

# Department of Health and Human Services Agency Request Budget (A01) Highlights 16/17 Biennium

---

## **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 of the following divisions: Aging and Disability Services Division (ADSD), Division of Child and Family Services (DCFS), Division of Health Care Financing and Policy (DHCFP), Division of Public and Behavioral Health (DPBH), Division of Welfare and Supportive Services (DWSS), and the Public Defender's Office.

Statutory Authority: NRS 232.290-465

Motto – *“Helping People. It’s who we are, and what we do.”*

## **General Overview**

- Total Budget request for the 16/17 biennium equals \$10.0 billion, up from \$7.4 billion Legislative Approved budget for the 14/15 biennium.
- State General Fund request equals \$2.5 billion, up from the \$2.0 billion appropriated for the 14/15 biennium. This is an increase in General Funds of approximately \$474 million.
- Blended Federal funding (FMAP) for the Medicaid program (and other programs) for FY14 was 62.26 percent and in FY15 was 64.04 percent. It is projected to increase to 64.79 percent in SFY16 and 65.30 percent in SFY17.
  - Family Planning 90 percent
  - Title XIX Indian Health Services for tribal members 100 percent
  - Individuals with breast and cervical cancer 75.35 percent in SFY16 and 75.71 percent in SFY17
  - Children’s Health Insurance Program 92.60 percent in SFY16 and 98.71 percent in SFY17
  - Newly eligible non-elderly adults (with ACA) 100 percent

- An emphasis on the Affordable Care Act, Medicaid Expansion, Food Security and Behavioral Health has resulted in continued higher demand for public assistance, health care and food assistance.

## Organizational Plans

- Waiver for Persons with Physical Disabilities (WIN waiver) moves from Division of Health Care Financing and Policy (DHCFP) to the Aging and Disability Services Division (ADSD). Agency request proposes moving staff accordingly.
- Office of Food Security Coordinator reports to Division of Welfare and Supportive Services (DWSS) to ensure coordination of SNAP and Food Security Office initiatives.
- Division of Public and Behavioral Health (DPBH) requests moving the Caliente and Pahrump behavior health clinics into Rural Clinics from Southern Nevada Adult Mental Health Services (SNAMHS) to create an integrated system of care in rural Nevada.
- Tribal Liaison position moves from DPBH to the Director's Office.

## Affordable Care Act (ACA) Update

- Open Enrollment for 2015 begins November 15, 2014 and continues through February 15, 2015.
  - Current customers with a Qualified Health Plan (QHP) may direct enroll with their current carrier.
  - Medicaid participants remain eligible and will be notified when eligibility redetermination is required.
  - Supported State Based Marketplace (SSBM)
    - User Acceptance Testing began October 1st
  - November 10, 2014
    - New [nevadahealthlink.com](http://nevadahealthlink.com) landing page will provide messaging for 2014 and 2015 as well as a button to apply for Medicaid using Access Nevada.
  - November 15, 2014
    - New [nevadahealthlink.com](http://nevadahealthlink.com) landing page will be launched in production and will include the following:
      - A pre-screener tool;
      - Option to apply for a 2015 Qualified Health Plan (QHP) using Healthcare.gov;
      - Option to apply for Medicaid using [dwss.nv.gov](http://dwss.nv.gov) (Access Nevada); and

- Option to change your 2014 QHP.
- Option to register to vote on the Secretary of State's website.

## Caseload Growth

- Big Three
  - Total Medicaid caseload projected to reach 582,424 in 2016.
  - TANF caseload projected to reach 35,740 in 2016.
  - SNAP caseload projected to reach 403,777 in 2017.
- Aging and Disability Services Division (ADSD)
  - Early Intervention – Serve an additional 289 children in SFY16 and 403 in SFY17
  - Family Preservation – Serve an additional 37 families over the biennium
  - Developmental Services
    - Rural Regional -- Increase services for an additional 59 individuals
    - Sierra Regional – Increase services for an additional 80 individuals
    - Desert Regional – Increase services for an additional 544 individuals
  - Autism Treatment Assistance Program (ATAP)
    - Reduce current wait list of 506 by adding 987 children by the end of SFY17.
    - Funding an estimated 40 percent of the population through Medicaid.
  - Community-based care programs serving seniors and persons with disabilities
    - Community Options Programs for the Elderly (COPE) – increase by 90 percent
    - Homemaker – increase by 75 percent
    - Waiver for Persons with Physical Disabilities (WIN) adding 137 slots.
    - Waiver for Individuals with Intellectual Disabilities (IID) adding 93 slots.
    - Home and Community Based Waiver (HCBW) adding 494 slots.
- Division of Child and Family Services (DCFS)
  - Subsidized Adoptions
  - Specialized Foster Care
- Division of Health Care Financing and Policy (DHCFP)
  - Managed Care Enrollment (includes Nevada Check Up)
    - July 2013 – 198,885
    - July 2014 – 390,813
    - October 2014 – 430,727
- Division of Welfare and Supportive Services
  - Child Care – Increase subsidized services for an additional 1,028 children.
  - Assistance for Aged and Blind – Increase payments for 1,687 recipients.

## State General Fund Request (\$ millions)

Program	FY15	FY16	FY17
Medicaid – Medical Payments	\$563.0	\$629.7	\$697.7
Early Intervention Services	32.5	31.0	31.0
Welfare Aged and Blind Services	9.0	9.9	10.4
Clark County Child Welfare	46.8	48.3	52.6
Washoe County Child Welfare	15.8	16.9	18.8
Autism Treatment Assistance Program (ATAP)	7.2	14.7	22.4

## Staffing

- DHHS legislative approved staffing history 2008 to 2014, and agency requested FTEs for 2016 and 2017 biennium:

FY08 = 5,302

FY10 = 5,009

FY12 = 4,902

FY14 = 5,341

FY16 = 6,344

FY17 = 6,487

- DWSS Enhancements to increase staff efficiency include:
  - Business Process Reengineering
  - Enhanced Lobby Management
  - Document Imaging
  - Client Correspondence Management
  - Policy Changes

## Other Significant Activities

- Rate Increases, most beginning SFY17
  - Home Health Nursing Services
  - Nursing Facilities
  - Inpatient Hospitals
  - Physicians, Physician’s Assistants (PA), and Advanced Practice Registered Nurses (ARPN)
  - Developmental Services (ADSD) Providers
  - Adult Group Care Facilities
- Hospital Presumptive eligibility beginning January 1, 2015
- Expanding Specialized Foster Care program
- Implementing key recommendations by the Commission on Statewide Juvenile Justice Reform

## Mandates

- Applied Behavioral Analysis
  - Intensive behavior intervention for children with Autism Spectrum Disorder
  - Currently conducting Public Work Shops
  - Requesting funding to begin October 1, 2015
  - Concern regarding the adequacy of the provider network
- Juvenile Justice Prison Rape Elimination Act (PREA)
- Independent Living Assistance Program – (Olmstead)
  - Home and vehicle modifications for individuals with physical disabilities.
- Implementation of a Medicaid Asset Verification System

## Behavioral Health Initiatives

- Established the Governor’s Behavioral Health and Wellness Council and implemented several Council recommendations including
  - Home Visitation Program – provides for risk assessments and transitional support for individual’s discharged from hospitals and criminal justice facilities reentering local communities
  - Increased funding for Mental Health Courts supporting housing needs through group homes, long term care and supported living arrangements
  - Child and Adult Mobile Outreach Safety Teams (MOST) -- creates a partnership with law enforcement and mental health clinicians to address mental health crises in the field
- Stein Hospital – requests funding to staff 47 forensic beds on the SNAMHS campus to reduce the wait and expense to admit individuals for competency treatment to Lake’s Crossing on the Northern Nevada Adult Mental Health Services (NNAMHS) campus.
- Statewide Psychiatric Medical Director
- Increases Medical School Residency Program
- SNAMHS and NNAMHS Residential Services
- Improved Community-Based Behavioral Health Services
- Transitional Housing for Conditional Release

## Public Health

- Established Newborn Screening at UNR for all babies born in Nevada. Previously the screening service was conducted by Oregon Health Center.
- Merger of Rural Counseling and Supportive Services and Public Health Clinical Services
- Expanded Tele-health Services
- Expanded Early Intervention, timeliness and program quality assurance for children ages 0 to 3 in need of Developmental Supportive Services
- DPBH Primary Care Office – improves access to primary care services.

- DPBH Community Health Workers – Improve access to health care using community health workers.

## **Medical Marijuana – NRS 453A**

- A total of 519 applications were received comprised of 199 dispensaries, 183 cultivators, 119 edible product production, and 18 for labs.
- 363 applications were received from Clark County.
- 126 applications were received from Carson and Washoe County.
- Per statute, no more than 66 dispensaries are allowed statewide.
- Application review process will be completed in early November 2014.
- An unbiased, objective, merit-based point system is used to score the applications.
- Selected applicants must seek required licensing and certification from local jurisdiction.
- If applicant fails to obtain needed documents from local jurisdiction, they will lose their ranking and the next in line will be selected.
- <http://www.health.nv.gov/MedicalMarijuana.htm>

## **Fund for a Healthy Nevada Spending Plan Highlights**

- Wellness
  - \$5 million for Food Security projects
  - \$2.9 million for Family Resource Centers
  - \$2.8 million for Differential Response
  - \$1.4 million for Nevada 2-1-1
  - \$12.6 million for State-administered Health / Mental Health programs
- Disability Services
  - \$3.3 million for Disability Services including Respite, Positive Behavior Support and Independent Living
  - \$8.9 million for State-administered supportive programs
- Aging and Disability Services
  - \$5.4 million for Senior Rx and \$1.3 for Disability Rx
  - \$12 million Senior Independent Living
  - \$400,000 for Assisted Living
- Tobacco Prevention and Cessation
  - \$2 million

## Additional Resources

- Resources available on the Web Site – [dhhs.nv.gov](http://dhhs.nv.gov)
  - Quick Links
    - DHHS Quick Facts “Nassir Notes”
  - About Us
    - Budget Information
  - Reports and Publications
    - Reports
      - Welfare Fact Book (next update Feb. 2015)
      - Medicaid Fact Book and Executive Summary (next update Nov. 2014)
      - Medicaid State Plan
    - Public Assistance Caseload
    - Medicaid Chart Pack

## Contact Information

DHHS Director, Romaine Gilliland, (775) 684-4000, [rgilliland@dhhs.nv.gov](mailto:rgilliland@dhhs.nv.gov)

DHHS Deputy Director, Dena Schmidt, (775) 684-4000, [dena.schmidt@dhhs.nv.gov](mailto:dena.schmidt@dhhs.nv.gov)

DHHS PIO, Mary Woods, (775) 684-4024, [mary.woods@dhhs.nv.gov](mailto:mary.woods@dhhs.nv.gov)

ADSD, Administrator, Jane Gruner, [jgruner@adsd.nv.gov](mailto:jgruner@adsd.nv.gov)

DCFS, Administrator, Amber Howell, [ahowell@dcfs.nv.gov](mailto:ahowell@dcfs.nv.gov)

DHCFP, Administrator, Laurie Squartsoff, [laurie.squartsoff@dhcfp.nv.gov](mailto:laurie.squartsoff@dhcfp.nv.gov)

DPBH, Administrator, Richard Whitley, [rwhitley@health.nv.gov](mailto:rwhitley@health.nv.gov)

DWSS, Administrator, Steve Fisher, [shfisher@dwss.nv.gov](mailto:shfisher@dwss.nv.gov)