



Legislative Summary

31st Special Session of the Nevada Legislature, 2020

Overview

The 31st Special Session of the Nevada Legislature convened July 8, 2020 in response to the COVID-19 global pandemic and its associated economic consequences. Prior to the commencement of the 31st Special Session, Governor Steve Sisolak charged each state agency with identifying programs and operating areas for budget reductions of 9 to 14% for Fiscal Year 2021. The Governor's initial proposed reductions, outlined in Assembly Bill 3 (AB 3), were estimated to total \$233 million from the Department of Health and Human Services (DHHS) budget, with the most significant cut being applied to Medicaid optional services which include: optometry, tenancy supports, occupational therapy, basic skills training and psychosocial rehabilitation. Additional proposed cuts would impact state mental health facilities, the Autism Treatment and Assistance Program (ATAP), child welfare, juvenile justice staffing, family planning funding, and health programming funded by tobacco settlement dollars.

After legislative deliberation of AB 3, and through an amendment to the legislation, Medicaid optional services as well as several other programs, were maintained to protect health care access for some of Nevada's most vulnerable populations. The final reduction to the Medicaid program fell largely on a 6% provider reimbursement rate reduction. Additional cost savings were identified, preserving mental health services and child welfare programs. Lawmakers elected to decrease the initial proposed cuts to DHHS' budget to preserve programs and services. The budget reductions in AB 3 signed by Governor Sisolak are detailed through program narrative by each DHHS Division within this report.

Department of Health and Human Services Director's Office

Family Planning (NRS 442.725)

Overview / Program Description

The Director's Office, Grants Management Unit in collaboration with the Division of Public and Behavioral Health (DPBH) subawards funding to local governmental entities and nonprofit organizations to provide family planning services. Existing law authorizes not more than 5% of the money in the account be used to administer the account.

Eligibility Criteria / Population Served

All persons who would otherwise have difficulty obtaining such services because of poverty, lack of insurance or transportation or any other reason.

Impact to Service Delivery

There was no reduction to the Family Planning state allocation for FY 2021.

Mitigation Strategies

The Grants Management Unit and DPBH will continue to work with subgrantees and provide technical assistance to ensure they are maximizing all billing opportunities.

Program Area Preserved

Family planning services will be preserved for those clients without a pay source or other barriers to care.

FY21 Original Allocation

\$3,000,000

Special Session Revised Allocation

\$3,000,000

Total Reduction

\$0

Fund for a Healthy Nevada (NRS 439.620)

Overview / Program Description

Fund for a Healthy Nevada (FHN) monies may be used for a variety of public health activities or other purposes authorized by the Legislature.

Eligibility Criteria / Population Served

N/A

Impact to Service Delivery

FY 2021 subgrants will not be reduced, but FY 2022/2023 allocations may be reduced due to the proposed FY 2021 reserve sweep. The agencies funded provide supportive services otherwise unavailable or non-billable. The loss of these funds would decimate multiple community

agencies, especially Family Resource Centers, let alone the critical wrap-around services they provide.

Mitigation Strategies

N/A for FY 2021. The Director's Office will address any reductions in the FY 2022/2023 budget request.

Program Area Preserved

FY 2021 subgrants will not be reduced.

FY21 Original Allocation

N/A

Special Session Revised Allocation

N/A

Total Reduction

\$16,851,440

Department of Health and Human Services Aging and Disability Service Division (ADSD)

Developmental Services Operations

Overview / Program Description

Development services operations include three regional centers and the Intermediate Care Facility (ICF). Regional Centers operations include intake, eligibility and assessment for a variety of services available to an individual with Intellectual and Developmental disabilities including behavioral consultation, counseling, family support services, family preservation program, Jobs and Day Training (JDT), nursing, nutrition, service coordination, and Supported Living Arrangements (SLA).

Eligibility Criteria / Population Served

Individuals deemed to have an intellectual or developmental disability in accordance with NRS 435.007. Available to individuals of any age who are living in a family home setting such as their family home or foster family home.

Impact to Service Delivery

The approved caseload ratio is 1:45 for Developmental Specialists serving individuals with intellectual or developmental disabilities. Average caseloads are currently in compliance with this ratio; however Developmental Services is federally mandated per 42 US Code 15001 to open cases to Service Coordination for all qualified individuals. Projected caseload growth throughout FY21 will lead to caseload ratios higher than 1:45. This will impact the ability of staff to complete all job duties, including federal requirements for the Medicaid Home and Community Based Waiver for Individuals with Intellectual Disabilities. Additionally, several other positions were frozen, including Psychiatric Nurses, Program Managers, and Administrative Assistant staff. The nursing positions focus on the health of individuals in the community, including completing nursing assessments and assisting with health needs like hospitalizations and discharges. With these positions frozen, some of these functions are taking longer to complete with existing nursing staff. Program Managers are vital to ensuring the overall success of the Regional Center programs and currently other staff members are performing these functions in addition to their usual job duties. Administrative Assistant staff perform various functions, including handling administrative tasks for Service Coordinators which allow the Service Coordinator to perform the human service functions of their position.

Mitigation Strategies

Identify operational efficiencies; reduce redundancies in paperwork, work with system vendor to make needed improvements to data systems.

Program Area Preserved

Funding for program services within the developmental service programs were restored, including a rate increase for SLA providers. Reductions include freezing position, reducing travel and training and deferred maintenance projects.

FY 21 Original Allocation

\$130,492,650

Special Session Revised Allocation

\$121,813,360

Total Reduction

\$8,679,290

Supportive Living and Jobs and Day Training caseload cap (NRS 435.3315 & 435.176)

Overview / Program Description

Supported Living services are residential services which allow individuals with intellectual or developmental disabilities to live as independently as possible in the community. These services are provided on a spectrum of staff support based on the individual's need, ranging from intermittent services of a few hours a week up to 24-hour staffed home settings. Jobs and Day Training (JDT) services help individuals with intellectual or developmental disabilities to develop vocational skills, find and maintain competitive employment, or engage in other meaningful activities during the day.

Eligibility Criteria / Population Served

Individuals deemed to have an intellectual or developmental disability in accordance with NRS 435.007. Supported Living services are provided to all ages, with most services provided to adults. Jobs and Day Training services primarily focus on adults, as services cannot duplicate what is provided through the education system.

Impact to Service Delivery

The Supported Living and Jobs and Day Training programs are core services given to individuals with intellectual and developmental disabilities to remain in the community and avoid institutionalization, as required by the Olmstead decision. Developmental Services has multiple crisis cases throughout the year, along with children aging out of the foster care system, that require immediate 24-hour service placement and Jobs and Day Training Services.

Mitigation Strategies

This funding was restored.

Program Area Preserved

Funding for Supported Living and Jobs and Day training was restored included SLA provider rate increase effective July 1, 2020.

FY 21 Original Allocation

\$6,403,501

State General Fund \$2,885,418

Federal Waiver Funds \$3,518,083

Special Session Reduction

\$6,403,501

State General Fund \$2,885,418

Federal Waiver Funds \$3,518,083

Total Reduction

\$0

Developmental Service Respite Care (NRS 435)

Overview / Program Description

Respite care provides families temporary relief from the responsibility of caring for their loved ones.

Eligibility Criteria / Population Served

Individuals deemed to have an intellectual or developmental disability in accordance with NRS 435.007. Available to individuals of any age who are living in a family home setting such as their family home or foster family home.

Impact to Service Delivery

For many families on this program, this is the only paid service assistance they receive on a regular basis and allows for a needed monthly break from their regular caregiving duties.

Mitigation Strategies

This funding was restored.

Program Area Preserved

Funding for this service was restored.

FY 21 Original Allocation

\$2,671,991

Special Session Revised Allocation

\$2,671,991

Total Reduction

\$0

Family Preservation Program (NRS 435.365)

Overview / Program Description

Provides monthly financial aid to needy families who are providing care in the family home to their relatives (child or adult) who have a diagnosis of severe or profound intellectual disability.

Eligibility Criteria / Population Served

Individuals of any age found eligible for Developmental Services in accordance with NRS 435.007, and who have a diagnosis of a severe or profound intellectual disability. Individual is cared for

by a parent or relative with whom they live. Total gross family income is less than 300% of the Federal Poverty Level (FPL).

Impact to Service Delivery

No impact. Families will continue to receive the full monthly payment amount of \$374 per month.

Mitigation Strategy

Funding was restored.

Program Area Preserved

Funding for this program was restored.

FY 21 Original Allocation

\$3,067,273

Special Session Revised Allocation

\$3,067,273

Total Reduction

\$0

Autism Treatment Assistance Program (NRS 427A.871)

Overview / Program Description

Autism Treatment Assistance Program (ATAP) assists parents and caregivers with the cost of providing Autism-specific treatments to their child with Autism Spectrum Disorder (ASD). ATAP provides a monthly allotment to pay for ongoing treatment development, supervision and a limited amount of weekly intervention hours based upon a child’s individual treatment plan, age, and income. Within ATAP policy guidelines, the monthly allotment is intended to help parents pay for treatment. ATAP funds treatments which have been proven by research to be evidence-based including Applied Behavioral Analysis (ABA), Verbal Behavioral (VB), and Pivotal Response (PRT) programs. Covered services include program training; development and supervision; daily intervention hours; and essential tools, supplies or equipment. ATAP may also fund Speech, Occupational and Physical Therapy when other resources do not provide coverage.

Eligibility Criteria / Population Served

ATAP funding is available to individuals until their 20th birthday, who must be diagnosed as a person with Autism Spectrum Disorder by a physician, psychologist, child/adolescent psychiatrist, pediatric neurologist, or other qualified professional. A special education eligibility of Autism from a multidisciplinary team is acceptable when in the company of an appropriate assessment report.

Impact to Service Delivery

Applied Behavior Analysis (ABA) is the primary therapy the Autism Treatment Assistance Program (ATAP) funds and oversees for youth 0 to age 20 with Autism Spectrum Disorder (ASD). ABA is a

method of therapy used to improve or change specific behaviors. Research shows early intervention is key to the reduction of these behaviors and reduces or eliminates the need for lifelong supports. Currently those exiting out of Early Intervention programming through the state are not subject to a waitlist for ATAP and can immediately begin receiving funding for ABA. If ATAP remains stagnant with the waitlist the individuals exiting out of Early Intervention Services at age 3, may not get the services they need until a spot becomes available for funding. This delay in services interrupts the routine which research supports is necessary to provide predictability and order to the lives of those with ASD. Additionally, the interruption can lead to rapid regression in areas of language, motor and social skills and make it more difficult for the extinguishing of behaviors when they do receive the funding. ATAP also gets many referrals of older youth that are highly aggressive.

Through ATAP's funding of ABA and parent training we are able to give the families the support and skills they need to de-escalate their behaviors. Through this assistance and support parents are more likely to keep their child in the home rather than sending them out of state to an inpatient facility or a group home. ABA is a very costly service due to the frequency needed therefore many families are unable to afford this service without the financial assistance of ATAP. This has a larger community implication for providers should they not be able to treat the youth in need. There are currently not enough Registered Behavior Technicians (RBTs) to service the current population, and without the children and funding to train and supervise more RBTs, we could see a reduction in the workforce which will impact newly diagnosed youth. Keeping the waitlist stagnant will ensure that future costs will increase due to the inability to reach these youths as young as possible.

Mitigation Strategies

The approved transfer of Temporary Assistance for Needy Families (TANF) funds from FY20 to FY21 will allow additional children to be served in FY21 but not all children on the waitlist.

If reductions continue into the next biennium, legislation to increase insurance coverage limits for ABA services could offset state general fund costs for future biennium.

Program Area Preserved

The additional TANF funds will reduce the number of children on the waitlist in FY21 but will not eliminate the waitlist.

FY 21 Original Allocation

\$9,198,979

Special Session Revised Allocation

\$3,506,458

Total Reduction

\$5,692,521

*Part of this budget decision included the ability to move unused FY20 TANF funds of \$2,109,256 to FY21 which will allow additional children to receive services. ADSD is finalizing the anticipated caseload for FY21.

Community Options Program for the Elderly (COPE) caseload cap (NRS 427A.250)

Overview / Program Description

Provides essential supportive services to eligible older adults to help them maintain independence in their own homes as an alternative to nursing home placement.

Eligibility Criteria / Population Served

Persons who are 65 years of age and older; and have a nursing facility level of care and are at risk of nursing home placement without supports; and whose gross income is below \$3,195 per month; and whose assets are up to \$10,000 single/\$30,000 couple.

Impact to Service Delivery

Individuals will continue to receive services within previously approved legislative budget authority.

Mitigation Strategy

Funding was restored.

Program Area Preserved

Funding for this program was restored.

FY 21 Original Allocation

\$878,119

Special Session Revised Allocation

\$878,119

Total Reduction

\$0

Personal Assistance Services (NRS 427A.793)

Overview / Program Description

Provides community-based, in-home services to enable adult persons with severe physical disabilities to remain in their own home and avoid placement in a long-term care facility.

Eligibility Criteria / Population Served

Individuals, aged 18 or older, diagnosed with a physical disability that substantially limits their ability to complete activities of daily living; and, whose gross income does not exceed 800% of the Federal Poverty Level (FPL). Co-pays per unit of service are required for individuals whose gross income exceeds 300% FPL.

Impact to Service Delivery

Individuals will continue to receive services within previous legislative approved budget authority.

Mitigation Strategy

Funding was restored.

Program Area Preserved

Funding for this program was restored.

FY 2021 Original Allocation

\$2,165,083

Special Session Revised Allocation

\$2,165,083

Total Reduction

\$0

State Positions Impacted by budget reductions

Overview / Program Description

Across the more than 60 Aging and Disability Services Division programs 138 vacant positions will be held vacant to generate a state general fund savings of \$7.9 million.

Eligibility Criteria

N/A

FY 2021 Budget Appropriation - Salary

Budget	Frozen FTEs	FY 21 GF Savings	FY21 Authority
3208 - Early Intervention Services	32	1,829,417	17,557,014
3280 – Sierra Regional Center	11	745,281	7,146,019
3167 – Rural Regional Center	7	557,174	4,540,352
3279 – Desert Regional Center	22	1,639,997	31,655,222
3266 – Home & Community Based Services	66	3,216,669	23,914,641
Total	138	7,988,538	84,813,248

FY 21 Original Allocation

138 positions frozen to generate \$7.9 million in State General Fund savings.

Total Reduction

24 of the proposed 138 positions were added back to the budget to support services that were restored.

Impact to Service Delivery

Adult Protective Services (APS) is mandated by NRS 200.5093 to investigate reports of abuse, neglect, exploitation, isolation and abandonment of vulnerable persons, age 18-59, in addition Department of Health and Human Services, Aging and Disability Services Division

to persons 60 years and older. APS is mandated to investigate reports within 3 working days of report receipt. Having vacant positions makes it challenging for APS to meet this mandate. Increased caseloads in the Adult Protective Services program can lead to delays in investigations of abuse, neglect, and exploitation. These delays may leave vulnerable individuals at risk of harm and can result in client death.

Nevada Early Intervention (NEIS) - programs caseload ratio is currently 25:1 for eligible children with delays and 13:1 for medically fragile children. Based on COVID-19, the current caseload has trended downward and ASD NEIS is within caseload ratios. If caseloads grow beyond current caseload due to the hiring freeze direct service timelines can be impacted and place ASD NEIS in non-compliance with IDEA Part C regulations regarding service delivery timelines and delayed services. State general funds are impacted by the requirement to complete compensatory (make up) services when timelines are missed. In addition, delayed services have a direct impact on the developmental outcomes of children in the early intervention system.

Long Term Care Ombudsman - freezing of positions may directly impact the care that individuals in long-term care facilities receive. The ombudsman plays an integral part in assisting residents resolve complaints and improving overall care.

Community Based Care - the approved caseload ratio is 1:50 for Social Workers serving older persons and persons with physical disabilities. The average caseload is currently 1:55 across the state for this program, meaning Social Workers are already serving more individuals than planned. The Home and Community Based Service Waivers for People with Physical Disabilities and the Frail/Elderly will continue to serve people as Legislatively approved resulting in higher caseload ratios throughout the year. This will impact the ability of staff to complete all job duties, including Federal requirements for the Medicaid Waivers.

Additionally, Quality Assurance activities are performed on numerous programs administered by ASD. Freezing of positions may impact state and federal compliance, provider oversight, and general quality of services delivered to vulnerable populations.

Mitigation Strategies

Find program efficiencies, coordinate with other programs or Divisions to support programmatic needs. Smart 21 release in January should create additional savings related to Human Resource tasks.

Department of Health and Human Services

Division of Child and Family Services (DCFS)

Rural Child Welfare and Information Services Budgets

Overview / Program Description

The Rural Child Welfare program oversees and performs child protective services, foster care services, and services related to adoption for the 15 rural and frontier counties in Nevada. The Unified Nevada Information Technology for Youth (UNITY) program is the federally mandated case management system and is utilized by all three child welfare agencies in Nevada.

Eligibility Criteria / Population Served

Children who are suspected or confirmed to be abused or neglected are eligible for Child Welfare Services. Services and supports are provided to children, families, foster parents, kin and fictive kin caregivers, and families pursuing adoption.

Impact to Service Delivery

The Rural Region for Child Welfare will hold five positions vacant. Child protection and child welfare services are not generally voluntary, and so there is no ability to create waitlists or decline services. The loss of these staff will likely result in the agency's inability to meet federal standards related to case progress and completion timeliness. In addition, the remaining staff will experience increases in caseloads, reducing the time available for each child and family served.

The updates to the UNITY system will not be impacted due to the identification of additional federal funds that can fully support the costs of the project. Implementation has been delayed from the original targeted implementation plan.

Mitigation Strategies

With the loss of the ability to fill these positions, Child Welfare will work collaboratively with the Wraparound in Nevada (WIN) program to assist with care coordination, streamline caseloads and address the needs of youth and families. Positions may be geographically re-allocated to ensure each rural Nevada community can be most appropriately served.

The information services project affected by this budget reduction has been moved to federal grant funding.

Program Area Preserved

The Washoe and Clark County child welfare agencies will be awarded their full incentive payment. These payments were proposed to be cut by 67% but were restored during the Legislative Session. If the counties demonstrate they fully met their proposed goals for innovative or enhanced services in FY 2021, they will receive the same historical funding they received in prior years.

FY21 Original Allocation

Rural Child Welfare \$8,220,871

Information Services \$4,517,032

Special Session Revised Allocation

Rural Child Welfare \$7,937,181

Information Services \$4,423,282

Total Reduction

Rural Child Welfare \$283,690

Information Services \$93,750

Northern Nevada Child and Adolescent Services & Southern Nevada Child and Adolescent Services

Overview / Program Description

Children's Mental Health is comprised of Early Childhood Mental Health Services (ECMH), Children's Clinical Services (CCS), Wraparound in Nevada (WIN), Mobile Crisis Response Team (MCRT), Desert Willow Treatment Center, and three psychiatric residential treatment facilities.

Eligibility Criteria / Population Served

Early Childhood Mental Health Services (ECMH) provides services to children between birth and six years of age with emotional disturbance or high-risk factors for emotional and behavioral disturbance and associated developmental delays. Services include:

- Behavioral and psychological assessments
- Individual, family, and group therapies and behavioral management
- Psychiatric services
- Day treatment
- In-home crisis intervention
- Child care and pre-school consultation, outreach, and training
- Clinical case management

Children's Clinical Services (CCS) provides community-based outpatient, individual and family oriented mental health services for children from 6 through 17 years of age. These services include:

- Individual, family, and group therapies and behavioral management
- Psychological assessment and evaluation
- Psychiatric services
- Clinical case management
- Consultation with other entities involved with the child and family
- 24-hour on-call emergency professional coverage

Wraparound in Nevada (WIN) provides intensive community-based services to Severely Emotionally Disturbed Children (SED) in Clark and Washoe counties. In addition to addressing mental health needs, services support the achievement of permanency for these youth through

reunification with their families, guardianship with relatives, adoption or successful emancipation.

Impact to Service Delivery

A total of 11 positions will be held vacant in ECMH, CCS, and WIN. Children currently being served by these programs will not be impacted. As new children are identified as needing services, the Division will engage with community partners who can best meet the needs, seek Medicaid reimbursement to the extent it is allowable, and operate as the safety net for children and families who are unable to obtain services and supports through other means.

Mitigation Strategies

The long-term trajectory for the Division in relation to mental health is to embrace its role as the Children’s Mental Health Authority, ensuring quality and training for community providers to serve Nevadans. The reductions required in the current crisis have accelerated that transition.

The reductions in Early Childhood Mental Health Services and Children’s Clinical Services will require the Children’s Mental Health Community Services team to evaluate which services or populations to prioritize. With the expansion of Medicaid through the Affordable Care Act (ACA), there has been a large reduction in the number of uninsured children. In addition to this, there has been an increase in Federally Qualified Health Centers (FQHC) and Certified Community Behavioral Health Clinics (CCBHC) that have potential capacity to serve the populations typically served by the Division.

Wraparound in Nevada (WIN) will eliminate its service in the rural regions. These tasks will be absorbed by the remaining WIN staff, development of community-based supports, and utilization of clinical staff embedded within the Division’s remaining services.

The new System of Care (SOC) expansion grant received by the Division is required to focus on the rural regions of Nevada. The strategic plan is in the process of being developed but will focus on developing local community capacity and expertise.

Program Area Preserved

Within these two budget accounts there were no reductions in children’s mental health residential services at any of the Division’s three psychiatric residential treatment facilities or the Desert Willow Treatment Center hospital. In addition, there are no reductions to the Children’s Mobile Crisis Response Team or the Program Evaluation Unit which oversees quality improvement and supports the development of services in the community.

FY21 Original Allocation

Northern Nevada Child and Adolescent Services	\$3,630,583
Southern Nevada Child and Adolescent Services	\$13,637,841

Special Session Revised Allocation

Northern Nevada Child and Adolescent Services	\$3,149,426
Southern Nevada Child and Adolescent Services	\$13,483,291

Total Reduction

Northern Nevada Child and Adolescent Services	\$481,157
Southern Nevada Child and Adolescent Services	\$154,550

Caliente Youth Center, Nevada Youth Training Center, Summit View Youth Center

Overview / Program Description

Youth are committed to the Division of Child and Family Services (DCFS) by the juvenile court for rehabilitative services. All youth committed to DCFS go through an initial risk and needs assessment to determine admission to the appropriate facility. The three youth centers located across the state include:

- [Summit View Youth Center \(SVYC\)](#) 48 beds
- [Caliente Youth Center \(CYC\)](#) 112 beds reduced to 64 beds
- [Nevada Youth Training Center \(NYTC\)](#) 64 beds reduced to 48 beds

Total capacity change from 224 beds to 160 beds. Program census on July 22, 2020 is 152 youth.

The three juvenile facilities provide education, vocational opportunities, mental health services, psychiatric services and evidence-based programs that address behavioral and emotional areas identified on the risk assessment.

Upon successful completion of the programming within the center, youth are released back into the community with supervision and case management services provided by Youth Parole.

Youth committed for mental health treatment are placed directly on parole and receive treatment and case management services based on their identified needs.

Eligibility Criteria / Population Served

Youth committed to one of the three juvenile facilities are individuals who typically have been unsuccessful on probation and are requiring a more intensive intervention to address their behaviors. They must present a risk to public safety. For all of the facilities, the statute authorizes the Division to serve children between the ages of 12 and 19 years old.

The majority of eligible youth come to the Division's care with complex social, emotional and delinquency histories and were not amenable to previous efforts and interventions of county probation departments to reduce delinquent activity.

Impact to Service Delivery

Potential impact to service delivery includes an increase in the amount of time waiting for admission if all three facilities are at capacity. Youth would remain in their respective detention facility until a bed is available. The Division currently strives to ensure the time between commitment to our care from a judge to facility arrival is less than 30 days. The reduction of beds may result in county probation department and district attorney offices pursuing more cases for certification to the adult system.

Mitigation Strategies

Division-operated mental health facilities, totaling 96 beds, have been maintained to serve as many youth in-state as possible. Youth in juvenile facilities with significant mental health needs may be transferred to a mental health facility if it is determined their needs will be better served in that environment.

Capacity reduction is also consistent with the decreasing number of commitments due to utilization of validated risk and needs assessments and increased front-end interventions.



In addition, the Division has started analyzing space use to explore co-locating critical services with the reduced use of physical property. The Division is also working on reducing delays in release from facilities caused by lack of placement upon re-entry to the community.

Funding for county prevention efforts and the intensive aftercare are maintained as we work to minimize the number of young people confined in our facilities and prevent their return upon release or escalation to the adult criminal justice system.

Program Area Preserved

- Community Corrections Block Grant to county probation departments offering prevention and diversion services
- Funding for county-operated youth camps
- Mental health, education, and other therapeutic programming at all three juvenile justice facilities
- Youth Parole and services and programs included will remain intact
- The Juvenile Justice Programs Office, responsible for policy, grant compliance, statewide data collection, and quality assurance, has not been impacted by the budget cuts.

FY21 Original Allocation

\$24,632,293

Special Session Revised Allocation

\$20,964,903

Total Reduction

\$3,667,390

Department of Health and Human Services

Division of Health Care Financing and Policy (DHCFP)

3243, Nevada Medicaid

3178, Nevada Check Up

Overview / Program Description

Medicaid provides health care coverage for many people including low income families with children whose family income is at or below 133% percent of poverty, Supplemental Security Income (SSI) recipients, certain Medicare beneficiaries, and recipients of adoption assistance, foster care and some children aging out of foster care. Nevada Check Up provides health care benefits to uninsured children from low-income families who are not eligible for Medicaid but whose family income is at or below 200% of the Federal Poverty Level.

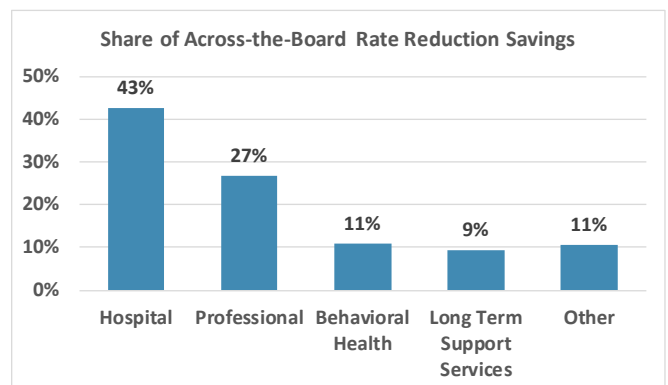
Nevada Medicaid includes both mandatory and optional services. As established by the federal government, Medicaid must include the services identified as mandatory, but states have flexibility to choose to include services identified as “optional.”

Eligibility Criteria / Population Served

Providers that serve Medicaid and Check Up recipients and individuals and families in poverty.

Impact to Service Delivery

The chart shows the share of the impact of this rate reduction by broad service categories: Hospital Services, Professional Services (physicians, nurses, etc.), Behavioral Health Services, Long Term Support Services including Nursing Facilities, and Other Services. Hospitals will be most impacted, contributing 43% of the savings projected to be achieved through these across-the-board rate reductions. Note, hospitals and nursing facilities will continue to receive supplemental payments during this time period.



Although this across-the-board rate reduction is specific to fee-for-service, the Division will also need to adjust managed care capitation payments to reflect these rate reductions. The Division pays Managed Care Organizations (MCOs) and the Dental Benefits Administrator (DBA) a per member per month capitation payment to oversee and pay for the medical and dental services received by enrolled Medicaid and Nevada Check Up recipients. The calendar year 2020 capitation rates will need to be recalculated, certified, and approved by Centers for Medicare and Medicaid Services (CMS) to reflect the approved fee-for-service rate changes. The calendar year 2021 capitation rates will incorporate these reimbursement changes as well.

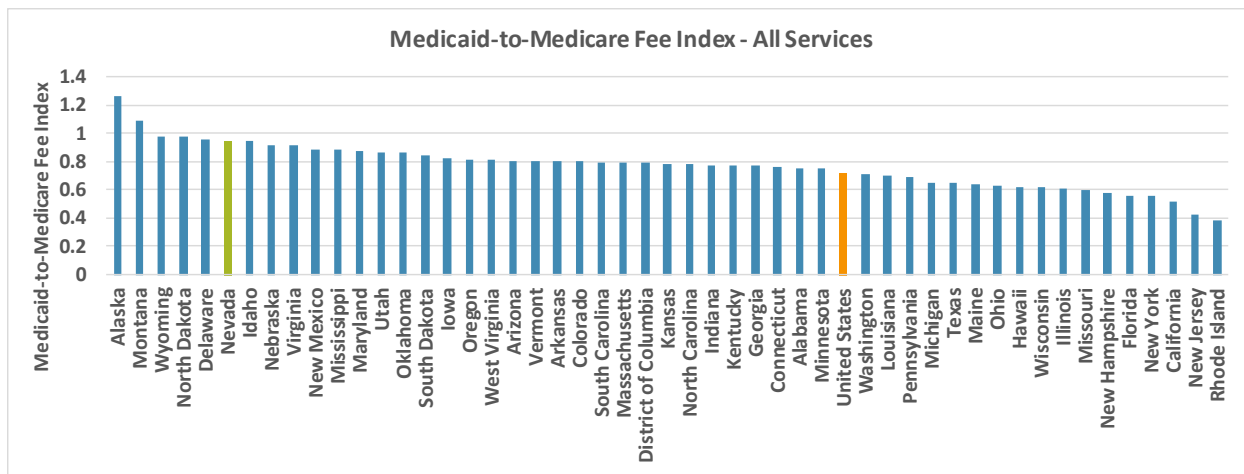
Assembly Bill 3 (AB3) includes two additional savings opportunities unrelated to reimbursement rates:

- **Risk Mitigation Payments** – Risk mitigation payments to the Medicaid managed care plans for events during the first six months of calendar year 2021 will be delayed until state fiscal year 2022. The delayed payments include maternity kick payments following the birth of a baby covered by a managed care plan, payments following the birth of a very low birth weight baby (less than 1,501 grams) and stop loss payments related to recipients with annual inpatient costs exceeding \$100,000. The delay of these payments reduces expenditures in the current biennium by \$62.9 million (\$22.5 million state general funds), but these costs will need to be paid during the 2022-23 biennium. Amendments to the managed care contracts may be needed to change the timing of these payments.
- **Specialty Pharmacy** – Allowing the Division’s Pharmacy Benefit Manager (PBM) vendor to operate a specialty pharmacy network for fee-for-service (FFS) beneficiaries. The program will lock in and require FFS beneficiaries and providers to acquire selected specialty medications, by mail order, through contracted specialty pharmacies. These pharmacies will ship the drugs directly to the site of administration (e.g., physician’s office, patient’s home). The state pays the specialty pharmacies based on pricing that is negotiated per contract. Additionally, the vendor will provide training, monitoring, and counseling related to affected disease states and for certain drugs that require specialized handling, storage, or administration. The Division expects to start this program early in calendar year 2021, with estimated savings of \$9.4 million (\$2.3 million in state general fund savings).

Mitigation Strategies

Establishment of provider fees may be a long-term option for groups of providers concerned with the impact of these rate reductions. Provider fees can be used to fund supplemental payments or enhance reimbursement rates for Medicaid providers. Currently, provider fees are only open to “Medical Facilities” (NRS 449.0151) and “Agencies to Provide Personal Care Services in the Home” (NRS 442.3794). Although the development of a provider fee is complex and requires an affirmative vote by 67% of the providers in the group, the Division is committed to working with groups of providers that are interested in exploring the option of a provider fee.

It is important to note CMS requires states maintain sufficient reimbursement rates to ensure access to health care services for Medicaid recipients. It is unknown at this time how these changes will impact access to care in Nevada. According to the latest national data available from the Kaiser Family Foundation’s [Medicaid-to-Medicare Fee Index](#), Nevada’s reimbursement rates were ranked sixth highest in the nation for All Services, sixth for Primary Care, and 13th for Obstetric Care. Calculations based on this index indicate that Nevada’s rates for All Services exceeded the national average by 32%, Primary Care by 44%, and Obstetric Services by 20%. This suggests Nevada Medicaid’s reimbursement rates will continue to exceed the national average even with the reductions. The Division will continue to monitor and report annually to CMS any changes in access to care that may result from these rate changes.



Program Area Preserved

The optional program services that were included in the original bill language were preserved through amendment. These services for Medicaid recipients include:

- Basic Skills Training
- Biofeedback/Neurotherapy Services
- Chiropractic Services for Adults
- Occupational Therapy Services for Adults
- Behavioral Health Case Management Services for Non-Severely Emotionally Disturbed (Non-SED) Non-Seriously Medical Illness (Non-SMI) Individuals
- Podiatry Services for Adults
- Bariatric Surgery for Adults
- Adult Dental Services
- 3.3% Personal Care Services (PCS) Rate Increase
- 15% Pediatric Intensive Care Unit (PICU) Rate Increase
- Prosthetic Devices for Adults
- Psychosocial Rehabilitation for Adults
- Private Duty Nursing (PDN) Services for Adults
- Limited Physical Therapy to 12 Units for Adults
- Optometry Services for Adults
- Hospice Services
- 1915i State Plan Option for Tenancy Supports

FY21 Original Allocation

Nevada Medicaid \$894,790,875

Nevada Check Up \$12,554,630

Special Session Revised Allocation

Nevada Medicaid \$767,246,616

Nevada Check Up \$11,402,376

Total Reduction

Nevada Medicaid \$127,544,259

Nevada Check Up \$1,152,254

**Department of Health and Human Services
Division of Public and Behavioral Health (DPBH)**

Southern Nevada Adult Mental Health Services (SNAMHS) BA 3161

Overview/Program Description

Southern Nevada Adult Mental Health Services (SNAMHS) assists adults with mental illness through inpatient and outpatient psychiatric and behavioral health treatment and community-based support services. The goal is to support personal recovery, self-empowerment, community integration, and an enhanced quality of life.

Eligibility Criteria/Population Served

SNAMHS provides inpatient and outpatient services for adults living in Clark County and adults, children and adolescents in two southern rural communities.

Impact to Service Delivery

The decision to reduce the vacant position control numbers (PCNs) was made due to the non-direct client care that these positions provide. The positions generally provide program support such as timekeeping or hospital support.

Mitigation Strategies

Workload will be absorbed by existing staff.

Program Area Preserved

Residential support dollars for individuals with severe mental illness were preserved and this includes 270 direct clients and the Total Recovery Program of 24 persons per day, up to three months of co-occurring programming.

Additionally, five psychiatric nurse positions for Rawson Neal were preserved. The Mobile Outreach Safety Team (MOST) program was preserved by eliminating state general fund dollars and instead using CARES Act and Tobacco Fund dollars. Community Triage Center (CTC) dollars were preserved.

FY21 original allocation

\$83,700,404

Special Session Revised Allocation

\$82,742,807

Total Reduction

\$957,597

*However, AB3 Sec 110 adds \$780,972 in funds not appropriated from State General Fund or Highway Funds so the total net reduction is \$176,625

Northern Nevada Adult Mental Health Services (NNAMHS) BA 3162

Overview/Program Description

Northern Nevada Adult Mental Health Services (NNAMHS) assists adults with mental illness through inpatient and outpatient psychiatric and behavioral health treatment and community-based support services. The goal is to support personal recovery, self-empowerment, community integration, and an enhanced quality of life.

Eligibility Criteria/Population Served

Adults with serious mental illness receiving direct care services at NNAMHS.

Impact to Service Delivery

There is no impact to service delivery.

Mitigation Strategies

Duties can be absorbed by other positions.

Program Area Preserved

All positions have been restored; therefore, programs can be provided at a higher capacity including inpatient/outpatient individual/group counseling, case management, prescribing medications, intake assessments and direct patient care.

FY21 Original Allocation

\$24,935,892

Special Session Revised Allocation

\$24,382,209

Total Reduction

\$553,683

*However, AB3 Sec 111 adds \$427,386 in funds not appropriated from State General Fund or Highway Funds) so the total net reduction is \$126,297.

Rural Clinics (NRS 433C – Community Mental Health) BA 3648

Overview/Program Description

Rural Clinics offers mental health services at 16 locations in 12 rural and frontier counties. The services are designed to assist with recovery and mental health wellness. Rural Clinics provide mental health services for children, adolescents, families and adults. Services include counseling, case management, rehabilitative mental health, residential support, medication management, diagnostic evaluation and testing, medication assistance (to purchase medications), and crisis response and stabilization for children and adults.

Eligibility Criteria/Population Served

Individuals served must have a mental health diagnosis. Rural Clinics serves both children and adults.

Impact to Service Delivery

Staff will have to cover more service locations through telehealth. At least four positions will be relocated to other clinic locations to ensure minimum office coverage and successful implementation of pandemic safety protocols. The agency will rely on the specialized screening/assessment/crisis management teams to triage safety needs, refer to appropriate mental health services and provide case management until all applicants are established in mental health services.

Mitigation Strategies

Duties will be shifted to other positions as needed until vacancies are filled. The agency will rely on the specialized screening/assessment/crisis management teams to triage safety needs of people requesting services, refer to appropriate mental health services and provide case management until all applicants are established in mental health services, either within Rural Clinics or with community providers.

Program Area Preserved

All vacancies (12.25) that were held vacant for FY20 savings will be filled. This will take 3-6 month. Caseloads will increase as positions are filled.

A work program will likely be needed to ensure required training needed to qualify for medical insurance billing and quality management. The agency will also pursue technology/IT equipment to continue the expanded provision of telehealth.

FY21 Original Allocation

\$12,199,387

Special Session Revised Allocation

\$12,158,394

Total Reduction

\$40,993

Community Health Nursing (NRS 439 and 441A) BA 3224

Overview/Program Description

The Community Health Nursing (CHN) program promotes optimal wellness in frontier and rural Nevada through the delivery of public health nursing, preventive health care, early detection of threats to public health, response to natural and human caused disasters, and education statewide. Essential public health services such as public health emergency preparedness, infectious disease; and community services, such as adult and child immunizations, well child examinations, chronic disease education, lead testing, family planning/cancer screening, identification/treatment of communicable diseases such as Tuberculosis (TB), Sexually Transmitted Diseases (STD) and Human Immunodeficiency Virus (HIV) are offered. One CHN functions as the school nurse in a rural district without a school nurse. Other nursing services are provided based on the needs of the county served.

Eligibility Criteria/Population Served

All individuals may access the CHN clinics. The targeted populations are the working poor, under and uninsured, and indigent populations of the 14 frontier and rural counties in Nevada. CHN services are based on the federal poverty guidelines using a sliding scale fee structure. Services are not denied due to inability to pay.

Impact to Service Delivery

The general fund reductions will result in the delay in hiring a Community Health Nurse 4 for the fiscal year and delay the hiring of a Community Health Nurse 2 until January 2021. Additionally, spending for immunizations and medical supplies will be reduced.

Staff will have to cover more service locations, including overnight travel. Data collection and medical billing will continue to remain labor intensive.

The program will also revert funding designated to implement an updated electronic health record utilized for client management and medical billing.

Mitigation Strategies

Staff will travel more often to meet the needs of individuals across rural areas. Screening process will be used to ensure effective scheduling and use of staff time.

Program Area Preserved

No general fund was added back to this program.

FY21 Original Allocation

\$1,573,767

Special Session Revised Allocation

\$1,463,045

Total Reduction

\$110,722

Fund for a Healthy Nevada (NRS 433 and 439) SNAMHS (BA 3161) and NNAMHS (BA 3162)

Overview/Program Description

Mobile Outreach Safety Team (MOST) in Northern Nevada provides health professionals paired with law enforcement in Washoe County and in Southern Nevada MOST is paired with Emergency Medical Services (EMS) in the City of Las Vegas to assess individuals in mental health crisis in the community.

Eligibility Criteria/Population Served

Individuals in mental health crisis in respective communities.

Impact to Service Delivery

There will be no impact as funds were restored.

Mitigation Strategies

Move to a sustainable model that includes reimbursement strategies.

Program Area Preserved

The MOST program in Washoe County and Clark County will be allowed to continue normal operations to assist individuals in the community that are experiencing mental health crisis in finding proper resources.

FY21 Original Allocation

Southern Nevada Adult Mental Health Services	\$780,972
Northern Nevada Adult Mental Health Services	\$427,386

Special Session Revised Allocation

Southern Nevada Adult Mental Health Services	\$780,972
Northern Nevada Adult Mental Health Services	\$427,386

Total Reduction

\$0

*AB3 Sec 110 adds \$780,972 to SNAMHS in funds not appropriated from State General Fund or Highway Funds; and AB3 Sec 111 adds \$427,386 to NNAMHS in funds not appropriated from State General Fund or Highway Funds.

Senate Bill 263, BA 3220

Overview/Program Description

In June 2019, Senate Bill 263 was passed by the Nevada Legislature and signed into law by Governor Sisolak. Prior to SB 263 dedicated funding did not exist in Nevada to address tobacco e-cigarette/vaping use in youth, which has been deemed a public health epidemic by the U.S. Surgeon General. Therefore, the purpose of the 2019-2020 and 2020-2021 appropriation (\$2.5 million each year of the biennium) is to provide funding to the Department of Health and Human Services, Tobacco Control Program to support statewide efforts to prevent tobacco related e-cigarette/vaping use among youth and young adults in Nevada.

Eligibility Criteria/Population Served

Public Health approach with Nevada youth and young adults within the context of eliminating vaping use.

Impact to Service Delivery

There will not be an impact to services in the community.

Mitigation Strategies

Without funding there would not be an opportunity to address youth and young adult vaping in Nevada.

Program Area Preserved

Personnel, contracted and related costs were preserved to continue funding coordination, evaluation, fiscal management, and a Synar coordinator.

FY21 Original Allocation

\$2,500,000

Special Session Revised Allocation

\$2,500,000

Total Reduction

\$0

Immunization (IZ) Program Cocooning Funds BA 3213

Overview/Program Description

IZ general funds of \$1 million per biennium have been appropriated since SFY13. The 2013 Legislature approved the recommendation to appropriate \$500,000 of General Funds in each fiscal year of the 2013-15 biennium to provide the pertussis vaccine (Tdap) to mothers immediately after the birth of their babies to help avert a pertussis outbreak in Nevada. This appropriation has generously continued to be provided in all subsequent biennia.

Eligibility Criteria/Population Served

Mothers who have just given birth.

Impact to Service Delivery

The proposed FY21 reduction estimated ~6,000 women/close contacts would not be reached in SFY21 with Tdap and/or influenza vaccine as a result of the 14% budget cut.

Mitigation Strategies

If this funding had not been restored there may have been options to refer to Federally Qualified Health Centers (FQHCs), however the global fee payment is a barrier for all providers treating a pregnant woman outside of emergency situations (e.g., a broken bone or something truly outside the pregnancy), due to the billing restrictions. Also, many pregnant women are hesitant to receive health care services outside of their OB/GYN, unless it is for emergency services.

Program Area Preserved

Entire program preserved, therefore the ~6,000 women/close contacts will be reached in SFY21 with Tdap and/or influenza vaccine.

FY21 Original Allocation

\$1,063,650

Special Session Revised Allocation

N/A

Total Reduction

\$0

Problem Gambling (NRS 463.370 & 458A.060) BA 3200

Overview/Program Description

Problem Gambling Services is composed of a system compartmentalized into several components: treatment, prevention/public awareness, workforce development and evaluation. As these system components are interrelated, reduction in one program area impacts the performance of the others.

The Governor-appointed Advisory Committee on Problem Gambling (ACPG) provides review and recommendations related to solicitation of applications and awarding of grants. The ACPG also assists the Department in determining the needs of local communities and in establishing priorities for funding programs for the prevention and treatment of problem gambling.

In 2005, Senate Bill 357 created the Revolving Account for the Prevention and Treatment of Problem Gambling (NRS 463.370) and a Governor-appointed Advisory Committee on Problem Gambling to advise DHHS and other state entities on how to address problem gambling in Nevada (NRS 458A.060).

From 2005 to 2020, the program was funded by a \$2.00 per machine slot tax which equated to \$1.7 million in 2008 and \$1.3 million in 2018. Fewer slots lead to declining program revenues, effort made to revise funding.

During the 2019 legislative session, the legislatively-approved budget was \$2 million annual directly from general funds as opposed from the proposed new tax on gaming percentage fees.

Eligibility Criteria/Population Served

Nevada adults and adolescents at-risk or with gambling problems.

Impact to Service Delivery

Nevada has the highest rates of gambling disorder in the nation. Gambling disorder impacts the criminal justice system, behavioral and physical health systems, individual and families effected by gambling disorder and others. Failure to adequately invest in problem gambling services will have broad social and economic costs for Nevada. Reduction in access to treatment, prevention/public awareness and education, possible reduction in workforce and evaluation.

Mitigation Strategies

Reduce the cap on spending per client to reflect a more realistic average spending on treatment. Maximize Medicaid billing though collaboration with existing provider organizations and continue to support Gambling Court but ensure billing for services through third party payers to offset costs of the program.

Collaborate with the Gaming Commission to promote prevention activities; the Commission has expressed interest in partnering on prevention investment.

Maximize positions within the Office of Analytics for behavioral health in data related to problem gambling.

Encourage private/public partnerships in program evaluation and data analysis and explore partnership with the Gaming Commission to understand the epidemiological implications of gaming and evidence-based prevention strategies.

Program Area Preserved

Treatment services will continue for individuals in the community that are experiencing a problem gambling disorder as a priority. In addition, the restored funds will provide limited prevention and public awareness and provide support to the reducing workforce.

FY21 Original Allocation

\$2,098,054

Special Session Revised Allocation

\$1,274,513

Total Reduction

\$823,541

Attorney General, Johnson and Johnson Settlement Funding for Cannabis and Vaping BA 3170

Overview/Program Description

In December 2019, Budget Account 3170 received \$1,700,927 from the Attorney General’s Office to address the alarming increase in cannabis use as well as the use of vaping products within the State.

In 2019, the increase in lung injury associated with vaping has been identified in Nevada and linked to both cannabis and nicotine vaping products. Nevada, along with the nation, is seeing troubling trends in morbidity associated with the use of e-cigarettes, vape juice, e-liquids such as liquid nicotine, additives, and cannabis; however, we do not have the resources to provide enough surveillance and public health prevention messaging to adequately address the impacts. While there have been some prevention efforts, additional efforts and deficiencies in data collection and epidemiology surveillance need to be implemented in order to allow these, and other, programs to be effective in tackling increasing trends.

Eligibility Criteria/Population Served

N/A

Impact to Service Delivery

Significant planning for the Vaping and Cannabis Summit has been completed. With the sweeping of these funds, the planning for the Summit has stopped. In addition, the broad collection and analysis of epidemiological data through health districts has been stalled due to the inability to devote needed resources during the COVID-19 public health pandemic.

Existing data demonstrates the scope of the issue of cannabis and vaping in Nevada. This includes significant increases in high school and middle school students use of vaping and cannabis products between 2017 and 2019. In addition, cannabis use during pregnancy has more than doubled since 2017.

Lack of funding will limit opportunities for further investigation and mitigation efforts in youth and special populations.

Mitigation Strategies

Seek other funding to conduct the Vaping and Cannabis Summit, epidemiological data collection and analysis and public health messaging/mitigation efforts.

Program Area Preserved

Funding was not restored to this budget account. Therefore, these activities were not restored.

FY21 Original Allocation

\$0

Special Session Revised Allocation

\$1,698,944

Total Reduction

\$1,698,944

Department of Health and Human Services

Division of Welfare and Supportive Services (DWSS)

Administration – Information Services, Admin Services, and Program Review and Evaluation

Overview / Program Description

The Division of Welfare and Supportive Services Administration budget account funds the administrative expenses associated with ensuring public assistance programs including Temporary Assistance for Needy Families (TANF); Medicaid; Children's Health Insurance Program (CHIP); Supplemental Nutrition Assistance Program (SNAP); Child Care; Energy Assistance; and Child Support are administered in accordance with federal and state regulations. This includes providing the necessary support to allow field staff to provide quality, timely and temporary services enabling Nevadans who qualify to achieve safe, stable and healthy lives.

Eligibility Criteria / Population Served

N/A

Impact to Service Delivery

Cuts to the Administration budget include holding 14 key positions vacant through SFY 2021. Loss of these positions impact the Division's response time to information services issues related to project management, maintenance of data systems, response to database and equipment failures, etc. which in turn impacts the Nevadans in poverty we serve; administrative services issues related to internal controls, policy development, desk audits, etc.; and quality control reviews of SNAP cases ensuring compliance with federal/state regulations.

Throughout the early months of COVID-19, the Administration team has been able to take care of the emergent needs of the Division. However, the Administration team has not been able to fill several positions due to the hiring freeze. The furloughs on top of the hiring freeze will further exacerbate the loss of work capacity described above by an additional 2.3%, and in all other divisional units/programs which may result in service delays to the Nevadans in poverty we serve.

The reduction of furlough days from twelve to six helps the Administration team and Division programs to ensure services to Nevadans in poverty are completed in a timely manner.

Mitigation Strategies

The Division will prioritize work ensuring critical issues are completed first.

Program Area Preserved

Not applicable.

FY21 Original Allocation

\$11,664,682

Special Session Revised Allocation

\$11,088,686

Total Reduction

\$575,996

Child Support Enforcement Program

Overview / Program Description

The Child Support Enforcement Program is a family-first program working to make child support more reliable so families can build safe, stable, and healthy lives. Child Support services are available to any parent with custody of a child when the other parent is living outside the home. With a few exceptions, families receiving assistance under the Temporary Assistance for Needy Families (TANF) program are required to pursue child support.

Nevada's Child Support Program has significantly improved the reliability of child support over the last decade; more than 70,000 families receive support through the program each year. Over \$220 million was collected last year, and over 93% went directly to families. Nevada's program is now one of the top 10 in the country based on 2019 performance measures.

The program's goals are to ensure children have the financial and medical support of both their parents; foster responsible behavior towards children; and emphasize children's need to have both parents involved in their lives.

For the TANF cases it handles, the Child Support Enforcement Program is allowed to keep a small percent of the money it collects from parents who owe child support as the "State Share of Collections." That money is used to match the federal dollars to pay for the cost of operating the Child Support Program.

State Fiscal Years 2019-20 and 2020-21 were unusual. Taking a conservative approach, the program had requested general fund dollars to cover anticipated shortfalls. Because of the financial help that Congress authorized in response to COVID-19, collections of child support dollars were higher than expected.

The Child Support Enforcement Program's budget proposal reduced the amount of general fund needed without impacting the program. This is because the State Share of Collections dollars were higher than projected.

Eligibility Criteria / Population Served

Child Support services are available to any parent with custody of a child when the other parent is living outside the home. With a few exceptions, families receiving assistance under the Temporary Assistance for Needy Families program are required to pursue child support.

Impact to Service Delivery

There has been no impact to service delivery. In some cases, families who were owed child support back payments got payments that they might not have gotten without the federal relief dollars.

Throughout the early months of COVID-19, the Child Support Enforcement Program has been able to provide services within the required timelines. However, this unit has not been able to fill several positions. The furloughs on top of the hiring freeze will mean that cases cannot be

Department of Health and Human Services, Division of Welfare and Supportive Services

processed in a timely manner. This impacts the program budget. The state receives incentive dollars from the federal government when certain timelines are met. Those incentive dollars are used to make improvements to the program. Ultimately, families who are owed child support will get less of the money they are owed.

Mitigation Strategies

The program has streamlined operations as much as possible. To be sure cases can be processed in a timely manner, the program is requesting “justification to fill” a portion of the vacant positions, using non-general fund dollars for FY 2021.

Program Area Preserved

Not applicable.

FY21 Original Allocation

\$1,196,521

Special Session Revised Allocation

\$61,860

Total Reduction

\$1,134,661

Field Services

Overview / Program Description

This budget account primarily consists of Family Services Specialists who determine eligibility for the major program areas which include Temporary Assistance for Needy Families (TANF); Supplemental Nutrition Assistance Program (SNAP); various Medicaid programs; and Children's Health Insurance Program (CHIP). Family Services Specialists and Social Workers provide employment and support services to assist people in poverty in overcoming barriers to self-sufficiency.

The federal government mandates specific quality and performance measures for eligibility, client support, and periodic reviews of client circumstances. Welfare Field Services is required to provide service and appropriate eligibility to anyone seeking access to DWSS-administered programs. All requests are provided a consistent level of quality service.

This request funds eligibility workers and supervisors with CARES Act funds for the first two quarters of SFY 2021 due to substantially different work activities related to COVID-19.

Eligibility Criteria / Population Served

All persons who meet the program eligibility requirements for TANF, SNAP or Medicaid which include various program poverty level percentages, and specific program requirements.

Impact to Service Delivery

Throughout the early months of COVID-19, Field Services has been able to provide services within the required timelines. However, the furloughs on top of the hiring freeze will mean that service delivery capacity and timeliness will be impacted. This impacts the Nevadans in poverty DWSS serves.

Furloughs equate to a 2.3% loss of staffing level starting in January 2021. DWSS anticipates an impact to service delivery in the areas of SNAP, Medicaid, TANF, workforce development eligibility determinations and maintaining outreach services throughout Nevada due to this 2.3% overall loss of staffing levels. The Medicaid caseload currently and projected through June 2021 is 42,365 recipients (6.2%) above legislatively-approved caseload levels; while the SNAP caseload is currently, and anticipated to, exceed legislatively approved levels by 124,912 (32%). DWSS service delivery capacity and timeliness will be impacted due to this loss of staffing, especially when taking into account the 2.3% overall loss of staffing furlough impact.

Mitigation Strategies

The Division will prioritize work ensuring critical issues are completed first.

Program Area Preserved

The reduction of furlough days from twelve to six helps ensure that cases can be processed in a timely manner.

FY21 Original Allocation

\$42,797,314

Special Session Revised Allocation

\$28,811,741

Total Reduction

\$13,985,573