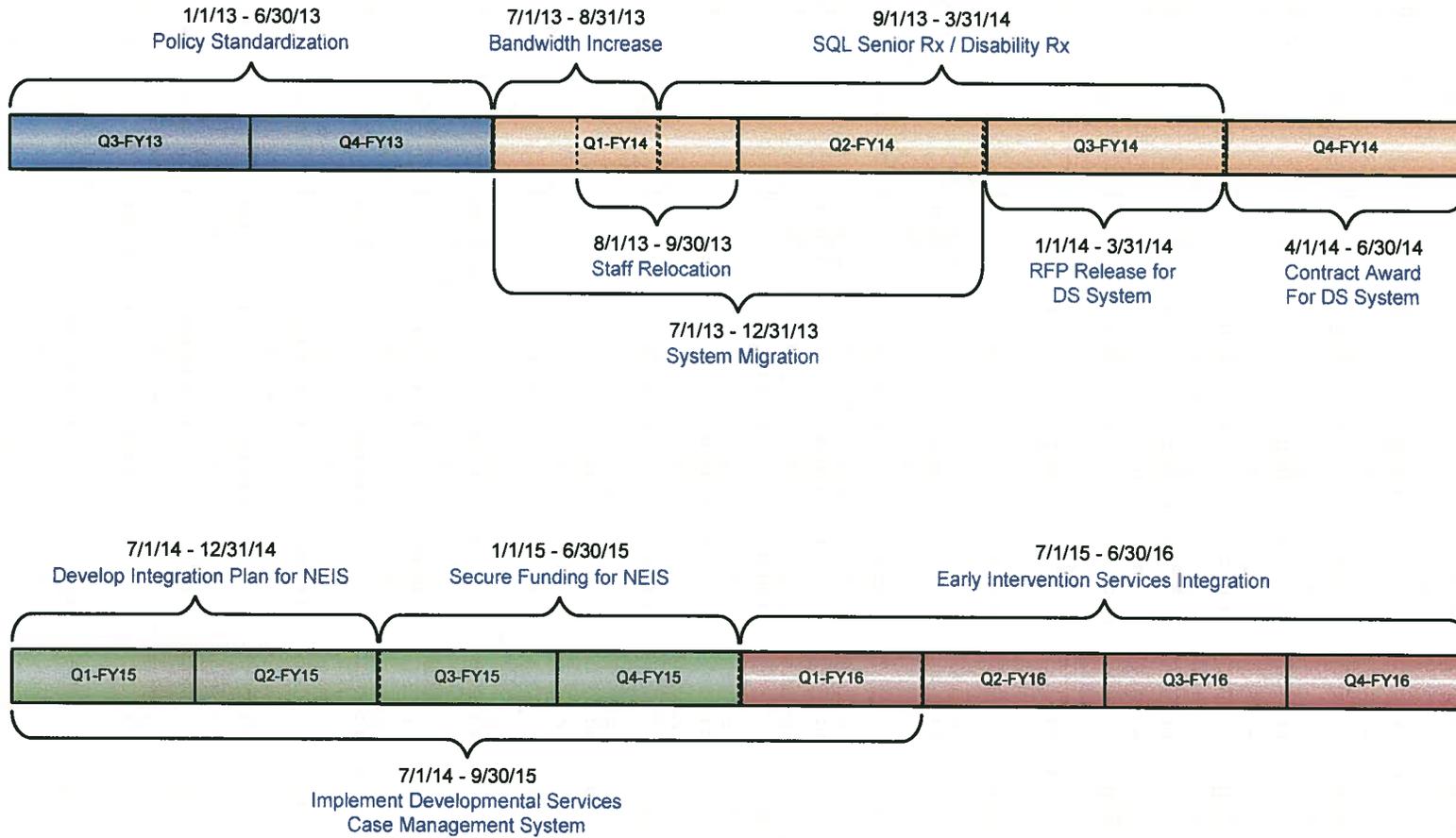
Quality Assurance



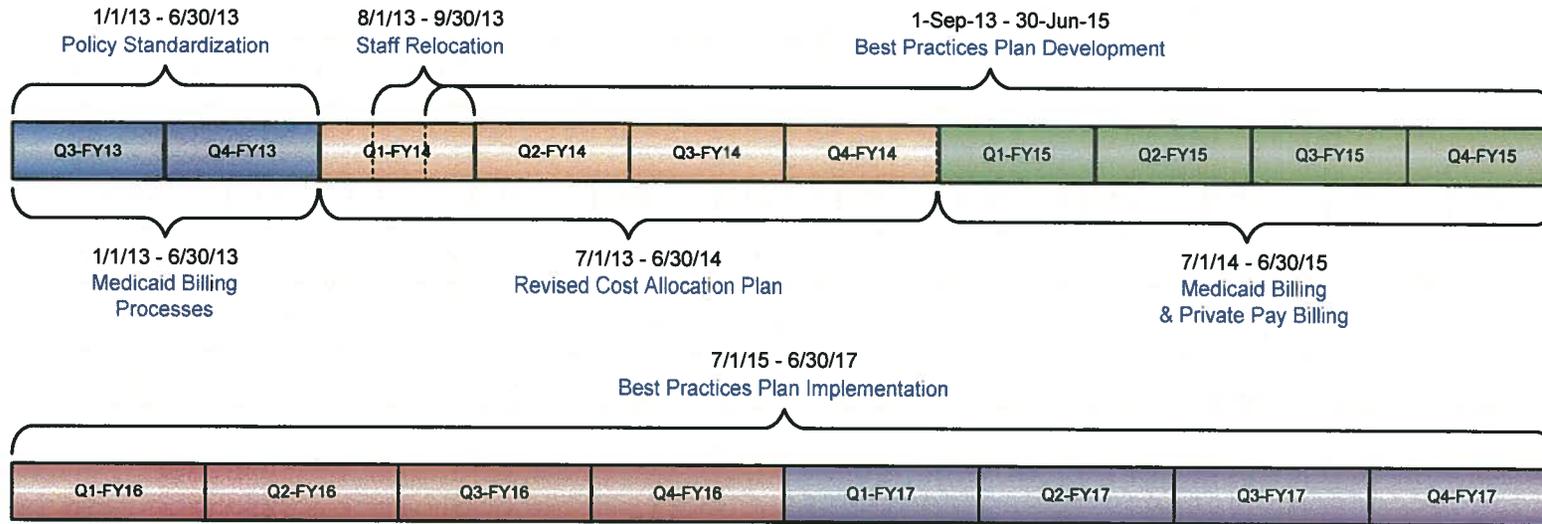
Programs



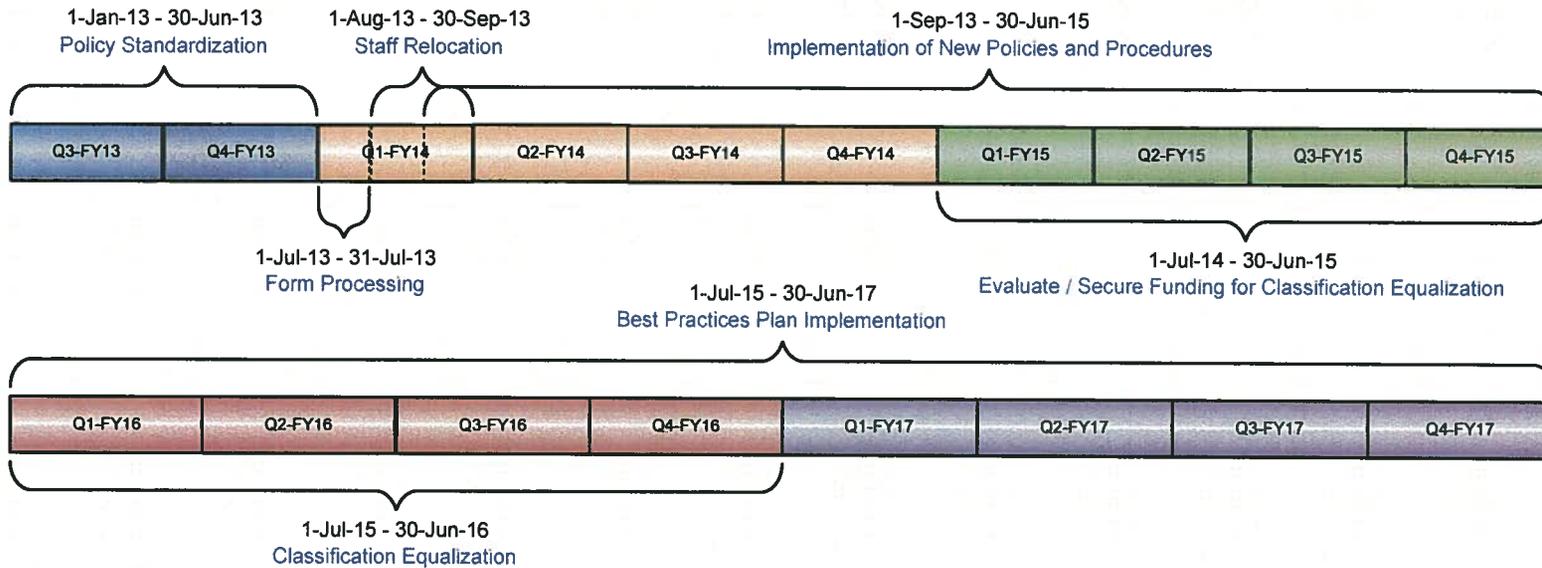
Information Technology



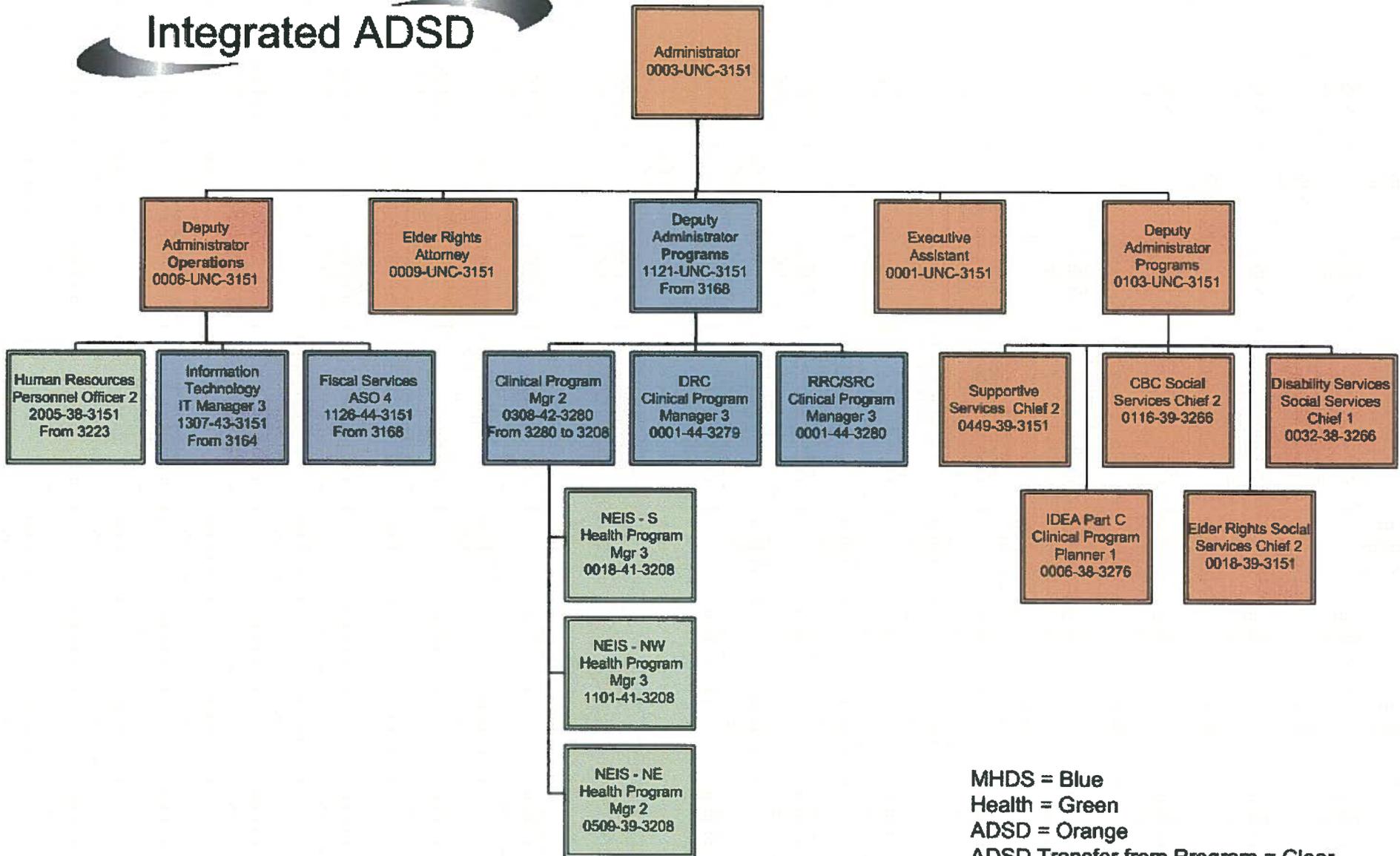
Fiscal



Human Resources

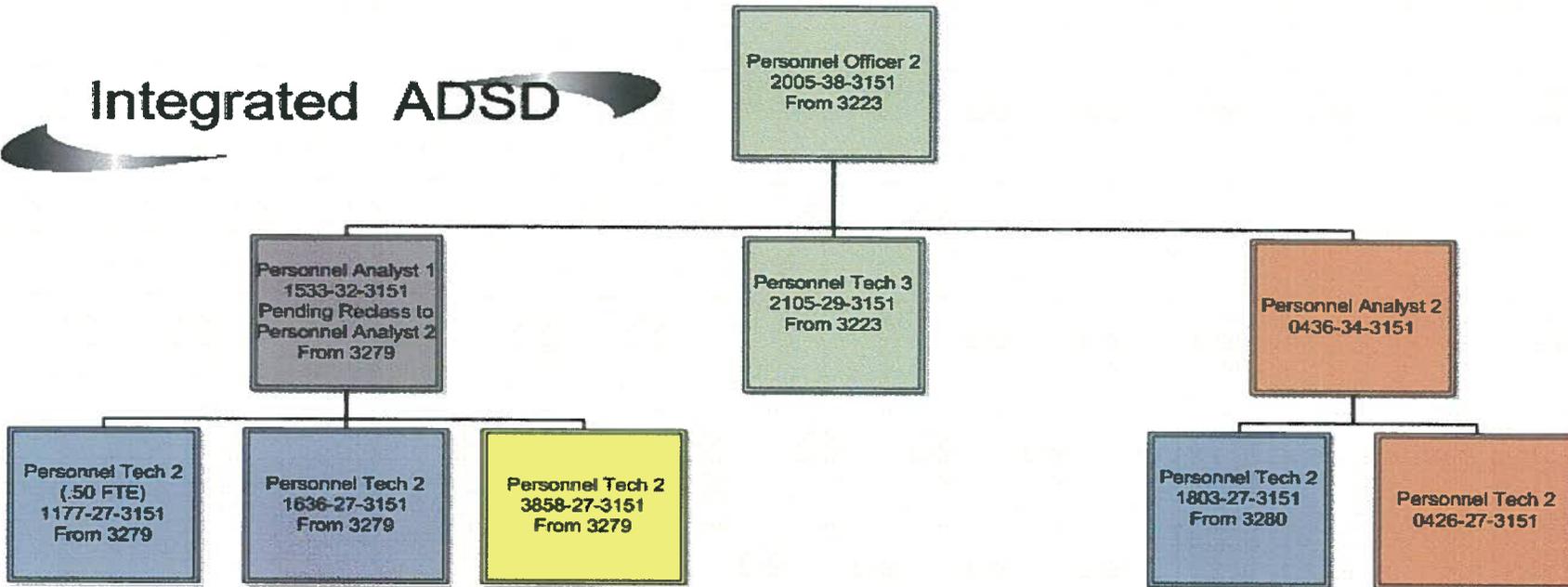


Integrated ADSD



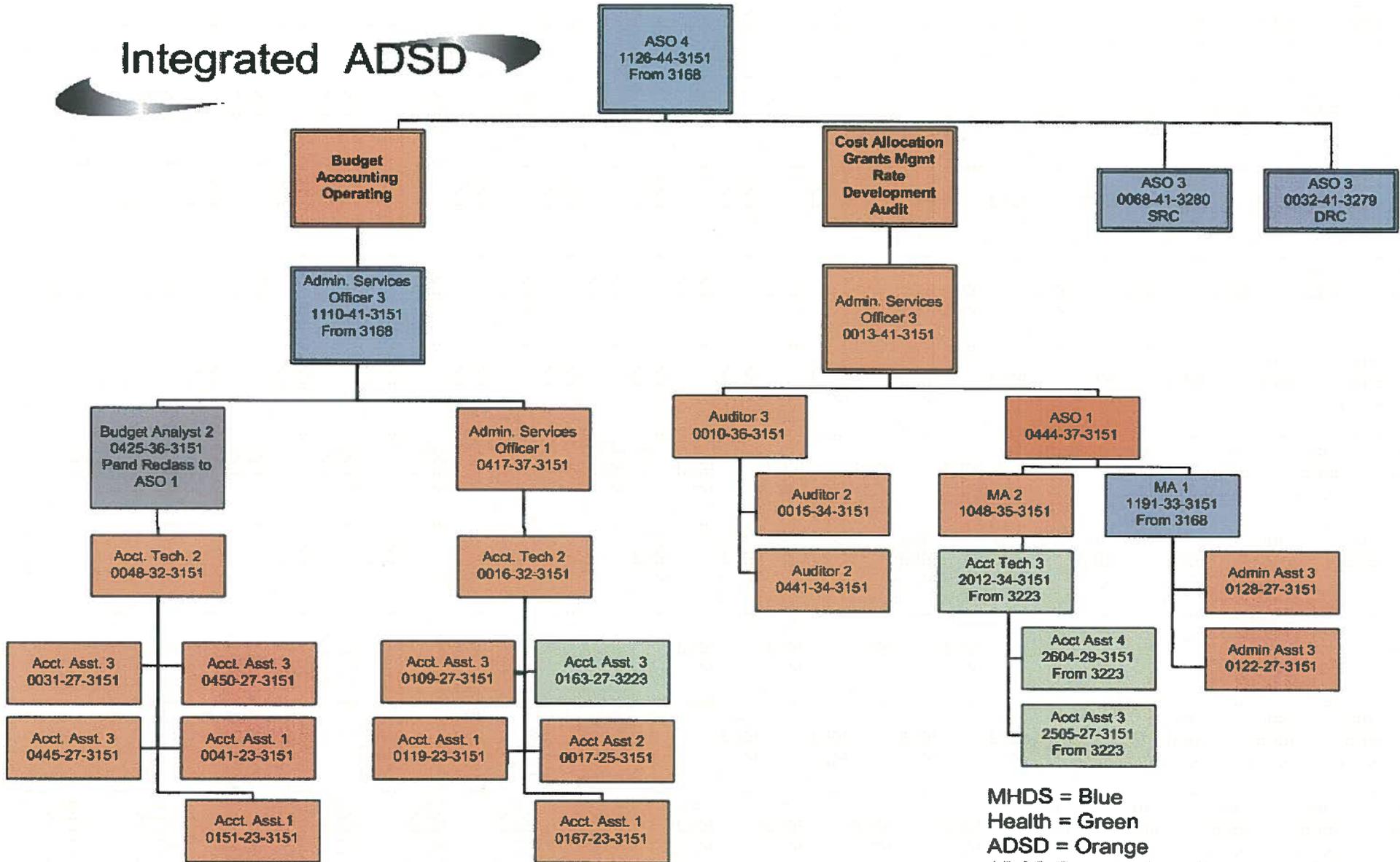
MHDS = Blue
 Health = Green
 ADSD = Orange
 ADSD Transfer from Program = Clear
 Reclassified Position = Grey
 New Position = Yellow

Integrated ADSD



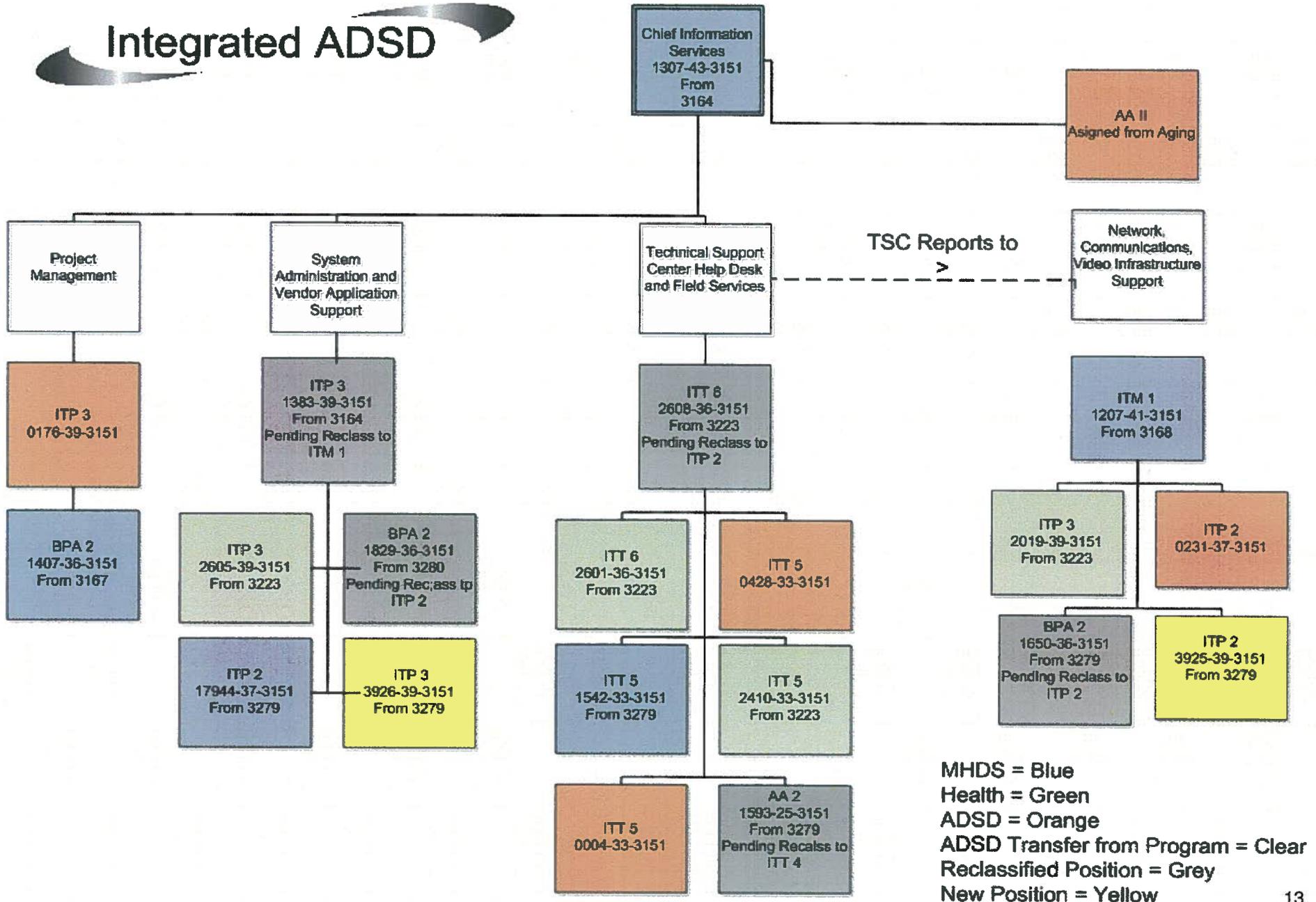
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Integrated ADSD



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Integrated ADSD



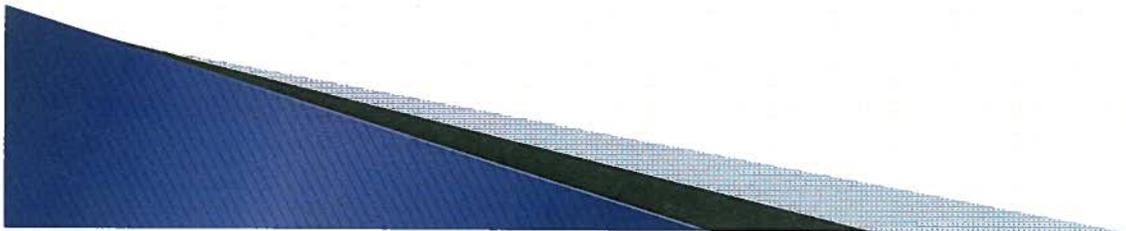
MHDS = Blue
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 ADSD Transfer from Program = Clear
 Reclassified Position = Grey
 New Position = Yellow

BA 3140 – Tobacco Settlement Program

The Aging and Disability Services Division supports the Independent Living Grants from the Fund for a Healthy Nevada for those 60 and older.

In State Fiscal Year 2012, Independent Living Grant funds served a total of 9,503 clients, at an average annual expenditure of \$364 per client. Of these, about 5,600 or 59% were considered frail. Services include:

- Transportation
- Caregiver support services
- Respite
- Information assistance and advocacy
- Adult day care
- Legal assistance
- Homemaker services
- Companion
- Home repair



BA 3140 – Tobacco Settlement Program Continued

▶ Independent Living Grant Funding

FY14: \$5,181,030

FY15: \$5,184,340

Biennium: \$10,365,370

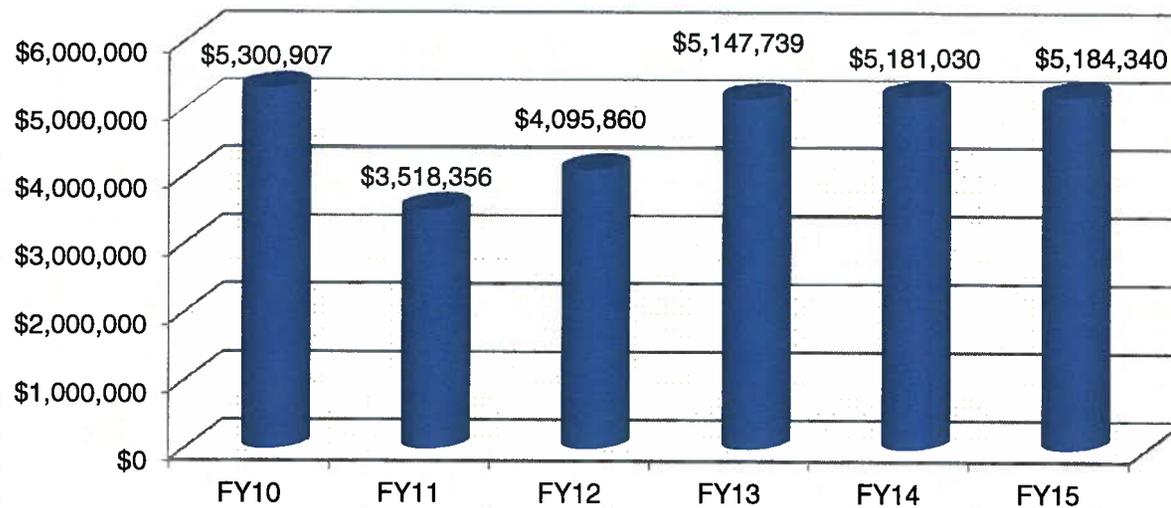
▶ E804 – This request implements an agency specific cost allocation for support services.

FY14: <\$166,249>

FY15: <\$171,636>

Biennium: <\$337,885>

Tobacco Settlement Program



BA 3151 – Federal Programs and Administration

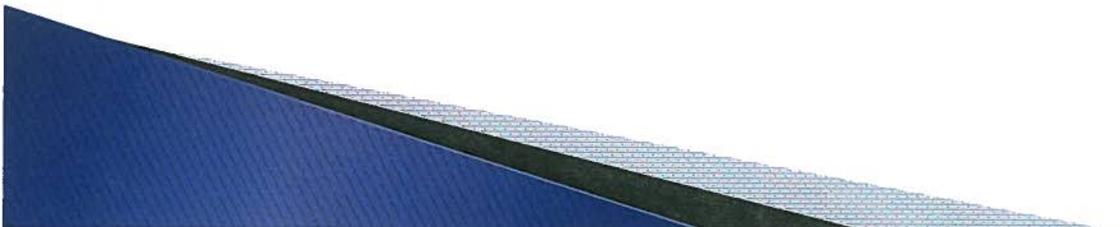
This budget account includes the Resource Development Unit, the Long-Term Care Ombudsman Program which is part of the Elder Rights Unit, and agency administration. The Resource Development Unit is responsible for grants administration, community resource development, as well as the Taxi Assistance Program, formerly Senior Ride, and the Community Advocates for Elders Program. The Long-Term Care Ombudsman Program receives, investigates, and resolves complaints made by or on behalf of residents 60 years of age or older living in long-term care facilities.

- ▶ E225 – This request funds one Program Officer II for the statewide management of volunteers.
 - Volunteers provide services and support for several programs:
 - State Health Insurance Assistance Program
 - Senior Medicare Patrol
 - Volunteer Long Term Care Ombudsmen Program
 - Provide oversight of volunteer activities, including recruiting and training.
 - Assist in compliance with Federal and State requirements
 - The Corporation for National and Community Services estimates the value of a volunteer hour at \$21.79, valuing volunteer hours in 2012 at \$205,155.

FY14: \$14,594

FY15: \$19,374

Biennium: \$33,968



BA 3151 – Federal Programs and Administration Continued

- ▶ E228 & E229 – These requests fund increased network connectivity for the Carson City and Reno offices.
 - Accommodate current and future growth of the offices.
 - Requesting a 20 mb network connectivity via AT&T Opt-I-Man services.
 - Current connectivity is 3.0 mb at each of the offices. This is not sufficient to handle the increase in demand as technology changes and the agency expands.

FY14: \$56,782

FY15: \$16,800

Biennium: \$73,582

- ▶ E490 – This request funds the State's Long Term Care Ombudsman Program authorized by the federal Older Americans Act.
 - Centers for Medicare and Medicaid Services (CMS) issued a directive explicitly prohibiting the use of Civil Monetary Penalty (CMP) funds for the State's Long Term Care Ombudsman Program.
 - This request replaces the use of CMP funds currently used to supplement the Ombudsman Program with General Funds.
 - Nevada is required to secure alternate funding by July 1, 2013.
 - 15% of General Fund requested over the biennium. Amounts requested:

FY14: \$244,876

FY15: \$245,001

Biennium: \$489,877

BA 3151 – Federal Programs and Administration Continued

- ▶ E710 – This request replaces computer hardware and associated software per Enterprise Information Technology Services' recommended replacement schedule.

FY14: \$49,873

FY15: \$51,639

Biennium: \$101,512

- ▶ E711 – This request funds a replacement phone system in the Reno office. The proposed phone system will be integrated and standardized with the existing state phone system.

FY14: \$46,505

FY15: \$1,051

Biennium: \$47,556

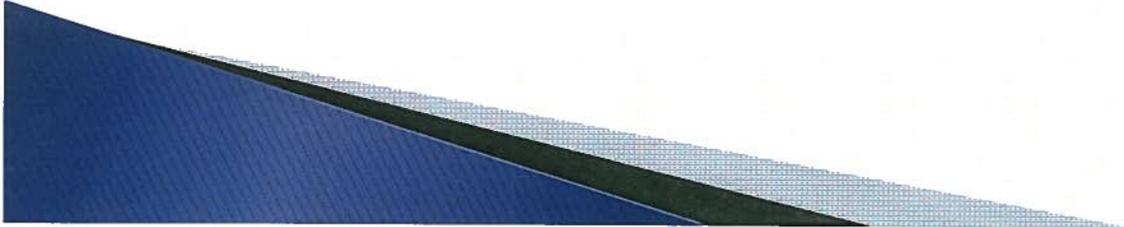
- ▶ E804 – This request implements an agency specific cost allocation for support services.

- ▶ E805 – This request reclassifies a Budget Analyst II position to an Administrative Services Officer I to adequately support the restructured fiscal unit (See page 12, PCN 0425).

FY14: \$2,628

FY15: \$2,625

Biennium: \$5,253



BA 3151 – Federal Programs and Administration Continued

- ▶ E806 – This request aligns the salary for the Administrator and two Deputy Administrator positions with similar positions within the department.

FY14: \$31,827

FY15: \$31,860

Biennium: \$63,687

- ▶ E807 – This request funds the reclassification of a Management Analyst II position to a Management Analyst III position commensurate with the duties of the position.

FY14: \$4,787

FY15: \$4,864

Biennium: \$9,651

- ▶ E900 and E901 – These requests transfer positions between the Administration Account (BA 3151) and the Home and Community Based Program (BA 3266) to align the positions with the proper budget account.

FY14: <\$58,652>

FY15: <\$60,674>

Biennium: <\$119,326>

- ▶ E510-E531; E910-E931 – These requests transfer positions and aligns revenue as part of the integration of services within ADSD.

FY14: \$276,809

FY15: \$81,333

Biennium: \$358,142

BA 3156 – Senior Rx and Disability Rx

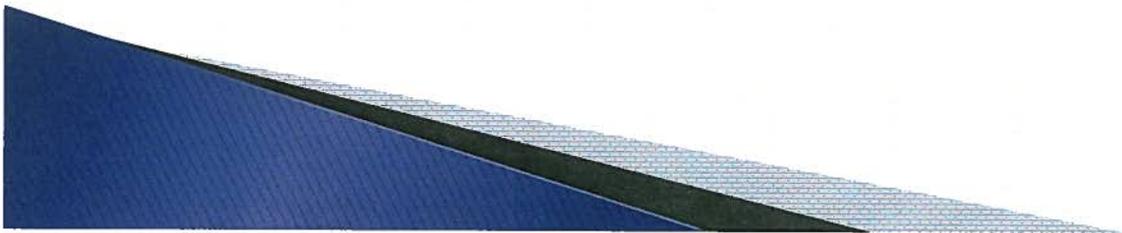
The Senior Rx and Disability Rx programs assist eligible applicants to obtain essential prescription medications. Members who are not eligible for Medicare pay ten dollars for generic drugs and twenty-five dollars for brand name drugs. Members who are eligible for Medicare receive help with the monthly premium for their Medicare Part D plan and may use the program as a secondary payer for prescription medication during the Medicare Part D coverage gap.

- ▶ E225 – This request funds the migration of the database to a newer version of SQL as recommended by the Enterprise Information Technology Services (EITS).
 - The existing SQL database has been experiencing multiple processing errors including deletion of client records.
 - EITS notified the agency that the database must be migrated to a newer version of SQL.
 - Current database issues create unnecessary delays in application processing – delaying clients access to prescription drugs.
 - Monthly reports require manual processing and could be automated.

FY14: \$50,000

FY15: \$0

Biennium: \$50,000



BA 3156 – Senior Rx and Disability Rx Continued

- ▶ E275– This request funds a dental assistance program.
 - NRS 439.665 and NRS 439.745 allows the Senior and Disability Rx program to add dental, vision and hearing benefits to the extent that funding is available.
 - Funding requested will provide a \$1,000 benefit to approximately 1,100 participants.
 - As of March 8, 2013, 800 participants enrolled, 324 waiting

FY14: \$1,316,373

FY15: \$1,340,225

Biennium: \$2,656,598

Implementation Timeline for Pilot Program

December 2012:	Interim Finance Committee approved funding
February 2013:	Board of Examiners approved contract for Third Party Provider (Ameritas)
February 2013 – June 2013:	Applications processed and eligibility determined
March 1, 2013:	Enrollment for dental benefits begin
February – March 2013:	Self Assessment survey received from the enrollees
March – June 2013:	Dentist Survey received as participants receive services

BA 3156 – Senior Rx and Disability Rx Continued

- ▶ E710 – This request replaces computer hardware and associated software per Enterprise Information Technology Services Division (EITS) recommended replacement schedule.

FY14: \$3,055

FY15: \$0

Biennium: \$3,055

- ▶ E804 – This request funds an internal cost allocation for support services.

FY14: <\$89,761>

FY15: <\$92,590>

Biennium: <\$182,351>

- ▶ E805 – This request reclassifies an Administrative Assistant III to a Family Services Specialist II and an Administrative Assistant IV to a Family Services Specialist II commensurate with duties of the positions.

FY14: \$25,098

FY15: \$25,636

Biennium: \$50,734

BA 3266 – Home and Community Based Services

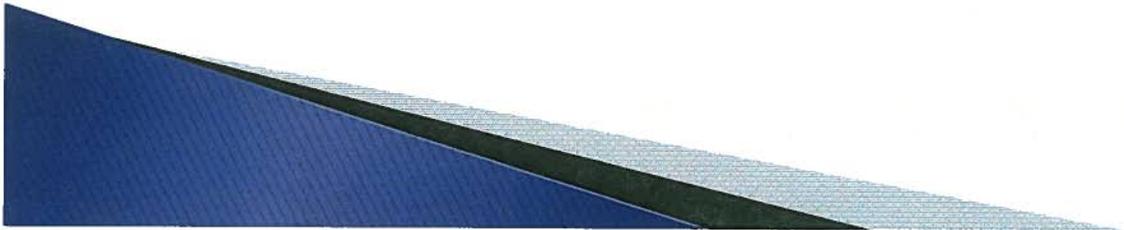
This budget account includes the Disability Services, Community Based Care, and Elder Protective Services units. The Disability Services unit provides resources at the community level that assist people with severe disabilities and their families in helping them to live as independently as possible, and to live in an integrated setting. The Community Based Care (CBC) unit provides service to those seniors and persons with disabilities most at risk through the Home and Community Based Waiver (HCBW) for the Frail Elderly, Assisted Living Waiver (AL), Community Service Options Program for the Elderly (COPE), Homemaker Program, and Personal Assistance Services (PAS) to provide alternatives to nursing home placement. The Elder Protective Services (EPS) Program, which is part of the Elder Rights Unit, receives and investigates reports of abuse, neglect, self neglect, exploitation, and isolation of persons aged 60 years and older.

- ▶ M200– This request increases caseload for the Home and Community Based Services (CBC) waiver programs based on demographic growth.
 - An additional six Social Worker II positions and one Social Worker Supervisor I are requested to support infrastructure and allow the division to meet regulatory compliance outlined by the Centers for Medicare and Medicaid Services.

FY14: \$393,182

FY15: \$547,134

Biennium: \$940,316



BA 3266 – Home and Community Based Services

Home and Community Based Waiver (HCBW) for Frail Elderly

► Caseload Details

- June 2012 Actual Caseload: 1,641
- FY 2013 Legislative Approved Caseload: 1,713
- FY2013 Projected Caseload: 1,713
- FY2014 Projected Caseload: 1,771
- FY 2015 Projected Caseload: 1,830

► Waitlist Details (Average wait time is 67 days)

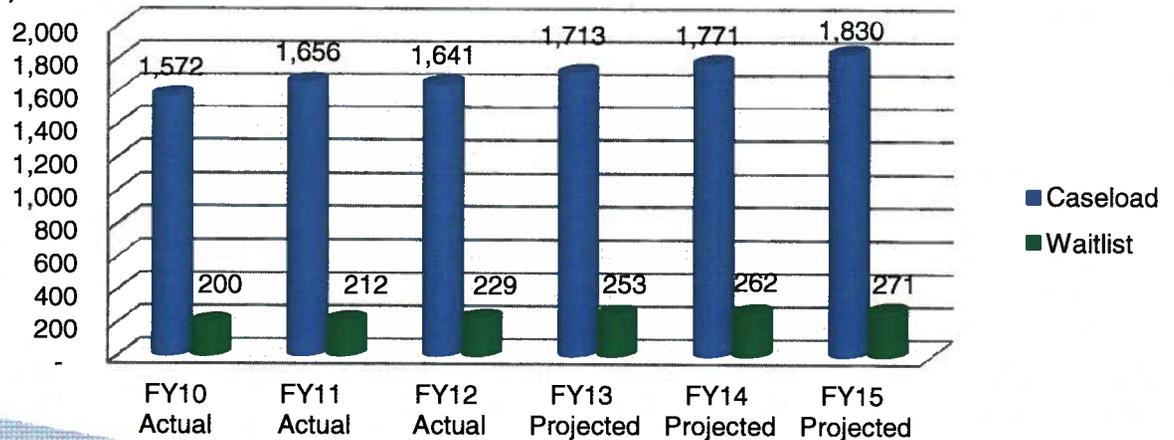
- June 2012 Actual Waitlist: 229
- FY2013 Projected Waitlist: 253
- FY2014 Projected Waitlist: 262
- FY2015 Projected Waitlist: 271

Average cost per recipient per year (FY11):

Waiver Program: \$13,757

Nursing Facility: \$67,701

Home and Community Based Waiver Program (HCBW)



BA 3266 – Home and Community Based Services

Community Service Options Program for the Elderly (COPE)

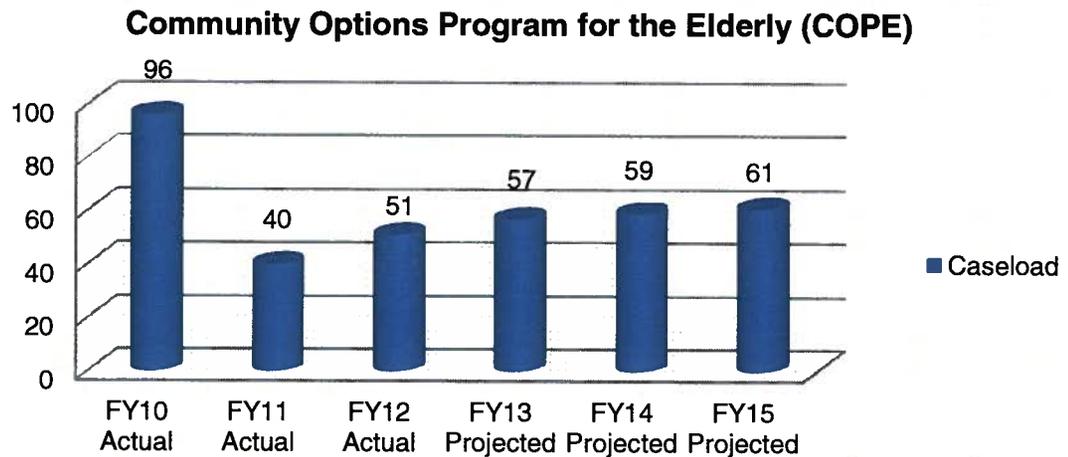
▶ Caseload Details

- June 2012 Actual Caseload: 51
- FY 2013 Legislative Approved Caseload: 96
- FY2013 Projected Caseload: 57
- FY2014 Projected Caseload: 59
- FY2015 Projected Caseload: 61

▶ Waitlist Details (Average wait time is 29 days)

- June 2012 Actual Waitlist: 13
- FY2013 Projected Waitlist: 0
- FY2014 Projected Waitlist: 0
- FY2015 Projected Waitlist: 0

Average cost per recipient per year (FY11):
Waiver Program: \$6,324



BA 3266 – Home and Community Based Services

Assisted Living Waiver

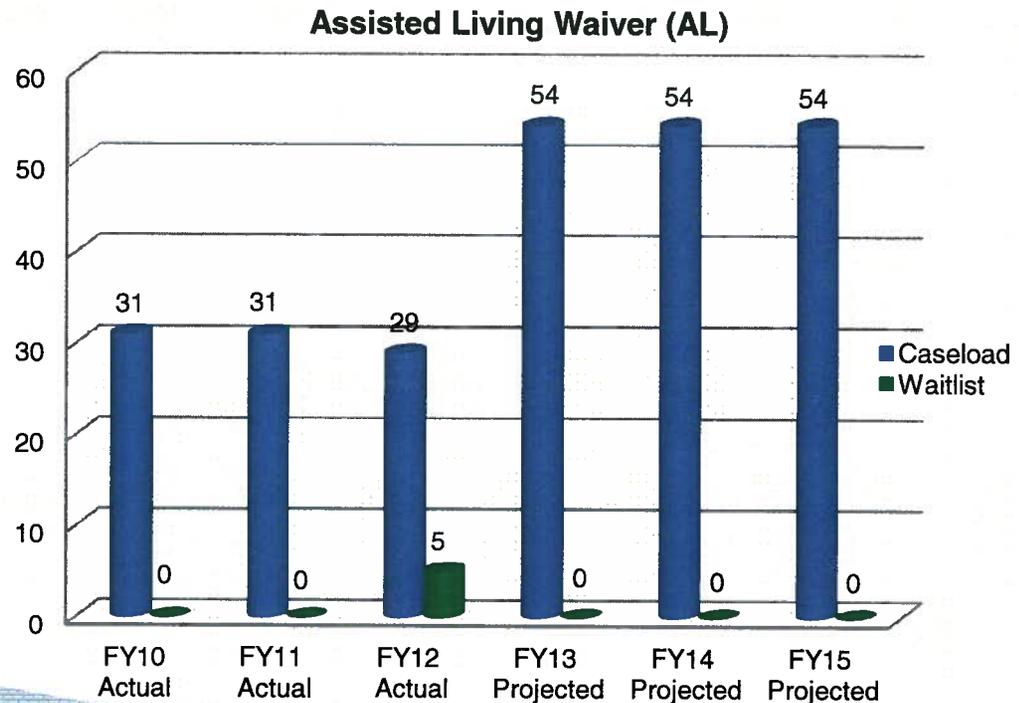
▶ Caseload Details

- June 2012 Actual Caseload: 29
- FY2013 Legislatively Approved Caseload: 54
- FY2013 Projected Caseload: 54
- FY2014 Projected Caseload: 54
- FY2015 Projected Caseload: 54

▶ Waitlist Details (Average wait time is 27 days)

- June 2012 Actual Waitlist: 5
- FY2013 Projected Waitlist: 0
- FY2014 Projected Waitlist: 0
- FY2015 Projected Waitlist: 0

Average cost per recipient per year (FY11):
 Waiver Program: \$8,773
 Nursing Facility: \$37,309



BA 3266 – Home and Community Based Services Continued

- ▶ M540 – This request increases caseload for the Independent Living Assistive Technology Program.

FY14: \$388,361

FY15: \$776,679

Biennium: \$1,165,040

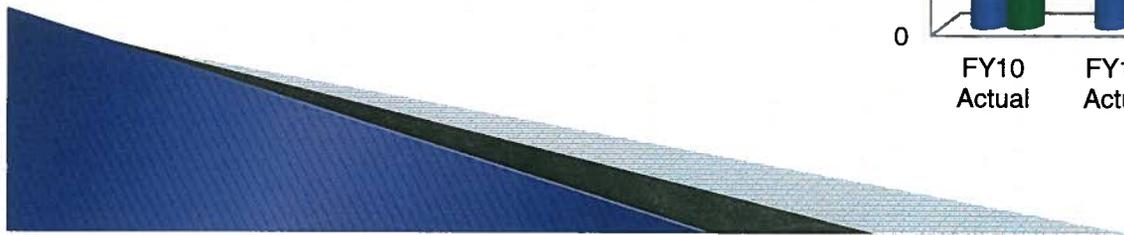
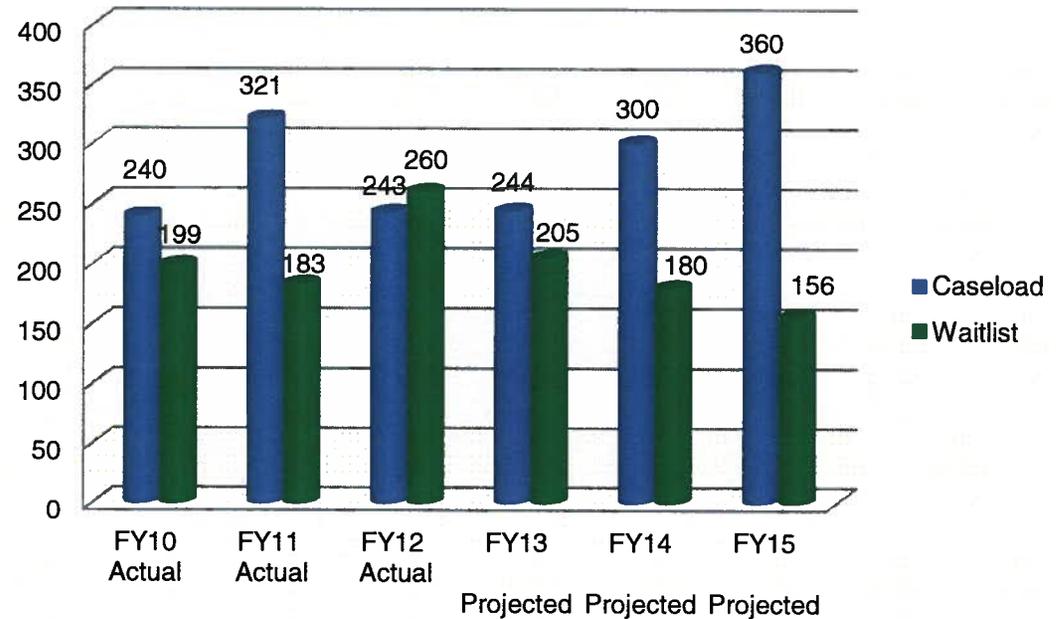
- ▶ Caseload Details

- June 2012 Actual Caseload: 244
- FY 2013 Legislative Approved Caseload: 216
- FY2013 Projected Caseload: 244
- FY2014 Projected Caseload: 300
- FY2015 Projected Caseload: 360

- ▶ Waitlist Details (Average wait time is 287 days)

- June 2012 Actual Waitlist: 260
- FY2013 Projected Waitlist: 205
- FY2014 Projected Waitlist: 180
- FY2015 Projected Waitlist: 156

Independent Living (IL)



BA 3266 – Home and Community Based Services Continued

- ▶ E275 – This request funds services for children with Autism Spectrum Disorder.

Funding:

	FY14		
	GF	Tobacco	Total
Adjusted Base	872,456	1,199,824	2,072,280
E275	374,773	604,911	979,684
Total	1,247,229	1,804,735	3,051,964

	FY15		
	GF	Tobacco	Total
Adjusted Base	872,456	1,199,824	2,072,280
E275	1,625,721	1,029,719	2,655,440
Total	2,498,177	2,229,543	4,727,720

	Biennium Total		
	GF	Tobacco	Total
Adjusted Base	1,744,912	2,399,648	4,144,560
E275	2,000,494	1,634,630	3,635,124
Total	3,745,406	4,034,278	7,779,684

BA 3266 – Home and Community Based Services Continued

Autism Treatment Assistance Program (ATAP)

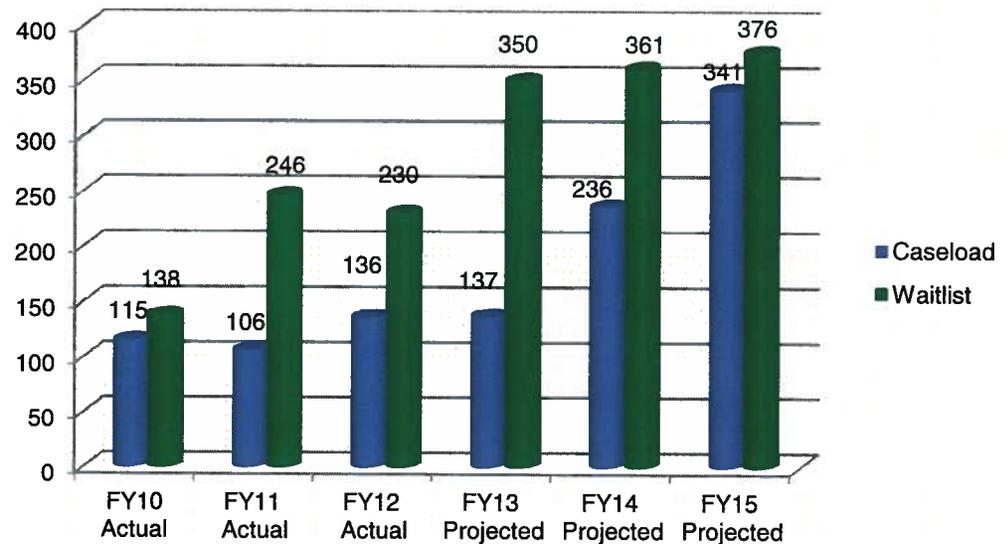
▶ Caseload Details

- June 2012 Actual Caseload: 136
- FY 2013 Legislative Approved Caseload: 137
- FY2013 Projected Caseload: 137
- FY2014 Projected Caseload: 236
- FY2015 Projected Caseload: 341

▶ Waitlist Details

- June 2012 Actual Waitlist: 230
- FY2013 Projected Waitlist: 350
- FY2014 Projected Waitlist: 361
- FY2015 Projected Waitlist: 376

Autism Treatment Assistance Program (ATAP)



BA 3266 – Home and Community Based Services Continued

- ▶ E710 – This request replaces computer hardware and associated software per Enterprise Information Technology Services Division's recommended replacement schedule.

FY14: \$53,638

FY15: \$55,731

Biennium: \$109,369

- ▶ E711 – This request funds voice mail for thirty-six positions and is dependent upon approval of decision unit E711 in Aging and Disability Services Division Federal Programs and Administration budget account, 3151, which requests funding for a new telephone system for the division's Reno office.

FY14: \$3,509

FY15: \$3,448

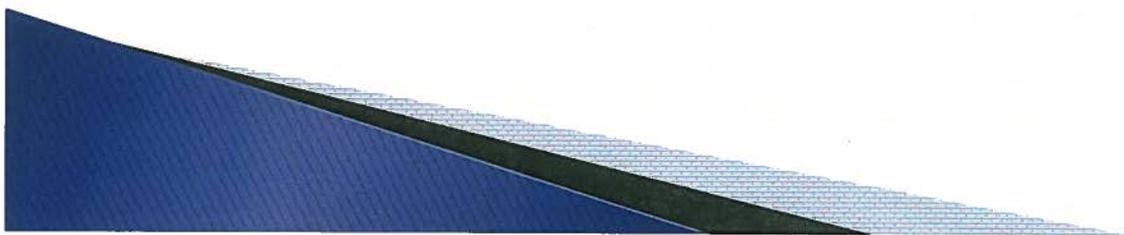
Biennium: \$6,957

- ▶ E804 – This request funds an internal cost allocation for support services.

FY14: \$1,404,289

FY15: \$1,440,159

Biennium: \$2,844,448



BA 3266 – Home and Community Based Services Continued

- ▶ E805 – This request reclassifies a Social Services Manager I to a Social Services Manager II and a Social Worker II to a Social Services Manager II for the Elderly Protective Services program. This provides a manager in Northern and Southern Nevada commensurate with duties of the positions.
 - October 2010 IFC approved an additional 11 staff to transition Clark County Protective Services to the State, doubling the number of direct reports.
 - Currently there are 9 direct reports to the one supervisor; standard is 1:5 ratio for supervisors
 - Additional program oversight and timely responses are needed to assure proper case intervention and staff safety.
 - Centralized intake unit is located in the South.
 - Increased case load statewide:
 - Number of closed cases increased by 6%
 - 1,609 between June 2011 to November 2011
 - 1,713 between June 2012 to November 2012
 - Number of activities such as referrals, training, and information increased 24%
 - 369 between June 2011 to November 2011
 - 459 between June 2012 to November 2012

FY14: \$12,385

FY15: \$12,973

Biennium: \$25,358

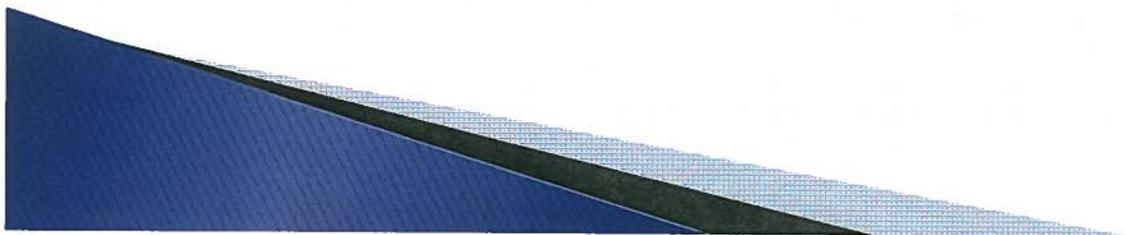
BA 3266 – Home and Community Based Services Continued

- ▶ E900 and E901 – These requests transfer positions between the Administration Account (BA 3151) and the Home and Community Based Program (BA 3266) to align the positions with the proper budget account.

FY14: \$58,652

FY15: \$60,674

Biennium: \$119,326



BA 3276 – IDEA Part C

The IDEA Part C Office monitors quality, compliance, and outcomes of programs and activities conducted by agencies, institutions, organizations, and providers for infants and toddlers with disabilities and their families.

- ▶ E710 – This request replaces computer hardware and associated software per Enterprise Information Technology Services Division (EITS) recommended replacement schedule.

FY14: \$2,026

FY15: \$0

Biennium: \$2,026

- ▶ E711 – This request funds voice mail for two positions and is dependent upon approval of decision unit E711 in ADSD Federal Programs and Administration, budget account 3151, which requests funding for a new telephone system for the division's Reno office.

FY14: \$187

FY15: \$184

Biennium: \$371

- ▶ E804 – This request funds an internal cost allocation for support services.

FY14: \$24,319

FY15: \$28,224

Biennium: \$52,543

Developmental Services Regional Centers

Developmental Services operates three Regional Centers that provide or purchase services and supports for children and adults with intellectual disabilities and related conditions and their families. Services include service coordination, family support, residential supports, and jobs and day training.

BA 3167 – Rural Regional Center

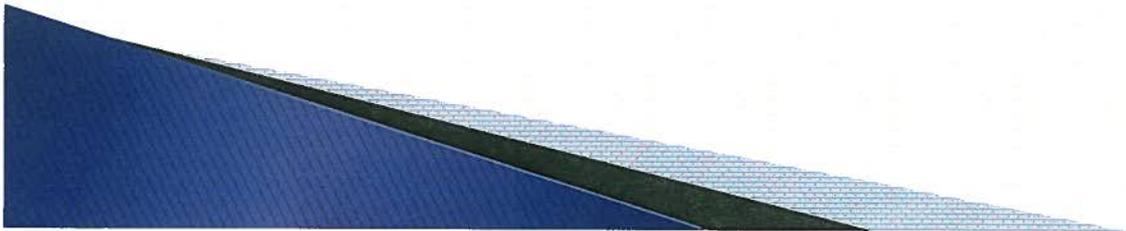
- Rural counties of Nevada. Intake services are located in the main Carson City office with satellite offices located in Elko, Fallon, Fernley, Minden and Winnemucca.

BA 3279 – Desert Regional Center

- Southern Nevada counties including Clark and parts of Nye and Lincoln counties.

BA 3280 – Sierra Regional Center

- Washoe county and provides backup services to northern rural counties.



M200 Caseload Growth

This request funds caseload growth. This funding is expected to serve the current wait list.

BA 3167 – Rural Regional Center

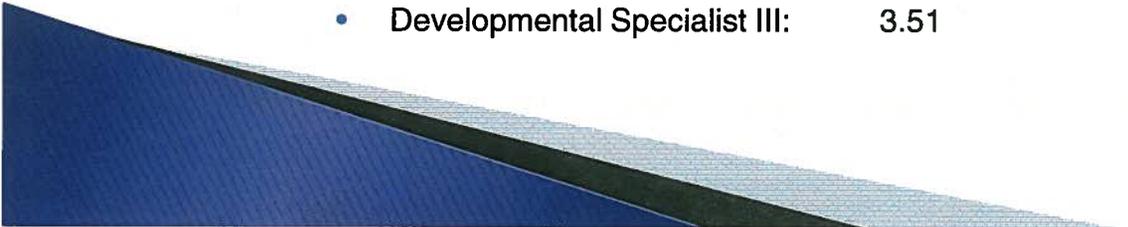
- FY14: \$1,107,544
- FY15: \$1,385,812

BA 3279 – Desert Regional Center

- FY2014: \$7,453,715 FTEs: 39
- FY2015: \$14,128,084 FTEs: 41
 - Developmental Specialists III: 20
 - Developmental Specialists IV: 3
 - Mental Health Counselor: 1
 - Psychiatric RN: 2
 - Administrative Support Staff : 15

BA 3280 – Sierra Regional Center

- FY2014: \$ 999,723 FTEs: 2
- FY2015: \$ 2,467,845 FTEs: 3.51
 - Developmental Specialist III: 3.51

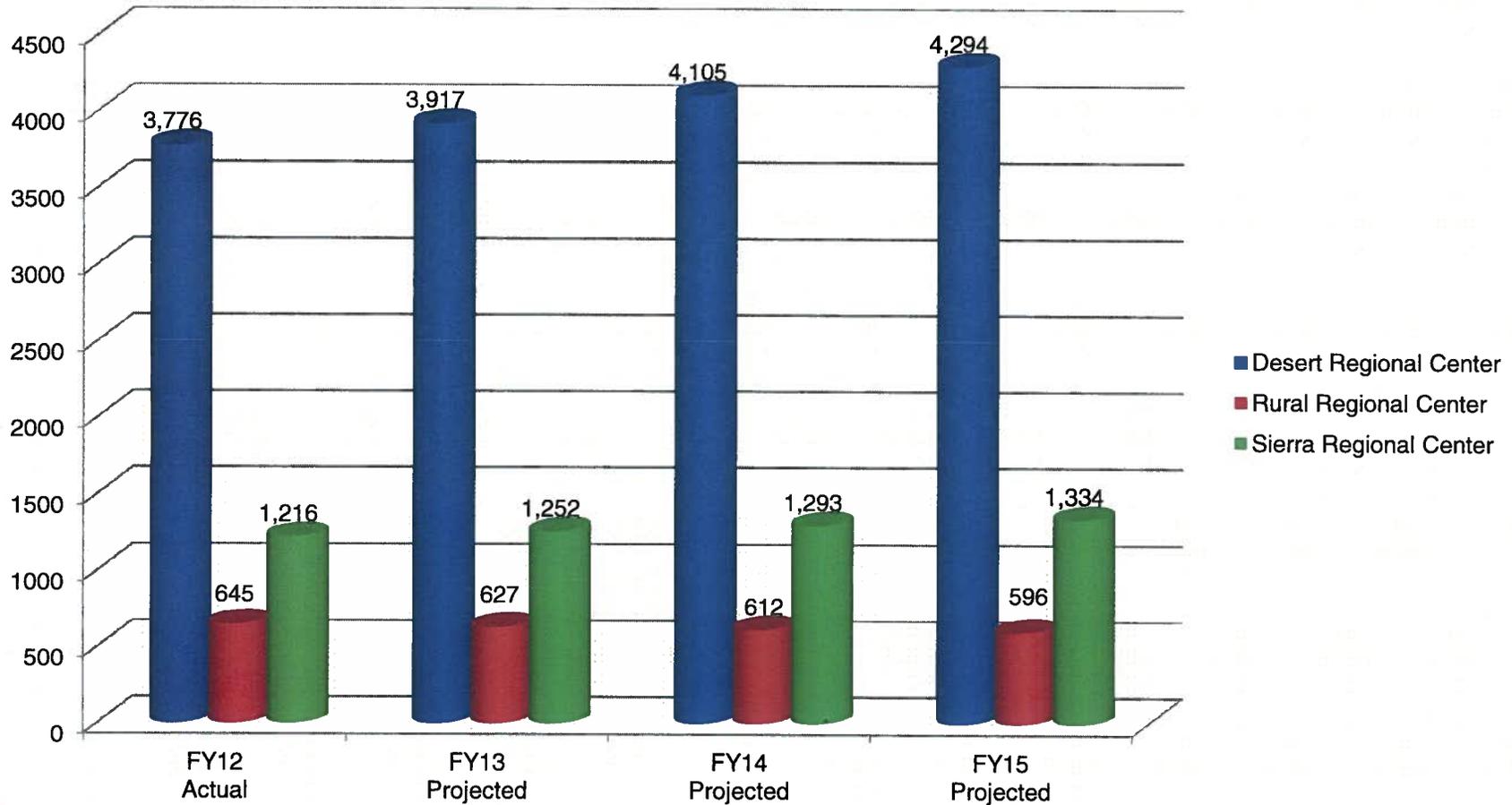


Developmental Services Service Coordination

Service coordination assists individuals and families in developing a community-based person centered life plan focused on individual needs and preferences.

Caseload Details	Desert Regional Center	Rural Regional Center	Sierra Regional Center
June 2012 Actual	3,776	645	1,216
FY2013 Leg Approved	3,259	698	1,240
FY2013 Projected	3,917	627	1,252
FY2014 Projected	4,105	612	1,293
FY2015 Projected	4,294	596	1,334

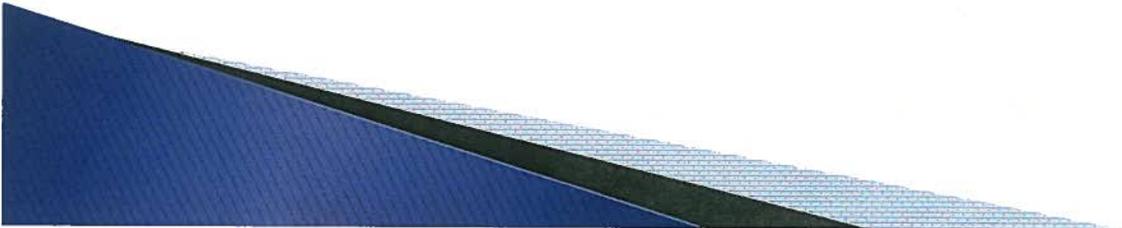
Service Coordination



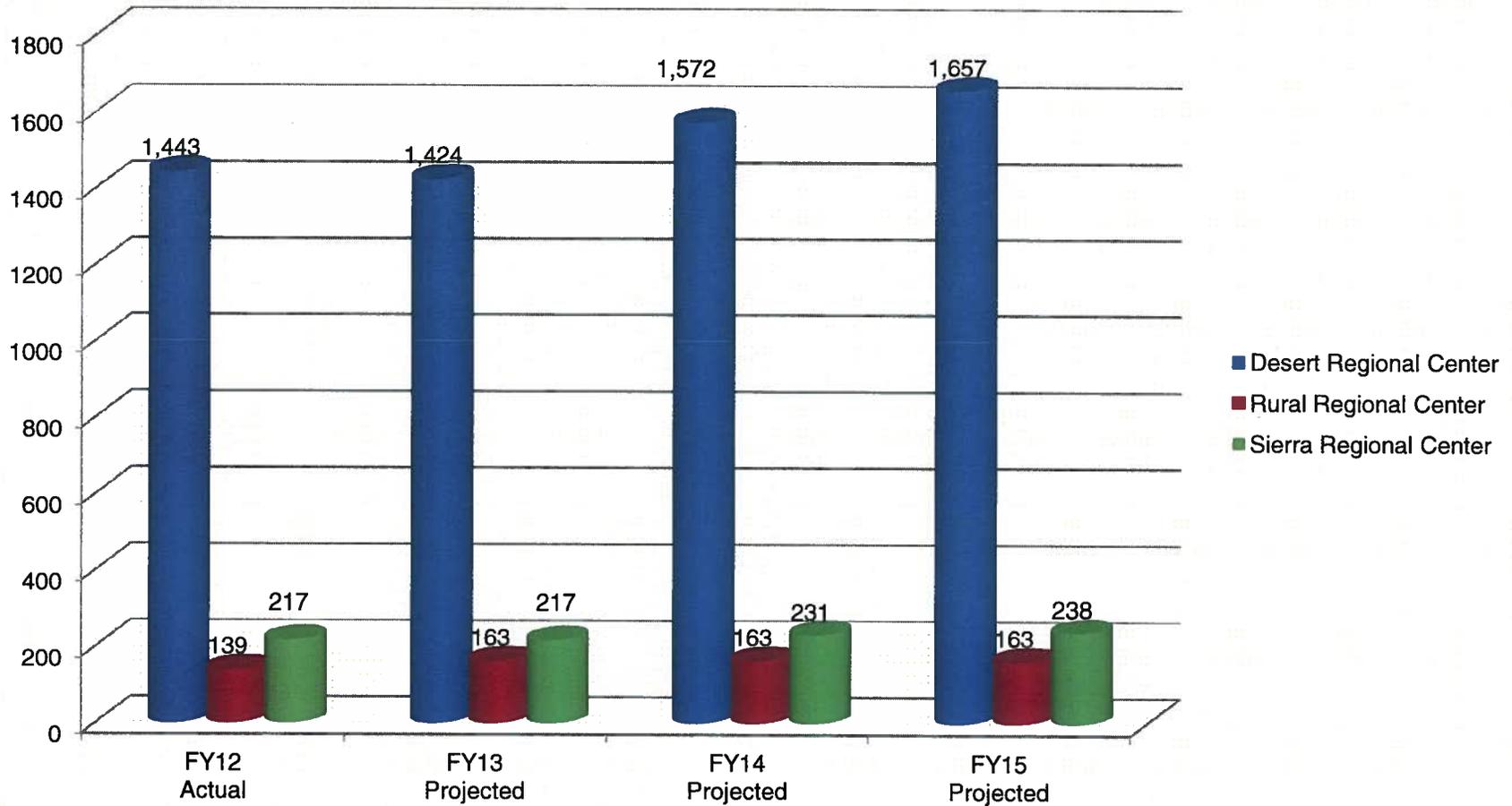
Developmental Services Family Support

Family Support provides financial assistance for eligible families to obtain respite services for their family member. Respite provides the caregiver brief periods of relief from the day to day care of their disabled family member.

Caseload Details	Desert Regional Center	Rural Regional Center	Sierra Regional Center
June 2012 Actual	1,443	139	217
FY2013 Leg Approved	1,424	254	380
FY2013 Projected	1,424	163	217
FY2014 Projected	1,572	163	231
FY2015 Projected	1,657	163	238
Waitlist (As of January 31, 2013)	308	28	-



Family Support

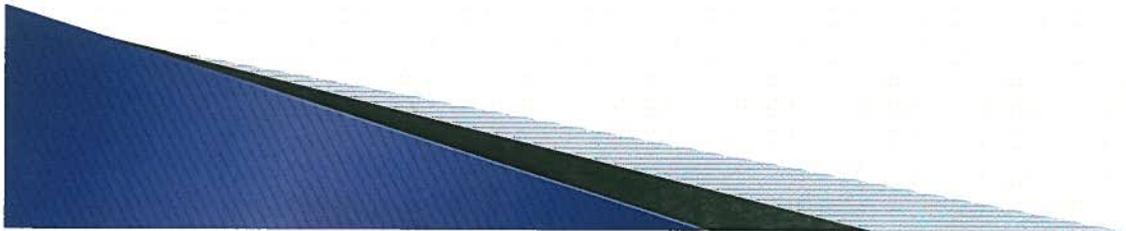


Developmental Services Jobs & Day Training (Jobs Program)

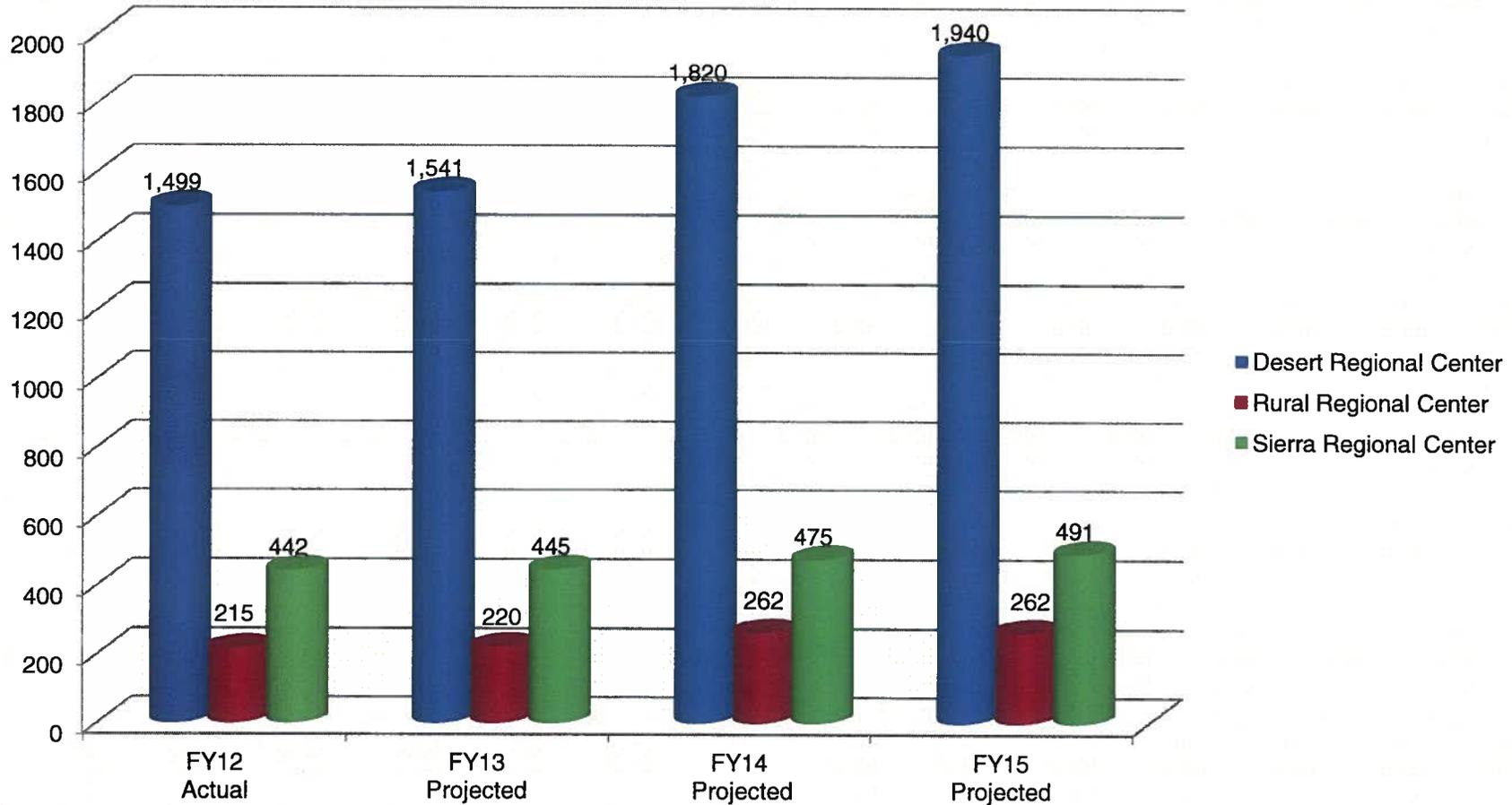
Jobs and Day Training assists individuals in obtaining meaningful employment and living skills to help them achieve community inclusion, independence, and productivity.

Caseload Details	Desert Regional Center	Rural Regional Center	Sierra Regional Center
June 2012 Actual	1,499	215	442
FY2013 Leg Approved	1,746*	262	445
FY2013 Projected	1,746	220	445
FY2014 Projected	1,820	262	475
FY2015 Projected	1,940	262	491
Waitlist (As of January 31, 2013)	271	66	46

*Amount includes work program approved by August 2012 IFC.



Jobs & Day Training (Jobs Program)

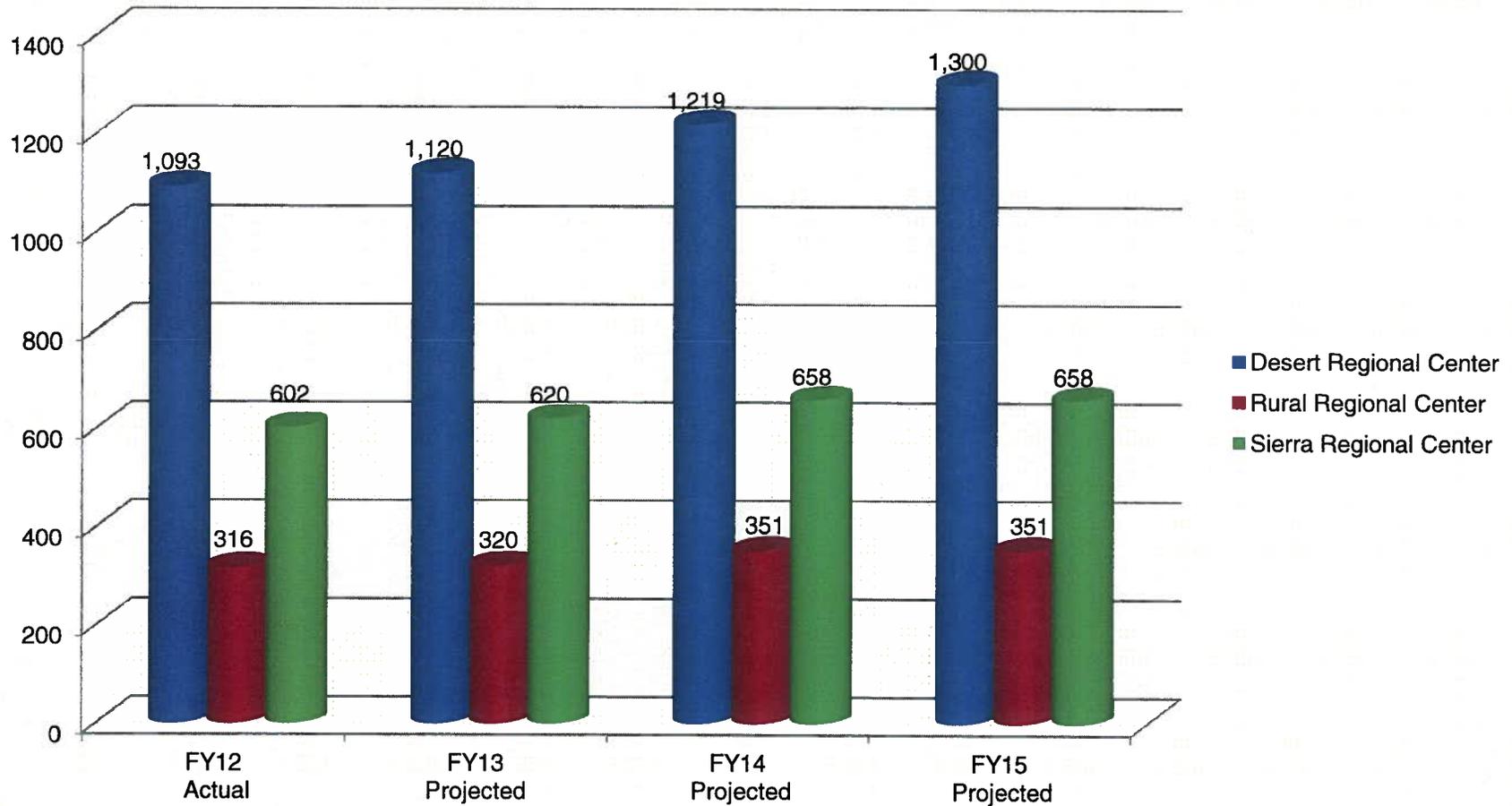


Developmental Services Supported Living (Residential Support)

Residential Supports help individuals live in the least restrictive community setting possible. Supports are provided based on assessed needs of the individual with the goal of increasing independence, community access and participation, and safety skills.

Caseload	Desert Regional Center	Rural Regional Center	Sierra Regional Center
June 2012 Actual	1,164	316	602
FY2013 Leg Approved	1,135	351	648
FY2013 Projected	1,120	320	620
FY2014 Projected	1,219	351	658
FY2015 Projected	1,300	351	678
Waitlist (As of January 31, 2013)	148	52	9

Supported Living (Residential Support)

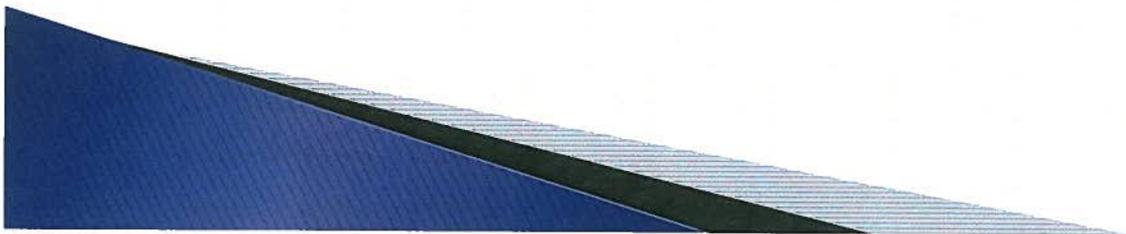


Developmental Services Statewide Case Management System

- ▶ This is a one-shot Technology Investment Request (TIR) with benefits that include:
 - Replace the manual, cumbersome and paper based processes used to service over 6,000 individuals.
 - Satisfy the Federal and State mandates.
 - Enhance the business practices between private and public partnerships.
 - Streamline case management processes.
 - Decrease wait times for services as the population grows.
 - First step for integrated systems within ADSD creating a continuum of disability services across the lifespan.

Total Funding: \$1,517,710:

- \$938,119 General Funds
- \$579,591 Medicaid Administration Cost Share



E811 Position Reclassifications

BA 3279 – Desert Regional Center

- **E811-** This request reclassifies a classified Clinical Program Manager III to an unclassified Agency Manager.

FY14: <\$1>

FY15: \$0

Biennium: <\$1>

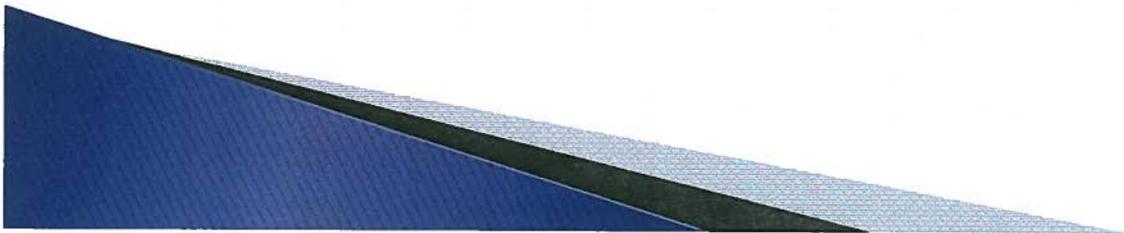
BA 3280 – Sierra Regional Center

- **E811-** This request reclassifies a classified Clinical Program Manager III to an unclassified Agency Manager.

FY14: \$5,070

FY15: \$2,568

Biennium: \$7,638



BA 3166 – Family Preservation Program

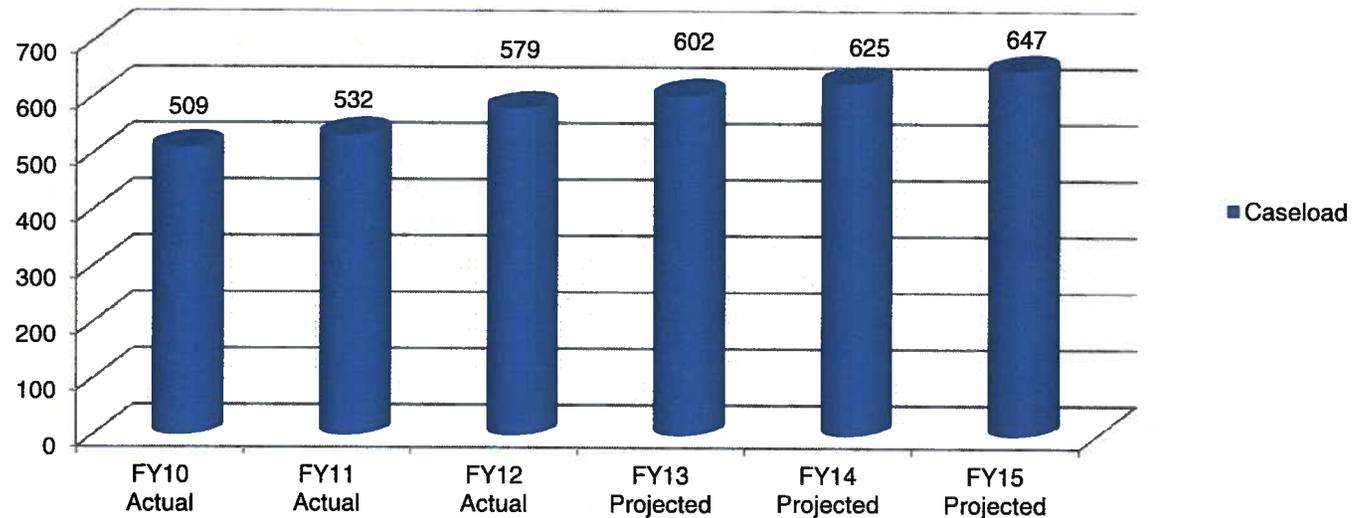
The purpose of the Family Preservation Program (FPP) is to provide financial assistance to family members caring for their relatives with severe or profound developmental disabilities so that the family member can remain in their home, preserve the family unit, and avoid costly out of home placements. NRS 435.365.

- M200 – This request funds caseload growth for the Family Preservation Program. Caseloads are projected to increase from a Legislatively approved 626 to 647 in fiscal year 2015. The number of participants who will receive services will increase by 23 participants in FY2014 and 22 participants in FY2015. The current monthly allotment is \$374 per family.

FY14: \$56,100

FY15: \$157,828

Biennium: \$213,928



BA 3167 – Rural Regional Center

- E710 – E711 – This request replaces computer hardware and associated software per Enterprise Information Technology Services' recommended replacement schedule.

FY14: \$116,826

FY15: \$27,292

Biennium: \$144,118

- E720 – This request purchases six concurrent user licenses for policy and procedure management software which organizes policies and houses them during all stages of creation, review, and approval.

FY14: \$5,177

FY15: \$4,182

Biennium: \$9,359



BA 3167 – Rural Regional Center Continued

- E800 - E804 – This request adjusts the Developmental Services cost allocation plan associated with the consolidation efforts between the Aging and Disability Services Division, Health Division, and Mental Health and Developmental Services. A bill draft request has been submitted to support this request.

FY14: \$136,565

FY15: \$138,284

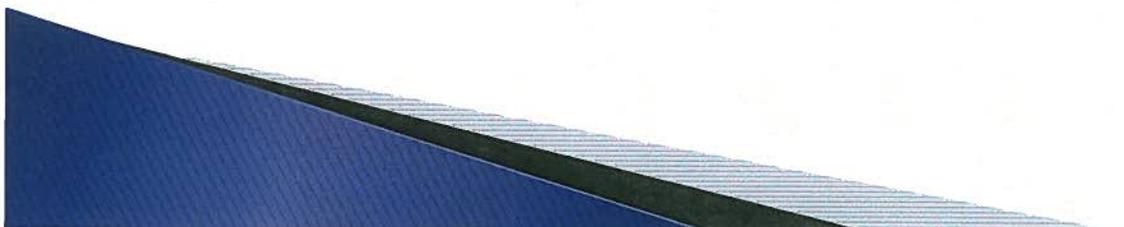
Biennium: \$274,849

- E914 – This request transfers one Business Process Analyst II from Rural Regional Center, budget account 3167, to Aging and Disability Services Division, budget account 3151 as part of the consolidation efforts between the Aging and Disability Services Division, Health Division, and Mental Health and Developmental Services (See page 13, PCN 1407).

FY14: <\$62,675>

FY15: <\$67,016>

Biennium: <\$129,691>



BA 3279 – Desert Regional Center

The Desert Regional Center Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-ID) supports 48 people who are 18 years and older and have significant medical and/or behavioral support needs, and who require active treatment designed to teach or maintain skills necessary to promote functional status and level of independence. The DRC ICF-ID is licensed by the State of Nevada's Bureau of Health Care Quality and Compliance and is staffed 24 hours, 7-days per week with direct support technicians, nursing personnel and a licensed psychologist.

M201- Adds 11 new positions (10 Direct Support and 1 Behavioral Specialist) for the Intermediate Care Facility/Intellectually Disabled to adequately staff the facility to ensure safety of staff and residents and program efficacy.

- Number of residents who are dually diagnosed has risen from 65.5% to 81.25%.
- Increased challenges of sexual predatory behavior, aggression, self-injurious behavior, suicide threats, and increased psychiatric hospitalizations.
- Many residents require a 1:1 or 2:1 staff ratio given the increased complexity and violent nature of behaviors.
- Brings DRC closer to the ICF staffing ratios in the surrounding western states.

BA 3279 – Desert Regional Center

- FY2014: \$342,321 FTEs: 11
- FY2015: \$554,300 FTEs: 11

BA 3279 – Desert Regional Center Continued

- E710 – This request replaces computer hardware and associated software per the Enterprise Information and Technology Services recommended replacement schedule. It also replaces vehicles, custodial and maintenance equipment, and furnishings.

FY14: \$174,675

FY15: \$127,507

Biennium: 302,182

- E720 – This request funds user licenses for policy and procedure management software which houses policies and procedures during all stages of creation, review, and approval.

FY14: \$7,826

FY15: \$6,831

Biennium: \$14,657

- E800 - E804 – This request adjusts the Developmental Services cost allocation plan associated with the consolidation efforts between the Aging and Disability Services Division, Health Division, and Mental Health and Developmental Services. A bill draft request has been submitted to support this request.

FY14: \$1,342,994

FY15: \$1,360,108

Biennium: \$2,703,102

BA 3279 – Desert Regional Center Continued

- E805 – This request reclassifies a Personnel Analyst I position to a Personnel Analyst II position commensurate with duties of the position. This is part of the consolidation efforts between the Aging and Disability Services Division, Health Division, and Mental Health and Developmental Services (See page 11, PCN 1533).

FY14: \$4,838

FY15: \$5,082

Biennium: \$9,920

- E807 – This request reclassifies an Administrative Assistant II to an Information Technology Technician IV and a Business Process Analyst II to an Information Technology Professional II commensurate with duties of these positions (See page 13, PCNs 1593 and 1650).

FY14: \$10,770

FY15: \$11,082

Biennium: \$21,852

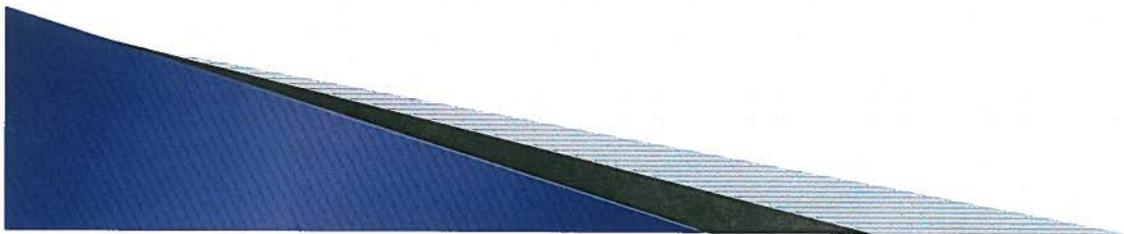
BA 3279 – Desert Regional Center Continued

- E916, E917, E931 – These requests transfer positions to ASD as part of the integration of disability services within ASD, Developmental Services, and Early Intervention Services.

FY14: <\$538,129>

FY15: <\$590,134>

Biennium: <1,128,263>



BA 3280 – Sierra Regional Center

- E710 – This request replaces computer hardware and associated software per Enterprise Information Technology Services' recommended replacement schedule.

FY14: \$180,975

FY15: \$55,085

Biennium: \$236,060

- E720 – This request purchases six concurrent user licenses for policy and procedure management software.

FY14: \$5,177

FY15: \$4,182

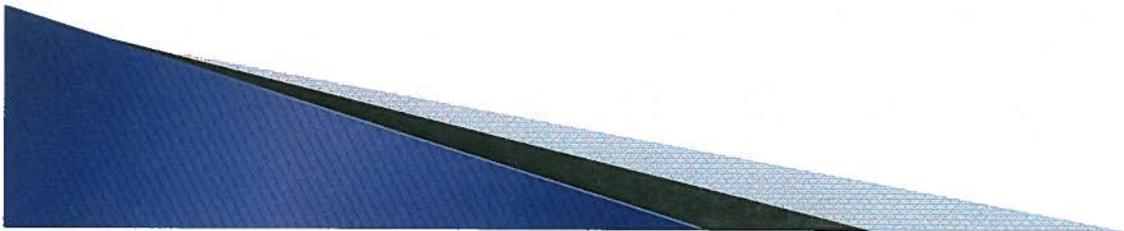
Biennium: \$9,359

- E800 - E804 – This request adjusts the Developmental Services cost allocation plan associated with the consolidation efforts between the Aging and Disability Services Division, Health Division, and Mental Health and Developmental Services. A bill draft request has been submitted to support this request.

FY14: \$243,322

FY15: \$246,371

Biennium: \$489,693



BA 3280 – Sierra Regional Center Continued

- E805 – This request reclassifies two Business Process Analyst 2 positions to Information Technology Professional 2 positions commensurate with duties of these positions (See page 13, PCN 1829).

FY14: \$5,366

FY15: \$5,432

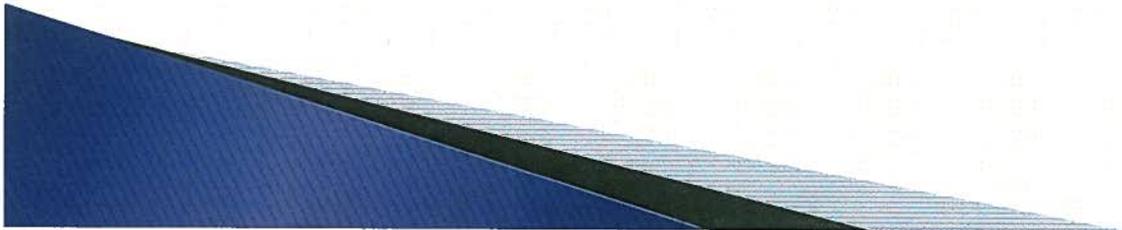
Biennium: \$10,798

- E906 – This request transfers one IT position from Sierra Regional Center, budget account 3280, to Mental Health Information Services, budget account 3164.

FY14: <\$82,025>

FY15: <\$84,266>

Biennium: <\$166,291>



BA 3280 – Sierra Regional Center Continued

- E918– This request transfers positions to ADSD as part of the integration of disability services within ADSD, Developmental Services, and Early Intervention Services.

FY14: <\$110,481>

FY15: <\$117,021>

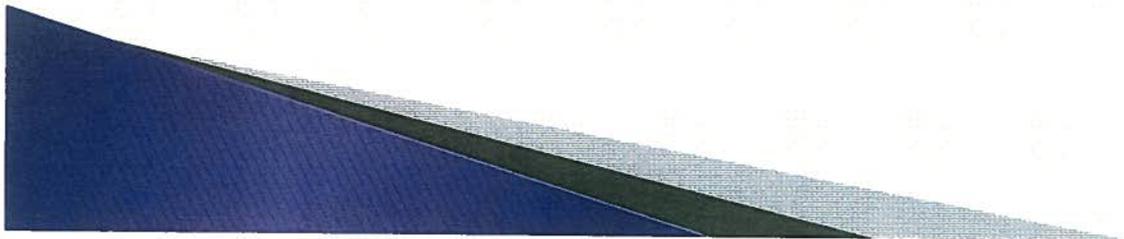
Biennium: <\$227,502>

- E930– This request transfers a Clinical Program Manager II from Sierra Regional Center, budget account 3280, to Early Intervention Services, budget account 3208 as part of the consolidation efforts between the Aging and Disability Services Division, Health Division, and Mental Health and Developmental Services.

FY14: <\$76,206>

FY15: <\$81,102>

Biennium: <\$157,308>



Priorities and Performance Based Budgeting

Objectives and Corresponding Activities

Core Function: Human Services

▶ Objective: Child Well-Being

Activities:

- Early Intervention Services (Health Division)
- IDEA Part C (Aging and Disability Services Division)

▶ Objective: Well-Being of the Disabled

Activities:

- Autism Treatment Assistance Program (Aging and Disability Services Division)
- Deaf and Hard of Hearing Services (Aging and Disability Services Division)
- Home and Community Based Services (Aging and Disability Services Division)
- Inpatient Services (Developmental Services)
- Private Sector Partnership Administration (Aging and Disability Services Division)
- Psychological Services (Developmental Services)
- Social Services (Developmental Services)

▶ Objective: Senior Well-Being

Activities:

- Elder Protective Services (Aging and Disability Services Division)
- Home and Community Based Services (Aging and Disability Services Division)
- Long Term Care Ombudsman (Aging and Disability Services Division)
- Private Sector Partnership Administration (Aging and Disability Services Division)

Priorities and Performance Based Budgeting Objectives and Corresponding Activities

Core Function: Health Services

▶ Objective: Access to Affordable Health Care

Activities:

- Autism Treatment Assistance Program (Aging and Disability Services Division)
- Senior Benefits Counseling (Aging and Disability Services Division)
- State Pharmacy Assistance Program (Aging and Disability Services Division)

▶ Objective: Wellness

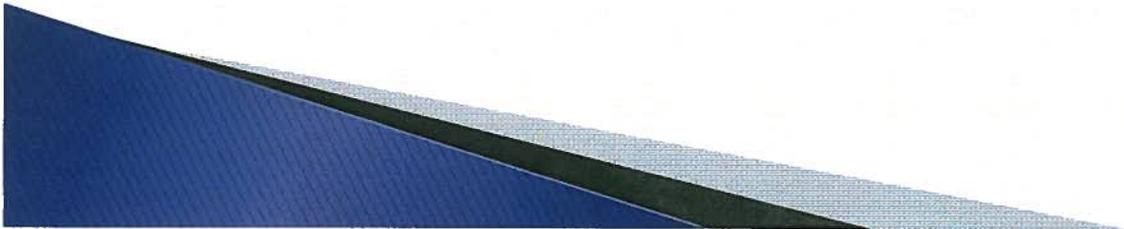
Activities:

- IDEA Part C (Aging and Disability Services Division)

▶ Objective: Other – Education

Activities:

- Senior Benefits Counseling (Aging and Disability Services Division)



Priorities and Performance Based Budgeting

Activities	Description of Activities	Objective	Objective
Autism Treatment Assistance Program	Provides funding assistance and care coordination to support families in accessing intensive behavioral interventions for their children with autism spectrum disorders.	Access to Affordable Health Care (Health Services)	Well-Being of the Disabled (Human Services)
Deaf and Hard of Hearing Services	Provides 24/7 telephone relay services for Nevadans with communication disabilities, as well as equipment and training necessary to access these services. It also provides support to the Deaf and Hard of Hearing Advocacy Resource Centers and case management support to help deaf and hard of hearing Nevadans gain access to public services.	Well-Being of the Disabled (Human Services)	
Early Intervention Services	Helps children ages birth to the age of three, with developmental delays, through direct services or contracts with community providers. Services include: speech therapies, vision, hearing, nutritional services, specialized instruction, family support, training, counseling, and pediatric diagnostic evaluation.	Child Well-Being (Human Services)	
Elder Protective Services	Investigates reports of abuse, neglect, self-neglect, exploitation, and isolation of persons aged 60 years and older.	Senior Well-Being (Human Services)	

Priorities and Performance Based Budgeting

Activities	Description of Activities	Objective	Objective
Home and Community Based Services	Programs are designed to enable older persons and individuals with disabilities to avoid or delay institutionalization. Services include case management, homemaking services, respite, chore assistance, personal emergency response systems, attendant care, augmented personal care, and companion and social adult day care services.	Senior Well-Being (Human Services)	Well-Being of the Disabled (Human Services)
IDEA Part C	Provides monitoring quality, compliance, and outcomes of programs and activities conducted by agencies, institutions, organizations, and Early Intervention Service providers who are receiving assistance under Part C of the Individuals with Disabilities Education Act (IDEA).	Wellness (Health Services)	Child Well-Being (Human Services)
Inpatient Services	Desert Regional Center provides institutional care for individuals with developmental disabilities in the Las Vegas area. This program provides 24 hour nursing support, supervision, and habilitation training and serves the most significantly impacted individuals as they develop skills to move into community-based programs.	Well-Being of the Disabled (Human Services)	
Long Term Care Ombudsman	The federal Older American's Act (OAA) requires a statewide Long-Term Ombudsman Program to investigate and resolve complaints made by, or on behalf of older individuals who are residents of long term care facilities.	Senior Well-Being (Human Services)	
Private Sector Partnership Administration	Many of the Division's services are delivered through grants or contracts with community partner agencies. Within this activity, the Division provides oversight and technical assistance to ensure the quality and efficient delivery, and compliance of vital services according to federal or state guidelines.	Senior Well-Being (Human Services)	Well-Being of the Disabled (Human Services)

Priorities and Performance Based Budgeting

Activities	Description of Activities	Objective	Objective
Psychological Services	Supports an individual's ability to access high quality services within their communities and provides evidenced based clinical services within a community based setting. Developmental Services provides assessment and evaluation services and service coordination.	Well-Being of the Disabled (Human Services)	
Senior Benefits Counseling	The State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP) provide Medicare information and assist individuals in choosing a health care plan. Help is given to understand Medicare billing, detecting fraud, assisting in appeals, and counseling in additional insurance needs, and <u>avoiding scams</u> .	Access to Affordable Health Care (Health Services)	Other (Health Services) - Education
Social Services	Provides support and services which include: adaptive skill development; facilitation of activities of daily living; teaching community living skills; teaching interpersonal and relationship skills; choice making, social and leisure skills; and budgeting and money management skills, as well as facilitation of community inclusion.	Well-Being of the Disabled (Human Services)	
State Pharmacy Assistance Program	Commonly known as Senior Rx and Disability Rx, the program provides seniors and individuals with disabilities assistance with the cost of prescription drugs and monthly prescription insurance premiums.	Access to Affordable Health Care (Health Services)	
Administration	Support services which include general administration, fiscal services, information technology, and personnel services.	Admin & Other Support Services (Human Services)	

A horizontal banner featuring a collage of diverse people of various ages and ethnicities. The word "QUESTIONS" is written in large, white, sans-serif capital letters across the center of the collage. On the far left of the banner, there is a small logo for Nevada with the text "Nevada" above a star and "1863" below it.

QUESTIONS

Implementation Timeline

Quality Assurance

- January 2013 – April 2013
 - Statewide position designated to oversee Early Intervention Services standardization
 - Contract for an Early Intervention Services needs assessment
 - Identify Statewide Data Team
 - Training: Customer Service training for all Division staff
- March 2013 – August 2013
 - QA work group to identify scope of community providers (Dr. Colletti)
 - Identification of Standards of Practice
 - Special team identified to assist service providers in addressing urgent quality needs
 - Five year strategic plan developed to guide the Division
- April 2013 – June 2013
 - Quality Assurance team identified within each Early Intervention Services region
 - Roll out of the 10 quality standards, scope of work for service providers, specialized training requirements for specific disabilities.
 - Quality team works with Quality teams from Aging and Disability Services and Developmental Services to share knowledge and identified shared processes.
- July 2013 – December 2013
 - QA work group to address provider training, state DS QA functions
 - Written policies to guide the service delivery system
 - Post accurate monthly data to the Aging and Disability Services Division website
- January 2014 – June 2014
 - Develop training program for State staff and community providers
 - Implementation and evaluation of the standards developed by Statewide Quality Standards
- September 2014 – June 2015
 - RFP process for expanded provider capacity
- July 2014 – July 2015
 - Identify data needs and develop quality reporting system
 - Statewide Quality Standard's Workgroup establish transparency of data for Early Intervention Services
- July 2015 – September 2015
 - Award RFP and begin new provider training
- July 2014 – July 2015
 - Establish provider standards and certification requirements
- July 2015 – June 2016

- Implement provider certification process
- September 2013 – June 2014
 - Develop transition criteria policy
- July 2014 – June 2015
 - Implement policy for streamlined transition between programs

All Programs

- January 2013 – March 2013
 - Waiver Programs – MRPRC Renewal
 - Hire Dr. Kinman full-time to assist with medically fragile services/children
 - Hire and/or train existing assistant for Dr. Kinman
 - Collect and analyze data on number of kids being served by DS in 0 – 3 age range.
 - Collect data on referrals from EI to DS and what additional assessments are needed to determine eligibility and
 - July 2015 – 75% of EI caseload to community providers
 - July 2015 - June 2016: Develop universal application to be used across EI, DS and Aging and Disability populations
 - July 2016 – June 2017: Implement universal application
- March 2013 – June 2015
 - Intake and Eligibility / QA Development
 - Enhance Behavioral Health Assessment
 - Begin updating 10-year strategic plans for both Seniors and People with Disabilities
 - Develop management group to review and become familiar with all program operations
 - Communicate high-level overview of agency timeline and priorities
- April 2013 – June 2014
 - Policy Development across regions
 - Create standardized EI intake application
 - Standardize terminology across regions for clarity policy and service delivery
 - Write universal policies across regions for increased streamlined procedures
 - Evaluate physical space to accommodate staff
- July 2013 – December 2013
 - Revenue Assessment
 - Analyze data and establish assessment standard and timelines for administering
 - Finalize classification and position control numbers for new and re-classified positions.
 - Appointment to New and Re-classified Positions
- September 2013 – June 2015
 - Identify which diagnoses/conditions are likely to DS eligible and develop method to track those children at regular intervals.
 - Develop transition criteria policy
 - Implement policy for streamlined transition between programs
- October 2013 – June 2015
 - Strategic Plan Implementation & Ongoing Public Input
 - Revise Cost Allocation Plan
 - Finalize updating strategic plans

- January 2014 – December 2014
 - Administrative Code Changes
 - Program Improvements & Public Input
 - Create a system for single point of entry for children who are eligible for multiple program (EIS, DS, ATAP)
 - Train and implement consistent policy
 - Work with State Personnel to address classification variances within staff operating HCBS programs and devise plans to equalize as necessary
 - Develop and refine budget concepts
- September 2014 – June 2015
 - RFP for Services & Training
 - Establish a process for centralized billing
- July 2015 – June 2016
 - Implement Quality Management System for All Waivers
 - Provider Certification Process for NEIS
- January 2016 – June 2016
 - Public Input on Operations
 - Policy Revisions
 - Budget Development
- July 2016 – June 2017
 - Develop and Submit LTSS Waiver

Information Technology

- January 2013 – June 2013
 - Policy Standardization, including:
 - Workstation setup
 - Infrastructure policies
 - Internal IT policies
 - Helpdesk systems
 - Inventory Tracking
 - Security policies
 - Prepare existing infrastructure for server moves/migrations
- July 2013 – August 2013
 - Bandwidth Increase for Reno and CC offices
- August 2013 – September 2013
 - Physically move staff from Technology Way to Goni Rd, CC
 - Physically move IT staff from various locations to DRC
- July 2013 – December 2013
 - Migrate IT systems into one division wide system. Infrastructure
 - Move staff to single sign-on
 - Develop central repository for reports (data warehouse)
 - Update website to include Developmental Services and Early Intervention Services
 - Prepare RFP for Developmental Services Case Management System (one-shot request)
- September 2013 – March 2014
 - SQL Migration for Senior Rx and Disability Rx database
- January 2014 – March 2014
 - Release RFP and review responses
- April 2014 – June 2014
 - Award contract for Developmental Services Case Management System
- July 2014 – December 2014
 - Implement Case Management System
 - Integrate with ADSD Case Management System
 - Train users (internal and external)
 - Develop plan to integrate NEIS with agency Case Management System
- January 2015 – June 2015
 - Secure funding for NEIS
- July 2015 – June 2016
 - Integrate Early Intervention with agency's Case Management System

Fiscal

- January 2013 – June 2013
 - Policy Standardization, including:
 - Internal Reports
 - Contract Management/Provider Agreements
 - Payroll
 - Provider Rates
 - Establish duties and responsibilities for staff integrating into ADSD CC Fiscal Unit
- January 2013 – June 2013
 - Review Medicaid Billing Processes and determine best practices
- July 2013 – June 2014
 - Revise ADSD Cost Allocation Plan to include Developmental Services and Early Intervention Services
- August 2013 – September 2013
 - Physically move staff from Technology Way to Goni Rd, CC
 - Implement new policies/procedures
- September 2013 – June 2015
 - Develop a plan to implement best practices and transparency
- July 2014 – June 2015
 - Implement Revised Cost Allocation Plan
 - Medicaid Billing & Private Pay Billing
- July 2015-June 2017
 - Implement best practices and transparency plan

Human Resources

- January 2013 – June 2013
 - Policy Standardization, including (by priority level top priority listed below for phase 1):
 - Telecommuting
 - Hiring
 - Employee conduct
 - Attendance and Leave
 - Work schedules
 - WPS/Evaluations
 - Discipline
 - Overtime
 - Standardizing other HR functions such as mgmt. reports, employee orientation
 - Work with Central Records on mass changes (whole Budget accounts that are moving into ADSD – SRC, DRC, EI – these will all be done on a mass change)
 - Review of duties for determining where centralization can occur in HR staff.
 - Splitting payroll duties from HR duties as payroll transitions to fiscal (have completed by 7/1)
- July 2013
 - Process ESMT forms to move positions between budget accounts (those that cannot be mass changed Fiscal/HR and IT positions).
 - Process forms for new positions and reclassifications approved by 2013 Legislature
 - Continued review and distribution of HR duties to ensure balanced workloads – where necessary centralize functions.
 - Communication to all employees so they are clear on where/who they go to for what HR function
- August 2013 – September 2013
 - Physically move staff from Technology Way to Goni Rd, CC
- September 2013 – June 2015
 - Implement new policies/procedures – this will be an ongoing process for the better part of a year or more as we get to all HR policy
 - Continued communication to all ADSD staff on how and where to receive HR services
 - Review best practices for agency wide HR functions and duty distribution
- July 2014 – June 2015
 - Evaluate/Secure funding for Classification Equalization
- July 2015 – June 2016
 - Classification Equalization
- July 2015 – June 2017
 - Implement best practices for agency wide HR functions
 - Implement changes to duty distribution

White Paper
Senior/Disability Rx Dental Program
Julie Kotchevar
February 2013

Summary - The purpose of the Dental Program for Senior and Disability Rx is to improve the oral health of our members.

Background – NRS 439.600 provides a provision where the Senior and Disability Rx programs can utilize the Fund for a Healthy Nevada to provide dental benefits to members. Passage of the Affordable Care Act enacted a few changes that impacted the program and created savings in the costs of prescription drugs. The program was able to utilize increased drug rebates and an increase in generic drug usage to create savings in the program.

The December Interim Finance Committee approved a pilot project to being the program in February 2013. In January 2013, the contract for an insurance benefit manager was awarded by the Purchasing Division, and in February the contract was approved by the Board of Examiners. After contract approval, the program began enrolling interested members in the dental program.

Problem Statement - The people served by this program experience lower rates of oral health due to side effects caused by prescription drugs. A 2010 Surgeon General's Report on oral health cited it as a significant service gap. The report also indicated that:

- 2.5 times the number of people without health insurance are without dental insurance,
- Oral cancers are more common in seniors and persons with disabilities and have a 56% survival rate, and
- Having insurance was the most significant factor when determining whether a person would go to a dentist

Proposed Solution - The dental program can currently serve about 800 people until June 2013. The program has a \$1,000 annual benefit with a \$1.96 per member per month administrative fee. It provides insurance coverage under a 100/80/50 coverage plan where preventative care is covered 100%, 80% of fillings, crowns and denture repair, and 50% of other services including crown replacements or dentures. ADSD has also worked with the Health Division and the State Dentist to create an evaluation to run alongside this program that measures oral health. Currently, the Rx programs are serving 419 people in Disability Rx and 2986 in Senior Rx. Continuation of this program could serve approximately 1,100 people per year over the biennium and partially close this significant gap in service.

Conclusion – The Senior and Disability Rx program has utilized the savings created through drug rebates to begin a pilot program for dental benefits serving 800 members. ADSD would like to expand the program to serve 1,100 members over the biennium.

White Paper
Autism Treatment Assistance Program (ATAP)
Brook Adie
February 2013

Summary- The goal of the Autism Treatment Assistance Program (ATAP) is to eliminate or decrease the need for lifelong supports to allow children with Autism Spectrum Disorder (ASD) to lead independent lives.

Background - The Center for Disease Control estimates a prevalence rate for ASD of 1 in 88 children. The influx of individuals with ASD will affect wait lists, medical and educational expenses, and the long-term viability of state programs. The ATAP program initially began as a pilot program in 2006. In 2011, the Nevada Legislature established ATAP to provide and coordinate the provision of services to persons with ASD.

ATAP has provider agreements with approximately 25 companies and/or individual Board Certified Behavioral Analysts to offer training and treatment oversight for children served by ATAP. Additionally, ATAP families currently employ more than 400 interventionists. The program has developed various plan types to support evidence-based treatment with weekly treatment hour requirements, a continuum of services, systematic transitions, parent choice, and parent participation. The result has been more children receiving research supported levels of treatment to improve outcomes.

The program has also implemented a tiered rate model for providers and an established maximum hourly rate for interventionists which has helped ATAP to ensure cost-effective treatment while supporting more weekly treatment hours. The program has implemented cost sharing and collaboration with other agencies such as school districts. ATAP also has a plan to address the limitation of insurance coverage by assisting parents who have insurance with co-pays and need additional treatment hours. All plans promote long-term behavior changes which support self monitoring of one's own behavior.

Problem Statement - ATAP currently serves the legislatively approved caseload of 137 children, maintains a growing wait list that is currently 278, and receives an average of 10 new applications a month. Children on the program tend to remain in the program for an average of 6 years. As a result, the program sees very little turnover causing extensive wait times. Every day a child waits to access treatment, the possibility of best outcomes and an independent life becomes less likely. A 2003 study demonstrated that a group of children waiting for services regressed in all areas including cognitive ability. Additionally, the majority of children could not fully catch up once treatment started. Nationally, employment outcomes for adults with ASD are not encouraging. Some studies suggest that as few as 6% of individuals with ASD have full-time employment. There is a critical need to ensure teens transitioning out of ATAP are able to self-monitor their own behavior and have the necessary social skills to sustain long term employment.

As the program grows, it is important that an adequate infrastructure exists to ensure high quality services and supports are provided to families. Currently, the program has one Social Services Program Specialist 3 who operates the program and supervises 4.5 care managers that serve 137 families. The specialist also oversees provider agreements, program payments and the fiscal agent contract. The program serves a variety of families that have needs at differing levels of intensity, however generally a 1:35 care manager to family case ratio has been effective. In order for ATAP to serve added families, the program would need to include additional care managers to maintain a 1:35 ratio and timely response to intake and information/referral. Utilizing other ADSD programs as models, ATAP would also need additional staff, including a Management Analyst for data analysis, Social Services Program Specialist to supervise additional care managers and provide quality assurance support, and administrative and or fiscal support staff. The number of new staff would be

dependent on the number of families served.

Proposed Solution ADSD expects that the wait list and need for services will continue to grow, requiring additional resources to ensure more children with ASD can live independently as adults, including case managers and support staff in order to assist with service navigation and access to medical benefits.

Conclusion – The number of children in need of autism-specific services has been growing. The current program is serving the maximum number current funding levels allows and has a growing wait list. An increase in funding and staffing is necessary in order to provide assistance to children with ASD.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

Intermediate Care Facility for the Intellectually Disabled (ICF-ID)

PURPOSE

To provide active treatment in a 24-hour facility for individuals who have not been successful in an integrated community based setting.

AUTHORITY

- NRS Chapter 435.121
- State of Nevada Division of Health Care Quality and Compliance

TARGET POPULATION

- Ages 18 and over meeting ICF-ID criteria and agency approval

SERVICES

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-ID) support service recipients who are 18 years and older and have significant medical and/or behavioral support needs, and who require active treatment designed to teach or maintain skills necessary to promote functional status and level of independence. Active treatment refers to the aggressive and consistent implementation of a program of specialized and generic training, treatment and health services directed to assist the service recipient to function with as much self-determination and independence as possible.

ICF-IDs are licensed by the State of Nevada's Bureau of Health Care Quality and Compliance and are staffed 24 hours, 7-days per week with direct support technicians, nursing personnel and a licensed psychologist. Staff receives intensive training in positive behavioral supports, crisis prevention, and managing dangerous behaviors. The State operated ICF-ID campus is a closed campus and provides additional security and protective oversight that may benefit the most challenging or vulnerable individuals. State operated ICF-ID services are intended to be short-term with a goal to reunite service recipients with their natural family or move into integrated community services settings.

FUNDING SOURCE

Federal Title XIX funds

PROGRAM POLICIES AND PROCEDURES

- Developmental Services Policy
- Division Health Care Quality and Compliance Policy and Regulations

SERVICE TREND ANALYSIS

The only remaining state operated ICF-JD is located in Las Vegas, Nevada and is currently licensed for 48 beds. The facility has remained at census during the past biennium.

WAIT LIST

As of December 31, 2012, a wait list of 12 eligible individuals exists for this program.

DATA COLLECTION METHODOLOGY

Individuals are added to the program based on individual need and must be able to participate active treatment.

COST

Daily Operating cost: \$550.00 per resident.

FOR INFORMATION

Desert Regional Center
1391 South Jones Boulevard
Las Vegas, NV 89146-1200
(702) 486-6200

DHHS Projects in Partnership with

Enterprise Information Technology Services (EITS)

Purpose

Across all divisions within the department, the focus is to standardize software deployment to maximize purchasing power and realize savings associated with management of this infrastructure. Movement toward virtualized servers housed at the EITS Facility maximized cost savings for each of the divisions and provides the platform to future IT consolidation. As one of the largest departments in the State, it is the objective of DHHS IT staff to collaborate with EITS to build the needed enterprise class technologies and transition this to EITS who will eventually provide this back as a fee for service to all divisions.

As stated in the EITS IT Strategic Plan, Current State of IT, “inter-agency collaboration is sparse with little regard to the duplication of collective or enterprise applications.” As you will see for the information provided in this document, DHHS IT is implementing enterprise class technologies to remove application duplication, maximize limited IT personnel and deliver quality services by deploying IT best practices. This will promote a brighter future for all State users of IT services.

Symantec Enterprise Products to Manage IT Risk and Maximize IT Performance

Symantec Endpoint Protection – to date all divisions within the department have transitioned to using Symantec Endpoint for antivirus protection. The Health Division has Endpoint deployed on virtual servers at EITS. MHDS and ADSD are currently transitioning this software deployment to EITS. Now that the infrastructure has been set up to administer Endpoint, other divisions in the Department will evaluate the transition to EITS.

- State Information Security Policy requires that all state systems *must have* protection programs to minimize the risk of intruding malicious code. DHHS has adopted Symantec Endpoint antivirus software across all divisions. This was recommended by EITS as part of a statewide collaboration to simplify management and reduce overall costs.
 - Without current antivirus software, DHHS computers would not be allowed to use the State infrastructure known as Silvermet.
 - This meets EITS IT Strategic Plan, Goals, Simply the IT Ecosystem. As stated, “Leveraging enterprise class technologies not only simplifies the architectures, but maximizes the economies

of scale resulting in reduced IT expenditures through collaborative enterprise service agreements (e.g. a single statewide license for desktop antivirus software), bulk purchases of common equipment, and multi-agency collaborative volume discount purchases.”

Symantec Altiris Client Management Suite (CMS) – manages, secures and troubleshoots systems with greater efficiency on more platforms, including Windows, Linux and virtual desktop environments. The suite automates time-consuming and redundant tasks to minimize efforts and costs associated with deploying, patching, supporting client systems and software.

- Symantec Altiris is used to deploy software and monitor Symantec Endpoint from a global perspective. Both EITS and theHealth Division have already implemented Altiris CMS and will be used by entities to manage their IT infrastructure locally, allowing for timely deployments of both software updated and hardware patches.
 - Not having Altiris CMS will increase technical staff time to deploy new equipment.

Symantec PGP Encryption – deliver protection with centralized policy management through use of Encryption Management Server.

- This allows DHHS to meet the requirements of NRS.603.A that states you must encrypt any information containing personal identifiable information (PII) sent via electronic media.
- PGP Encryption is software deployed on mobile devices in use that contain PII.
- DHHS currently uses ProofPoint encryption appliance for email sent outside the state email system. This is limited to only encrypting email and does not meet the full requirement of NRS.603.A.
 - Without PGP Encryption, the State is at risk for costly data breach and violation of the provisions contained within Health Insurance Portability Accountability Act (HIPAA).

Symantec Mobile Device Management – provides policy and configuration management for mobile devices including threat protection technology.

- Currently EITS only provides an enterprise mobile device management for Blackberry devices. While use by DHHS employees of other cell phones with iOS, Android and Windows operating systems has increased.
 - Without Mobile Device Management risk of disclosure of protected personal information (PII) increases as deployment of security

- policies to the devices is manual and requires devices to be individually patched for known security vulnerabilities.
- This meets one of EITS Strategic Plan, Goals to “expand services to include a mobile development platform.”

Active Directory – established DHHS-AD through collaboration with EITS, consolidation of separate division active directory structures into centralized enterprise service.

- Integrated with State email account for single sign on for network and email accounts.
- User accounts and computers will be migrated to this new domain.
- Authentication will occur with virtualized servers at EITS Facility rather than servers housed locally within the divisions.
- Three of the seven DHHS divisions will be migrated to this new active directory by end of this fiscal year.

Track IT – Adopted DHHS standard for help desk and inventory management.

- Health, MHDS, ADSD, DHCFP, and DCFS all used TrackIT for help desk work order tracking.
- Virtualized servers at EITS Facility have been fully configured to provide consolidated instances of TrackIT
- Standardized tables have been built through discussion with IT staff from each of the DHHS divisions for seamless integration
- Developed standardized computer naming convention to identify and simplify management of inventory
- Developed process to match TrackIT hardware inventory to ADVANTAGE, working with fiscal staff to meet requirements

Microsoft SharePoint

- Microsoft SharePoint is a Content Management and collaboration program that allows knowledge sharing, leads to higher productivity from improved business processes, replaced the outdated intranet for improved communications between staff, provides better compliance and information governance, and improved project management.
 - Without this funding, only a portion of MHDS staff would be able to access the functionality developed to improve communication and efficiency.

Proof Point Encryption

This is a continuing event. EITS will be the host facility and eventually look to having them provide through assessment.

Virtualized Servers at EITS Facility

This is a continuing event. Each time new servers are deployed they are hosted by EITS. As we continue with infrastructure integration physical servers are being migrated to the EITS Virtual Environment.

Video Conferencing

This is a current discussion project with EITS and the Governor's Office IT.

Data Sharing and Data Warehouse

This is a current discussion project across the department (DHHS) that will be housed at EITS in their Virtual Environment.

Security Awareness Committee (SAC)

The SAC committee was created in November 2009. Membership includes the Information Security Officers (ISO) from each of the DHHS divisions who were formally appointed by their respective division's administrator.

The mission of the DHHS Security Awareness Committee is to facilitate interaction and consistency among all DHHS divisions, agencies, boards, and commissions related to: the establishment of and to ensure compliance with a core set of IT security policies and standards for the identification and mitigation of IT security risks, problems and issues confronting the Department.

- Department level acceptable use policies – November 2010
- Department level Incident Reporting policy submission
- State policy review
- Symantec Security Mgmt

Committee on Privacy and Confidentiality (CPC)

The mission of the Nevada Department of Health & Human Services Committee on Privacy & Confidentiality is to ensure consistent implementation of standardized privacy and confidentiality practices, policies, and procedures across divisions towards minimizing risk to the department, increasing efficiency, and to mitigate damages resulting from confidentiality and privacy issues.

Creation of CPC –Dept. level HIPAA training – December 2010

- Revised Business Associate Agreement
- Privacy and Confidentiality training standardized