Nevada Strategic Health Care Plan:

Nevada Department of Health and Human Services - Accountability Document - APRIL 28, 2008

	Recommendations & Strategies	What NVDHHS or NSHE Currently Does / or Plans to Do	Fiscal Impact '08	Fiscal Impact '09
	I. Health Care Professional Education When compared to other states, Nevada ranks near the bottom in the number of health care professionals per 100,000 residents in nearly every category. Moreover, there is a significant disparity between Nevada's ratio and the national average.			
	STRATEGIES			
1	**1.** Create, endorse and fund an integrated University of Nevada Health Science Center to do statewide research and training, including post-graduate education.	**NSHE:** Upon approval of the Board of Regents, the core team of the UNHSS will continue to operate with funding from the NSHE budget in combination with funding from the UNHSS Foundation.		
2	**2.** Expand UNSOM and the Graduate Medical Education (GME) program by: a. increasing the enrollment in the School of Medicine b. increasing core faculty c. expanding the GME program d. funding necessary capital expenditures to expand UNSOM	**NSHE:** Although there was no state funding for operating costs for this phase, the School of Medicine is making efforts to enhance the program in these areas.		
3	**3.** Expand GME in Nevada, with steps to include adding faculty, funding capital expenditures, and seeking Congressional action to increase the existing Centers for Medicare and Medicaid cap on GME for Nevada.			
4	**4.** Expand public nursing school program by: a. increasing faculty salaries b. doubling the enrollment at the public nursing schools c. increasing core faculty to support increased enrollment d. funding necessary capital expenditures, and e. funding preceptor and clinical support.	**NSHE**: Given the failure of SB526 to pass the 2007 Session of the Nevada Legislature, the plan to double the capacity of NSHE nursing programs will not be under taken.		
5	**5.** Start a School of Pharmacy and Pharmaceutical Services.	**NSHE:** Given the absence of any state funding for operating costs, this phase of the program will not be undertaken at this time.		

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6	**6.** Expand education for other health care professionals.	**HEALTH**: The Great Basin Public Health Leadership institute continues to be a mechanism by which the Division provides educational opportunities to local, county and state participants. In collaboration with Utah's Public Health entities, this continues to be a supported activity and is reflected in the current budget (3218) as approved using federal funds. **NSHE**: Given the absence of any state funding for operating costs, this phase of the program will not be undertaken at this time.	**HEALTH**: $67,000	**HEALTH**: $67,000
7	**7.** Expand clinical training capacity for graduate and post-graduate psychologists.	**HEALTH**: The Health Division requested and received approval for Public Service Interns in several budget accounts for masters' level trainees. The intent is to be able to train, educate and offer opportunities for future employment thru the universities to assure future recruitment for public health jobs. The Bureau of Family Health Services has hired its Public Service Intern who started in February 2008. She is working on projects for WIC and MCH. **NSHE**: UNHSS is working on conducting an inventory and assessment of all health professional programs across the eight NSHE institutions and identifying health professional shortage areas in Nevada including psychologists. The first phase of these assessments is currently underway and should be available by mid-2008.	**HEALTH**: Varied	**HEALTH**: Varied
8	**8.** Maximize Medicaid funding for GME and other post-graduate health professional training programs.	**DHCFP**: Nevada pays hospitals for the costs of resident training up to a total capped amount of approximately $820,429 distributed amongst three teaching hospitals on a per resident basis. DHCFP has recently submitted a state plan amendment to reimburse UNSOM faculty physicians for services up to the Medicare equivalent of the average commercial insurance reimbursement rate. The total estimated payment associated with the SPA is $3.2M per year. It should be noted that proposed CMS administrative rules will preclude payments to public providers, including state physicians, to cost. This will eliminate opportunities to maximize payments to UNSOM faculty physicians. Additionally, the President's 2008 Budget eliminates federal funding for all Medicaid GME.	**DHCFP**: Assuming the UNSOM physician rate SPA is approved and the GME program continues at the capped level, fiscal impact for '08 will be approximately $3.7M. In addition, an IFSC was prepared but not funded for $4.8 million total spending ($2.3 million GF).	**DHCFP**: Approximately $3.7M. In addition, an IFSC was prepared but not funded for $5.2 million total spending ($2.5 million GF).
9	**9.** Expand loan repayment programs for students seeking graduate and undergraduate degrees in the health care professions.			

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10	**10.** Expand State funding for the Area Health Education Centers (AHECs) to support the education of health care professionals.			

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II. Medicaid and SCHIP Nevada participates in both the Medicaid and State Children's Health Insurance Program (SCHIP, known in Nevada as "Nevada Check Up"). These programs are partnerships between the state and federal governments to provide health care coverage for low-income individuals. Medicaid covers low-income families and aged, blind, and disabled individuals, and Nevada Check Up covers low-income uninsured children who are not eligible for Medicaid.			
STRATEGIES			
11 **1.** Increase enrollment in Medicaid and Check Up through: a. increasing and improving outreach to individuals who are potentially eligible but not enrolled in Medicaid and Nevada Check Up and providing State funding thru AB 629 for these outreach activities: 1. Increase funding to Covering Kids and Families to complete outreach thru coalition building, application assistance and work thru school districts for Medicaid and Check Up; 2. Develop a media campaign for Nevada Check Up and the prenatal coverage thru Medicaid and the HIFA pregnancy program; 3. Expand outreach for Nevada Check Up Plus [ESI] thru expansion of the HMS broker trainings and outreach to employers thru the Chambers of Commerce.	**DHCFP**: Nevada Covering Kids and Families [CKF] is currently funded for outreach through a grant from the Trust Fund for Healthy Nevada that ends June 30, 2008. The State's current revenue situation has rescinded the outreach funding provided thru AB 629. Activities in this are have terminated and no further action is needed.	**DHCFP**: State outreach monies to CKF thru the Trust Fund for Healthy Nevada are only $95,000 for SFY'08. No Trust Fund monies were awarded to CKF for SFY'09. AB 629 monies are not available due to State revenue shortfalls.	**DHCFP**: Due to State revenue shortfalls, there is no Fund for Healthy Nevada or AB 629 monies allocated to outreach activities.

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b. expediting eligibility for targeted Medicaid and Check Up eligible groups; and	Currently, Nevada Check Up uses a 30 day eligibility determination standard for processing applications. We do not target specific groups for expedited processing. Medicaid maintains an eligibility determination standard of 45 days. Emergency eligibility determinations can be made, but this does not apply to particular eligibility groups. No funds have been provided for expedited eligibility so there is no further action necessary.	**DHCFP**: The 2005-2006 Interim Health Committee Stakeholder group recommended presumptive eligibility. The estimated cost in general funds was $60.4M. No funding was provided.	**DHCFP**: The 2005-2006 Interim Health Committee Stakeholder group recommended presumptive eligibility. The estimated cost in general funds was $66.4M. No funding was provided.
c. adopting best practices for improving the eligibility process, which should involve development of partnerships with community organizations and providers.	**DAS**: The Division for Aging Services, through a federal grant, is establishing Aging & Disability Resource Centers (ADRC) which will serve as focal points for information, Referral & Assistance to services within the long-term care continuum. ADRC sites are partnerships between community organizations and will have the capability of interfacing with Medicaid & Welfare in the application process. **DHCFP**: Nevada Check Up's current eligibility process includes a number of "best practices" recommended by health care experts including 12 month redetermination periods (a 12 month continuous enrollment); no asset test for pregnant women & children; no face-to-face requirement for Medicaid/Check Up; online Check Up application with submittal of required documentation, an electronic signature process has been implemented for the online applications. The study suggested greater use of community agencies to submit applications. CKS in conjunction with NCU, has completed	**DAS**: Currently funded through a 3-year, $750,000 grant from CMS & Administration of Aging (AoA). **DHCFP**: The 2005-2006 Interim Health Committee Stakeholder group recommended the changes described but did not provide a cost estimate. This was not funded in the 2007 legislative session. SB 311 died.	**DAS**: Continued funding is proposed through Title IIIE, Caregiver Support funds from Administration on Aging (AoA). **DHCFP**: The 2005-2006 Interim Health Committee Stakeholder group recommended the changes described but did not provide a cost estimate.
	DHCFP continued: community "train the trainer" sessions to assist in NCU application completion. No funds have been provided so no additional actions are being completed.		
	DWSS: DWSS has centralized processing of applications for institutionalized persons, provides training on what documentation is needed to expedite processing, holds bi-monthly meetings on issues with facilities, and is available to provide assistance upon request.		

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12	**2.** Raise the income qualification level for parents to 100% of the federal poverty level (FPL) as soon as possible.	**DHCFP:** The 2005-2006 Interim Health Committee study used a poverty level for Medicaid at 27% of the FPL. Unsure where this figure came from. **DWSS**: DWSS has increased its income disregard policies in determining eligibility effective February 1, 2007. Therefore, a family may be eligible for a longer period of time, up to one year. The legislature approved a 10% grant increase for TANF recipients effective 07/01/07. This increase will result in a slight increase to the number of Medicaid eligibles.	**DHCFP**: The 2005-2006 Interim Health Committee Stakeholder group recommended the changes up to 100% of the FPL at a cost of $14.7M in general funds. This was not funded during the 2007 legislative session	**DHCFP**: The 2005-2006 Interim Health Committee Stakeholder group recommended the changes up to 100% of the FPL at a cost of $15.0M in general funds. Not funded.
13	**3.** Expand and/or expedite the process by which individuals who qualify for Supplemental Security Income (SSI) are determined eligible for Medicaid.	**DHCFP**: Currently, the State does not do any form of expedited eligibility processing for individuals who may qualify for SSI. The 2005-2006 Interim Health Committee reviewed and updated prior work done by the DHCFP regarding using a provision under 42 CFR 435.210, which allows the state to do presumptive SSI determinations.	**DHCFP**: The 2005-2006 Interim Health Committee Stakeholder group recommended the state adopt the 210 option $711,000. These would represent start up costs. SB 532 died.	**DHCFP**: The 2005-2006 Interim Health Committee Stakeholder group recommended the adopting the 210 option at a cost of $9.7M in general funds. Future biennia costs were noted as high as $31M. However, no consideration was given to any potential costs savings associated with providing care in the community at lower levels of care up front. The Division has not done this analysis as we were unable to determine potential cost savings.

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14	**4.** Provide presumptive eligibility in the Medicaid program for pregnant women and for children.	**DHCFP**: See Response to Strategy 1 (b).		
15	**5.** Increase Medicaid and Check Up reimbursement to providers in eight separate service areas--ALL SUBCATEGORIES BELOW, **a - h, added by DHCFP**.			
	a. professional fees	**DHCFP**: Nevada Medicaid uses a variation of the Medicare 2002 fee schedule using differing percentages of the Resource Based Relative Value Scale (RBRVS) for professional services. Various rate enhancements are also provided for services rendered to individuals under 21 years of age in the categories of surgery and radiology. For individuals 21 and older, surgery and radiology services are reimbursed at 100% of the facility based 2002 Medicare fee schedule. OB/Gyn services are reimbursed at approximately 128% of the 2002 Medicare fee schedule. Evaluation and Management and Medicine codes are reimbursed at 85% of the 2002 Medicare feel schedule	**DHCFP**: The Governor Recommend's budget includes E425 which increases Medicaid and Check Up professional fees up to the 2007 Medicare fee schedule. Unit was funded but to commence August 1, 2008. Therefore, no fiscal impact in SFY 2008.	**DHCFP**: $35.2M (total computable) in SFY 2009
	b. pay the same professional rate regardless of licensing	**DHCFP**: Currently, Nevada Medicaid pays rates which are lower on a percentage basis for specific licensed professionals. For example, podiatrists, chiropractors, nurse practitioners receive a lower percentage of the 2002 Medicare fee schedule. E-425.	**DHCFP**: The 2005-2006 Interim Health Committee study suggested paying all professionals the same percentage of Medicare. As a result of E-425, equalization of reimbursement will take place.	**DHCFP**: Estimated cost was $389,000 in SFY 2009.

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c. create a rural differential for professional fees	**DHCFP**: While the Division pays certain providers, e.g. home health agencies, a rural differential, one is not paid for professional fees.	**DHCFP**: While the 2005-2006 Interim Health Committee study recommended a 20% rate differential, E426 in IFSC recommended a 10% differential at a cost of $450,226 in SFY 2008. Not funded.	**DHCFP**: $471,658
d. increase home health rates	**DHCFP**: Home health agency rates have not been increase since at least 2000.	**DHCFP**: E429 in IFSC recommends increasing home health rates at a cost of $321,230 in SFY 2008. This was not funded	
e. allow reimbursement of telehealth	**DHCFP**: Currently, Nevada Medicaid does not pay for telehealth services.		
f. increase hospital rates	**DHCFP**: Nevada Medicaid reimbursements to hospitals were increased in 2002. However, that increase was based on 1999 cost data. Currently, hospitals are paid as follows: $1,480 Med/Surg; $1323 Maternity; $308 Newborn; $1960 NICU; and $460 Psych.	**DHCFP**: E427 in IFSC updates adjusts rates for the Medical CPI. The impact was to be $16.3M in SFY 2008. SB 524 died. Hospital rates increased 10.1% on 1-1-06 to: 1) achieve revenue neutrality with previous "tiered" methodology; and, 2) to compensate for hospital revenue loss for first 25 months of underpayment. Hospitals financially whole effective 6-30-07 so rate increase reverts to 7.57% on 07-01-07 to maintain neutrality. SB 524 died.	**DHCFP**: E-427 included $20,046,902 in state FY2009 but this was not funded.

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	g. pay CAH's cost for outpatient hospital services	**DHCFP**: Currently, Nevada Medicaid reimburses CAHs at cost for inpatient care.	**DHCFP**: E430 in IFSC pays cost for outpatient CAH services. The impact is $610,398 for SFY 2008. Not funded.	**DHCFP**: 667598
	h. behavioral health NF rate	**DHCFP**: Currently, Nevada Medicaid reimburses NFs using a formula that compensates for acuity of the general patient census in each facility. This allows for facilities with a high acuity level of patient to be reimbursed on average at a higher rate than those with a lower acuity census. The average daily rate for NFs is currently $170. However, this acuity adjustment does not fully compensate for patients with significant behavioral issues.	**DHCFP**: E428 in IFSC provides a $261 add-on to the average daily NF rate. Fiscal impact in 2008 is $672,078. This decision unit was not funded.	**DHCFP**: 1379063
16	**6.** Enhance coverage under the Medicaid home and community based waivers by:			
	a. developing and implementing strategies to increase the number of case managers to serve persons enrolled in the Medicaid home and community based waiver programs, including the exploration of the merits of retaining an Administrative Services Organization;	**DAS**: DAS is part of the Forum for a Healthy Nevada, collaborative effort between DHHS, UNR & UNLV of which workforce is one of the subgroups. **DHCFP**: The division is working with the department on a white paper associated with issues affecting waiting lists for all waivers. For WIN, our primary issue is with difficulties in recruiting and retaining case managers. This is having an adverse impact on wait times from intake to service delivery. In addition, the division is evaluating options including contracting out some case management services to private firms, including Medicare Special Needs Plans. This will be the subject of a second white paper in development by DHCFP. 1915(i) and 1915(j) proposals are in progress. 1915(i) submitted to CMS and response received with additional information requested. DHCFP is currently preparing the response. 1915(j) proposal is currently at the public workshop.	**DHCFP**: 1915(i) and 1915(j) proposals are expected to be cost neutral.	**DHCFP**: 1915(i) and 1915(j) proposals are expected to be cost neutral.
	b. adding services to the waivers for persons with traumatic brain injuries and to meet the needs of autistic children and adolescents; and	**DHCFP**: Residential rehabilitation and behavioral adult day care are services currently not available under the WIN waiver or state plan. These services are available under the current state plan until 12/31/07, by which time DHCFP requires CMS approval of 1915(i) which will add these and other services as a state plan option. DHCFP will also add services for people with traumatic brain injuries to the Waiver for Persons with Physical Disabilities (WIN) when the waiver is renewed.	**DHCFP**: $0	**DHCFP**: TBI service addition to the Waiver for Persons with Physical Disabilities [WIN] cancelled due to the budget shortfall.

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	c. eliminating the waiting lists for all of the home and community based waivers.	**DAS**: Aging Services has decision units within their 08/09 budget to increase waiver slots by 8% over the biennium, from 2122 at the end of FY07 to 2297 at the end of FY09. Most of the waiver costs of DAS's waivers are in Medicaid's budget. **DHCFP**: Please see comments to 6(a).	**DAS**: $762,424	**DAS**: $1,125,289
17	**7.** Continue to explore advantages for Nevada under the Deficit Reduction Act of 2005 to enhance federal funding for the Medicaid program.	**DHCFP**: Nevada Medicaid is currently applying for coverage of treatment homes (also known as therapeutic foster care), intensive outpatient services, adult day health care, partial hospitalization, and comprehensive outpatient rehabilitation under section 1915(i) of the SSA, which allows states to provide some services otherwise reserved for waivers under this new DRA state plan option. Additionally, upon renewal of each waiver, the state will be considering adding cash and counseling services. In addition, the State has already submitted a state plan for the State Long Term Care Insurance Partnership program in December 2006. SPA approved. Please see comments to 6a. and 6b. above.	**DHCFP**: No fiscal impact. SB 59, introduced to utilize the Family Opportunity Act, among other matters, died.	
18	**8.** Through a working group with expansive representation, examine the strengths and weaknesses of the current LTC system and develop optional service delivery models that would lead to increased efficiencies, better out-comes, more individuals receiving services, and reducing individual participants' cost of care.	**DHCFP**: The Division currently works with the SPAC on program changes. A working group between divisions has been established to review procedures and make appropriate changes which will improve quality and timeliness of waiver services across all five waivers. This is a part of new federal administrative requirements for documenting evidence of quality and process improvement in waiver services.	**DHCFP**: E410 adds staff to DHCFP to oversee all waivers in a manner consistent with the new federal oversight requirements mentioned. The fiscal impact is $59,273 in SFY 08. Funded. One position frozen; two positions waiting for classification.	**DHCFP**: $114,426 Funded.

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	III. Small Employer Health Insurance The majority of Americans receive health insurance through their employers. The size of the employer is a key factor in determining the cost of insurance, both to the employers and their employees. . . . cost is most often the largest barrier to small employers offering insurance to their employees.			
	STRATEGIES			
19	**1.** Create a Task Force to look for long-term approaches to encourage small business owners to offer insurance and to evaluate why the existing small employer product that Nevada insurance companies are mandated to offer has such low take-up. Among the approaches that should be examined are:	**DHCFP**: Includes childless adults AB 629. This expansion is on hold due to budget issues. No further action is necessary.		
	a. various forms of standard benefit packages for the small group market;			
	b. providing subsidies for insurance, either to the population at large or to small employers; and,	**DHCFP**: AB 629 authorizes an insurance premium subsidy for childless adults who enroll in their employer sponsored insurance program. This expansion is on hold due to State revenue issues; no further action is necessary.		
	c. establishing a universal coverage program for Nevada.			

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20	**2.** Fully implement the concept of the HIFA waiver, but have the state assume the funding for the cost that the federal government will no longer provide.	**DHCFP**: The Nevada Health Insurance Flexibility and Accountability (HIFA) waiver program began 12/01/06. The pregnancy program initiated December 1, 2006 with eligibility determinations being completed by the Division of Welfare and Supportive Services. These determinations are completed utilizing the regular application and eligibility processes within the Medicaid/NOMADS program. Due to State revenue issues this program is capped at 200 women. The ESI program called Nevada Check Up Plus initiated eligibility determinations February 1, 200, with determinations being completed by the Division of Health Care Financing and Policy. Due to State Revenue issues, this program is capped at 100 recipients. February 2008 point-in-time enrollment snapshot showed 70 pregnant women and 5 Nevada Check Up Plus participants on the program.	**DHCFP**: Executive Budget includes $17.8 million in HIFA medically related spending: due to State revenue issues, program is under capped enrollment Pregnant women $15.3 million. Enrollment is capped at a maximum of 200 women each month. ESI $2.4 million. Enrollment is capped at 100 recipients each month. AB 629 included $1.2 million to establish a state funded only program to provide a monthly subsidy of up to $100/month toward a policy of health insurance for a qualified employee or spouse without children. Not funded.	**DHCFP**: Executive Budget includes $21.8 million in HIFA medically related spending: due to State revenue issues program is under capped enrollment. Pregnant women $16.8 million: enrollment is capped at a maximum of 200 women each month. ESI $4.9 million. Enrollment is capped at a maximum of 100 recipients each month. Not funded

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	IV. The Safety Net Safety net providers deliver health care services regardless of the patient's ability to pay. Because of the State's provider shortage, the safety net system fills gaps for both the insured and uninsured. In Nevada, the safety net system is largely comprised of: community health centers; University Medical Center and rural public hospitals; and, County Indigent Fund programs.			
	STRATEGIES			
21	**1.** Provide funding to Nevada's Federally Qualified Health Clinics (FQHCs) and FQHC look-alikes to improve access to health care services for both the uninsured and the insured. Funding should be for both capital and ongoing operations but be flexible enough to allow for unspent capital funds to be reallocated to ongoing operations.	**HEALTH**: Health Division Budget Account 3223, Office of Health Administration, includes continued General Funding support for Nevada Health Centers' mammography vehicle which provides mobile mammography services. The Health Division successfully maintained level funding for this activity to continue thru the biennium. Additionally, there was an allocation for 25 Perinatal Substance Abuse Clinics to be performed using the Bureau of Family Health Services' programs. The $101,169 for the clinics was lost in the first round of budget cuts, but were restored in the Sierra Health Settlement. The clinics are on track to start in July 2008.	**HEALTH**: $100,000-Mammovan $101,169- Perinatal Substance Abuse Clinics (biennium total)	**HEALTH**: $100,000-Mammovan
22	**2.** Provide ongoing funding to support administration of local community networks that offer coordination of primary and specialty care services to the uninsured.			
23	**3.** Increase funding for Senior Rx and Disability Rx programs.			

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V. Behavioral Health There is a great need for behavioral health services in Nevada. Among western states, Nevada has the highest prevalence of mental illness, with 5.4% of the population living with a serious mental illness. In terms of substance abuse, Nevada has the nation's highest percentage of population reporting dependence on illicit drugs and the eighth-highest rate of past-month binge alcohol use.			
STRATEGIES			
24 **1.** Decrease the number of persons with behavioral health conditions who inappropriately utilize the emergency departments, by:			
a. increasing the number of available psychiatric beds by paying for placement in private beds, and/or funding additional State-operated beds, and/or continuing to support and fund crisis beds such as those offered by WestCare, and/or incentivizing the private sector to add psychiatric beds to hospitals through the establishment of appropriate reimbursement rates;	**MHDS:** MHDS received funding for 22 new psychiatric beds (E-328) to be located on the Charleston campus and operated by the state. This does not increase the total number of available beds as it replaces the 25 beds currently operated by West Care. **DCFS**: The 2007 legislatively approved budget provides a 7,500 square foot expansion to Desert Willow Treatment Center to add an additional 14 acute psychiatric beds for adolescents. **This project is estimated to cost $10,000,000**. **DHCFP**: Increasing private psych beds in general hospitals is needed to meet the continuing demand for these inpatient services. Medicaid is precluded under federal regulation from paying for psych beds in free-standing psychiatric hospitals for individuals ages 21-64. Therefore, it is important these services become more readily available in general hospitals. Currently Medicaid pays $460 per day for psychiatric inpatient services. This is viewed as grossly inadequate in a med/surge bed market where demand is high and reimbursement for those services is much higher. The decision unit was not funded.	**MHDS**: $3,875,978 **DHCFP**: E432 in IFSC proposes raising the general hospital psych per diem from $460 to $935. This rate is the regional average obtained from neighboring state survey conducted in 2004. Fiscal impact is $804,421 in SFY 2008. Not funded.	**MHDS**: $3,792,861 **DHCFP**: IFSC = $825,311

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	b. expanding the crisis support system to include the enhancement of a mobile crisis team system to better meet the needs of children and families;	**DCFS**: The 2007 legislatively approved budget provides a mobile crisis team system pilot in Clark County. (FY08 $728,170 and FY09 $748,655)	**DCFS**: $728,170	**DCFS**: $748,655
	c. expanding ongoing community based behavioral health services; and	**MHDS: BA 3161-SNAMHS; 3162-NNAMHS; 3648 - Rural Clinics**	**MHDS:**	**MHDS:**
		Medication cost increase (M101)	$2,114,971	$4,539,274
		Residential Service Increase (M201)	$563,058	$1,685,607
		Med Clinic Caseload Growth (M200)	$1,109,948	$1,381,968
		Intensive Community Based Service (PACT) (M202)	$181,079	$274,444
		Rehabilitation Services (M206)	$209,287	$355,633
		Increases in PAS Services (M204)	$1,266,323	$2,645,280
		Continue Mental Health Court (E-325)	$2,288,287	$2,351,286
		Continue Triage Center (E-326)	$1,400,000	$1,400,000
		Continue 90 Residential Beds at SNAMHS (E-327)	$1,413,732	$1,442,557
		Mobile Outreach Program at NNAMHS (E-332)	$168,828	$213,617
		Mental Health Court Growth (AB 629) = $1,526,750 over the biennium	$1,526,750 biennium	$same over biennium
		Conditional Release Program for Un-Restorable Clients (SB 380)	$138,607	$133,747
	d. conducting a review of medical clearance requirements and making appropriate revisions to the rule.			
25	**2.** Implement strategies to increase Medicaid funding for the State's behavioral health system.	**DCFS**: DCFS partnered with Nevada State Medicaid on the behavioral health redesign, and continues to work with them on improving access to services. **DHCFP**: Behavioral health redesign is showing early signs of increased utilization of key residential and non-residential mental health rehabilitation services. Evaluation data is still pending. 6/07: DHCFP is working with FHSC to develop key indicator reports to monitor the utilization of behavioral health services. Anticipated completion dates of these reports is 11/07. Decision unit E-402 is for the Care Management and Care Coordination contracts. The Care Management contract will focus on high medically needy recipients, of which some of the population will have behavioral health needs. The Care Coordination contract will focus on coordinating the medical care for children under the age of 21. Both of these contracts are effective 01/01/08. The third budget unit, E-407, appropriates money to recruit behavioral health providers.	**DHCFP**: E-402 $437,985 Total E-407 $155,000 Total	**DHCFP**: E-402 $1,829,781 E-407 $0

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26	**3.** Review the new Medicaid State Plan option available through the Deficit Reduction Act and waivers available under the 1915[c] waiver option and select the most appropriate approach to implement to enhance home and community based services for Medicaid eligible persons with SMI.	**DHCFP**: DHCFP is considering this as an option should new Medicaid regulations restrict use of the Rehabilitation Option under the Medicaid State Plan. Indications are that CMS intends to restrict use of this option which could have an impact on a number of rehab services. Section 1915(c) waivers as well as the new DRA 1915(i) state plan option are under consideration. Additionally, the DHCFP examined the PRTF grant provided through the DRA to address children in residential treatment facilities. However, this was determined not to be a grant, but to be an new 1915(c) waiver option which required a general fund match.		
27	**4.** Review the new Medicaid demonstration grants established under the Deficit Reduction Act and waivers available under the 1915[c] waiver option and select the most appropriate approach to implement to enhance home and community based services for Medicaid eligible children and adolescents with SED.	**DHCFP**: See response to V.1.		
28	**5.** Restructure and unify the behavioral health system as necessary in order to ensure delivery of effective and coordinated services.	**DCFS**: DCFS, in partnership with our sister agencies, supported the Transforming Children's Mental Health Steering Committee and the new Nevada Children's Behavioral Health Consortium. Additionally, DCFS received a five year Infrastructure Grant to develop a strategic plan for children's behavioral services as well as a financing strategy for supporting those services.		
29	**6.** Develop a comprehensive system for the delivery of behavioral health preventive services that is integrated across the community (e.g., schools, health care practitioners, private insurers).	**DCFS**: Through the support of the Community Mental Health Block Grant, our Early Childhood Treatment staff provide consultation to day care centers in Washoe and Clark Counties. Additionally, DCFS has used grant dollars to help support the public service announcement put together by the Clark County Mental Health Consortia aimed at reducing the stigma of mental health issues.		
30	**7.** Expand mental health/substance abuse parity requirements to incorporate a wider array of services and covered diagnosis.			

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	VI. Prevention and Wellness			
	Health indicators serve as a benchmark for assessing the health of a given population and provide a baseline for measuring improvement. The Fund for a Healthy Nevada reported statistics on the health status of Nevadans in September 2005. These statistics showed the state as ranking low, when compared to other states, on a number of key health indicators.			
	STRATEGIES			
31	**1.** Improve the immunization rate for all Nevadans through the addition of community based marketing, education and awareness campaigns targeted to both consumers and health care providers regarding the value of immunizations. In addition, the Nevada Department of Health and Human Services (DHHS) should review the current recommended vaccination schedule for possible changes.	**HEALTH**: Enhancement Decision Unit E-400 within Health Division Budget Account 3213- Immunization Program contains a State General Fund request to support the Statewide Immunization Registry. Requests specific funding for Southern Nevada Health District (SNHD), Washoe County District Health Department (WCDHD) and the Health Division. Funding supports dedicated positions to improve medical provider utilization of the registry as well as management of registry data. The enhancement unit requested a total of 6 positions, state and county, 3 were approved, and was asked to fund the enhancement thru 1/2 General Fund and 1/2 Federal Immunization funding. Fiscal impact to State General Fund is only 1/2 of the total cost of the original. Federal funding was approved for a 1/2 FTE state registry position but the position remains in the approval process. SNHD and WCDHD declined funding for individual 1/2 FTE registry positions and preferred the funding be combined so the FTE remains in the state program. This FTE will be hired soon as a contracted temporary employee functioning as a registry program officer.	**HEALTH**: $146,522	**HEALTH**: $139,650
		HEALTH: Enhancement Decision Unit E-343 within Budget Account 3213 also proposes utilization of federal Immunization Grant funds to establish a 1.0 FTE Public Service Intern position to work on education and outreach activities. This action was approved. There is no fiscal impact to the State General Fund as the position was approved to be funded through the federal grant award. This position was not funded by the federal immunization grant for CY08.	**HEALTH**: $0.00	**HEALTH**: $0.00

	Recommendations & Strategies	What NVDHHS or NSHE Currently Does / or Plans to Do	Fiscal Impact '08	Fiscal Impact '09
32	**2.** Expand prenatal care services by "building out" the existing prenatal care network with continuity of care and perinatology services, consider the addition of case management services to the prenatal care program, and provide for presumptive eligibility under the Medicaid program for pregnant women.	**HEALTH**: Within Health Division Budget Account 3222- Maternal Child Health Services, funding is continued (Category 15- Pre/Post Natal) to support early access to prenatal care. Funding is combination of State General Fund and federal MCH Block Grant. This action was approved. Contracts with Renown Pregnancy Center in Reno and University Medical Center in Las Vegas have been made and services are being provided to pregnant women and their infants to age one. **DHCFP**: Most pregnancy related services are handled through Nevada's two contracted Medicaid HMOs. Medical case management is provided to high-risk fee-for-service pregnancies (e.g. homeless mothers) are handled by Nevada Medicaid's district office staff. Decision Unit dropped, reused decision unit for Aging out of Foster Care.	**HEALTH**: $600,000 Funded	**HEALTH**: $600,000
		HEALTH: Within Health Division Budget Account 3222- Maternal Child Health Services, funding is continued (Category 23- Pre/Post Natal) to encourage early access to prenatal care. Funding approved at a higher level	**HEALTH**: $49,858	**HEALTH**: $66,246

	Recommendations & Strategies	What NVDHHS or NSHE Currently Does / or Plans to Do	Fiscal Impact '08	Fiscal Impact '09
33	**3.** Expand the Oral Health Care Program, including the addition of a State Dental Officer, adding resources for increasing access for oral health care for all age groups, and exploring the feasibility of requiring dental evaluations for children in kindergarten and second and sixth grades. Additionally, the Medicaid program should provide dental coverage to adults enrolled in the program.	**DAS**: The Division for Aging Services provides funding through Independent Living Grants to 2 programs providing dental care to seniors. Miles for Smiles and the Elvirita Lewis Forum each received grant awards totaling $318,589 for the period of October 1, 2006 through September 30, 2007. **HEALTH**: Within Health Division Budget 3222 - Maternal Child Health Services, funding is continued (Category 19 - Oral Health) to support oral health education and awareness. Funding is federal CDC Oral Health Grant. The action was approved, funding was reduced. **DHCFP**: As of October 1, 2007, certain peridontal services were added as a covered benefit for pregnant adult Medicaid recipients eligible for full Medicaid. These services are now available in addition to the dental services already covered for adult Medicaid recipients: emergency extractins, palliative treatment and prosthdontic care.	**DAS**: Statute requires DAS to grant $150,000 of ILG funds to a provider for dental care to seniors. No GF have been requested in DAS budgets for dental. **HEALTH**: $$144,969 **DHCFP**: E405 in IFSC proposed adding adult dental services for waiver clients . Fiscal impact was $1,447,129. Additionally, Gov Rec includes E403 which provides dental care to pregnant women. It is estimated to create a $660,000 general fund savings over the biennium. E-403 was funded for ($675,484) SGF = ($317,748).	**DAS**: Statute requires DAS to grant $150,000 of ILG funds to a provider for dental care to seniors. No GF have been requested in DAS budgets for dental. **HEALTH**: $119,013 **DHCFP**: ($699,217) SGF = ($322,687).

	Recommendations & Strategies	What NVDHHS or NSHE Currently Does / or Plans to Do	Fiscal Impact '08	Fiscal Impact '09
34	**4.** Reduce exposure to second-hand smoke.	**HEALTH**: Within Health Division Budget Account 3220- Communicable Disease Control, funding is continued (Category 10- Tobacco Grant) to support tobacco control efforts. Funding is federal CDC Tobacco Control Grant. This action was approved at a lower level of funding. For FY09, CDC will award a 9-month cost extension due to a change in grant year. The new 12-month grant year will begin in FY 2010: March 30, 2009 - March 29, 2010.	**HEALTH**: $527,393	**HEALTH**: $512,100
35	**5.** Invest in wellness program to reduce chronic disease. Such programs should have concrete spending plans and be branded statewide.	**HEALTH**: Within Health Division Budget Account 3220- Communicable Disease Control, funding is continued (Categories 19, 20, 21 and 25) to support chronic disease education, planning and prevention activities. Funding is federal CDC funds for each grant area. This action was approved with modified funding . **HEALTH**: Funding was appropriated to the Health Divison for a Coordinator of Vascular Health. The Fitness and Wellness Advisory Counsel was also appropriated funding for continued activities as well as additional funds. Provides $100,000 over the biennium plus the approval to carry-forward unspent funds of nearly $95,000. Vascular Health Coordinator position and Fitness and Wellness Advisory Counsel funding have been cut due to budget reductions.	**HEALTH**: $2,325,795 **HEALTH**: Vascular Health = $0.00 Fitness and Wellness = $0.00	**HEALTH**: $2,266,807 **HEALTH**: Vascular Health = $0.00; Fitness and Wellness = $0.00
	VII. Health Care Planning All states have at least nominal health planning functions, and Nevada is no exception. However, the focus groups collectively expressed their perception that there is no centralized responsibility for health care planning in Nevada. There were recommendations and observations that Nevada needs a planning function that will have the attention of policy makers, perform analysis on the volumes of data that are collected, and promote policies to address the challenges facing the Nevada health care system.			
	STRATEGIES			
36	1. Develop an adequately funded Office of Health Planning, with an Advisory Panel that will oversee health care planning and policy development within Nevada and that will:			

	Recommendations & Strategies	What NVDHHS or NSHE Currently Does / or Plans to Do	Fiscal Impact '08	Fiscal Impact '09
	a. integrate available data and collect additional data, perform analysis, plan for health system needs, and promote accurate information about health care costs to public and policy makers;	**DAS**: The Division for Aging Services, through a federal grant, is establishing Aging & Disability Resource Centers (ADRC) which will serve as focal points for Information, Referral & Assistance to services within the long-term care continuum. Information from inquiries will be entered into DAS Synergy software system which will also be used for internal case management activities. The software will allow DAS to track services as well as identify unmet needs. **HEALTH**: The Health Division Warehouse TIR and Electronic Birth Registry System, TIR, within DoIT Budget 1325 Enhancement-586, were eliminated from the budget, as part of overall budget reductions. Also eliminated were the General Fund supported Data Warehouse staff positions, contained in Health Division Budget Account 3190, Vital Statistics, in Decision Unit E-276.	**DAS:** $79,488 funds one FTE Social Services Program Spec 3 and program costs. **HEALTH**: $1,505,892	**DAS:** $27,667 funds one FTE Social Services Program Spec 3 thru 09/30/08+program costs. **HEALTH**: $1,827,057
	b. promote more informed decision making through the dissemination of information about both the quality and the cost of health care services; and			
	c. perform community needs assessments throughout Nevada that will serve as the basis for responding to gaps in services (needs), disparities among populations, and achieving better health outcomes (the assessments should identify the resources necessary to meet the community's needs and initiate a process to align needs and resources.)	Tobacco Prevention and Education Program has a State Disparities Team that has initiated a strategic planning process that includes a needs assessment and gap analysis.		
37	**2.** Within the Office of Health Planning, include an Office of Workforce Development that will oversee health care workforce planning and policy development within Nevada and that will:			
	a. collect, maintain and provide data analysis; issue reports; link with universities and colleges, relevant State departments, and other public/private entities; and commission studies and apply for grants;			
	b. review the operations of the health care professional licensing boards with respect to barriers to licensing;			
	c. review the scope of practice statutes and rules for the various licensed health care professionals;			
	d. develop and recommend strategies to attract and retain medical professionals (including nurses) in Nevada; and			
	e. provide additional funding for existing loan programs to attract and retain medical professionals.			

	Recommendations & Strategies	What NVDHHS or NSHE Currently Does / or Plans to Do	Fiscal Impact '08	Fiscal Impact '09
38	**3.** Support the concept of a Nevada Academy of Health, which would be a public-private collaboration.	Executive Order establishing NAH issued December 28, 2006. **DHCFP**: DHCFP has submitted a Medicaid Transformation Grant Application to develop a Medicaid Data Warehouse. This Warehouse was proposed as a partnership between DHCFP and HealthInsight. The application asked for funding which would allow both entities to develop a Data Warehouse and exchange data. This would allow Medicaid access to data collected by HealthInsight. Total grant request is $3,227,727.	**DHCFP:** SFY08 = $2,256,902	**DHCFP:** SFY09 = $970,825
39	**4.** Promote development of HIT and coordinate the development of HIE by: a. creating a time-limited statewide steering committee that will be convened and supported by the State for the purpose of developing a high level plan for e-Health; b. creating a statewide governance committee that will be created and funded to implement the steering committee's high-level plan; and, c. enacting legislation to clarify and protect consumer privacy that follows and complements federal laws.			

Source: A State Health Plan for Nevada, Executive Summary, pgs 1-11, 2006.