Department of Health and Human Services
2018-2019 Budget Overview

Human Services Network
October 26, 2016
Mission

• The Department of Health and Human Services (DHHS) promotes the health and well-being of Nevadans through the delivery of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

• The department consists the following divisions: Aging and Disability Services, Child and Family Services, Health Care Financing and Policy, Public and Behavioral Health, Welfare and Supportive Services, and the Public Defender's Office.

• Statutory Authority: NRS 232.290-465.

Helping People. It’s who we are and what we do.
DHHS Organizational Chart
General Funds by Division, 2016-17 and 2018-19 Biennia

$2,160,367,319

$2,670,467,818
Revenues by Division, 2016-17 and 2018-19 Biennia

Legislative Approved 2016-17 Biennium

- Health Care Financing & Policy: $7,237,177,914 (74%)
- Director's Office: $113,470,958 (1%)
- Other departments and services

Agency Request 2018-19 Biennium

- Health Care Financing & Policy: $9,137,690,584 (76%)
- Director's Office: $209,992,175 (1%)
- Other departments and services

Total Revenues:
- 2016-17 Biennium: $9,777,159,811
- 2018-19 Biennium: $12,097,714,178
Revenues by Division, Fiscal Years 2017-2019

![Bar Graph showing revenues by division for fiscal years 2017-2019]
Budgeted Funding Sources, Fiscal Years 2018 and 2019

**State Fiscal Year 2018**
- Federal: $3,916,548,945 (64%)
- General Fund: $1,286,777,308 (21%)
- Other: $928,042,814 (15%)

Total: $6,131,369,067

**State Fiscal Year 2019**
- Federal: $3,692,474,669 (62%)
- General Fund: $1,383,690,510 (23%)
- Other: $890,179,932 (15%)

Total: $5,966,345,111
Total DHHS FTE, Fiscal Years 2003 - 2019

Note: Does not include FTE proposed to transfer from the Department of Employment, Training, and Rehabilitation, Bureau of Disability Adjudication (budget account 3269) to Aging and Disability Services in fiscal year 2019.
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Affordable Care Act (ACA) Timeline

MARCH 2010
President Obama signs the Patient Protection and Affordable Care Act (ACA).

Nevada’s Uninsured Rate = 23%

OCTOBER 2013
Nevada open enrollment begins. DWSS eligibility engine begins processing applications. The “woodwork” effect brings 10,400 currently eligible Nevadans onto Medicaid during the first three months.

JANUARY 2014
Newly eligible Nevadans up to 138% of FPL enroll in Medicaid coverage.

APRIL 2014
Pending Medicaid applications peak, reaching 71,642 in the queue for eligibility determination.

JUNE 2014
Total Medicaid caseload increases by nearly 200,000 clients in the first 9 months, from 313,130 in September 2013 to 513,076 in June 2014.

JUNE 2015
Total Medicaid caseload reaches 576,481, with 180,817 newly eligible adults.

JUNE 2016
Total Medicaid caseload reaches 622,986, with 201,613 newly eligible adults.

Nevada’s Uninsured Rate = 12%
Medicaid Recipients
Budget Initiatives

• Maximization of Medicaid Billing
• Reimbursement Rates
• Additional Services
• Assessment Centers
Appendix

• Bill Draft Requests (BDRs)
• Technology Improvement Requests (TIRs)
• TANF, SNAP and Medicaid Caseload Charts
• Blended Federal Medical Assistance Percentage (FMAP) Matrix
<table>
<thead>
<tr>
<th>Division</th>
<th>Number</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPBH</td>
<td>17A4061041</td>
<td>Adds certain exclusionary crimes to child care licensing background checks</td>
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<tr>
<td>DPBH</td>
<td>17A4061059</td>
<td>Establish psychiatric advance directives</td>
</tr>
<tr>
<td>DPBH</td>
<td>17A4061066</td>
<td>Revises administrative sanctions for facilities and adds psychiatric hospitals providing inpatient children services to background checks</td>
</tr>
<tr>
<td>DPBH</td>
<td>17A4061067</td>
<td>Clarifies definition of community based residential facilities licensed by DPBH</td>
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<tr>
<td>DPBH</td>
<td>17A4061073</td>
<td>Revises definition of mental illness to be consistent with federal definitions</td>
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<tr>
<td>DCFS</td>
<td>17A4091037</td>
<td>Revises eligibility to allow non IV-E eligible children to qualify for KinGAP program</td>
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<tr>
<td>ADSD</td>
<td>17A4021033</td>
<td>Allow Advocate for Elder Rights and Attorney for Rights of Older Person to serve individuals with disabilities</td>
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<tr>
<td>DWSS</td>
<td>17A4071035</td>
<td>Clean up language not included in AB13 last session</td>
</tr>
<tr>
<td>DWSS</td>
<td>17A4071027</td>
<td>Omnibus child support to improve efficiency and responsiveness</td>
</tr>
<tr>
<td>DHCFP</td>
<td>17A4061038</td>
<td>Eliminates the sunset date to enable Medicaid to continue to collect rebates on certain drugs</td>
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</tbody>
</table>
Technology Improvement Requests

- **Medication Management Optimization** - to improve and optimize the pharmacy information system by adding physician electronic order entry and medication administration records, which will be integrated.

- **Laboratory Information System** - to improve workflow efficiencies and to support the patient data management process.

- **Master Client Index** - database to maintain unique identifier for every participant in the DHHS enterprise program.

- **Harmony Case Management** - integration of Early Intervention Services into the Harmony case management system.

- **No Wrong Door** - create single electronic entry point for all DHHS programs.

- **Access Nevada** - improve usability, mobile application ability and scalability to allow additional program applications.

- **Benefit Verification System** - electronic system to allow recipients real time case status information, including start and closure dates for cash, food, medical assistance, energy assistance and TANF.
TANF Recipients

- TANF Recipients as of:
  - July 2002: 28,306
  - January 2003: 35,000
  - July 2003: 30,000
  - January 2004: 25,371
  - July 2004: 25,000
  - January 2005: 24,217
  - July 2005: 20,000
  - January 2006: 15,000
  - July 2006: 10,000
  - January 2007: 5,000
  - July 2007: 0

- Figures are based on data from the Department of Health and Human Services.
Exemption Waiver for Able Bodied Adults Without Dependents (ABAWD) is projected to expire December 31, 2017.
Medicaid Recipients

Department of Health and Human Services
## Blended Federal Medical Assistance Percentage (FMAP)

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>FMAP</th>
<th>Enhanced (CHIP) FMAP</th>
<th>ACA Enhanced (CHIP) FMAP</th>
<th>New Eligibles FMAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY03</td>
<td>51.79%</td>
<td>66.25%</td>
<td></td>
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<tr>
<td>FY04</td>
<td>54.30%</td>
<td>68.01%</td>
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<td>FY05</td>
<td>55.66%</td>
<td>68.96%</td>
<td></td>
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<td>FY06</td>
<td>55.05%</td>
<td>68.53%</td>
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<tr>
<td>FY07</td>
<td>54.14%</td>
<td>67.90%</td>
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<tr>
<td>FY08</td>
<td>52.96%</td>
<td>67.07%</td>
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<tr>
<td>FY09</td>
<td>50.66%</td>
<td>65.46%</td>
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<tr>
<td>FY10</td>
<td>50.12%</td>
<td>65.08%</td>
<td></td>
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<tr>
<td>FY11</td>
<td>63.93%</td>
<td>74.75%</td>
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<tr>
<td>FY12</td>
<td>51.25%</td>
<td>65.87%</td>
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<tr>
<td>FY13</td>
<td>62.05%</td>
<td>70.44%</td>
<td></td>
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</tr>
<tr>
<td>FY14</td>
<td>55.05%</td>
<td>68.54%</td>
<td></td>
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<tr>
<td>FY15</td>
<td>58.86%</td>
<td>71.20%</td>
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<tr>
<td>FY16</td>
<td>62.26%</td>
<td>73.58%</td>
<td>100.00%</td>
<td></td>
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<tr>
<td>FY17</td>
<td>64.04%</td>
<td>74.83%</td>
<td>100.00%</td>
<td></td>
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<tr>
<td>FY18</td>
<td>64.79%</td>
<td>75.35%</td>
<td>92.60%</td>
<td>100.00%</td>
</tr>
<tr>
<td>FY19</td>
<td>67.47%</td>
<td>75.32%</td>
<td>98.32%</td>
<td>97.50%</td>
</tr>
<tr>
<td>FY20</td>
<td>65.48%</td>
<td>75.84%</td>
<td>98.84%</td>
<td>94.50%</td>
</tr>
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</table>

Note: The green cells reflect a 2.95% increase for the period April 2003 through June 2004. The blue cells reflect the ARRA stimulus adjusted FMAP for October 2008 through December 2010. The FMAP values for FY19 through FY20 are projections.