



State Balancing Incentive Payment Program

Application for the State of Nevada

Submission Date: January 7, 2014

Nevada Department of Health and Human Services

Nevada Division of Health Care Financing and Policy

TABLE OF CONTENTS

Cover Letter.....	1
Letters of Endorsement	3
Project Abstract	7
Work Plan	8

Application Narrative

Section A. Understanding of Balancing Incentive Program Objectives	15
Section B. Current System's Strengths and Challenges	17
Section C. No Wrong Door/Single Entry Point (NWD/SEP)	39
Section D. NWD/SEP Person Flow	45
Section E. NWD/SEP Data Flow	49
Section F. Potential Automation of Initial Assessment.....	53
Section G. Potential Automation of Core Standardized Assessment.....	54
Section H. Incorporation of a CSA in the Eligibility Determination Process	56
Section I. Staff Qualifications and Training.....	57
Section J. Location of SEP Agencies	62
Section K. Outreach and Advertising.....	73
Section L. Funding Plan	74
Section M. Challenges.....	78
Section N. NWD/SEP's Effect on Rebalancing.....	80
Section O. Other Balancing Initiatives.....	84
Section P. Technical Assistance.....	86

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Office of the Governor

January 6, 2014

Jennifer Burnett
Center for Medicare and Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Nevada Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFCP) is pleased to submit the attached State Balancing Incentive Payments Program (BIPP) application package for your consideration. The DHCFCP is the single state Medicaid agency in Nevada and will serve as the lead organization for the BIPP. DHCFCP is submitting the enclosed application in accordance with Section 10202 of the Patient Protection and Affordable Care Act.

Nevada has been working for many years toward an improved environment for providing its citizens with enhanced home and community-based service options. Nevada is proud of its institutional diversion and transition program. As one of Nevada's responses to the U.S. Supreme Court's Olmstead decision in 1999, the DHCFCP Facility Outreach and Community Integration Services (FOCIS) program came into existence. FOCIS began as a pilot program in northern Nevada in 2002, was expanded to southern Nevada in 2003, and became available throughout the state in 2004. Nevada was awarded the Money Follows the Person Rebalancing Grant (MFP) in 2011. The grant provided additional resources and staff dedicated to transitioning individuals from institutional settings and into home-based settings.

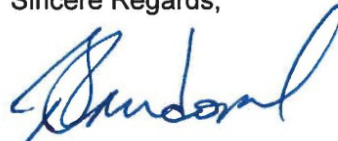
The additional two percent federal matching funds provided by the BIPP will greatly assist Nevada in its efforts to expand existing infrastructure and increase rebalancing efforts toward the delivery of long-term services and supports (LTSS).

The contact for the BIPP is Gloria Macdonald who may be reached either at (775) 687-8407 or gloria.macdonald@dhcfcf.nv.gov. Laurie Squartsoff, the Medicaid Administrator, will service as the principal investigator and can be reached at (775) 684-3677 or laurie.squartsoff@dhcfcf.nv.gov. Cooperating entities will include: The

Division of Aging and Disability Services (ADSD), The Health Care Quality and Compliance Unit (HCQC) within the Health Division, Aging and Disability Resource Centers statewide, Nevada's Commission on Aging, Nevada Commission on Services for Persons with Disabilities, the Money Follows the Person Demonstration (MFP) staff and stakeholders, DHCFP's Medical Care Advisory Committee (MCAC), and the Nevada Department of Administration, Research, Planning and Grant Management Unit.

Nevada estimates and requests an additional 2% FMAP in the amount of \$6,559,856 based on the projected total community-based LTSS expenditures of \$327,992,816 from January 1, 2014 through September 30, 2015. Depending on the approval date of the program the estimates may be somewhat less. The additional funds will support efforts to create a conflict-free case management system, a robust No Wrong Door/Single Entry Point (NWD/SEP) system, and a statewide Core Standardized Assessment.

Sincere Regards,



BRIAN SANDOVAL
Governor

Enclosure

AARP Real Possibilities
Phone: 1-866-389-5652 Fax: 702-938-3225

October 16, 2013

Ms. Laurie Squartsoff, Administrator
Nevada Department of Health and Human Services
Division of Health Care Financing and Policy
1100 E. William Street, Suite 101
Carson City, NV 89701

Dear Ms. Squartsoff:

AARP Nevada is pleased to support the State of Nevada in its application for the Balancing Incentive Payments Program (BIPP) on behalf of our more than 300,000 AARP members across our state. The BIPP is an important component of the Affordable Care Act that will benefit thousands of individuals living with functional impairments. This will help them to live with independence and dignity in community settings instead of going into nursing homes.

We have advocated for expanding home and community based services (HCBS), and supported prior efforts in Nevada including Money Follows the Person and increases in funding for HCBS waiver slots. The Balancing Incentive Payments Program builds on these efforts and will provide Nevada families with more opportunities for how and where they receive necessary long-term services and supports.

AARP Nevada supports this application as it will increase access to home and community based services; improves the assessment process for individuals needing services; provides conflict-free case management; and requires a no wrong-door approach for those who need help. These efforts will improve consumer satisfaction, promote services in the least restrictive setting, and improve outcomes.

AARP Nevada looks forward to working with you to rebalance our states' long term care system and achieve the goals of this project.

Sincerely,

Electronically signed by G. Macdonald on behalf of Carla Sloan
Original signed letter on file at DHCFP and previously submitted to CMS

Carla Sloan, State Director
AARP Nevada

Aging and Disability Services Division
Phone: (775) 687-4210 Fax: (775) 687-0574

November 8, 2013

Ms. Laurie Squartsoff, Administrator
Nevada Department of Health and Human Services
Division of Health Care Financing and Policy
1100 E. William Street, Suite 101
Carson City, NV 89701

Dear Ms. Squartsoff:

Please accept this letter of support for the Nevada Division of Health Care Financing and Policy (DHCFP) proposal to the Centers for Medicare and Medicaid Services (CMS) for the Balancing Incentives Payments Program (BIPP). We understand the goal of the project is to increase the level of Federal Medical Assistance Percentage (FMAP) to Nevada for implementing structural reforms to increase access to non-institutional long-term services and supports (LTSS) to a level that exceeds 50% of the total costs spent on long-term care services in Nevada. We acknowledge that the new BIPP structural changes including the No Wrong Door/Single Entry Point (NWD/SEP), Conflict-free Case Management, and the development and use of a Core Standardized Assessment Instrument may strengthen the process of how people are evaluated and entered into the most appropriate home and community based services.

Aging and Disability Services Division (ADSD) is the operating agency for three Medicaid Home and Community Based waivers aimed at community integration and prolonging or avoiding institutionalization. The Division is committed to supporting initiatives that will bring additional funding to Nevada that will be used to strengthen and support infrastructure to facilitate an efficient and streamlined entry into service delivery programs. ADSD staff work collaboratively with DHCFP for successful development and implementation of LTSS strategies including waiver operations and Money Follows the Person (MFP). Procurement of the increased FMAP is instrumental to ensure the successful planning and implementation of a robust and effective LTSS delivery model.

We are encouraged that DHCFP is committed to pursuing this grant program for the additional federal 2% percent match. We look forward to this funding opportunity that will allow the state to reinforce and improve ongoing commitments toward home and community based services for Nevada citizens.

Sincerely,

Electronically signed by G. Macdonald on behalf of Jane Gruner
Original signed letter on file at DHCFP and previously submitted to CMS

Jane Gruner
Administrator

Cc: Gloria Macdonald, Chief Grants Management Unit, DHCFP

Commission Services for Persons with Disabilities
Phone: (775) 687-4210 Fax: (775) 687-0574

October 9, 2013

Ms. Laurie Squartsoff, Administrator
Nevada Department of Health and Human Services
Division of Health Care Financing and Policy
1100 E. William Street, Suite 101
Carson City, NV 89701

Dear Ms. Squartsoff:

Please accept this letter of support for the Nevada Division of Health Care Financing and Policy (DHCFP) proposal to the Centers for Medicare and Medicaid Services (CMS) for the Balancing Incentives Payments Program (BIPP). We understand the goal of the project is to increase the level of Federal Medical Assistance Percentage (FMAP) to Nevada for implementing structural reforms to increase access to non-institutional long-term services and supports (LTSS) to a level that exceeds 50% of the total costs spent on long-term care services in Nevada. We acknowledge that the new BIPP structural changes including the No Wrong Door/Single Entry Point (NWD/SEP), Conflict-free Case Management, and the development and use of a Core Standardized Assessment Instrument may strengthen the process of how people are evaluated and entered into the most appropriate home and community based services.

The Nevada Commission on Services for Persons with Disabilities (CSPD) reports directly to Mike Willden, Director, Department of Health and Human Services. The CSPD is formerly known as the Strategic Plan Accountability Committee.

We are encouraged that DHCFP is committed to pursuing this grant program for the additional federal 2% percent match. We look forward to this funding opportunity that will allow the state to reinforce and improve ongoing commitments toward home and community based services for Nevada citizens.

Please contact me if you have any questions or if I can be a resource to you in any way. My direct line is (702) 677-3596.

Sincerely,

Electronically signed by G. Macdonald on behalf of Brian M. Patchett
Original signed letter on file at DHCFP and previously submitted to CMS

Brian M. Patchett, MPA, MS CRC
Chairman

Cc: Gloria Macdonald, Chief Grants Management Unit, DHCFP

Nevada Senior Services, Inc.
Phone: (702) 648-3425 Fax: (702) 648-1408

October 16, 2013

Ms. Laurie Squartsoff, Administrator
Nevada Department of Health and Human Services
Division of Health Care Financing and Policy
1100 E. William Street, Suite 101
Carson City, NV 89701

Dear Ms. Squartsoff:

Please accept this letter of support for the Nevada Division of Health Care Financing and Policy (DHCFP) proposal to the Centers for Medicare and Medicaid Services (CMS) for the Balancing Incentives Payments Program (BIPP). We understand the goal of the project is to increase the level of Federal Medical Assistance Percentage (FMAP) to Nevada for implementing structural reforms to increase access to non-institutional long-term services and supports (LTSS) to a level that exceeds 50% of the total costs spent on long-term care services in Nevada. We acknowledge that the new BIPP structural changes including the No Wrong Door/Single Entry Point (NWD/SEP), Conflict-free Case Management, and the development and use of a Core Standardized Assessment Instrument may strengthen the process of how people are evaluated and entered into the most appropriate home and community based services.

Nevada Senior Services responds to the important mission of supporting senior citizens and the disabled in their effort to remain independent with dignity in the community, maintaining quality of life and avoiding institutionalization. We accomplish our mission by improving the physical, spiritual and emotional health of individuals and families through providing a comprehensive range of health, education, and social services for those facing the challenges of chronic disease, disability and aging. Programs operated by Nevada Senior Services include: Adult Day Care Centers of Las Vegas & Henderson; Bright Pathways (Early Memory Loss Program); Connections (Moderate Memory Loss Program); RAMP (Home Modifications); Comprehensive Geriatric Assessment Center; REACH (Alzheimer's Caregiver Support); and a range of caregiver resources in collaboration with other community agencies.

We are encouraged that DHCFP is committed to pursuing this grant program for the additional federal 2% percent match. We look forward to this funding opportunity that will allow the state to reinforce and improve ongoing commitments toward home and community based services for Nevada citizens.

Sincerely,

Electronically signed by G. Macdonald on behalf of Jeffrey B. Klein
Original signed letter on file at DHCFP and previously submitted to CMS

Jeffrey B. Klein, FACHE, President and CEO

Cc: Gloria Macdonald, Chief Grants Management Unit, DHCFP

**State Balancing Incentive Payments Program
Patient Protection and Affordable Care Act
Section 10202**

Project Abstract

Nevada has been actively pursuing improvements with LTSS to enhance home and community-based service options for many years. One of the reasons DHCFP pursued and received the MFP grant was to provide additional resources and infrastructure to the current FOCIS program to transition individuals from nursing facilities into home and community base settings.

The DHCFP will strive to meet the goals outlined by the LTSS Committee while also achieving the three primary goals within the Balancing Incentive Program: No Wrong Door/ Single Entry Point (NWD/SEP), core standardized assessment and conflict-free case management during the program project period. With the structural changes discussed throughout this application, as well as the emphasis and increased availability of providing services in the community, the State will balance its expenditures for LTSS and increase the proportion of spending on HCBS to at least 50 percent. Funding provided by the MFP Grant to develop an electronic case management system for LTSS case management, MFP Rebalancing funds, ADRC Grant funds and the enhanced match available through the Balancing Incentive Program will further expand community capacity and shift expenditures from institutions to home and community-based services.

The rebalancing goals will be achieved through the activities performed in the work plan and by the collaboration of SEP partners, in addition to marketing and outreach activities conducted by Nevada ADRCs, and by MFP and FOCIS staff. Some of the key activities include the following:

Align the person-flow activities so that initial contact with any SEP partner triggers a process that directs the individual through the NWD creating access to the appropriate LTSS programs. This will include a web portal, a 1-800 number system and physical locations in various geographic regions.

Design, develop and implement an electronic case management system available to the staff of all the SEP partners. Training will be provided to staff.

Design, develop and implement a conflict-free case management system for use by all SEP partners. Training will be provided to staff.

Design, develop and implement a core standardized assessment tool for use by all SEP partners. Training will be provided to staff.

Provide the necessary reports to CMS.

Coordinate program eligibility with the Health Information Exchange IT system.

Create a mechanism for long-term sustainability.

TABLE TEMPLATE

**Please replace the number of months with an actual date.*

GENERAL NWD/SEP STRUCTURE

1. All individuals receive standardized information and experience the same eligibility determination and enrollment processes.

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
1.1 Develop standardized informational materials that NWD/SEPs provide to individuals	01/01/2015	Jennifer Frischmann	Not started – will begin in April, 2014	Informational materials
1.2 Train all participating agencies/staff on eligibility determination and enrollment processes	01/01/2015	Jennifer Frischmann	Not started	Training agenda and schedule

2. A single eligibility coordinator, “case management system,” or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion. *(The timing below corresponds to a system with an automated Level I screen, an automated Level II assessment and an automated case management system. NWD/SEP systems based on paper processes should require less time to put into place.)*

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
2.1 Design system (initial overview) Stage 1: SAMS Case Management System Stage 2: CSA incorporated into SAMS, implement a SOR database and implement the CMS biller.	Stage 1: Completed Stage 2: 06/30/2014	Brian Wanbaugh, Logik Inc.	Completed for stage 1 & not started for stage 2.	Stage 1: Completed BIPP Application with system specifications. Stage 2: The design for incorporating the additional SAMS projects will be initiated in May, 2014.
2.2 Design system (final detailed design) Stage 1: SAMS Case Management System Stage 2: CSA incorporated into SAMS, implement a SOR database and implement the CMS biller.	Stage 1: Completed Stage 2: 12/31/2014	Brian Wanbaugh, Logik Inc.	Completed for stage 1 & not started for stage 2.	Stage 1: Detailed technical specifications of system Stage 2: The design for incorporating the additional SAMS projects will be initiated in May, 2014.

Major Objective / Interim Tasks		Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
2.3	Select vendor.	Completed	Brian Wanbaugh, Logik Inc.	Completed	Logik Technology Consulting, Inc. Reno, NV They have been a long time IT Consultant for the Aging Division and are experts with SAMS.
2.4	Implement and test system Stage 1: SAMS Case Management System Stage 2: CSA incorporated into SAMS, implement a SOR database and implement the CMS biller.	Stage 1: 06/30/2014 Stage 2: 08/31/2015	Brian Wanbaugh, Logik Inc.	In Progress for stage 1 and not started for stage 2.	Stage 1: Refer to the Implementation and Configuration Proposal Stage 2: Proposal to be developed.
2.5	System goes live	06/30/2014 for stage 1 and 08/31/2015 for stage 2.	Brian Wanbaugh, Logik Inc.	In Progress for stage 1 and not started for stage 2.	Memo indicating system is fully operational
2.6	System updates	Semiannual after 24 months	Brian Wanbaugh, Logik Inc.	Not started	Description of successes and challenges

NWD/SEP

3. [State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
3.1 Identify the Operating Agency	02/25/2014	Gloria Macdonald	Completed	Nevada Division of Health Care Financing and Policy will be the operating and oversight agency.
3.2 Identify the NWD/SEPs	02/25/2014	Gloria Macdonald	Completed	List of NWD/SEP entities and locations. This will include Welfare and Medicaid offices and locations of ADRCs.
3.3 Develop and implement a Memorandum of Understanding (MOU) across agencies	01/01/2015	Gloria Macdonald	Not started	Signed MOU

4. [NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
4.1 Identify service shed coverage of all NWD/SEPs	09/01/2014	Cheyenne Pasquale	In progress	Percentage of State population covered by NWD/SEPs
4.2 Ensure NWD/SEPs are accessible to older adults and individuals with disabilities	09/01/2014	Cheyenne Pasquale	In progress	Description of NWD/SEP features that promote accessibility. This will include services of the Welfare and Medicaid office and ADRCs

WEBSITE

5. [The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP system.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
5.1 Identify or develop URL	09/01/2014	CheyennePasquale	In progress	URL

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
5.2 Develop and incorporate content	01/01/2015	Cheyenne Pasquale	In progress	Working URL with content completed
5.3 Incorporate the Level I screen into the website (recommended, not required)	06/01/2015	Cheyenne Pasquale	In progress	Working URL of Level I screen and instructions for completion

1-800 NUMBER

6. [Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
6.1 Contract 1-800 number service – we will consider utilizing Nevada’s existing 211 toll-free referral service. This will probably require additional staffing and training.	06/01/2015	Cheyenne Pasquale	In progress	Phone number
6.2 Train staff on answering phones, providing information, and conducting the Level I screen	08/01/2015	Cheyenne Pasquale	In progress	Training materials

ADVERTISING

7. [State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
7.1 Develop advertising plan – we will consider collaborating with current ADRCs statewide.	09/01/2014	Cheyenne Pasquale	In progress	Advertising plan
7.2 Implement advertising plan	01/01/2015	Cheyenne Pasquale	In progress	Materials associated with advertising plan

CSA/CDS

8. [A CSA, which supports the purposes of determining eligibility, identifying support needs, and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the CDS \(a Core Data Set of required domains and topics\).](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
8.1 Develop questions for the Level I screen	09/30/2014	Jennifer Frischmann	In progress	Level I screening questions
8.2 Fill out CDS crosswalk (see Appendix H in the Manual) to determine if your State's current assessments include required domains and topics	8/31/2014	Janice Caldwell	In progress	Completed crosswalk(s)
8.3 Incorporate additional domains and topics if necessary (<i>stakeholder involvement is highly recommended</i>)	12/31/2014	Jennifer Frischmann	Not started	Final Level II assessment(s); notes from meetings involving stakeholder input
8.4 Train staff members at NWD/SEPs to coordinate the CSA	05/30/2015	Jennifer Frischmann	Not started	Training materials
8.5 Identify qualified personnel to conduct the CSA	05/30/2015	Jennifer Frischmann	Not started	List of entities contracted to conduct the various components of the CSA
8.6 Regular updates	Semiannual after 12 months	Jennifer Frischmann	Not started	Description of success and challenges

CONFLICT-FREE CASE MANAGEMENT

9. [States must establish conflict of interest standards for the Level I screen, the Level II assessment, and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
11.1 Describe current case management system, including conflict-free policies and areas of potential conflict	10/01/2014	Jennifer Frischmann	In progress	Review of existing LTSS programs with a resulting list of strengths and weaknesses of existing case management system – narrative included in CMS response letter.

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
11.2 Establish protocol for removing conflict of interest	06/01/2015	Jennifer Frischmann	Not started	Protocol for conflict removal; if conflict cannot be removed entirely, explain why and describe mitigation strategies.

DATA COLLECTION AND REPORTING

10. [States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.](#)

Major Objective / Interim Tasks	Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
10.1 Identify data collection protocol for <i>service data</i>	10/01/2014	Larry Casey	Not started	Measures, data collection instruments, and data collection protocol
10.2 Identify data collection protocol for <i>quality data</i>	10/01/2014	Larry Casey	Not started	Measures, data collection instruments, and data collection protocol
10.3 Identify data collection protocol for <i>outcome measures</i>	10/01/2014	Larry Casey	Not started	Measures, data collection instruments, and data collection protocol
10.4 Report updates to data collection protocol and instances of <i>service data</i> collection	Semiannual**	Larry Casey	Not started	Document describing when data were collected during previous 6-month period, plus updates to protocol
10.5 Report updates to data collection protocol and instances of <i>quality data</i> collection	Semiannual**	Larry Casey	Not started	Document describing when data were collected during previous 6-month period, plus updates to protocol
10.6 Report updates to data collection protocol and instances of <i>outcomes measures</i> collection	Semiannual**	Larry Casey	Not started	Document describing when data were collected during previous 6-month period plus updates to protocol

** If States do not submit satisfactory information regarding data collection protocol, they will be required to submit this information on a quarterly basis.

SUSTAINABILITY

11. [States should identify funding sources that will allow them to build and maintain the required structural changes.](#)

Major Objective / Interim Tasks		Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
11.1	Identify funding sources to implement the structural changes	06/01/2014	Gloria Macdonald	In progress	Description of funding sources
11.2	Develop sustainability plan	12 months	Gloria Macdonald	In progress	Funding sources and estimated annual budget necessary to maintain structural changes after award period ends
11.3	Describe the planned usage for the enhanced funding	06/01/2015	Gloria Macdonald	Not started	Description of how the State will use the enhanced funding earned through the program. Detail how these planned expenditures: 1. Increase offerings of or access to non-institutional long-term services and supports; 2. Are for the benefit of Medicaid recipients; and 3. Are not a prohibited use of Medicaid funding.

EXCHANGE IT COORDINATION

12. [States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.](#)

Major Objective / Interim Tasks		Suggested Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
12.1	Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system	01/01/2015	Betsy Aiello	In Progress	Description of plan of coordination
12.2	Provide updates on coordination, including the technological infrastructure	Semiannual	Betsy Aiello	Not started	Description of coordination efforts

**State Balancing Incentive Payments Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section A. Understanding of Balancing Incentive Program Objectives

Nevada has been actively pursuing improvements with LTSS to enhance home and community-based service options for many years. One of the reasons DHCFP pursued and received the MFP grant was to provide additional resources and infrastructure to the current FOCIS program to transition individuals from nursing facilities into home and community base settings.

Long before the MFP Grant came along Nevada established an institutional diversion and transition program. As one of Nevada's responses to the U.S. Supreme Court's Olmstead decision in 1999, the DHCFP Facility Outreach and Community Integration Services (FOCIS) program came into existence. FOCIS began as a pilot program in northern Nevada in 2002, was expanded to southern Nevada in 2003, and became available throughout the state in 2004. FOCIS was initiated in response to the Task Force on Disability Strategic Plan for Persons with Disabilities, and was aided in 2003 by a CMS Money Follows the Person grant to promote community integration. In July 2006, a collaboration with Southern Nevada Center for Independent Living and FOCIS was established through the Funds for Healthy Nevada grant, Transition Housing Assistance Program.

The grant expired June 30, 2010. FOCIS has been very successful. Between 2007 and 2010 the program completed 621 transitions and 708 diversions. In 2010, approximately half the persons transitioned were under age 65, and approximately 54% of the people transitioned had been in an institutional setting for 91 days or longer. The MFP and FOCIS staff was identified in the MFP Operational Protocol as the persons who would be responsible for coordination, facilitation and monitoring of a participant's transition.

DHCFP also wanted the MFP Grant to help facilitate a new direction for our LTSS and Quality Assurance activities. The MFP and FOCIS staff and staff in the Grant Unit have been participating in activities to achieve these benchmarks and others over the past year and a half. Because of the challenges encountered with the transitions and motivated by the goals related to another MFP benchmark to consolidate and improve quality assurance efforts, the MFP Grant has become the change agent within DHCFP to accomplish a larger LTSS vision. The MFP Grant has had a much larger impact on our agency and our sister agencies than we originally anticipated.

The Department finds itself in the position of developing multiple quality assurance programs for Medicaid LTC services. Quality assurance requirements have consistently expanded over the last decade and now require more administrative time and cost than they did ten years ago. Nevada's four HCBS waivers are operated by three Divisions within the Department of Health and Human Services and all four are administered by DHCFP. Each Division operates its own quality assurance program. Quality of care may be improved by identifying those elements of quality that span the Divisions such as case reviews, versus those that are unique to each Division, such as visits to specific service providers. The HCBS providers may also be monitored separately related to the provision of Medicaid State Plan services. Elements of quality that span HCBS can then be studied to see if a single quality of care approach would improve quality outcomes and be more efficiently

administered. This is a multi-year effort that would first involve data collection and then move to implementation and operational phases. This process we are implementing via our LTSS Committee.

The Long-Term Services and Supports (LTSS) Committee was established in 2012 and has been operating for a year now. The members include representatives from DHCFP, The Division of Aging and Disability Services (ADSD), The Health Care Quality and Compliance (HCQC) Unit within the Health Division, The Nevada Division of Public and Behavioral health (DPBH) and a public member representative. The MFP Grant has been the platform for creating the LTSS Committee. Recently we collaborated with the Center for Health Care Strategies to develop a two-year project plan that identifies the goals, objectives and timelines for the committee for that project period. We have been actively developing a matrix listing programs, guidelines, review processes, regulations, and the similarities and differences of these items between the various divisions within the Department that identify the quality measures being performed. Another matrix describes the program quality management list of forms. Sub-committees have been created to review, assess and design policies and materials that can be standardized and unified in order to design one quality program for all HCBS and related services. The new project plan will facilitate that process.

The DHCFP will meet the goals outlined by the LTSS Committee while also achieving the three primary goals within the Balancing Incentive Program: No Wrong Door/ Single Entry Point (NWD/SEP), core standardized assessment and conflict-free case management. With the structural changes discussed throughout this application, as well as the emphasis and increased availability of providing services in the community, the State will balance its expenditures for LTSS and increase the proportion of spending on HCBS to at least 50 percent. Funding provided by the MFP Grant to develop an electronic case management system for LTSS case management, MFP Rebalancing funds, ADRC Grant funds and the enhanced match available through the Balancing Incentive Program will further expand community capacity and shift expenditures from institutions to home and community-based services.

**State Balancing Incentive Payments Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section B. Current System's Strengths and Challenges

Nevada Department of Health and Human Services (DHHS) has five agencies that provide services and regulatory oversight for long term services and supports. DHHS is the designated single state agency under the Federal Medicaid program. It delivers services and policy through five agencies.

DHHS:

- Division of Health Care Financing and Policy
- Aging and Disability Services Division
- Division of Public and Behavioral Health
- Division for Child and Family Services
- Division of Welfare and Supportive Services

Below is a brief description of the services related to long term support provided by each agency. Additional information is provided in population sections of the report.

- Division for Health Care Financing and Policy (DHCFP) is responsible for the operation of the State Medicaid program. DHCFP operates the Medicaid 1915(c) HCBS Waiver for People with Physical Disabilities and oversees operation of all of the State's 1915(c) waivers.
- Aging and Disability Services Division (ADSD) provides services to both disabled and elderly individuals.
 - ADSD operates two Medicaid 1915(c) HCBS waivers for the elderly, one waiver which provides services to frail elderly over the age of sixty-five at home and one waiver to frail elderly over the age of sixty-five in assisted living. ADSD also operate one state-only funded program which provides services to those who do not qualify for Medicaid, a homemaker program to assist both disabled and older adults to remain in the community. ADSD also administers grant programs which allow local governmental and non-profit agencies to provide services to assist older adults to remain in the community.
 - ADSD operates the primary state-funded non-medical assistance program for people with disabilities. The agency provides independent living assistance by providing home and vehicle modifications to allow the individual to live independently. Personal assistance services are provided on a sliding fee scale to individuals who do not qualify for Medicaid. The Nevada Relay program is a service provided by the agency to enable people with speech and hearing disabilities to use the phone service. The equipment-recycling program provides free medical equipment to those who lack other resources.

- ADSD also provides services to individuals with intellectual disabilities and related conditions. The State's 1915(c) HCBS waiver for individuals with intellectual disabilities, developmental delays and related conditions is operated by ADSD. In addition, ADSD operates the Early Intervention program which identifies and provides services to infants and toddlers, and their families, who are at risk for, or who have, developmental delays.
- The passage of Assembly Bill 488, during the 2013 legislative session in Nevada, reorganized divisions within DHHS. The Mental Health Division and the Public Health Division have merged to become the Division of Public and Behavioral Health.
 - Nevada Division of Public and Behavioral Health (DPBH) is responsible for operation of the state public health programs such as the inspection and enforcement of regulations pertaining to food, and licensure and certification reviews for health facilities. They are also the licensing and regulatory agency for many of the HCBS service providers. DPBH also operates the state mental health hospitals and all services and programs associated with the hospitals.
- Division for Child and Family Services (DCFS) provides children's mental health services in the urban areas (Clark, and Washoe Counties), oversees the counties' provision of child welfare services in Clark and Washoe Counties, and provides child welfare services in the rural counties. DCFS also operates three juvenile justice centers.
- Division of Welfare and Supportive Services (DWSS) determines eligibility for cash assistance, Temporary Assistance for Needy Families, Medicaid, Nevada Check Up (The Children's Health Insurance Program) Food Stamps, and Low Income Home Energy Assistance. DWSS also operates the child support enforcement program in conjunction with local agencies. DWSS operates the State Health Insurance Program (called Nevada Check Up). This program was recently acquired by DWSS.

While DHCFP is responsible for the operation of the State Medicaid program, DHHS is the designated single state Medicaid Agency.

The programs listed below are Medicaid funded programs.

The Nevada Division of Health Care Financing and Policy (DHCFP), Nevada Medicaid, operates four waivers, authorized by the Secretary of the U.S. Department of Health and Human Services, whose regulations are found in Section 1915(c) of the Act.

These waiver programs are designed to provide eligible Medicaid waiver recipients access to both state plan services as well as certain extended Medicaid covered services unique to each individual waiver. The goal is to allow recipients to live in their own homes or community settings, when appropriate.

Home and Community-Based Waiver (HCBW) offered to certain persons with Intellectual Disabilities and Related Conditions – (IDRC)

Under this waiver, the following services are covered for individuals who have been identified utilizing the Level of Care (LOC) assessment to be at risk for Intermediate Care Facilities for

Intellectually Disabled (ICF/ID) placement without the provision of enhanced supports as identified in the Individual Support Plan (ISP).

1. Day Habilitation.
2. Prevocational Services.
3. Supported Employment.
4. Behavioral Consultation, Training and Intervention.
5. Residential Habilitation, Direct Services and Support.
6. Residential Habilitation, Direct Support Management.
7. Community Integration Services.
8. Counseling (Individual and Group).
9. Non-Medical Transportation.
10. Nursing Services.
11. Nutrition Counseling Services.

HCBW offered to certain frail elderly persons – CHIP Waiver

Under this waiver, the following services are covered if identified in the POC as necessary to avoid institutionalization.

1. Direct Service Case Management.
2. Homemaker Services.
3. Chore Services.
4. Respite Care Services.
5. Personal Emergency Response System (PERS).
6. Adult Day Care Services.
7. Adult Companion Services.
8. Augmented Personal Care (provided in a residential facility for groups).

HCBW offered to certain physically disabled persons – WIN Waiver

Under the waiver, the following services are covered if identified in the Plan of Care (POC) as necessary to avoid institutionalization:

1. Case Management;
2. Homemaker Services;
3. Chore Services;
4. Respite;
5. Environmental Accessibility Adaptations;
6. Specialized Medical Equipment and Supplies;
7. Personal Emergency Response System (PERS);
8. Assisted Living Services;
9. Home Delivered Meals; and/or
10. Attendant Care Services.

HCBW offered to certain elderly in assisted living facilities – Assisted Living Waiver

Under this waiver, the following services are provided as necessary to avoid institutionalization:

1. Direct Service Case Management
2. Augmented Personal Care Services:

Augmented Personal Care Services provided by Assisted Living Facilities include assistance with basic self care and activities of daily living (ADL), homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, and services which will ensure that the residents of the facility are safe, secure, and adequately supervised.

State Plan Home Health

Home Health Agency (HHA) Program is a mandated home health care benefit provided to recipients in his/her residence. HHA services are a component in the continuum of care which allows recipients to remain in his/her home. HHA services are provided on an intermittent basis, certified by a physician and provided under a physician approved Plan of Care (POC). The Home Health Agency (HHA) service benefit provides Skilled Nursing (SN) services, and other therapeutic services such as Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), and Home Health Aides or Certified Nursing Aides (CNAs). Respiratory Therapists (RT) and Registered Dietitians (RD) are also a benefit with limitations. Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS) are a covered benefit for Nevada Medicaid recipients.

State Plan Personal Care

The Nevada Medicaid Personal Care Services (PCS) objective is to assist, support, and maintain recipients living independently in their homes. PCS are also provided in settings outside the home, including employment sites. These services are provided where appropriate, medically necessary and within service limitations. PCS include a range of human assistance provided to persons with disabilities and chronic conditions of all ages, which enables accomplishment of tasks persons with disabilities and chronic conditions would normally do for themselves if they did not have a disability or chronic condition. There is an additional option available to individuals requiring skilled services by an unskilled person so long as the skilled need is considered in stable medical condition, the individual or their representative is able to direct their care and these services have been approved by a provider of health care.

All services must be performed in accordance with a written service plan, developed in conjunction with the recipient or their representative, and based on the needs of the recipient being served as determined by a Functional Assessment (FA). Assistance may be in the form of direct hands-on assistance or cueing the individual to perform the task themselves, and related to the performance of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

Personal care services (PCS) may be provided by any willing and qualified provider through a provider agency utilizing the standard delivery model or through an Intermediary Service Organization (ISO) when accessing the Self-Directed (SD) model for services. The ISO acts as an employer of record, providing both fiscal and supportive intermediary services such as

administrative, limited program and specific payroll responsibilities for the delivery of personal care services.

State Plan Optional Rehabilitation Services

Nevada Medicaid reimbursement for outpatient Physical Therapy (PT), Occupational Therapy (OT), Speech/Communication Therapy (ST) and Respiratory Therapy/Care (RT) is based on the provision of medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time. Therapy services must be prescribed by a physician, physician's assistant or an advanced practitioner of nursing (APN).

Services Provided under 1915 (i) Adult Day Health Care (ADHC) Services: is an optional Medicaid State Plan Service and is authorized under State Plan authority titled "Nevada 1915(i) State Plan Home and Community-Based Services (HCBS)". ADHC Facilities provide medical services on a regularly scheduled basis as specified in the Service Plan. Services include health and social services needed to ensure the optimal functioning of the participant. Services are generally furnished in four or more hours per day on a regularly scheduled basis. Services must take place in a community-based setting and not an institutional setting. Services provided by the appropriate professional staff include the following:

- a) nursing services to include assessment, care planning, treatment and medication administration, evaluation and supervision of direct care staff;
- b) restorative therapy and care;
- c) nutritional assessment and planning;
- d) care coordination to assist the recipient and family to access services needed by the
- e) recipient to maintain or improve their level of functioning or to minimize a decline in the
- f) level of functioning due to the progression of a disease or other condition that may not be remedied;
- g) recipient training in Activities of Daily Living (ADLs);
- h) medical supervision and assistance to assure the recipient's well-being and that care is appropriate to meet the recipient's needs;
- i) social and recreational activities to enhance the recipient's functioning and/or to maintain or improve the recipient's quality of life; and
- j) meals provided as a part of these services shall not constitute a "full regimen".

Home Based Habilitation Services (HBHS): are medically prescribed treatment for improving or restoring functions, which have been impaired by illness or injury or, where function has been permanently lost or reduced by illness or injury. HBHS include services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a home and community-based settings. HBHS include a day treatment program in which services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Habilitation Services are prescribed by a physician, provided by the appropriate qualified staff and include the following:

- a) Care Coordination.
- b) Adaptive Skill Development.
- c) Assistance with Activities of Daily Living (ADLs).
- d) Community Inclusion.

- e) Transportation (not duplicative of State Plan Non-Emergency Transportation (NET)).
- f) Adult Educational Supports.
- g) Social and Leisure Skill Development.
- h) Physical Therapy.
- i) Speech Therapy.
- j) Occupational Therapy.

Private Duty Nursing 1905 (a) (8)

Private duty nursing (PDN) is an optional benefit offered under Nevada Medicaid State Plan. Private duty nursing provides more individual and continuous care than is available from a visiting nurse. The intent of private duty nursing is to assist the non-institutionalized recipient with complex direct skilled nursing care, to develop caregiver competencies through training and education, and to optimize recipient health status and outcomes.

Nevada Comprehensive Care Waiver (NCCW)

Nevada's Section 1115 waiver, titled the Nevada Comprehensive Care Waiver (NCCW), includes mandatory care management programs for those with chronic conditions or high utilization patterns in Nevada's Medicaid FFS population. The overall goal is to provide the greatest degree of flexibility necessary in order to target programs to specific populations based on their medical needs through: innovative provider reimbursement and care delivery models; benefits design; increased use of Medicaid medical homes/health homes, and meaningful use of electronic health records.

The intent of both health/medical homes and care management is to provide a comprehensive level of care for recipients, thus ensuring a holistic approach to their overall medical/health care. The health/medical home integrates the medical, behavioral health and long-term care needs of the recipient into one coordinated health care plan. The care management portion of the 1115 Waiver was approved by the Centers for Medicare and Medicaid (CMS) in July 2013. The DHCFP is developing and implementing this program for the Medicaid Fee-for-Service (FFS) population, specifically those with chronic conditions or high risk service utilization patterns who could most benefit from the core concepts of integrated care management. The DHCFP will also coordinate this project with other initiatives to ensure maximum efficiency of resources and reduce duplication. These initiatives could include Health Information Technology and the Money Follows the Person Grant, for transitioning nursing home residents into less costly home and community based services. Adjustments of benefit plans to ensure proper use of medical services could also be utilized in the future.

The Nevada Division of Public and Behavioral Health (DPBH) Developmental Services listed below are funded by a combination of State General Funds, Temporary Assistance for Needy Families (TANF), Title XX Social Services Block Grant, and Title XIX Medicaid.

Counseling

Counseling services are provided to the individual and the family.

Employment and Vocational Services

This program is designed to help identify the area of employment that best meets the needs of the individual. These options can range from a supervised and assisted work place to employment in a community job with support staff assigned as needed.

Family Support

This program provides assistance to families to help them remain intact. It includes financial assistance for respite care, in-home training, counseling, behavioral consultation and cash assistance to those who qualify.

Residential Support

There are a variety of options available to help people make choices on where they want to live. Choices include living at home with their family, living by themselves or with roommates. Supports will vary depending on what an individual requests, needs, and can afford.

Service Coordination

A Service Coordinator helps develop a plan based on the individual's interests and personal goals and assists them in getting services from the public and private agencies of their choice.

The Nevada Aging and Disability Services Division (ADSD) programs listed below are funded by a variety of sources.

Community Advocate for Elders Program

The Community Advocate for Elders Program, created in 1991, established by (Nevada Revised Statutes) NRS 427A.300, is funded by the Nevada State General Fund. This program enables older persons and their family members to make informed decisions and enhances the ability of family caregivers to continue their care for older family members. The program, with leadership from the Social Services Manager, targets seniors age 60 and older residing in communities throughout Nevada. Advocates handle more than a thousand contacts a month in Las Vegas, Reno and Elko, with most of the demand in Las Vegas and continually increasing. Advocates' contacts include phone calls, walk-in clients or e-mails each month, to provide these services:

- Advocacy.
- Information, options counseling and assistance on services available to seniors.
- Resources and information to seniors and senior community and advocacy groups.
- Information and referrals regarding programs and services available to homebound seniors.
- Outreach to locate and identify needs, resources and services.
- Project assistance for the Resource Development Unit.

The Taxi Assistance Program

The Taxi Assistance Program, formerly the Senior Ride Program, was established by NRS 427A.070. It allows Clark County residents age 60 and older and persons with permanent disabilities, who meet certain income criteria, the use of taxicabs at a discounted rate. The program, led by a Management Analyst 1, is not funded by taxpayers, but is self-funded through a fee on taxicab rides taken in Clark County. The other source of funding comes from the program recipient's payment of \$10 for \$20 worth of taxicab coupons.

The program sells about 40,000 coupon books a year, with a total value of about \$800,000, but resulting in sales of about \$400,000 due to the discount. Coupons are valid for any Las Vegas taxicab company, 24-hours-a-day, seven-days-a-week, and year round. Approximately 6,200 persons are enrolled, and about 1,000 currently use the program each month, which includes about 250 individuals with disabilities and the remainder are seniors.

In 2011, the Nevada Legislature tasked ADSD with developing income eligibility criteria, to ensure the program serves those most in need. At this time, the program has no limit on income for participants who purchase the coupon books.

The Community Service Options Program for the Elderly - COPE

The Community Service Options Program for the Elderly (COPE) is a limited, state funded, public benefit program. ADSD has authority to provide services to a set number of seniors, who meet functional and financial eligibility criteria. COPE provides supportive services, similar in scope to Medicaid waiver services, to prevent nursing home placement and facilitate long-term care planning for the elderly, not eligible for Medicaid waivers or other services.

COPE eligibility criteria

- Income \$0.00 - \$2,923.00 per month.
- Assets – Single person, \$10,000, and Married \$30,000.
- Age 65 and older.
- Nursing facility level of care.
- Individuals at-risk for placement in a nursing facility within 30 days.
- Not eligible for Medicaid benefits.
- Priority given to Nevada Revised Statutes (NRS) 427A recipients, who are program applicants coming out of a hospital or institution, or those requiring minimal essential personal assistance with bathing, toileting and eating.

Title XX Homemaker Program

The Title XX Homemaker Program was transferred from the Division of Health Care Financing and Policy (DHCFP) to the Division for Aging Services (now ADSD) in 1999. Incorporating this program into the Division has resulted in a more efficient and effective service delivery to older and disabled persons within the community.

All recipients receive administrative support and homemaker services that provide supportive assistance. The intent is to avoid or delay institutionalization, while encouraging independence and improving quality of life for the elderly and disabled.

The Social Security Act, Title XX Block Grant, provides for the appropriation of funds to be made available to states by the Secretary of the Department of Health and Human Services for the purpose of providing supportive services for eligible participants. Funding for this program is a combination of Title XX Block Grant and Tobacco Settlement Fund monies.

Title XX Homemaker Program Services

- Administrative Support – eligibility determination, utilization review, identification of service needs, and information and referrals.
- General housekeeping.
- Shopping and errands.
- Planning and preparing light meals.
- Laundry.

Eligibility criteria for the Title XX Homemaker Program

- Age 60 and older or persons with disabilities, in need of supportive services.
- Have income at or below 110 percent of the federal poverty level.
- Qualify for SSI.
- Functional deficits and/or lack of support systems and at risk for institutionalization
- Recipients needing essential shopping in addition to household cleaning such as shopping for prescriptions or food
- Receiving Elder Protective Services, no income eligibility criteria.

Personal Assistance Services (PAS) Program

In 1985, the Nevada Legislature established a program to provide community-based services to adults with severe disabilities. Pursuant to NRS 427A.791, the predecessor agency of ADSD created the PAS program. The goal is to maximize independence and self determination through community-based supports.

The Division has the flexibility to design the program and select a mix of services that best meets the goals of the program. This flexibility is predicated on administrative and legislative support, as well as the availability of funds. The Division also acts in response to advisory recommendations made by the Subcommittee on Personal Assistance for Persons with Severe Functional Disabilities of the Nevada Commission on Services for Persons with Disabilities as established in NRS 426.731.

As of June 17, 2011 the contract for program operations was terminated by St. Mary's, the sole provider. ADSD transitioned the administrative and case management activities internally for the PAS caseload of 161 recipients. ADSD recruited agency and Intermediary Service Organization (ISO) providers and assisted the recipients during the transition of the caregivers to the various employment agencies. The PAS Program offers services through a traditional agency model or a self-directed model designed to allow recipients more autonomy and responsibility in the provision of personal assistance services. The option is utilized by accessing services through an ISO and must be provided in a manner that affords individuals and their representative's choice and control over the services they receive and the qualified support service providers who provide them.

Quality Management

ADSD continues to demonstrate its commitment to maintaining high standards in client care and to continually improving the quality of services it provides. After the 2003 Legislative Session, the Division developed a formal quality management (QM) program. This QM program includes the Medicaid Waivers, the COPE Program and the Homemaker Program statewide. Components of the QM program include assurances provided to CMS regarding:

- Level of Care.
- Plan of Care.
- Choice.
- Provider Qualifications.
- Health and Welfare.
- Administrative Authority.
- Program Intake-Eligibility.
- Financial Accountability.

Compliance with the standards has been assessed through one or more of the following means:

- Observations made during home visits.
- Participant Experience Surveys (PES).
- Review of records and documentation.
- Tracking and trending data.
- Documentation of compliance provided by staff or contractors.
- Annual audit by the Medicaid agency.

The Elder Rights Unit

The Elder Rights Unit, created in 1989, continues to diligently improve existing services and provide advocacy for Nevada's seniors, age 60 and older. Programs in this unit provide a lifeline for elders who otherwise may be isolated and voiceless.

The Elder Rights Unit is comprised of two programs. The Long-Term Care Ombudsman Program provides advocacy for institutionalized seniors. The Elder Protective Services Program provides staff to investigate alleged abuse, neglect, exploitation and isolation reports in the community and long term care facilities.

These programs have fundamentally different but complementary missions and legal mandates, which require coordination in order to effectively serve clients. Both programs share a concern for vulnerable elderly persons and a responsibility for client confidentiality, investigation and intervention, among other functions. Both programs endeavor to develop and maintain relationships with a number of other agencies in order to increase their visibility and advocate for their clients.

Elder Protective Services Program

The Elder Protective Services (EPS) program, which is part of the Elder Rights Unit, receives and investigates reports of abuse, neglect, self neglect, exploitation and isolation of older persons age 60 years and older per Nevada Revised Statute 200.5093. The program's mission is:

To assist older persons, age 60 and over, who are abused, neglected, isolated, or exploited by investigating and providing or arranging for services to alleviate and prevent further maltreatment while safeguarding their civil liberties.

This program was established within the Division, on July 1, 1999. EPS social workers take action to safeguard the well being and general welfare of older persons in need of protection and who are unable to protect themselves. This includes those who have physical, emotional, or mental impairments. These impairments may limit the older person's ability to manage their personal, home, social, and/or financial affairs.

EPS clients struggle to maintain independence and are at risk for victimization and institutionalization, unless services are put into the home to alleviate negative situations and maintain their safety. The social worker develops a case plan and offers services to support the older person with the person's consent and willingness to accept assistance. Social workers support the rights of their clients and support consumer control and choice whenever possible.

Social workers are stationed in each of the Division's offices located in Carson City, Elko, Las Vegas and Reno, and initiate investigations within three working days of receiving the report. Social Workers: evaluate circumstances; counsel clients and/or their legally responsible parties; arrange for necessary services; write reports for law enforcement and health care providers; and follow up to make certain clients are accessing the services they need and/or will accept. When a crime may have been committed against an older person, social workers report the cases to the appropriate law enforcement agency for possible investigation and prosecution. They may be asked to appear in court to provide testimony.

Statute allows the Division to create teams to assist with the assessment and planning of protective services. Currently, Nevada has two teams – one in Las Vegas and the other in Reno. Team members include representatives of various entities associated with abuse of older persons including ADSD, the Health Division's Bureau of Health Care Quality and Compliance, the Medicaid Fraud Control Unit, the Public Guardian, County Social Services, Medicaid, the Nevada Attorney General's new unit for Crimes against the Elderly and occasionally law enforcement agencies. These teams meet monthly to discuss issues related to elder abuse, investigations, training opportunities, and special cases or problems within long term care facilities.

Long Term Care Ombudsman Program

This program was established under federal mandate through the Older American's Act. The program was initiated to improve the quality of care in America's nursing homes. In Nevada Elder Right Advocates receive, investigate and attempt to resolve complaints made by or on behalf of residents, over the age of 60, who reside in long term care facilities including homes for individual residential care, residential facilities for groups and nursing homes. The advocates work on behalf of the resident and his or her wishes and desires.

Nevada 2-1-1www.nevada211.org

Nevada 211 is Nevada's most comprehensive, free connection to critical health and human services. Information about local community services is available in a single statewide location that can be accessed via telephone, text, and online. It is a statewide partnership that is led by the State of Nevada, United Way of Southern Nevada, United Way of Northern Nevada and the Sierra, Crisis Call Center, and HELP of Southern Nevada. The goal of the partnership is to connect all Nevadans to important health and human resources and to eliminate uncertainty when searching for services during a time of need. It can be accessed 24 hours a day, 365 days a year. Nevada 211 has information about:

Basic human needs resources
Physical and mental health resources
Financial stability
Support for older Americans and persons with disabilities
Support for children, youth and families
Volunteer opportunities and donations
Support during a community crisis and disaster recovery

Aging and Disability Resource Centers (ADRC)

Nevada ADRC aims to improve access to long-term care (LTC) services and supports for Nevada's elders, persons with disabilities, their families, caregivers, and those planning for future long-term support needs. The aim is to provide one-stop-shop access to a seamless system of support that is consumer-driven so individuals are empowered to make informed decisions about the services and benefits they need or want. The Nevada ADRC is designed to streamline eligibility processes with public partners and provide consumer access to a variety of public benefit programs. The regionally based ADRC sites have been established within existing community-based organizations to provide unbiased information and gain public trust. Services provided include information, assistance and access into long-term support services for seniors, people with disabilities, caregivers, and those planning for future long-term support needs. The service includes indirect and direct representation of clients to obtain needed services and benefits.

Nevada's Care Connection, our Aging and Disability Resource Center (ADRC) program was established in 2005 as a starting point in working towards a NWD/SEP system in Nevada. Today, there are seven (7) physical ADRC sites throughout Nevada serving 15 of 17 counties. Each ADRC site offers, at a minimum, the following services to seniors, people with disabilities and caregivers:

- Information & Referral/Assistance (I&R/A)
- Options Counseling
- Benefits Access

Information and Referral/Assistance is inherent in all service programs. To strengthen the I&R/A system in Nevada, the ADRC program has been engaged in the development of a partnership with Nevada 2-1-1. This partnership, once operational, will include cross-training of 2-1-1 I&R/A Specialists and ADRC Specialists, joint marketing efforts and shared information across resource databases. The consensus among community stakeholders is that this partnership will not only improve the quality of services available in Nevada, but it will also help streamline access to those services.

Beyond I&R/A, the ADRC program is working towards enhanced Options Counseling, focusing on a holistic assessment of the consumers current situation and needs as well as developing a plan of services for future needs. The ADRC Options Counselors have been trained to utilize a uniform Intake Assessment that was derived from current client registration forms used by Aging and Disability Services (ADSD) as well as Risk Trigger information from the division's Community Based Care unit. Upon completion of the Intake Assessment, a consumer is typically guided through the enhanced Options Counseling process or provided Benefits Access assistance by an ADRC Specialist.

ADRC Specialists assist consumers in accessing public programs by providing (or completing) applications for public programs and services. The ADRC Specialist is required to be trained on nearly 20 public programs which includes detailed training on eligibility for each of the programs. While the ADRCs do not determine eligibility, they are able to process higher quality applications to help reduce the number of ineligible applicants received at the respective sister agencies.

Senior Medicare Patrol

The Senior Medicare Patrol Program (SMP) is Nevada's Medicare fraud awareness program, and is administered by ADSD. The SMP program is funded by a federal grant from the Administration on Aging (AoA). Since 1997, AoA has funded SMP projects to recruit and train retired professionals and other senior citizens in how to recognize and report instances or patterns of healthcare fraud. The Nevada SMP program was transferred from the Attorney General's office to the Aging and Disability Services Division in the 2011 legislative session.

The SMP program model is one of prevention, empowering seniors through increased awareness and understanding of healthcare programs. This knowledge helps seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error and abuse. SMP projects also work to resolve beneficiary complaints of potential fraud in partnership with state and national fraud control/consumer protection entities, including Medicare contractors, state Medicaid fraud control units, state attorneys general, the OIG and CMS.

The SMP program partners with the aging network throughout Nevada, as well as community, faith-based, tribal, and health care organizations to utilize a variety of outreach strategies to educate and empower Nevada's Medicare beneficiaries to identify, prevent and report health care fraud.

Senior Rx Program

Nevada's plan to provide Nevada seniors relief from the high cost of prescription medicine. **Senior Rx** provides assistance with Medicare Part D expenses for members who **ARE** eligible for Part D and a cost-sharing benefit for members who are **NOT** eligible for Part D.

Senior Rx is funded with a portion of Nevada's share of tobacco settlement funds and was passed into law during the 1999 legislative session. **Senior Rx** provides up to \$5,100 in benefits per year depending on the member's situation. Many of the program's benefits are administered through a contracted pharmacy benefit manager (Catalyst Rx). Other benefits are coordinated directly with the Medicare Part D plans that serve as the first prescription drug resource for enrolled members.

Based on funding availability, the benefits are...

For those who are Not Medicare Eligible:

- No monthly premium
- No deductible
- Co-payments of \$10 for generics or \$25 for preferred brands
- Annual coverage limit of \$5,100

For those who are Medicare Eligible:

- Help with monthly premiums for Medicare Part D Prescription Drug Plan (if not qualified for maximum help from Medicare with that expense)
- Help with prescription costs after reaching the Medicare Part D coverage limit

State Health Insurance Assistance Program

The Nevada State Health Insurance Assistance Program (SHIP) is Nevada's Medicare assistance program, administered by ADSD. Nevada SHIP is funded by a federal grant from the Centers for Medicare and Medicaid Services (CMS) and state Independent Living Grant (ILG) Funds.

The program provides Medicare information, counseling and assistance to senior and disabled Medicare beneficiaries, family members and caregivers in Nevada. Trained volunteers and staff counsel clients regarding: Medicare hospital and medical benefits, premiums and deductibles; Medicare Health and Prescription Drug Plans; supplemental insurance (Medigap); preventive services; and Medicare rights. Volunteers also assist with grievances, complaint and appeal procedures, and make referrals to the Nevada Division of Welfare and Supportive Services and The Division of Health Care Financing and Policy (Nevada Medicaid) for other needed information and assistance.

IDEA Part C Office

Nevada's IDEA Part C Program provides early intervention services to ameliorate developmental delays in newborns to age three, in keeping with 34 CFR Part 303, Part C of the Individuals with Disabilities Education Act (IDEA) Amendments of 2004, P.L. 108-446.

In 1984, an Executive Order was issued by then Governor Bob Miller to establish the former Nevada Department of Human Resources, now the Nevada Department of Health and Human Services (DHHS), as the lead agency responsible for establishing a Part C Office to ensure a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families. This includes facilitating the coordination of payment by Federal, State, local and private sources, enhancing Nevada's capacity to provide quality services and expand and improve existing services and enhancing the capacity of state and local agencies to identify, evaluate and meet the needs of historically underrepresented populations.

Grants Management

The Resource Development (RD) Unit is responsible for managing the granting and monitoring processes of up to \$17.6 million in funding received annually by Nevada, including most of the Older Americans Act funding from the Administration on Aging grant funds. This is largely accomplished by a team of five Resource Development Specialists, and their Social Services Program Manager.

The Division typically administers about 250 grants statewide through the Resource Development Unit, to 90 or more service providers, on a two-year competitive cycle. Funds passing through the Resource Development Unit come from the following resources.

- Administration on Aging (AoA).
- Older Americans Act (OAA) Titles III-B, III-C1, III-C2, III-D and III-E.
- OAA Title IV for Discretionary Grants, such as the Alzheimer's Disease Supportive Services Program (ADSSP) Grant and the Chronic Disease Self Management Program (CDSMP) Grant. The Division's OAA Title IV Lifespan Respite Grant is overseen by the ADSD Disability Services Unit.
- Centers for Medicare and Medicaid Services (CMS) funding for Medicare Improvements for Patients and Providers Act (MIPPA), State Health Insurance Assistance Program (SHIP), and Senior Medicare Patrol (SMP).
- The Fund for a Healthy Nevada, from Nevada's 1998 Master Tobacco Settlement funds, which supports Independent Living Grants (ILG) for Nevada elders. ILG services mirror the supportive services provided with OAA Title III-B funds.
- Department of Labor, Title V, for the Senior Community Service Employment Program.
- Nevada State General Fund, which supports State Transportation, State Volunteer programming and the Hold Harmless fund to ensure adequate funding for Rural Nevada services.
- Clark County Taxicab Authority's Subsidized Taxi Program, which supports the Senior Ride Program in Clark County.

The Aging and Disability Services Division (ADSD) Disability Services Unit (DS) Provides resources at the community level which promote equal opportunity and life choices for people with disabilities through which they may positively contribute to Nevada. Those programs are listed below.

Advocacy and Case Management Services for the Deaf and Hard of Hearing (Overseen by DS)

The Deaf Resource Centers (in Sparks, Las Vegas, and service to rural areas) advocate for Deaf and Hard of hearing individuals in navigating social services, employment systems and other entities. In addition, free equipment is available to access Relay Service to qualifying individuals who are Deaf, Hard of Hearing or Speech Disabled. These services are provided by the [Deaf and Hard of Hearing Advocacy Resource Centers](#) (DHHARC).

Assistive Technology Assessments and Training

Assessments and Training are available to families, professionals and people with disabilities to help them learn about the assistive devices currently available, which ones are appropriate for a given situation, and how they might make a difference in a person's activities of daily living. These services are provided by the University of Nevada and Easter Seals of Southern Nevada.

Assistive Technology for Independent Living Program

The Assistive Technology for Independent Living (AT/IL) Program helps individuals to remain living in the community by making their homes and vehicles more accessible. Some clients share in the cost, on a sliding scale. The service is provided by the Northern Nevada Center for Independent Living and Rebuilding All Goals Efficiently (RAGE), Inc., a disability owned nonprofit agency in southern Nevada.

Autism Treatment Assistance Program

The Autism Treatment Assistance Program helps families of children ages 0-18, with Autism Spectrum Disorders, to establish home-based therapy programs.

Care Loans

The CARE Loan Program offers financial loans at low interest rates for the purchase of assistive devices—most often, home and vehicle modifications. The program diverts people from publicly funded programs by helping them to help themselves. This program is available statewide through a partnership between CARE Chest and Nevada State Bank.

Communication Access Programs

Nevada's Communication Access Programs are funded by telephone users through a small monthly surcharge on phone lines in the state (NRS 426.255). Funds are collected by the Public Utilities Commission and administered through Aging and Disability Services Office of Disability Services (ODS). There are five entities funded by the surcharge:

1. Relay Nevada
2. Equipment Distribution
3. Advocacy
4. Interpreter/CART Website
5. Communication Access Council (CAC)

These programs are described below:

Equipment Distribution Program

The Equipment Distribution Program provides accessible telecommunications equipment (like TTYs) to those with speech and hearing disabilities. This service and equipment is free to those who qualify through the non-profit organization (listed below).

Personal Assistance Service Program

The Personal Assistance Services (PAS) program provides home-based care for individuals with severe disabilities who do not qualify for other resources, such as Medicaid. Some clients share in the cost, on a sliding scale.

Recycled Equipment Program

The equipment-recycling program provides free medical equipment to those who lack other resources. Services are provided by CARE Chest in northern Nevada and Easter Seals in southern Nevada.



RELAY NEVADA is a free service that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind, and speech disabled. This service allows relay users to communicate with standard telephone users through specially trained relay operators. This service is provided by Sprint.

To use the Relay Nevada Service, dial 7-1-1

Communication Access Council (CAC)

This is an advisory committee consisting of mostly individuals with communication disabilities who advise the Aging and Disability Services Office of Disability Services (ODS) and the department regarding the telecommunication programs and activities.

Traumatic Brain Injury Rehabilitation

Comprehensive, post acute rehabilitation is provided to Traumatic Brain Injury (TBI) survivors who lack payment resources. The facility is located on the campus of the Community College of Southern Nevada and works in partnership with the college to offer work experience and internship opportunities for students studying physical or occupational therapy. These services are provided by the Nevada Community Enrichment Program.

Nevada Disability RX

Effective January 1, 2007, the state of Nevada began providing assistance with the cost of prescription medicines to qualified individuals with disabilities. Eligibility requirements are:

- Age 18 through 61 with verifiable disability
- Nevada resident continuously for at least the last 12 months
- Annual income no more than \$27,292 for singles and \$36,381 for couples (effective July 1, 2013)

State of Nevada, Office of Consumer Health Assistance

The Governor's Office for Consumer health Assistance (GovCHA) was established by the Nevada Legislature in 1999 and has become a critical point of contact for legislators, consumers and providers. GovCHA provides information, education, advocacy, and case management

services for the consumer that has difficulty navigating the many complex health care, insurance, and billing systems in Nevada. In addition, GovCHA is the primary resource for the consumer who has difficulty with access to care, inclusive of issues surrounding the social determinants of health that affect a consumer's ability to get and remain healthy.

The mission of the Governor's Office for Consumer Health Assistance is to enable all Nevadans to access information they need to better manage their health care concerns, and to assist consumers and insured employees in understanding their rights and responsibilities under various health care plans and policies of industrial insurance.

GovCHA has continued to develop collaborative partnerships with governmental, non-profit, private and other community organizations, some of which include: Aging and Disability Services, the Division of Welfare and Supportive Services, the Division of Health Care Financing and Policy, and the State Health Insurance Assistance Program (SHIP). As the impact of the economic crisis and its profound effect on many social determinants of health on Nevadans, GovCHA's complexity of cases continues to increase. Our collaborative partnerships allow us to reach across boundaries and deliver a seamless system of healthcare resources and information. The Nevada program is a "one-stop-shop" and operates with a "no wrong door" attitude.

Nevada GovCHA (GovCHA), through its network of highly skilled and knowledgeable Ombudsmen, works with a broad array of community partners to ensure efficient and culturally competent delivery of services to consumers. GovCHA also serves as a key referral source for Nevada policy makers who are faced with constituents that need assistance, often requiring comprehensive case management.

Mission and Vision

Overview

In 2011, the Nevada Office of Minority Health (OMH) was administratively moved to GovCHA. The placement of the Office of Minority Health in the GovCHA office promotes a level of synergy and consistency between the programs. OMH provides systems level policy advocacy, education and information resources on behalf of Nevada's minority populations.

The Process for eligibility determination includes the following:

The Nevada ADRC program has a uniform Intake Assessment which collects basic demographic information about consumers (and caregivers), current needs, risk trigger information and activities of daily living. The Intake form is the tool used by ADRC sites to initially identify consumers and compare information in the statewide client information system; the Social Assistance Management System (SAMS).

After initial assessment, the ADRC Specialist is able to determine if the consumer appears eligible for public programs and services or if they are likely private pay consumers. Then, depending on the client's needs, they are either directed to an Options Counselor for additional assessment and service planning or they are assisted with accessing programs and services.

The ADRC Intake Assessment will be the initial assessment in the state's NWD/SEP system. Allowing the ADRC sites to gather basic information and then assist the consumer in accessing

programs they are likely eligible for based on their preferences, values and needs. Program assessment will be conducted by the ADSD Community Based Care staff while Financial Assessment will be conducted by the Division of Welfare and Supportive Services (DWSS) Eligibility staff.

The Financial Assessment processing includes:

Current Process (this is only the process for State Plan Medicaid. It is not the process for the HCBS waiver programs.)

- An Application for Assistance is received at any DWSS district office.
- The application is registered (if it was not received via ACCESS Nevada) and forwarded to an intake case manager. ACCESS Nevada is an online application system for Nevada residents to apply for the Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) and/or for Temporary Assistance for Needy Families (TANF) cash assistance. This process begins when a person creates an account through Nevada Health Link – the health insurance exchange for Nevada and then completes an application.
- The intake case manager reviews the application and, if needed, sends Form 2429 (Insufficient Information) to the client and/or Authorized Representative(s). Form 2429 is the request for any verification the case manager will need in order to make an eligibility decision.
- If verifications are not received by the date requested, the case manager will deny the application for non-cooperation.
- If verifications are received by the date requested, the case manager will review the case and, based upon factors of eligibility, approve or deny the application.
- A redetermination of eligibility is completed yearly.

Future Process – Post ACA (this is only the process for State Plan Medicaid. It is not the process for the HCBS waiver programs.)

- An individual can still apply using the MAABD Application for Assistance or through ACCESS Nevada.
- If an individual applies through Nevada Health Link and is flagged as a potential MAABD case, it will be routed through ACCESS Nevada to gather additional information. It will then come to DWSS through ACCESS Nevada and be forwarded to an intake case manager.
- The intake case manager reviews the application and, if needed, sends Form 2429 (Insufficient Information) to the client and/or Authorized Representative(s). Form 2429 is the request for any verification the case manager will need in order to make an eligibility decision.
- If verifications are not received by the date requested, the case manager will deny the application for non-cooperation.
- If verifications are received by the date requested, the case manager will review the case and, based upon factors of eligibility, approve or deny the application. If the case is pending SSI and the individual is eligible under the new Childless Adult group, the case will be approved, and at the time the client is determined SSI-eligible, the case manager will switch the client to the MAABD program. If the client is denied SSI, he or she will remain eligible under the Childless Adult category, so long as factors of eligibility are still met.

Special Note: Post ACA, citizenship will be verified electronically using the federal hub.

Case Management Processes in the state:

The intent of case management services is to assist recipients eligible under the State plan in gaining access to needed medical, social, educational, and other support services including housing and transportation needs. Case management services do not include the direct delivery of medical, clinical or other direct services. Components of the service include assessment, care planning, referral/linkage and monitoring/follow-up. Case management services are provided to eligible recipients who are residing in a community setting or transitioning to a community setting following an institutional stay.

There are eight target groups eligible to receive this service. These groups are: (1) children and adolescents who are non-severely emotionally disturbed (Non-SED) with a mental illness; (2) children and adolescents who are severely emotionally disturbed (SED); (3) adults who are non-seriously mentally ill (Non-SMI) with a mental illness; (4) adults who are seriously mentally ill (SMI); (5) persons with mental retardation and related conditions; (6) developmentally delayed infants and toddlers; (7) juveniles on probation (JPS), and (8) child protective services (CPS).

Case Management (CM) Services

Case management services are services which assist an individual in gaining access to needed medical, social, educational, and other supportive services and must include the following components:

- a. Assessment of the eligible individual to determine service needs.
- b. Development of a person-centered care plan.
- c. Referral and related activities to help the individual obtain needed services.
- d. Monitoring and follow-up.

Case management services involve the following activities to assist the eligible recipient in obtaining needed services:

1. Assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. The assessment activities include the following:
 - a. Taking client history.
 - b. Identifying the needs of the individual and completing related documentation.
 - c. Gathering information from other sources, such as family members, medical providers, social workers, and educators (if necessary) to form a complete assessment of the eligible recipient.
2. Development (and periodic revision) of a specific care plan based on the information collected through the assessment, that includes the following:
 - a. Specifies the goals and actions to address the medical, social, educational, and other services needed by the eligible recipient.
 - b. Includes activities such as ensuring the active participation of the eligible recipient

and working with the recipient (or the individual's authorized health care decision maker) and others to develop those goals.

- c. Identifies a course of action to respond to the assessed needs of the eligible recipient.
3. Referral and related activities (such as scheduling appointments for the recipient) to help the eligible individual obtain needed services; including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.
 4. Monitoring and follow-up; activities include activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately address the needs of the eligible individual and may be with the individual, family members, service provider or other entities or individuals. The monitoring should be conducted as frequently as necessary, and include at least one annual monitoring, to help determine whether the following conditions are met:
 - a. Services are being furnished in accordance with the individual's care plan.
 - b. Services in the care plan are adequate.
 - c. There are changes in the needs or status of the eligible recipient.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. Monitoring may involve either face-to-face or telephone contact, at least annually.

Barriers and Challenges

We have included an excerpt from “*Appendix B: Nevada Geographic and Demographic Data from the Nevada Aging and Disability Services Division 2012-2016 State Plan for AoA*”, as a starting point for discussion of the barriers and challenges for Nevada. “Understanding the challenges of delivering services in Nevada requires knowledge of the state's geography and population. Nevada is a large state with most of its population concentrated in three urban counties, and the rest dispersed throughout 14 rural and frontier counties. Among Nevada's unique service delivery challenges are: communities in remote areas, geographic obstacles, severe weather conditions, and poor communication systems in some areas. Decreasing social service budgets, as seen throughout the nation, compound these issues for Nevada's population, particularly its elders. Social service funding levels are thinly stretched and priority services are apportioned with the limited remaining funds. These factors make overcoming barriers to care especially difficult in Nevada.” The entire document may be viewed at [‘Nevada Geographic and Demographic Data’](#).

In addition to the challenges described in this document there are several more highlighted below that were extracted from the “*State Profile Tool, March 2009*”, the “*Strategic Plan for Senior Services, October 2002*”, and the “*Strategic Plan for Seniors, Year Eight Plan Status, August, 2011*”.

More Barriers and Challenges include:

The rapid escalation of population in Nevada, combined with the economic effects on business and the increased need in the community for services, continues to strain the available service delivery capacity in Nevada.

As reported in the 2010 Strategic Plan Accountability Committee (SPAC) report, the lack of viable transportation remains an obstacle for seniors in Nevada. SPAC recommended Nevada revisit how transportation is funded and how money is applied to transit programs. Transportation remains a critical service for seniors and is often the only means that seniors have to access necessary services such as doctor appointments, pharmacies for prescriptions and other needs, groceries and shopping. In addition, transportation services help seniors feel independent, which provides the sense of dignity critical for maintaining a health mood and mental faculty. Obstacles to improved transportation services are available funding, increases in fuel prices, and access to seniors needing transportation services.

Affordable housing resources are limited, despite the extreme declines in home prices. SPAC recommends Nevada increase available Section 8 and other affordable housing options for low income individuals and provide information on energy assistance programs and other resources to assist in paying for utilities. Nevada continues to lead the nation in foreclosures. Many seniors are defaulting on their mortgages and losing their homes. While an overwhelming number are still living in their homes, there is no safety net for those who cannot afford to remain. Additionally, energy assistance program funds are declining federally. Housing issues continue to be an ongoing concern for Nevada's senior population.

The supply of quality caregivers is diminishing and caregivers, both paid and unpaid, need more support and training to be successful.

Budget crises at the federal, state, and local levels are threatening funding for aging and disability services and entitlements. More work needs to be done on finding new resources and cost-sharing within the system.

Problems are created within the service system because of the separation and fragmentation of services for different disability groups and for the elderly and physically disabled.

A need exists to increase the emphasis on work options and to increase earning power for people with disabilities.

Integration of acute and chronic care services using an interdisciplinary approach is needed.

These are just some of the barriers and challenges Nevada is experiencing as we move forward with our vision of expanding our infrastructure for providing long-term services and supports to our citizens. Finally, much more can be said about the barriers that people with disabilities face. The Strategic Plan for People with Disabilities was prepared in 2002. Its goals and objectives have been updated since then. These documents can be found if you go to the internet to <http://www.nvaging.net/>. Click on Strategic Plan and then to People with disabilities. You will find these documents there.

**State Balancing Incentive Payment Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section C. NWD/SEP Agency Partners and Roles:

Nevada Department of Health and Human Services (DHHS) has five agencies that provide services and regulatory oversight for long term services and supports. DHHS is the designated single state agency under the Federal Medicaid program. It delivers services and policy through five agencies.

DHHS:

- Division of Health Care Financing and Policy (DHCFP)
- Aging and Disability Services Division (ADSD)
- Division of Public and Behavioral Health (DPBH)
- Division for Child and Family Services (DCFS)
- Division of Welfare and Supportive Services (DWSS)

Please refer to pages 1 and 2 of Section B for the specific descriptions of the roles of the State Agency partners.

A reorganization of DHHS divisions occurred during the 2013 77th regular session of the Nevada Legislature. The Division of Aging and Disability Services received and integrated five new budget accounts including Desert Regional Center, Sierra Regional Center, Rural Regional Center, Family Preservation Program, and Early Intervention Services. The goal was to integrate services for people with disabilities (along the lifespan) into a single Division. Services/programs scattered over three divisions have been combined into one. AB488 consolidated the Health Division and the Division of Mental Health and Developmental Services of the Department of Health and Human Services into the Division of Public and Behavioral Health of the Department. It transferred the powers and duties concerning certain services to children with autism spectrum disorders from the Health Division to the Aging and Disability Services Division of the Department and transferred the authority for developmental services in the Division of Mental Health and Developmental Services to the Aging and Disability Services Division. It replaced the State Health Officer with a Chief Medical Officer; provided the qualifications and duties of the Chief Medical Officer and renamed the Commission on Mental Health and Developmental Services of the Department to the Commission on Behavioral Health. It made the Aging and Disability Services Division of the Department responsible for services for and other oversight relating to persons with intellectual disabilities and persons with related conditions.

Aging and Disability Resource Centers

Nevada's Aging and Disability Resource Center (ADRC) system includes seven (7) individual sites located throughout the state and is enhanced through a web portal for information and assistance. As ADRCs each of these sites offer the required ADRC services, however beyond their ADRC operations they have a multitude of programs and services that enhance the long term services and

supports system throughout Nevada. Four of the seven sites are within county agencies with programs ranging from transportation assistance to ongoing case management. These sites include:

- Washoe County Senior Services serving Washoe County.
- Lyon County Human Services serving Lyon County.
- Carson City Health and Human Services serving Carson and Douglas counties.
- Churchill County Senior Center serving Churchill and Pershing counties.

Three of the seven sites are in non-profit organizations. Services within these sites include access to quality, affordable healthcare, food security services, case management, and assistive technology devices. These sites include:

- Rebuilding All Goals Efficiently serving Clark, Lincoln, and Nye counties.
- East Valley Family Services serving Clark County.
- Access to Healthcare Network serving Elko, White Pine, Humboldt, Eureka, Lander and Storey counties.

The ADRCs in Nevada aim to be the initial point of entry for consumers and their families in accessing long term services and supports. Critical to this goal is the formation of community partnerships that allow them to become more readily accessible and visible to the members of their individual communities. The ADRC program continues to work with sister agencies, community partners and other stakeholders to streamline access to programs and services.

In addition to the seven sites, the Nevada ADRC program has developed a comprehensive web portal to allow consumers access to information and services 24hours/7 days a week. The web portal includes a variety of tools to assist consumers. These tools include:

- Online Resource Directory – comprehensive database of programs and services throughout Nevada.
- Learn About Library – a compilation of online web links on a variety of topics related to seniors, people with disabilities and caregivers that include topics ranging from advocacy to transportation.
- Calendar of Events – comprehensive community calendar of events featuring activities relevant to our target population throughout Nevada.

The portal also has “restricted” capabilities that assist with statewide data collection for programs such as Chronic Disease Self Management and Lifespan Respite.

Additional information regarding ADRC is included in Section B of this application.

Nevada 2-1-1

Nevada 211 is Nevada’s most comprehensive, free connection to critical health and human services. Information about local community services is available in a single statewide location that can be accessed via telephone, text, and online. It is a statewide partnership that is led by the State of Nevada, United Way of Southern Nevada, United Way of Northern Nevada and the Sierra, Crisis Call Center, and HELP of Southern Nevada. The goal of the partnership is to connect all Nevadans to important health and human resources and to eliminate uncertainty when searching for services during a time of need. It can be accessed 24 hours a day, 365 days a year.

Nevada 211 has information about:

- Basic human needs resources
- Physical and mental health resources
- Financial stability
- Support for older Americans and persons with disabilities
- Support for children, youth and families
- Volunteer opportunities and donations
- Support during a community crisis and disaster recovery

WIN/CHIP Integration

Currently there are three 1915 (c) Home and Community Based waiver programs that require a nursing facility level of care, one waiver requiring an ICF/MR level of care, Medicaid state plan funded and Nevada state only funded home and community based services. Programs are operated out of both the Division of Health Care Financing and Policy and the Aging and Disability Service Division. This process of having multiple home and community based service systems is administratively burdensome and requires process duplication with waiver renewals, annual reports, and multiple quality assurance and provider review systems. These silo systems and waivers also present a barrier to recipient access with multiple wait lists, duplicative level of care processes and service access limited based on the specific program.

This integration project will integrate the Department of Health and Human Services Community based long term support systems into one integrated system. It will transition all long term support services (LTSS) operations into the Aging and Disability Service Division. It will transition three nursing facility level of care 1915 (c) waiver programs into one integrated 1915 (c) nursing facility level of care waiver. It will provide simplified access to services for Nevadans needing long term support services through a system that provides a no wrong door entry process into the Department of Health and Human Services' (DHHS) LTSS. It will enable service recipients to easily update their care plans and services without having to apply and be assessed for different programs and be placed on wait lists. It will simplify state administrative processes moving from four waiver application, renewal and annual reports to two (one with a nursing facility level of care and one with an intermediate care facility for those with intellectual disability or related conditions level of care). It will provide for a coordinated quality management system with integrated data promoting comprehensive information on providers and programs. It will simplify provider processes with less duplicative provider audits and reviews. Providers will not have to maintain as many Medicaid provider types.

If legislative and budget approvals are received, as well as approval from the Centers for Medicare and Medicaid Services, the WIN/CHIP integration time goals include all waiver operations staff integrated into the Aging and Disability Service Division by January 1, 2016 and the integrated waiver to be operational by July 1, 2016.

Nevada Money Follows the Person Rebalancing Demonstration Grant

In 2011 DHCFP was awarded the Money Follows the Person Grant (MFP) by CMS. DHCFP already had a successful program called Facility Outreach and Community Integration Services (FOCIS) that had transitioned hundreds of Medicaid recipients residing in long term care settings to

the community, sometimes wrapping them with a waiver as needed. FOCIS began in 2003 and became the foundational model utilized for Money Follows the Person. The key divisions mentioned above are working closely together to meet the goal of transitioning elderly, physically disabled and those with intellectual disabilities from nursing homes into the community. One of the strategies of DHCFP is to meet on a weekly basis with other key divisions in an effort to create partnerships, define roles and discuss open and pending transitions cases. One major barrier to transitioning individuals in nursing homes into the community is affordable/accessible housing. DHCFP grants management staff has worked tirelessly to create a master housing list for the entire State of Nevada. The list has been shared with key stakeholders providing services to long term services and supports in an effort to remove this barrier to transition. Another barrier affecting transitions is the timing of eligibility approval for a waiver program with the physical move of the recipient into the community. DHCFP has developed a close relationship with the eligibility workers at DWSS in order to help facilitate coordinated transitions. MFP has served as a catalyst towards the goal of a single entry point. MFP has been the springboard for change needed within the many systems. In terms of systems theory and the person in environment theory found in social work theories, MFP has served to promote the idea that the person should be the center of the systems in which they interact.

New Eligibility Engine for DWSS

The Division of Welfare and Supportive Services evaluates eligibility for Medicaid under several programs, including:

- Family Medical/CHAP/Check-Up
- Childless Adult (eligibility begins January, 2014)
- Medical Assistance to the Aged, Blind and Disabled (MAABD)

The Medicaid eligibility process begins when an application for assistance is received electronically or a paper application is completed and turned in at any DWSS district office.

Typically, an individual will apply for assistance for him/herself or family via Nevada Health Link. During the process, if it is determined, based on how an applicant answers the questions on the application that the individual may be eligible under a Medicaid category (such as MAABD), the information is redirected to ACCESS Nevada to gather additional information, and then forwarded to an intake case manager, who will evaluate for Medicaid eligibility using regular policy guidelines found in the Medical Assistance Manual. All requested verifications must be provided or the application may be denied for non-cooperation.

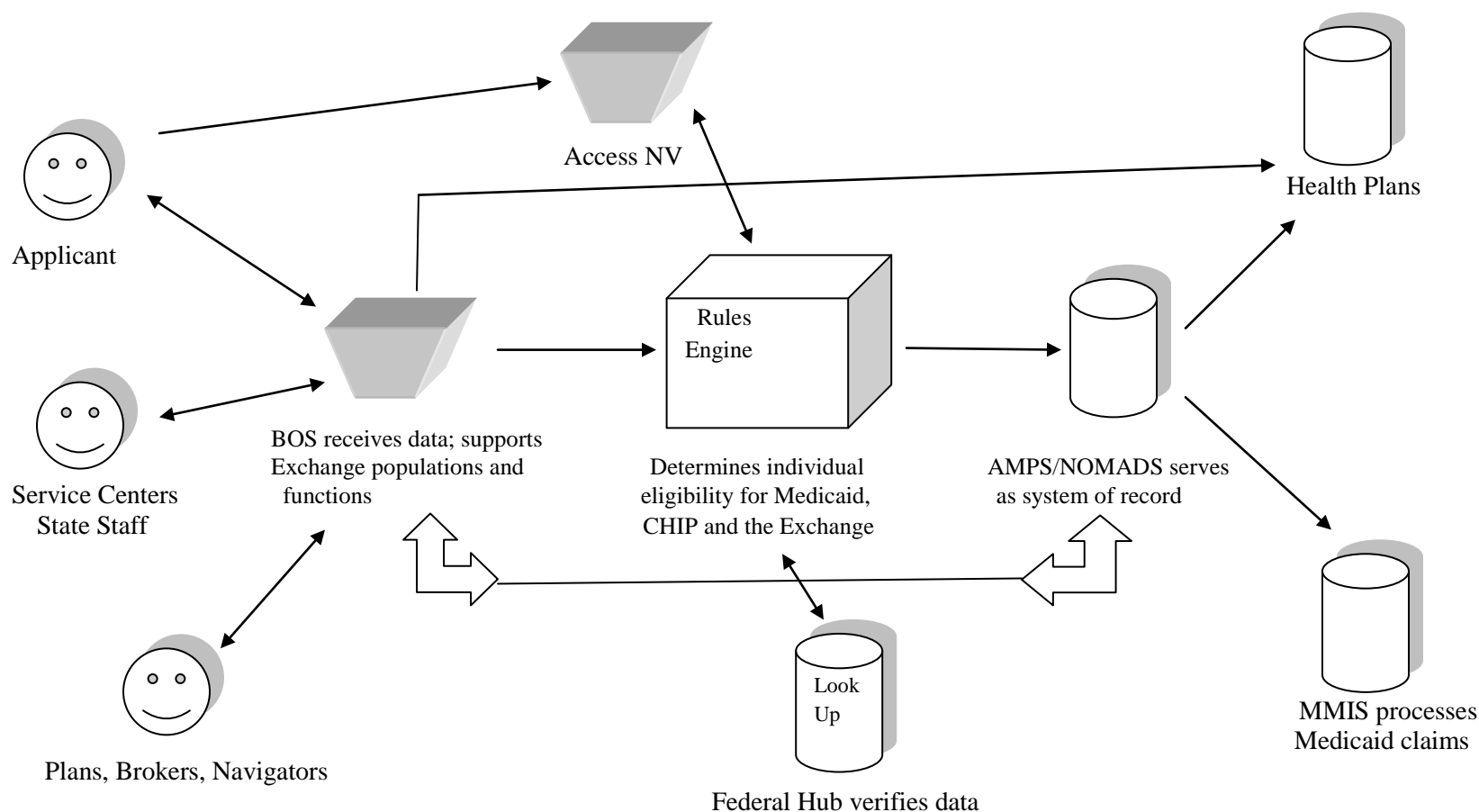
The Silver State Health Insurance Exchange (SSHIX)

The vision is to provide a “no wrong door” approach to allow Nevadans to apply for state health subsidy programs (to include commercial insurance subsidies offered through the Silver State Health Insurance Exchange (SSHIX), Medicaid and CHIP online, in person, by mail, or by telephone.

Consumers will be able to enter required information, receive an eligibility determination (through an interface with the HCR Eligibility Engine), compare insurance plans, select a plan, and enroll in coverage in a single session. The SSHIX, will allow insurance carriers, brokers, Navigators, State human services agencies, and the Nevada Division of Insurance to avoid manual transactions and re-entry of keyed data.

Nevada's goal in implementing this strategy is to support a high-quality customer and partner experience, as well as seamless coordination between Medicaid, Nevada Check Up, and the SSHIX. A graphic representation of Nevada's vision is presented below.

Graphic Representation of the Coordination between Nevada Medicaid, Nevada Check-Up, and the SSHIX



The SSHIX became operational on October 1, 2013 and has begun receiving applications from Nevada citizens. It is successfully communicating with our federal partners and with DWSS.

State of Nevada, Office of Consumer Health Assistance

In Nevada, the Governor's Office for Consumer Health Assistance (GovCHA), established in 1999, and has become a central and pivotal point for information and resources for Nevada consumers, physicians and other health care providers, and insurers. Nevada's Consumer Assistance Program was established to assist consumers with access to healthcare, questions about insurance, disputes with insurance companies or difficulty navigating complex, multilayered health and social service systems. GovCHA acts as a central resource point to help consumers access state, local, community health care and social service systems. As health care systems, insurance reforms and the continuum of the Affordable Care Act implementation unfolds, many consumers may find themselves unsure and confused about how to take full advantage of the reformed health care system. GovCHA will continue to be a critical resource for Nevadans.

GovCHA has continued to develop collaborative partnerships with governmental, non-profit, private and other community organizations, some of which include: Aging and Disability Services, the Division of Welfare and Supportive Services, the Division of Health Care Financing and Policy, and the State Health Insurance Assistance Program (SHIP). Our collaborative partnerships allow us to reach across boundaries and deliver a seamless system of healthcare resources and information. The Nevada program is a "one-stop-shop" and operates with a "no wrong door" attitude.

Nevada GovCHA (GovCHA), through its network of highly skilled and knowledgeable Ombudsmen, works with a broad array of community partners to ensure efficient and culturally competent delivery of services to consumers. GovCHA also serves as a key referral source for Nevada policy makers who are faced with constituents that need assistance, often requiring comprehensive case management.

In 2011, the Nevada Office of Minority Health (OMH) was administratively moved to GovCHA. The placement of the Office of Minority Health in the GovCHA office promotes a level of synergy and consistency between the programs. OMH provides systems level policy advocacy, education and information resources on behalf of Nevada's minority populations.

**State Balancing Incentive Payment Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section D. NWD/SEP Person Flow:

Currently there are three 1915 (c) Home and Community Based waiver programs that require a nursing facility level of care, one waiver requiring an ICF/MR level of care, Medicaid state plan funded and Nevada state only funded home and community based services. Programs are operated out of both the Division of Health Care Financing and Policy and the Aging and Disability Service Division. This process of having multiple home and community based service systems is administratively burdensome and requires process duplication with waiver renewals, annual reports, and multiple quality assurance and provider review systems. These silo systems and waivers also present a barrier to recipient access with multiple wait lists, duplicative level of care processes and service access limited based on the specific program.

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If legislative and budget approvals are received, as well as approval from the Centers for Medicare and Medicaid Services, the WIN/CHIP integration time goals include all waiver operations staff integrated into the Aging and Disability Service Division by January 1, 2016 and the integrated waiver to be operational by July 1, 2016.

ADRC

The Nevada Aging and Disability Resource Center (ADRC) program has a uniform Intake Assessment which collects basic demographic information about consumers (and caregivers), current needs, risk trigger information and activities of daily living. The Intake form is the tool used by ADRC sites to initially identify consumers and compare information in the statewide client information system, the Social Assistance Management System (SAMS).

After initial assessment, the ADRC Specialist is able to determine if the consumer is likely eligible for public programs and services or if they are likely private pay consumers. Then, depending on

the client's needs, they are either directed to an Options Counselor for additional assessment and service planning or they are assisted with accessing programs and services.

The ADRC Intake Assessment will be the initial assessment in the state's NWD/SEP system. Allowing the ADRC sites to gather basic information and then assist the consumer in accessing likely eligible programs based on their preferences, values and needs. Functional assessment will be conducted by the ADSD Community Based Care staff while Financial Assessment will be conducted by DWSS Eligibility staff.

MFP Transitions and Waiver Recipients

Current Process

A referral is received at the appropriate state agency via phone, fax, email, etc. If applicable it is transferred to a Case Manager who will check the applicant's status for full Medicaid coverage. When appropriate the applicant is contacted within 5 days and a home visit is scheduled within 10 days of the initial contact. At the home visit a prescreening assessment is completed along with a level of care determination and consent for release of information is obtained to acquire medical records in order to substantiate the disability determination. When the functional assessment is confirmed the case is forwarded to DWSS for the financial assessment.

Future Process

The process will follow the same steps for intake assessment as the ADRCs using the Social Assistance Management System (case management system) with the additional step to substantiate the disability determination. When the functional assessment is confirmed the case is forwarded to DWSS for the financial assessment.

DWSS – All Medical Assistance to the Aged, Blind and Disabled (MAABD) applications

Current Process

- An Application for Assistance is received at any DWSS district office.
- The application is registered (if it was not received via ACCESS Nevada) and forwarded to an intake case manager.
- The intake case manager reviews the application and, if needed, sends Form 2429 (Insufficient Information) to the client and/or Authorized Representative(s). Form 2429 is the request for any verification the case manager will need in order to make an eligibility decision.
- If verifications are not received by the date requested, the case manager will deny the application for non-cooperation.
- If verifications are received by the date requested, the case manager will review the case and, based upon factors of eligibility, approve or deny the application.
- A redetermination of eligibility is completed yearly.

Future Process – Post ACA

- An individual can still apply using the MAABD Application for Assistance or through ACCESS Nevada.

- If an individual applies through Nevada Health Link and is flagged as a potential MAABD case, it will be routed through ACCESS Nevada to gather additional information. It will then come to DWSS through ACCESS Nevada and be forwarded to an intake case manager.
- The intake case manager reviews the application and, if needed, sends Form 2429 (Insufficient Information) to the client and/or Authorized Representative(s). Form 2429 is the request for any verification the case manager will need in order to make an eligibility decision.
- If verifications are not received by the date requested, the case manager will deny the application for non-cooperation.
- If verifications are received by the date requested, the case manager will review the case and, based upon factors of eligibility, approve or deny the application. If the case is pending SSI and the individual is eligible under the new Childless Adult group, the case will be approved, and at the time the client is determined SSI-eligible, the case manager will switch the client to the MAABD program. If the client is denied SSI, he or she will remain eligible under the Childless Adult category, so long as factors of eligibility are still met.

Special Note: Post ACA, citizenship will be verified electronically using the federal hub.

Conclusions

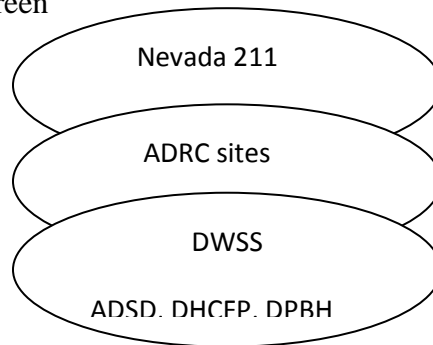
Nevada will do an analysis of its current LTSS enrollment and program utilization management processes to ensure they have conflict free case management. In most instances, Nevada's current systems are based on conflict free case management. Nevada currently utilizes state staff, in conjunction with the individual to develop 1915 (c) care plans and, except in rare instances due to lack of available care providers where state staff may provide some services, the service provision is done by Medicaid enrolled providers. For state plan Personal Care Services (PCS), functional assessments are completed by licensed physical and occupational therapists working in conjunction with the State's utilization management vendor and PCS services are provided by separate Medicaid enrolled PCS agencies or intermediary service organizations. 1915 (i) services are prior authorized through state staff or our utilization management vendor who does not provide any Medicaid benefit services. Most behavioral health services are developed through a family team. Nevada is currently working across LTSS agencies to develop a coordinated LTSS quality improvement system. This system will review person centered planning, choice, qualified providers, appeals in recipient satisfaction. If necessary Nevada will leverage current administrative processes to assure conflict free case management where not in place.

State Balancing Incentive Payment Program Patient Protection and Affordable Care Act Section 10202

Person-flow through the NWD/SEP System

Stage 1

System Entry Points/Initial Screen



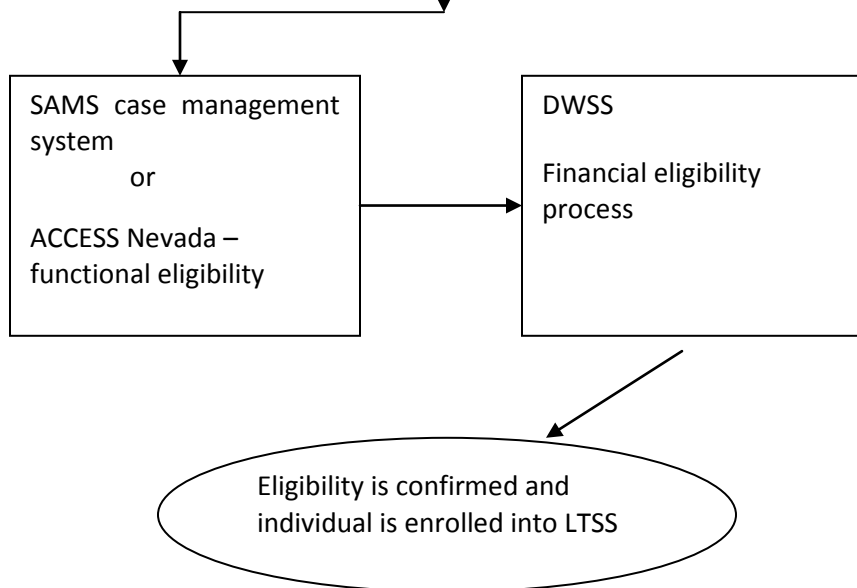
Level 1 screen: Intake Assessment process

Level 1 Screen

Individual is potentially eligible
for LTSS and referred to stage 2

Stage 2

Streamlined Eligibility & Enrollment Process



**State Balancing Incentive Payment Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section E. NWD/SEP Data Flow:

The DWSS MAABD Program Eligibility Process

Current Process

- An Application for Assistance is received at any DWSS district office.
- The application is registered (if it was not received via ACCESS Nevada) and forwarded to an intake case manager. ACCESS Nevada is an online application system for Nevada residents to apply for the Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) and/or for Temporary Assistance for Needy Families (TANF) cash assistance. This process begins when a person creates an account through Nevada Health Link – the health insurance exchange for Nevada and then completes an application.
- The intake case manager reviews the application and, if needed, sends Form 2429 (Insufficient Information) to the client and/or Authorized Representative(s). Form 2429 is the request for any verification the case manager will need in order to make an eligibility decision.
- If verifications are not received by the date requested, the case manager will deny the application for non-cooperation.
- If verifications are received by the date requested, the case manager will review the case and, based upon factors of eligibility, approve or deny the application.
- A redetermination of eligibility is completed yearly.

Future Process – Post ACA

- An individual can still apply using the MAABD Application for Assistance or through ACCESS Nevada.
- If an individual applies through Nevada Health Link and is flagged as a potential MAABD case, it will be routed through ACCESS Nevada to gather additional information. It will then come to DWSS through ACCESS Nevada and be forwarded to an intake case manager.
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- If verifications are received by the date requested, the case manager will review the case and, based upon factors of eligibility, approve or deny the application. If the case is pending SSI and the individual is eligible under the new Childless Adult group, the case will

be approved, and at the time the client is determined SSI-eligible, the case manager will switch the client to the MAABD program. If the client is denied SSI, he or she will remain eligible under the Childless Adult category, so long as factors of eligibility are still met.

Special Note: Post ACA, citizenship will be verified electronically using the federal hub.

Information Technology Systems for Nevada Health Programs

In Nevada, the Medicaid program and HCBS waiver programs are administered for Department of Health and Human Services (DHHS) by the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). Working together, the DHCFP and the DWSS have succeeded in building a new eligibility rules engine and are leveraging existing systems to create a ‘no wrong door’ approach (i.e., allowing individuals to access health coverage in a variety of ways, and through multiple entry points). These systems development efforts will allow the State to:

- Create a single coordinated set of rules to determine eligibility for all publicly subsidized health coverage programs, including the premium subsidies available under the Exchange, Medicaid, CHIP, and the BHP in the eligibility rules engine, and conduct an initial screening as to whether an individual might be eligible for the Supplemental Nutrition Assistance Program (SNAP), the Temporary Assistance for Needy Families (TANF) program;
- Store recipient data for all publicly-subsidized health coverage programs in a single system of record and leverage existing IT functionalities to support the needs of all publicly-subsidized health coverage programs and the Exchange;
- Achieve the necessary degree of interoperability between technology components to provide health insurance coverage through the Exchange, Medicaid or CHIP programs; and Improve the State’s program evaluation efforts and performance management reporting capabilities.

Nevada’s goals in implementing this IT solution are to support a first-class, 21st century customer and partner experience, as well as seamless coordination between Medicaid, CHIP, and the Exchange. More specifically, the State is seeking to:

- Provide the same customer experience to all individuals seeking coverage, regardless of source or amount of subsidy for which they may qualify, or the ‘door’ through which they enter;
- Permit real-time eligibility determination, routing and enrollment whenever feasible, and for all individuals, a timely and responsive resolution process;
- Extract the business rules out of an aging eligibility system in order to share those, along with the Modified Adjusted Gross Income (MAGI) rules that will take effect in 2014, in a central repository that is more dynamic and flexible;
- Implement a common system complemented with a high level of integration to avoid duplication of costs, processes, data and effort on the part of the State and beneficiaries; and
- Leverage the federal approach to verification from federal agencies such as the Internal Revenue Service, Department of Health and Human Services, and Department of Homeland Security to avoid the independent establishment of those interfaces and connections at the State level.

At the beginning of State Fiscal Year (SFY) 2011, Nevada Medicaid covered approximately 255,000 individuals including pregnant women, children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments.

To obtain Medicaid services and HCBS waiver services, individuals can go onto the Internet and submit an application electronically through Access Nevada (Access NV), which receives about 1,000 applications a month. Individuals who are not applying electronically can request a 16-page application and apply through the mail or visit one of 15 local DWSS offices where assistance in completing the application is provided as required.

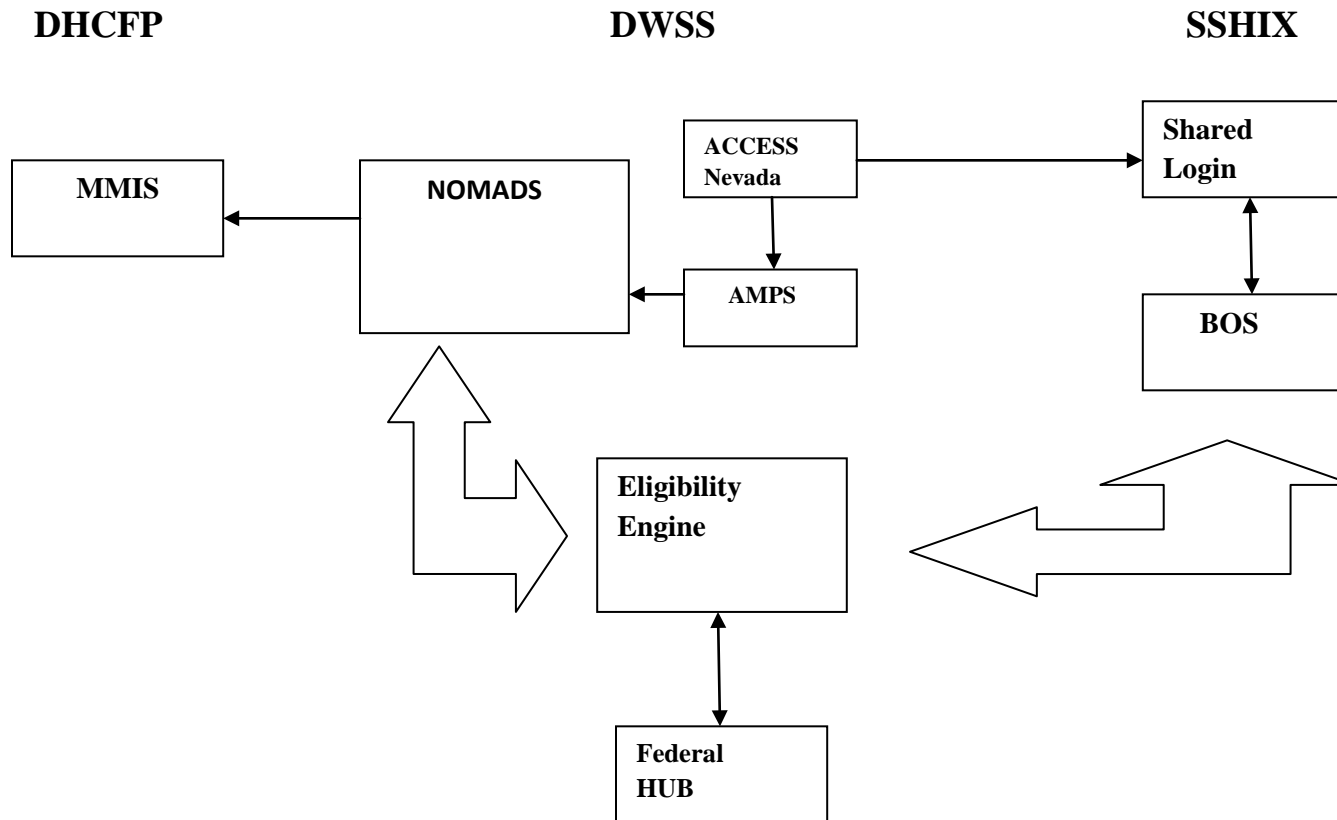
The DWSS' primary eligibility determination system is the Nevada Operations of Multi-Automated Data Systems (NOMADS), which began design in 1992 and was fully implemented in 2001. A monolithic mainframe application, NOMADS is difficult to modify and expensive to maintain. Significant manual processing is required to support the eligibility determination process. With as much as a 60% increase in the number of Medicaid recipients by 2019, an Exchange-based eligibility system will need to support a self-service approach and be easily adaptable in the face of an evolving regulatory and statutory environment at both the State and federal levels.

While the DWSS has sought to replace NOMADS, the Legislature has indicated an interest in continuing to use NOMADS and modernize the application to support an increasing Medicaid population. In light of this, the DWSS has taken a modularized approach to addressing the system's inadequacies. Over time, core functionalities have been extracted from NOMADS and moved into re-usable applications that are more flexible, robust, and user-friendly, as exhibited in the development of its Application Modernization and Productivity Services (AMPS), the creation of Access NV, and, now, with the creation of a rules-based eligibility engine. Over time, NOMADS will devolve into a data repository that stores member information for the programs that the DWSS supports as other business functions are redeployed as shared services.

During 2012 and 2013 the business operations were created for the Silver State Health Insurance Exchange (SSHIX) in response to the Affordable Care Act to provide Nevada citizens with an online health insurance marketplace to purchase qualified health plans offered by private insurance companies throughout the state. The marketplace is known as Nevada Health Link.

The new basic structure for our systems begins with the eligibility engine which determines program eligibility. The eligibility data is passed to the Medicaid Management Information System (MMIS) which is the payment system of record. This claims data is then passed to the current Decision Support System (DSS) and in the future the new Data Warehouse. The DHHS and the DHCFP have contracted with a vendor to assist in the development of Phase I of Nevada Data Warehouse. Phase I of the Data Warehouse project is intended to be the first of a multiple phase project. The end goal is to have an enterprise-level Data Warehouse utilized by the entire DHHS. The eligibility engine also integrates Nevada Medicaid and the SSHIX. The SSHIX provides options for citizens to purchase, pay for, and enroll into a health insurance plan of their choosing. Please refer to the Shared System Overview for the system diagram.

Division of Health Care Financing and Policy
Shared System Overview of Medicaid Financial Eligibility



**State Balancing Incentive Payment Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section F. Potential Automation of Initial Assessment

The Nevada ADRC web portal is a vital component to the NWD/SEP system, acting as the NWD/SEP website. Within this portal, there are components that allow for automation of the Intake Assessment as an online form. Options for the best way to utilize the portal to allow consumers to submit an Intake Assessment on their own need further exploration, particularly in terms of allowing the web portal to interact with the Social Assistance Management System (SAMS) system.

The ADRC Intake Form, currently in use, is a Level 1 Screen providing preliminary functional and financial assessment information. If the individual is found potentially eligible for community LTSS he/she is referred for a Comprehensive Social Assessment. The ADRC Intake Assessment will be the initial assessment in the state's NWD/SEP system. Allowing the ADRC sites to gather basic information and then assist the consumer in accessing likely eligible programs based on their preferences, values and needs. Functional assessment will be conducted by the ADSD Community Based Care staff while Financial Assessment will be conducted by DWSS Eligibility staff.

The Level 1 screen will be available for completion by the potential applicant or his/her representatives online (with online support), in person, or over the phone (by calling a toll-free number with live support available). It will be as short, concise, and as simple to complete as possible, recognizing that the screening tool might be completed by the individual with support needs themselves, by family members, or others on behalf of the individual. The Level 1 screen, for those considered likely eligible for community LTSS, provides a base of information for determining if a Level II assessment is appropriate.

The Level 1 screen will be part of a screen that is broader in scope than Medicaid community LTSS, that is, one that helps respondents identify and access a variety of community supports.

**State Balancing Incentive Payment Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section G. Potential Automation of the Core Standardized Assessment (CSA) Instrument

Nevada views the work of creating a new core standardized assessment and/or the development of core and standard criteria for inclusion in an assessment of LTSS needs, and the development of an electronic assessment system as critical to achieving the State's goals of streamlining processes and capitalizing on the efficiencies that automation affords.

With the development of the assessment system, Nevada plans to integrate both the functional needs assessment and LOC tools into the system. When in place, this system will permit the ADRC's partner agencies to enter both Level 1 screening and Level 2 assessment information. This significant reform will assist individuals by creating an electronic pathway for information sharing between the assessment system and the program eligibility determination process.

Automation of the CSA/functional assessment tool is a priority so that data can be collected and analyzed as our LTSS user population grows over the next 10 years. While there has been no final decision regarding a single CSA, the State will advance discussions over the next few months and consider possibly adopting commercial forms already approved by CMS.

Concurrent with the development or adoption of an electronic assessment tool, the BIP project team will work with all DHHS units and community network partners to harmonize the disparate strategies of data collection and assessment such that consumers, caregivers and providers will have greater access and transparency in the determination of support and services needed and how DHHS provides for those services.

For several years, ADSD has used the Social Assistance Management System (SAMS) database, a proprietary product of Harmony Information Systems, Inc., that has several data management functions. This centralized system is used for collecting consumer registrations/demographic details, generating assessments, care planning & coordination, rosters, service delivery, tracking of funds at the service level, service orders, activities & referrals (task management feature), journals, and is capable of running both standard and custom reports which can be shared within the organization.

SAMS as a case management system has the capability of tracking various approval dates, application dates, status dates, reasons, risks, benefit changes, care giver changes, care recipient changes, and similar occurrences/items for better internal collaboration and productivity.

In addition, there are several areas of SAMS where social workers and case managers can record case notes, monitor service plans, update insurance information, and determine eligibility. There is also the capability for exporting reports out of SAMS as a way to communicate to other relevant healthcare professionals about the status of a particular case or group of cases.

Discussions are already underway to use SAMS to meet the needs of the Money Follows the Person (MFP) and at least one of the Department's waiver programs. It is believed that SAMS will be an integral part of integrating the automated CSA into the Eligibility Determination Process.

Some of the benefits of this robust assessment and case management system include:

- Information from the assessment can be used for better care planning for each person.
- Independent assessors are objective and unbiased.
- DHHS will have an objective method of linking service need and plan costs.
- Using one assessment instrument makes the transfer of information easier and more reliable when people change providers or services.
- The computer-based entry system allows information to be analyzed for better decision making and planning on a statewide level.
- Having reliable and consistent information about people served by DHHS will enhance DHHS' and provider's ability to improve quality of services.

**State Balancing Incentive Payments Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section H. Incorporation of a CSA in the Eligibility Determination Process

Nevada does not currently have or use a single CSA for all LTSS populations. A variety of assessment tools are used depending on program requirements and populations served. As stated above, there has not been a final decision regarding the development or the adoption of a single CSA. Any product under consideration will definitely integrate the functional needs assessment with the required LOC criteria.

While the state has expended significant effort and financial resources to develop automation in the financial eligibility determination process, the BIP efforts will focus on ensuring compliance with CSA requirements for the data elements for all populations served in Medicaid LTSS. The work currently being done by the Long Term Services and Supports Committee, which was established in 2012, may serve as a model for developing a single CSA for all LTSS populations. The goal of this Committee's project is to eliminate process duplication at the state staff, recipient, and provider level; to provide simplified service access; to increase service quality and efficient resource utilization in the DHHS community based support system.

The major challenges to adopting a CSA would potentially include any of the usual barriers to change: stakeholder resistance, budget and time constraints, compliance with existing state and federal requirements.

Nevada is aware of the technical assistance offered by CMS and through its CMS contractors. Access to CSA models that have been approved by CMS would be most helpful.

**State Balancing Incentive Payments Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section I. Staff Qualifications and Training

Nevada has enlisted several staff from several Divisions within the Nevada Department of Health and Human Services to serve as participating members of the BIPP Team.

Please review the list of team members listed below. The organizations or entities they represent include the following:

Division of Health Care Financing and Policy (DHCFP)
Aging and Disability Services Division (ADSD)
Division of Public and Behavioral Health (DPBH)
Division for Child and Family Services (DCFS)
Division of Welfare and Supportive Services (DWSS)
Logik Technology Consulting, Inc.

Gloria Macdonald, Chief, Grants Management and Quality Assurance Unit,
DHCFP

Betsy Aiello, Deputy Administrator, DHCFP

Tina Gerber-Winn, Deputy Administrator, ADSD

Tammy Ritter, Chief, Community Based Care, ADSD

Cheyenne Pasquale, ADRC Project Director, ADSD

David Stewart, IT Director, DWSS

Jennifer Frischmann, Chief, Long Term Services and Supports, DHCFP

Michele Ferrall, Deputy Administrator, ADSD

Palisa Sturgis, MFP Project Director, DHCFP

Larry Casey, MFP Management Analyst, DHCFP

Brandi Johnson, Management Analyst, DPBH

Kelly Wooldridge, Deputy Administrator, DCFS

Brian Wanbaugh, IT Consultant, Logik Technology Consulting, Inc.

Janice Caldwell, Volunteer, Retired CMS

Waiver Programs

The current staff requirements and qualifications for Nevada's Home and Community Based Services (HCBS) programs are described below by program. Training will be provided to all staff as necessary when Nevada has developed the final Core Standardized Assessment tool.

Home and Community-Based Services (HCBS) offered to certain persons with intellectual disabilities – (MRDD)

MHDS MR Staff - All service coordinators who perform initial evaluations of level of care for recipients for this waiver program must be a Qualified Intellectual Disabilities Professional (QIDP), as defined in 42 CFR 483.430(a).

HCBS offered to certain frail elderly persons – CHIP waiver

HCBS offered to certain elderly in assisted living facilities – Assisted Living waiver

Qualifications of Individuals Performing Initial Evaluation: Per 42 CFR §441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

- Social Worker 1
- Social Worker 2
- Health Care Coordinator 3 – RN
- Social Work Supervisor 1
- Social Services Manager 2

Below is the description for evaluation of the level of care from the waiver application:

Individuals performing initial evaluation must have the following educational or professional qualifications: Clinical or Independent Social Work License in accordance with the Nevada Revised Statutes 641 A, B, or C, or licensed as a registered nurse in accordance with the State Board of Examiners for Nursing, Nevada Revised Statutes 632.

- * Individual with current licensure or associate in Social Work from the Nevada Board of Examiners for Social Workers or licensed in another capacity such as marriage and family counselor or a counselor certified by the Nevada Bureau of Alcohol and Drug Abuse and is exempt from Social Work licensure per NRS 641.040; or who has licensure as a registered nurse from the Nevada State Board of Nursing.
- * Has a valid driver's license to enable home visits.
- * Follows Health Insurance Portability and Accountability Act (HIPAA) requirements.
- * FBI Criminal History Background check - A criminal history background check is to be completed on all individuals providing direct service to program recipients to ensure those with a previous history of abuse or other violent crimes are not placed in a recipient's home.

HCBS offered to certain physically disabled persons – WIN waiver

DHCFP WIN Staff - All case managers performing initial evaluations of Level of Care for recipients for this waiver program must be licensed as a Social Worker by the State of Nevada Board of Examiners for Social Workers, licensed as a Registered Nurse by the State of Nevada Board of Nursing, or have a professional license or certificate in a medical specialty applicable to the assignment, and one year of professional experience providing case management services in a social or health related field or have an equivalent combination of education and experience.

MFP Grant and FOCIS Program

The current staff requirements and qualifications for Nevada's Money Follows the Person (MFP) Rebalancing Demonstration and Facility Outreach and Community Integration Service (FOCIS) programs are described below. Training will be provided to all staff as necessary when Nevada has developed the final Core Standardized Assessment tool.

Money Follows the Person (MFP) Rebalancing Demonstration Program has four positions that are funded at a 100% of Federal reimbursement. The position titles and descriptions are listed below:

- MFP Project Director – Social Services Program Specialist (SSPS) III
- Management Analyst II
- Housing Coordinator – Social Services Program Specialist (SSPS) I
- Administration Assistant II

MFP Project Director (SSPS III)

EDUCATION AND EXPERIENCE: Bachelor's degree from an accredited college or university in social work or related field and two years of professional social services, medical assistance programs, services, or healthcare services experience which included serving as a consultant to professional/supervisory program personnel; directing the operation of a program unit; coordinating program activities with officials and representatives of other agencies; interpretation and application of complex documents such as federal regulations, technical journals, and legislative studies; writing program policies, procedures, and reports; and conducting research and preparing recommendations for management; **OR** one year of experience as a Social Services Program Specialist II in Nevada State service; **OR** an equivalent combination of education and experience.

Management Analyst II

EDUCATION AND EXPERIENCE: Bachelor's degree from an accredited college or university in public or business administration, finance, social sciences, mathematics or related field and four years of professional experience in the research, development, evaluation or revision of programs, organizations, methods or procedures; **OR** one year of experience as a Management Analyst I in Nevada State service; **OR** an equivalent combination of education and experience on a year-for-year basis.

Housing Coordinator (SSPS I)

EDUCATION AND EXPERIENCE: Bachelor's degree from an accredited college or university in a field of human services or related field and two years of paraprofessional experience which included providing social services, medical assistance programs, services, or health care services to the public and required the application of regulations, laws, policies and procedures in making determinations; **OR** two years of experience as a Family Services Specialist II in Nevada State service; **OR** an equivalent combination of education and experience.

Administration Assistant II

EDUCATION AND EXPERIENCE: Graduation from high school or equivalent education and two years of clerical and administrative support experience which included experience in one or more of the following areas: maintaining records and files; preparing a variety of materials using a personal computer or word processor; assisting customers in completing forms and applications; and/or performing secretarial duties in support of professional staff; **OR** one year of experience as an Administrative Assistant I in Nevada State service; **OR** an equivalent combination of education and experience.

Facility Outreach and Community Integration Services (FOCIS) encompasses the following positions:

- Health Care Coordinator IV – Supervisor
- Health Care Coordinator II – Nurse
- Health Care Coordinator II
- Health Care Coordinator I – Nurse
- Health Care Coordinator
- Administration Assistant II

Under the Health Care Coordinator series individuals must meet the following educational and professional qualifications:

Health Care Coordinator IV - Supervisor

EDUCATION AND EXPERIENCE: Licensure as a Social Worker from the Nevada Board of Examiners for Social Workers or professional licensure or certification in a medical specialty applicable to the assignment, and three years of experience providing case management services in a social or health related field, one year of which included the interpretation and application of Medicaid policies and procedures, coordinating reviews and services, training staff and reviewing complex cases; **OR** licensure and an equivalent combination of education and experience.

Health Care Coordinator II – Nurse

EDUCATION AND EXPERIENCE: Licensure as a Registered Nurse from the Nevada State Board of Nursing and two years of professional experience providing case management services in a social or health related field; **OR** one year of experience as a Health Care Coordinator I –

Nurse in Nevada State service; **OR** licensure and an equivalent combination of education and experience.

Health Care Coordinator II

EDUCATION AND EXPERIENCE: Licensure as a Social Worker from the Nevada Board of Examiners for Social Workers or professional licensure or certification in a medical specialty applicable to the assignment, and one year of professional experience providing case management services in a social or health related field; **OR** one year of experience as a Health Care Coordinator I in Nevada State service; **OR** licensure and an equivalent combination of education and experience.

Health Care Coordinator I - Nurse

EDUCATION AND EXPERIENCE: Licensure as a Registered Nurse from the Nevada State Board of Nursing.

Health Care Coordinator I

EDUCATION AND EXPERIENCE: Licensure as a Social Worker from the Nevada Board of Examiners for Social Workers or professional licensure or certification in a medical specialty applicable to the assignment.

Administration Assistant II must meet the following qualifications:

EDUCATION AND EXPERIENCE: Graduation from high school or equivalent education and two years of clerical and administrative support experience which included experience in one or more of the following areas: maintaining records and files; preparing a variety of materials using a personal computer or word processor; assisting customers in completing forms and applications; and/or performing secretarial duties in support of professional staff; **OR** one year of experience as an Administrative Assistant I in Nevada State service; **OR** an equivalent combination of education and experience.

Under the Health Care Coordination Series other licensed professionals may include, Marriage and Family Counselor or a counselor certified by the Nevada Bureau of Alcohol and Drug. Professionals must also possess a valid driver's license to enable home visits.

All MFP and FOCIS staff must complete the following:

- Follows Health Insurance Portability and Accountability Act (HIPAA) requirements.
- Defensive Driving upon employment and every 4 years thereafter
- Security IT training as needed
- Sexual Harassment within the first 6 months of employment and every 2 years thereafter
- FBI Criminal History Background check - A criminal history background check is to be completed on all individuals providing direct service to program recipients to ensure those with a previous history of abuse or other violent crimes are not placed in a recipient's home.

**State Balancing Incentive Payments Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section J: Location of SEP agencies.

Nevada's Aging and Disability Resource Center program (ADRC) is a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS) to provide information and access to long term supports and services. The ADRC program serves as a single point of entry into the long-term support system for seniors, people with disabilities and caregivers. Nevada's ADRCs strive to be a comprehensive care program with a no wrong door entry system. ADRCs benefit consumers by helping to identify needs, gathering information and resources to meet those needs and reducing the stress of navigating benefits. The ADRCs endeavour to help consumers become aware of their choices, empower them to make informed decisions, and easily access long term supports and services programs. It is administered by the state of Nevada Aging and Disability Services Division (ADSD).

The location of ADRC agencies can only be understood based on comprehensive knowledge of the state's geography and population. Nevada is a large state, but most of the population is concentrated in three urban counties, and the remainder of the population is dispersed through fourteen rural and frontier counties. There are four ADRC sites in three urban counties and 3 sites which serve 12 of the 14 rural and frontier counties.

Please refer to "*Appendix B: Nevada Geographic and Demographic Data*" that is included as an attachment to Section B: Current System's Strengths and Challenges. Nevada's rural citizens have always had to deal with medical access issues related to distance. And Nevada's health programs have had to deal with it as well. It will always be a problem. We can however, strive to create the most effective electronic and telephonic communications systems possible to help bridge the gaps between our citizens and adequate access to healthcare. It is an ongoing issue that State officials are working on.

In addition to the ADRC sites other SEP agencies include the Aging and Disability Services Division, the Division of Healthcare Financing and Policy, the Division of Welfare and Supportive Services, and the Division of Public and Behavioral Health. There are also many agencies and organizations that make up a network of statewide community based resources. The attachment to Section J is a worksheet that lists the statewide community based resources.

STATEWIDE RESOURCE LIST FOR NEVADA

Section J: Location of SEP Agencies

NAME	SEP AGENCY	SERVICES	PROVIDER TYPE	LOCATION	TARGET POPULATION
Elderly, Physical Disability, Mental Disability, MRRC					
The Continuum-ReGenerations		Adult Day Care			Elderly, MR, physical & mental disability
Angel Associates		Adult Day Care, Respite Care	Private	Reno	Elderly, MR, physical & mental disability
Share the Day Center-Lend-A-Hand support services		Adult Day Care	Private	Reno	Elderly, MR, physical & mental disability
More to Life Health Center		Adult Day Care	Private	Sparks	Elderly, MR, physical & mental disability
Easter Seals Sierra Nevada		Adult Day Care, Rehab Svcs, in-home svcs	Private, nonprofit	Reno	Elderly, MR, physical & mental disability
Easter Seals Southern Nevada		Adult Day Care, Rehab Svcs, in-home svcs	Private, nonprofit	Las Vegas	Elderly, MR, physical & mental disability
RTC ACCESS Paratransit Service		Transportation	Public	Reno/Sparks	Elderly, MR, physical & mental disability
Rebuilding All Goals Efficiently (RAGE) Inc.		Resources, IL, SLS		Clark, Lincoln, Nye counties	Elderly, MR, physical & mental disability
CARE Chest of Sierra Nevada	X	Medical equipment & supplies	Private, nonprofit	Northern Nevada	Elderly, MR, physical & mental disability
St Marys Telecare		Communication	Private	Reno	Elderly, physical & mental disability
CitiCare		Transportation	Private/public, nonprofit	Washoe Co	Elderly, physical & mental disability, MRRC
BrightStar		in-home care svcs	Private	Reno	Physical & mental disability
Access to Healthcare Network		Medical Services		LV, Reno, Fallon, Fernley, Elko	All persons
Ron Wood Family Resource Center	X	Resources, advocacy	Nonprofit	Carson City	All persons

NAME	SEP AGENCY	SERVICES	PROVIDER TYPE	LOCATION	TARGET POPULATION
Elderly					
Clark County Senior Advocate Program		Resources, advocacy	Clark Co Govt	Las Vegas	Elderly
Churchill County Senior Services		Resources, advocacy	Churchill Co Govt	Fallon	Elderly
Community Care Associates-case mgmt svcs		Resources, advocacy, service coord	Private	Reno	Elderly
Douglas County Senior Services		Resources, advocacy	Douglas Co Govt	Gardnerville	Elderly
Lyon County Senior Services		Resources, advocacy	Lyon Co Govt	Silver Sprgs, Dayton, Fernley	Elderly
Nevada Senior Services		Resources, advocacy	Private, nonprofit	Las Vegas, Henderson	Elderly
Senior Assessment & Rehab Svcs-Renown Rehab Hospital		Rehab svcs, clinical svcs	Private	Reno	Elderly
Washoe County Senior Services		Resources, advocacy	Washoe Co Govt	Reno, Sparks, Gerlach	Elderly
Elderly, Physical Disability					
Aging and Disability Services Division (ADSD)	X	Resources, advocacy, service coord	State Govt	CC, LV, Reno, Elko	Elderly, physical disability
Aging and Disability Resource Centers (ADRCs)	X	Resources, advocacy	Federal, State Govts	CC, LV, VC, Reno, Fer, Day, SS	Elderly, physical disability
Home Health Services of Nevada		in-home svcs	Private, nonprofit	Ten NV counties	Elderly, physical disability
Maxim Healthcare Services-Homemaker svcs		in-home svcs	Private	Reno	Elderly, physical disability
Physical Disability					
Bureau of Services to the Blind & Visually Impaired		Resources, advocacy, rehab svcs, in-home & community svcs	State Govt	Reno, Carson, Elko, Las Vegas	Physical disability
Deaf & Hard of Hearing Advocacy Resource Centers		Resources, advocacy, rehab svcs, community svcs, supplies	State Govt	Sparks, Las Vegas	Physical disability
National Multiple Sclerosis Society-Great Basin Sierra Chapter		Resources, advocacy	Private, nonprofit	Reno	Physical disability
St Marys Personal Assistance Service Program		in-home svcs	Private	Reno	Physical disability

NAME	SEP AGENCY	SERVICES	PROVIDER TYPE	LOCATION	TARGET POPULATION
St Marys RMC-Community Therapy		Clinical svcs	Private	Reno	Physical disability
711 Relay Nevada		Communication svcs	Public, nonprofit	Statewide	Physical disability
The Blind Center of Nevada		Resources, advocacy, IL, rehab svcs, community svcs	Private, nonprofit	Las Vegas	Physical disability
Nevada Association of the Deaf		Resources, advocacy	Private, nonprofit	Reno	Physical disability
Nevada Paralyzed Veterans of America		Resources, advocacy	Private, nonprofit	Las Vegas	Physical disability

Physical Disability, Mental Disability

Disability Resource Center-University of Nevada, Reno		Resources, advocacy	Public	Reno	Physical & mental disability
Nevada Community Enrichment Program (NCEP)-Accessible Space Inc		Day treatment, residential svcs, IL, rehab	Private, nonprofit	Las Vegas	Physical & mental disability
United Cerebral Palsy of Northern Nevada (UCPNN)		Resources, advocacy, rehab svcs, service coord,	Private, nonprofit	Reno	Physical & mental disability
National Alliance on Mental Illness, Northern & Southern NV chapters		Resources, advocacy	Private, nonprofit	Reno, Las Vegas	Mental disability
Autism Society of America, Northern NV chapter		Resources, advocacy	Private, nonprofit	Reno	Mental disability
Autism Coalition of Nevada		Resources, advocacy	Private, nonprofit	Reno	Mental disability
Northern Nevada Autism Network		Resources, advocacy	Private, nonprofit	Elko	Mental disability
UNLV Center for Autism Spectrum Disorders		Clinical svcs, research, training	Private, nonprofit	Las Vegas	Mental disability

Physical Disability, Mental Disability, MRRC

Disability Resources, Inc		Voc rehab, job coaching, SLS, respite care	Private, nonprofit	Sparks	Physical & mental disability, MRRC
Impact Services, Inc		SLS	Private, nonprofit	Reno	Physical & mental disability, MRRC
Nevada Bureau of Vocational Rehabilitation-Job Connect		Voc rehab, job training	State Govt	Statewide	Physical & mental disability, MRRC

NAME	SEP AGENCY	SERVICES	PROVIDER TYPE	LOCATION	TARGET POPULATION
Nevada Disability Advocacy & Law Center	X	Resources, advocacy	Private, nonprofit	Reno, Elko, Las Vegas	Physical & mental disability, MRRC
Northern Nevada Center for Independent Living (NNCIL)		IL	Private, nonprofit	Sparks, Fallon, Elko	Physical & mental disability, MRRC
Northern Nevada Supportive Living Services		SLS	Private, nonprofit	Northern Nevada	Physical & mental disability, MRRC
Office of Disability Services (ODS)		Resources, advocacy	State Govt	Statewide	Physical & mental disability, MRRC
Rural Center for Independent Living		IL	Public, nonprofit	Carson City	Physical & mental disability, MRRC
Southern Nevada Center for Independent Living (SNCIL)		IL	Private, nonprofit	Las Vegas	Physical & mental disability, MRRC
Family TIES of Nevada		Resources, advocacy, training	Private, nonprofit	Reno, Las Vegas	Physical & mental disability, MRRC
Learning Disabilities Association of Nevada		Resources, advocacy	Private, nonprofit	Sparks	Mental disability
Down Syndrome Network of Northern Nevada		Resources, advocacy	Private, nonprofit	Reno	Physical & mental disability, MRRC
Mental Retardation & Related Conditions (MRRC)					
Sierra Regional Center		Clinical svcs, SLS, day training, job coaching, respite, svc coord	State Govt	Sparks	MRRC
Rural Regional Center		Clinical svcs, SLS, day training, job coaching, respite, svc coord	State Govt	Carson City, Elko	MRRC
Desert Regional Center		Clinical svcs, SLS, day training, job coaching, respite, svc coord	State Govt	Las Vegas	MRRC
The Arc in Nevada		Advocacy, resources, training	Private, nonprofit	Reno	MRRC
Alliance Family Services		Clinical svcs, rehab svcs	Private, nonprofit	Reno	MRRC
Churchill [County] Association for Retarded Citizens (CARC)		Advocacy, resources, training, coaching, sheltered employment	Private, nonprofit	Fallon	MRRC

NAME	SEP AGENCY	SERVICES	PROVIDER TYPE	LOCATION	TARGET POPULATION
Washoe Association for Retarded Citizens (WARC)		Advocacy, resources, training, coaching, sheltered employment	Private, nonprofit	Reno	MRRC
Eagle Valley Children's Home		residential care svcs	Private	Carson City	MRRC
Alpha Productions Technologies		Sheltered employment, job coaching, training	Private, nonprofit	Sparks	MRRC
High Sierra Industries, Inc		Sheltered employment, job coaching, training	Private, nonprofit	Reno	MRRC
Opportunity Village		Clinical svcs, residential svcs, rehab svcs, community svcs	Private, nonprofit	Las Vegas	MRRC
Ormsby Association for Retarded Citizens (OARC)		Advocacy, resources, training, coaching, sheltered employment	Private, nonprofit	Carson City	MRRC
Nevada Center for Excellence in Disabilities (NCED)-UNR		Advocacy, resources, supports, transitions, community svcs	Public	Reno	MRRC
People First of Nevada		Advocacy, resources	Private, nonprofit	R/S, LV, Fal, Fern, Elk, CC, Win	MRRC
Nevada Governor's Council on Developmental Disabilities		Advocacy, systems change	Private, nonprofit	Carson City	MRRC
Ruby Mountain Resource Center		Sheltered employment, job coaching, training	Private, nonprofit	Elko	MRRC
Sonoma Industries		Sheltered employment, job coaching, training	Private, nonprofit	Winnemucca	MRRC
Humboldt Human Development Services		Sheltered employment, job coaching, training	Private, nonprofit	Winnemucca	MRRC
Trinity Services, Inc		Clinical svcs, voc rehab, respite, SLS, residential care, day svcs	Private, nonprofit	Reno	MRRC
Community Senior Centers					
Fallon Paiute Shoshone Senior Center		Day svcs, community svcs, resources, advocacy	Tribal Govt	Fallon	Elderly
Ft. McDermitt Paiute Shoshone Senior Center		Day svcs, community svcs, resources, advocacy	Tribal Govt	McDermitt	Elderly

NAME	SEP AGENCY	SERVICES	PROVIDER TYPE	LOCATION	TARGET POPULATION
Yerington Paiute Tribe Elder Center		Day svcs, community svcs, resources, advocacy	Tribal Govt	Yerington	Elderly
Walker River Senior Center		Day svcs, community svcs, resources, advocacy	Tribal Govt	Schurz	Elderly
Duckwater Elder Center		Day svcs, community svcs, resources, advocacy	Tribal Govt	Duckwater	Elderly
Numaga Senior Center		Day svcs, community svcs, resources, advocacy	Tribal Govt	Nixon	Elderly
Washoe Community Tribe Senior Center		Day svcs, community svcs, resources, advocacy	Tribal Govt	Gardnerville	Elderly
Reno-Sparks Indian Colony Senior Center		Day svcs, community svcs, resources, advocacy	Tribal Govt	Reno/Sparks	Elderly
Ely Shoshone Elders Center		Day svcs, community svcs, resources, advocacy	Tribal Govt	Ely	Elderly
Winnemucca Senior Center		Day svcs, community svcs, resources, advocacy	Humboldt Co	Winnemucca	Elderly
Fanny Komp Senior Center		Day svcs, community svcs, resources, advocacy	Eureka Co	Crescent Valley	Elderly
Elko Senior Citizens Center		Day svcs, community svcs, resources, advocacy	Elko Co	Elko	Elderly
Carlin Open Door Senior Center		Day svcs, community svcs, resources, advocacy	Elko Co	Carlin	Elderly
Duck Valley Senior Center		Day svcs, community svcs, resources, advocacy	Elko Co	Owyhee	Elderly
Silver Sage Senior Center		Day svcs, community svcs, resources, advocacy	Elko Co	Wells	Elderly
Austin Senior Center		Day svcs, community svcs, resources, advocacy	Lander Co	Austin	Elderly
Lander County Senior Citizens Center		Day svcs, community svcs, resources, advocacy	Lander Co	Battle Mountain	Elderly
Lincoln Senior Center		Day svcs, community svcs, resources, advocacy	Lincoln Co	Panaca	Elderly

NAME	SEP AGENCY	SERVICES	PROVIDER TYPE	LOCATION	TARGET POPULATION
Alamo Senior Center	x	Day svcs, community svcs, resources, advocacy	Lincoln Co	Alamo	Elderly
Olsen Senior Center		Day svcs, community svcs, resources, advocacy	Lincoln Co	Caliente	Elderly
Pioche Senior Center		Day svcs, community svcs, resources, advocacy	Lincoln Co	Pioche	Elderly
Mina Senior Center		Day svcs, community svcs, resources, advocacy	Mineral Co	Mina	Elderly
Pahrump Valley Senior Citizens Center		Day svcs, community svcs, resources, advocacy	Nye Co	Pahrump	Elderly
Tonopah Senior Center		Day svcs, community svcs, resources, advocacy	Nye Co	Tonopah	Elderly
Beatty Senior Center		Day svcs, community svcs, resources, advocacy	Nye Co	Beatty	Elderly
Amargosa Senior Center		Day svcs, community svcs, resources, advocacy	Nye Co	Amargosa	Elderly
Pershing County Senior Center		Day svcs, community svcs, resources, advocacy	Pershing Co	Lovelock	Elderly
Carson City Senior Center		Day svcs, community svcs, resources, advocacy	Carson Co	Carson City	Elderly
Storey County Senior Center		Day svcs, community svcs, resources, advocacy	Storey Co	Virginia City	Elderly
Henderson Senior Center		Day svcs, community svcs, resources, advocacy	City of Henderson	Henderson	Elderly
Walker River Senior Center		Day svcs, community svcs, resources, advocacy	Mineral Co	Schurz	Elderly
Eureka Senior Center		Day svcs, community svcs, resources, advocacy	Eureka Co	Eureka	Elderly
Hawthorne-Mineral Co Care and Share Senior Center		Day svcs, community svcs, resources, advocacy	City of Hawthorne/Mineral Co	Hawthorne	Elderly
Washoe County Senior Citizens Center	x	Day svcs, community svcs, resources, advocacy	Washoe Co	Reno	Elderly

NAME	SEP AGENCY	SERVICES	PROVIDER TYPE	LOCATION	TARGET POPULATION
Sparks Senior Center		Day svcs, community svcs, resources, advocacy	Washoe Co	Sparks	Elderly
Sun Valley Senior Center		Day svcs, community svcs, resources, advocacy	Washoe Co	Sun Valley	Elderly
Gerlach Senior Center		Day svcs, community svcs, resources, advocacy	Washoe Co	Gerlach	Elderly
Churchill County Senior Center		Day svcs, community svcs, resources, advocacy	Churchill Co	Fallon	Elderly
Tahoe Douglas Senior Center	X	Day svcs, community svcs, resources, advocacy	Douglas Co	Zephyr Cove	Elderly
Douglas County Senior Center		Day svcs, community svcs, resources, advocacy	Douglas Co	Gardnerville	Elderly
Dayton Senior Center		Day svcs, community svcs, resources, advocacy	Lyon Co	Dayton	Elderly
Fernley Senior Center	X	Day svcs, community svcs, resources, advocacy	Lyon Co	Fernley	Elderly
Silver Springs Senior Center		Day svcs, community svcs, resources, advocacy	Lyon Co	Silver Springs	Elderly
White Pine Senior Center		Day svcs, community svcs, resources, advocacy	White Pine Co	Ely	Elderly
Boulder City Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	Boulder City	Elderly
Centennial Hills Active Adult Center		Day svcs, community svcs, resources, advocacy	Clark Co	Las Vegas	Elderly
Cora Coleman Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	Las Vegas	Elderly
Derfelt Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	Las Vegas	Elderly
Doolittle Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	Las Vegas	Elderly
East Las Vegas Community and Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	Las Vegas	Elderly

NAME	SEP AGENCY	SERVICES	PROVIDER TYPE	LOCATION	TARGET POPULATION
Goldberg Senior Center & Las Vegas Senior Lifeline		Day svcs, community svcs, resources, advocacy	Clark Co	Las Vegas	Elderly
Heritage Park Senior Facility		Day svcs, community svcs, resources, advocacy	Clark Co	Henderson	Elderly
Howard Lieburn Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	Las Vegas	Elderly
Las Vegas Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	Las Vegas	Elderly
Laughlin Family Resource Center		Day svcs, community svcs, resources, advocacy	Clark Co	Laughlin	Elderly
Martin Luther King Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	N. Las Vegas	Elderly
Mesquite Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	Mesquite	Elderly
Moapa Valley Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	Overton	Elderly
North Las Vegas Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	N. Las Vegas	Elderly
Searchlight Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	Searchlight	Elderly
Whitney Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	Las Vegas	Elderly
West Flamingo Senior Center		Day svcs, community svcs, resources, advocacy	Clark Co	Las Vegas	Elderly
Sandy Valley Senior Center-Clark Co. Parks & Rec		Day svcs, community svcs, resources, advocacy	Clark Co	Sandy Valley	Elderly

Other State Offices

Division of Healthcare Financing and Policy	X	Nevada Medicaid	State Govt	CC, LV, Reno, Elko	Nevada Medicaid Program
Division of Welfare and Supportive Services	X	Nevada Welfare	State Govt	CC, LV, Reno, Elko, Ely, Haw, Hen, Pah, Yer	Nevada Welfare Program

NAME	SEP AGENCY	SERVICES	PROVIDER TYPE	LOCATION	TARGET POPULATION
Division of Public and Behavioral Health	X	Mental Health and Public Health	State Govt	CC	Mental and Public Health

Legend

IL = Independent Living

SLS = Supportive Living Svcs

CC = Carson City

LV = Las Vegas

Haw = Hawthorne

Hen = Henderson

Pah= Pahrump

Yer= Yerington

**State Balancing Incentive Payments Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section K. Outreach and Advertising

The Nevada ADRC program will begin a statewide marketing campaign in July 2014 as the NWD/SEP system in Nevada. This campaign will include TV ads and a variety of PSA's. Additionally, as part of our agreement with Nevada 2-1-1 we will co-market them as the main number to be connected with an ADRC.

Beyond the mass marketing, each ADRC site is responsible for conducting outreach within their respective communities, at a minimum of three times per month. The ADRC sites are able to do this in a variety of ways including attending health fairs, conducting in-services with providers, and participating in a variety of community events.

For this project in particular, we will work with critical pathway providers such as hospitals and doctor's offices to connect with consumers before they go into a nursing home. Through the Money Follows the Person (MFP) program, the ADRCs, Ombudsman and Facility Outreach and Community Integration Services (FOCIS) staff have been able to forge valuable relationships with skilled nursing facilities and assisted living facilities. As part of the rebalancing efforts, ADRC is now looking to help divert consumers from institutionalization through the increased outreach to critical pathway providers. These efforts will continue under the BIP program.

**State Balancing Incentive Payments Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section L. Funding Plan

Nevada Medicaid has come to realize that many of the programs that are administered by our agency and the other agencies within the department have similar or duplicative administrative requirements and oversight activities. For example they all have some kind of quality review process. But traditionally the programs have operated in silos independent of one another and the federal rules have required this. Times have changed however, and along with advances in technology and communications it makes more sense to look at these programs from a more global perspective. Nevada has been moving in a new direction toward a collaborative approach with our sister agencies to see if a single quality of care approach with our LTSS programs would improve quality outcomes and be more efficiently administered. Motivated by the goals related to one of the Money Follows the Person (MFP) Grant benchmarks, to consolidate and improve quality assurance efforts, the MFP Grant has become the change agent within DHCFP to accomplish a larger LTSS vision and has set the stage for Nevada to also accomplish the three featured components required by the BIPP in developing a NWD/SEP system for our LTSS.

The Long-Term Services and Supports (LTSS) Committee was established in 2012 and has been operating for a year now. The members include representatives from DHCFP, The Division of Aging and Disability Services (ADSD), The Health Care Quality and Compliance (HCQC) Unit within the Health Division, The Mental Health and Developmental Services (MHDS) Division and a public member representative. The MFP Grant has been the platform for creating the LTSS Committee. Recently we collaborated with the Center for Health Care Strategies to develop a two-year project plan (attached) that identifies the goals, objectives and timelines for the committee for that project period. We have been actively developing a matrix listing programs, guidelines, review processes, regulations, and the similarities and differences of these items between the various divisions within the Department that identify the quality measures being performed. Another matrix describes the program quality management list of forms. Sub-committees have been created to review, assess and design policies and materials that can be standardized and unified in order to design one quality program for all HCBS and related services. The new project plan will facilitate that process.

The overall vision can be described as:

The State of Nevada Divisions within the Department of Health and Human Services will operate one, combined HCBS quality improvement system. This system will transition from strictly an audit/review process to one that uses track and trended data to identify HCBS system/policy changes/improvements and program education needs.

The quality system will utilize processes to prioritize the need to change based on the CMS HCBS Waiver quality domains. The DHCFP HCBS Waiver Application Version 3.5 lists the following domains:

- A level of care is established and periodically re-assessed for all enrolled participants.
- Qualified providers initially and continually meet required licensure and/or certification standards.
- Services plans address all participants' assessed needs.
- The health and welfare of all participants is maintained.
- There is financial accountability for all claims paid.

Another initiative we are developing through the activities of the MFP Grant is the integration of multiple data streams into a single, statewide database to support MFP and waiver program requirements and quality of care. When we began the case management system project we decided to use the philosophy of cross-divisional collaborations in designing a more comprehensive system. For the past year we have been collaborating with the Division of Aging and Disability Services (ADSD) to partner with them to obtain access to their case management system (Harmony Software) by working with their IT staff to design, develop and implement system modules for use by the MFP Grant staff and the WIN waiver staff for case management of program recipients.

Nevada Money Follows the Person Rebalancing Demonstration Grant

Grant period from April 1, 2011 to March 31, 2016. The \$9.9 million budget and the required Operational Protocol were approved by CMS in August 2011. An additional \$400,000 was approved by CMS in December 2011 for an Aging and Disability Resource Center (ADRC) partnership with Money Follows the Person. The grant is under the direction of the Chief of the Grants Management Unit. Thirteen staff conducts the grant activities and are working on various projects to achieve 5 program benchmarks. The benchmarks include building upon the success of the Facility Oversight and Community Integration Services (FOCIS) program to successfully transition eligible individuals in 3 target groups from qualified institutions to qualified residences; rebalance State Medicaid expenditures for Home and Community Based Services (HCBS) to increase the percent of HCBS expenditures compared to institutional expenditures; rebalance the state's method of nursing home financing through a pilot program with selected counties; integrate multiple data streams into a single, statewide database; and consolidate across Department of Health and Human Services (DHHS) divisions the quality assurance efforts to ensure high quality services delivery in administratively efficient, effective, and consistent manner.

The MFP Grant has provided the platform, funding and staff to support our efforts in developing and expanding the infrastructure for the LTSS programs in Nevada. The grant activities have propelled us to a place where we are ready to actively pursue the BIPP funding in order design and implement structural changes to expand access to non-institutional LTSS. In addition, as the re-balancing funds grow as a result of the MFP transition of Medicaid recipients into home and community based settings, those funds will be used toward those structural changes. The SAMS Case Management System project (stage 1) is being paid for by the MFP Grant.

State General Fund

The Home and Community Based Waiver programs in Nevada are limited by legislative authority to a specific number of recipients who can be served through the waiver per year by slots. When waiver slots are full programs utilize wait lists for applicants who have been pre-determined to be eligible for the waiver. During the recent legislative session budget concept papers were submitted to request additional waiver slots for programs. The requests were approved. The expansion of waiver slots will allow an additional 542 Nevadans access to home and community based waivers as an alternative to in-patient long-term care facilities. We anticipate asking for more slots during the next legislative session as part of our strategy for rebalancing LTSS expenditures. Funding for all HCBS are paid by State General funds and federal matching fund – this will continue indefinitely.

Aging and Disability Resource Centers in Nevada

Nevada's Care Connection, our Aging and Disability Resource Center (ADRC) program was established in 2005, funded by the Administration on Aging (AoA) and CMS, as a starting point in working towards a NWD/SEP system in Nevada. Today, there are seven (7) physical ADRC sites throughout Nevada serving 15 of 17 counties. Each ADRC site offers, at a minimum, the following services to seniors, people with disabilities and caregivers:

- Information & Referral/Assistance (I&R/A)
- Options Counseling
- Benefits Access

Information and Referral/Assistance is inherent in all service programs. To strengthen the I&R/A system in Nevada, the ADRC program has been engaged in the development of a partnership with Nevada 2-1-1. This partnership, once operational, will include cross-training of 2-1-1 I&R/A Specialists and ADRC Specialists, joint marketing efforts and shared information across resource databases. The consensus among community stakeholders is that this partnership will not only improve the quality of services available in Nevada, but it will also help streamline access to those services.

Beyond I&R/A, the ADRC program is working towards enhanced Options Counseling, focusing on a holistic assessment of the consumers current situation and needs as well as developing a plan of services for future needs. The ADRC Options Counselors have been trained to utilize a uniform Intake Assessment that was derived from current client registration forms used by Aging and Disability Services (ADSD) as well as Risk Trigger information from the division's Community Based Care unit. Upon completion of the Intake Assessment, a consumer is typically guided through the enhanced Options Counseling process or provided Benefits Access assistance by an ADRC Specialist.

ADRC Specialists assist consumers in accessing public programs by providing (or completing) applications for public programs and services. The ADRC Specialist is required to be trained on nearly 20 public programs which includes detailed training on eligibility for each of the programs. While the ADRCs do not determine eligibility, they are able to process higher quality applications to help reduce the number of ineligible applicants received at the respective sister agencies.

BIPP Funding

The additional 2% FMAP that Nevada receives from the BIPP would be used as detailed in the yet-to-be-developed final work plan in order to implement structural changes to achieve a NWD/SEP system to expand access to non-institutional LTSS.

Other

The Division of Public and Behavioral Health will receive funding through the next legislative process (2015) to implement the SAMS project in their agency, therefore expanding NWD/SEP access points for referral of recipients to LTSS.

**State Balancing Incentive Payments Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section M. Challenges

Once again we have included an excerpt from “*Appendix B: Nevada Geographic and Demographic Data from the Nevada Aging and Disability Services Division 2012-2016 State Plan for AoA*”, as a starting point for discussion of the barriers and challenges for Nevada. “Understanding the challenges of delivering services in Nevada requires knowledge of the state’s geography and population. Nevada is a large state with most of its population concentrated in three urban counties, and the rest dispersed throughout 14 rural and frontier counties. Among Nevada’s unique service delivery challenges are: communities in remote areas, geographic obstacles, severe weather conditions, and poor communication systems in some areas. Decreasing social service budgets, as seen throughout the nation, compound these issues for Nevada’s population, particularly its elders. Social service funding levels are thinly stretched and priority services are apportioned with the limited remaining funds. These factors make overcoming barriers to care especially difficult in Nevada.” The entire document may be viewed at ‘[Nevada Geographic and Demographic Data](#)’. In addition to the challenges described in this document there are several more highlighted below that were extracted from the “*State Profile Tool, March 2009*”, the “*Strategic Plan for Senior Services, October 2002*”, the “*Strategic Plan for Seniors Year Eight Plan Status, August, 2011*”, the “*Strategic Plan for People with Disabilities 2002*” and the “*Nevada’s Strategic Plan for People with Disabilities, Annual Report 2009*”.

More Barriers and Challenges include:

The rapid escalation of population in Nevada, combined with the economic effects on business and the increased need in the community for services, continues to strain the available service delivery capacity in Nevada.

As reported in the 2010 Strategic Plan Accountability Committee (SPAC) report, the lack of viable transportation remains an obstacle for seniors in Nevada. SPAC recommended Nevada revisit how transportation is funded and how money is applied to transit programs.

Transportation remains a critical service for seniors and is often the only means that seniors have to access necessary services such as doctor appointments, pharmacies for prescriptions and other needs, groceries and shopping. In addition, transportation services help seniors feel independent, which provides the sense of dignity critical for maintaining a health mood and mental faculty. Obstacles to improved transportation services are available funding, increases in fuel prices, and access to seniors needing transportation services.

Affordable housing resources are limited, despite the extreme declines in home prices. SPAC recommends Nevada increase available Section 8 and other affordable housing options for low income individuals and provide information on energy assistance programs and other resources to assist in paying for utilities. Nevada continues to lead the nation in foreclosures. Many seniors are defaulting on their mortgages and losing their homes. While an overwhelming number are

still living in their homes, there is no safety net for those who cannot afford to remain. Additionally, energy assistance program funds are declining federally. Housing issues continue to be an ongoing concern for Nevada's senior population.

Some barriers identified by the Nevada Task Force on Disability (NTFD) include lack of information, poor data systems, need for improved access to advocacy and legal services, inadequate planning for school to adult life transitions and many others. The Strategic Plan Accountability Committee (SPAC) has worked over the last 10 years to implement many of the objectives of the original plan.

The supply of quality caregivers is diminishing and caregivers, both paid and unpaid, need more support and training to be successful.

Budget crises at the federal, state, and local levels are threatening funding for aging and disability services and entitlements. More work needs to be done on finding new resources and cost-sharing within the system.

Problems are created within the service system because of the separation and fragmentation of services for different disability groups and for the elderly and physically disabled.

A need exists to increase the emphasis on work options and to increase earning power for people with disabilities.

Integration of acute and chronic care services using an interdisciplinary approach is needed.

These are just some of the barriers and challenges Nevada is experiencing as we move forward with our vision of expanding our infrastructure for providing long-term services and supports to our citizens. Finally, much more can be said about the barriers that people with disabilities face. The Strategic Plan for People with Disabilities was prepared in 2002. Its goals and objectives have been updated since then. These documents can be found if you go to the internet to www.nvaging.net. Click on Strategic Plan and then go to People with disabilities. You will find these documents there.

Conclusions

Like all states, Nevada faces significant challenges with providing adequate and easily accessible care to all participants who need it, using a smooth eligibility, referral and service process. BIPP will allow Nevada to intensify its efforts in this area, specifically to increase the awareness and access to LTSS services. Some challenges will remain. Publicity and marketing is key, because a primary challenge is making sure that individuals and their families seeking LTSS for the first time know where to go for information. Individuals who are left looking for help after an acute care episode are most confused and in need of immediate assistance and counseling.

Some challenges that remain will affect the rebalancing effort, but are largely outside the control of the BIPP effort. For example, some communities do not have enough services available to truly meet the need for all populations of people with disabilities. Accessible, affordable housing is also a challenge in most areas of the State. The needs in Nevada are not unlike what other states with constrained budgets face, and the best strategy is to use funding like that from BIPP to improve referral and case management services to make sure clients are aware of their options.

**State Balancing Incentive Payments Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section N. NWD/SEP's Effect on Rebalancing

Aging and Disability Resource Centers

Nevada's Aging and Disability Resource Center (ADRC) system includes seven (7) individual sites located throughout the state and is enhanced through a web portal for information and assistance. As ADRCs each of these sites offer the required ADRC services, however beyond their ADRC operations they have a multitude of programs and services that enhance the long term services and supports system throughout Nevada. Four of the seven sites are within county agencies with programs ranging from transportation assistance to ongoing case management.

The ADRCs in Nevada aim to be the initial point of entry for consumers and their families in accessing long term services and supports. Critical to this goal is the formation of community partnerships that allow them to become more readily accessible and visible to the members of their individual communities. The ADRC program continues to work with sister agencies, community partners and other stakeholders to streamline access to programs and services.

In addition to the seven sites, the Nevada ADRC program has developed a comprehensive web portal to allow consumers access to information and services 24hours/7 days a week. The web portal includes a variety of tools to assist consumers. These tools include:

- Online Resource Directory – comprehensive database of programs and services throughout Nevada.
- Learn About Library – a compilation of online web links on a variety of topics related to seniors, people with disabilities and caregivers that include topics ranging from advocacy to transportation.
- Calendar of Events – comprehensive community calendar of events featuring activities relevant to our target population throughout Nevada.

The Nevada Aging and Disability Resource Center (ADRC) program has a uniform Intake Assessment which collects basic demographic information about consumers (and caregivers), current needs, risk trigger information and activities of daily living. The Intake form is the tool used by ADRC sites to initially identify consumers and compare information in the statewide client information system, the Social Assistance Management System (SAMS).

WIN/CHIP Integration

Currently there are three 1915 (c) Home and Community Based waiver programs that require a nursing facility level of care, one waiver requiring an ICF/MR level of care, Medicaid state plan

funded and Nevada state only funded home and community based services. Programs are operated out of both the Division of Health Care Financing and Policy and the Aging and Disability Service Division. This process of having multiple home and community based service systems is administratively burdensome and requires process duplication with waiver renewals, annual reports, and multiple quality assurance and provider review systems. These silo systems and waivers also present a barrier to recipient access with multiple wait lists, duplicative level of care processes and service access limited based on the specific program.

This integration project will integrate the Department of Health and Human Services Community based long term support systems into one integrated system. It will transition all long term support services (LTSS) operations into the Aging and Disability Service Division. It will transition three nursing facility level of care 1915 (c) waiver programs into one integrated 1915 (c) nursing facility level of care waiver. It will provide simplified access to services for Nevadans needing long term support services through a system that provides a no wrong door entry process into the Department of Health and Human Services' (DHHS) LTSS. It will enable service recipients to easily update their care plans and services without having to apply and be assessed for different programs and be placed on wait lists. It will simplify state administrative processes moving from four wavier application, renewal and annual reports to two (one with a nursing facility level of care and one with an intermediate care facility for those with intellectual disability or related conditions level of care). It will provide for a coordinated quality management system with integrated data promoting comprehensive information on providers and programs. It will simplify provider processes with less duplicative provider audits and reviews. Providers will not have to maintain as many Medicaid provider types.

If legislative and budget approvals are received, as well as approval from the Centers for Medicare and Medicaid Services, the WIN/CHIP integration time goals include all waiver operations staff integrated into the Aging and Disability Service Division by January 1, 2016 and the integrated waiver to be operational by July 1, 2016.

Nevada 211

Nevada 211 is Nevada's most comprehensive, free connection to critical health and human services. Information about local community services is available in a single statewide location that can be accessed via telephone, text, and online. It is a statewide partnership that is led by the State of Nevada, United Way of Southern Nevada, United Way of Northern Nevada and the Sierra, Crisis Call Center, and HELP of Southern Nevada. The goal of the partnership is to connect all Nevadans to important health and human resources and to eliminate uncertainty when searching for services during a time of need. It can be accessed 24 hours a day, 365 days a year.

- Nevada 211 has information about:
- Basic human needs resources
- Physical and mental health resources
- Financial stability
- Support for older Americans and persons with disabilities
- Support for children, youth and families
- Volunteer opportunities and donations
- Support during a community crisis and disaster recovery

Money Follows the Person Rebalancing Demonstration Grant

In 2011 DHCFP was awarded the Money Follows the Person Grant (MFP) by CMS. DHCFP already had a successful program called Facility Outreach and Community Integration Services (FOCIS) that had transitioned hundreds of Medicaid recipients residing in long term care settings to the community, sometimes wrapping them with a waiver as needed. FOCIS began in 2003 and became the foundational model utilized for Money Follows the Person. Some key divisions within the Department of Health and Human Services are working closely together to meet the goal of transitioning elderly, physically disabled and those with intellectual disabilities from nursing homes into the community. These divisions include the Division of Health Care Financing and Policy (DHCFP), Aging and Disability Services Division (ADSD), Division of Public and Behavioral Health (DPBH) and the Division of Welfare and Supportive Services (DWSS). One of the strategies of DHCFP is to meet on a weekly basis with other key divisions in an effort to create partnerships, define roles and discuss open and pending transitions cases. One major barrier to transitioning individuals in nursing homes into the community is affordable/accessible housing. DHCFP grants management staff has worked tirelessly to create a master housing list for the entire State of Nevada. The list has been shared with key stakeholders providing services to long term services and supports in an effort to remove this barrier to transition. Another barrier affecting transitions is the timing of eligibility approval for a waiver program with the physical move of the recipient into the community. DHCFP has developed a close relationship with the eligibility workers at DWSS in order to help facilitate coordinated transitions. MFP has served as a catalyst towards the goal of a single entry point. MFP has been the springboard for change needed within the many systems. In terms of systems theory and the person in environment theory found in social work theories, MFP has served to promote the idea that the person should be the center of the systems in which they interact.

Conclusion

The continuing improvements to Nevada's ADRC system, Nevada 211 and Nevada's MFP Grant along with the waiver integration project are key elements to the future vision of establishing the No Wrong Door/Single Entry Point System (NWD/SEP) for accessing LTSS in Nevada. Nevada will continue to request additional Waiver slots through the biennial legislative process to expand the Waiver programs. The ADRC's are developing and implementing a statewide marketing and outreach campaign to bring awareness to Nevada citizens regarding the NWD/SEP for LTSS information and services. Nevada is moving forward with these efforts in collaboration with our Stakeholders to achieve one of the key MFP Grant Benchmarks of rebalancing State Medicaid expenditures for Home and Community Based Services (HCBS) to increase the percent of HCBS expenditures compared to institutional expenditures. Additional funding from the BIPP will be used to support these efforts. In addition Nevada will develop an entry system that combines both information technology processes and manual processes that will guide an individual requesting LTSS through their options and eligibility determination processes. This will include services that are Medicaid State Plan services, 1915 (c) and (i) services, grant program services (such as Money Follows the Person) and state only funded services.

The State Health and Human Service Agencies, in coordination with the State Aging and Disability Resource Centers will develop standardized information materials that all agencies are able to provide to an individual searching out services, which ever agency the individual contacts.

The State will also expand on its current referral/intake and case management system utilized by the Aging and Disability Resource Centers and the State Aging and Disability Services Agency for its State funded and Medicaid waiver programs for the elderly. The state will utilize the BIPP program to provide system access to the other Department of Health and Human Service Agencies to share referral and entry into the LTSS programs. A gap analysis will be completed between the required core standardized assessment domains and topics and the current LTSS program assessments. The case management system will be updated to include the level I screen and add missing domains and topics identified by the gap analysis. If it is identified that Medicaid eligibility for specific Medicaid programs (State Plan, 1915 (c) or 1915 (i)) is required the programmatic eligibility will be completed by the state case managers accessing the system. These case managers will be trained both on the processes for programmatic eligibility and how to facilitate the individual to complete the financial eligibility process through the Division of Welfare and Supportive Services.

Nevada, through increased deinstitutionalizations occurring from the Money Follows the Person program, as well as through our planned waiver program integration thereby opening up expanded HCBS options to individuals enabling them to stay in the community longer, and through the development of the integrated LTSS enrollment system, will rebalance its expenditures for LTSS and increase the proportion of spending on HCBS to at least 50%.

**State Balancing Incentive Payments Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section O. Other Balancing Initiatives

Facility Outreach and Community Integration Services (FOCIS)

Long before the MFP Grant came along Nevada established an institutional diversion and transition program. As one of Nevada's responses to the U.S. Supreme Court's Olmstead decision in 1999, the DHCFP Facility Outreach and Community Integration Services (FOCIS) program came into existence. FOCIS began as a pilot program in northern Nevada in 2002, was expanded to southern Nevada in 2003, and became available throughout the state in 2004. FOCIS was initiated in response to the Task Force on Disability Strategic Plan for Persons with Disabilities, and was aided in 2003 by a CMS Money Follows the Person grant to promote community integration. In July 2006, a collaboration with Southern Nevada Center for Independent Living and FOCIS was established through the Funds for Healthy Nevada grant, Transition Housing Assistance Program. The grant expired June 30, 2010. FOCIS has been very successful. Between 2007 and 2010 the program completed 621 transitions and 708 diversions. In 2010, approximately half the persons transitioned were under age 65, and approximately 54% of the people transitioned had been in an institutional setting for 91 days or longer. The MFP and FOCIS staff was identified in the MFP Operational Protocol as the persons who would be responsible for coordination, facilitation and monitoring of a participants transition.

Nevada Money Follows the Person Rebalancing Demonstration Grant

In 2011 DHCFP was awarded the Money Follows the Person Grant (MFP) by CMS. DHCFP already had a successful program called Facility Outreach and Community Integration Services (FOCIS) that had transitioned hundreds of Medicaid recipients residing in long term care settings to the community, sometimes wrapping them with a waiver as needed. FOCIS began in 2003 and became the foundational model utilized for Money Follows the Person. The key divisions mentioned above are working closely together to meet the goal of transitioning elderly, physically disabled and those with intellectual disabilities from nursing homes into the community. One of the strategies of DHCFP is to meet on a weekly basis with other key divisions in an effort to create partnerships, define roles and discuss open and pending transitions cases. One major barrier to transitioning individuals in nursing homes into the community is affordable/accessible housing. DHCFP grants management staff has worked tirelessly to create a master housing list for the entire State of Nevada. The list has been shared with key stakeholders providing services to long term services and supports in an effort to remove this barrier to transition. Another barrier affecting transitions is the timing of eligibility approval for a waiver program with the physical move of the recipient into the community. DHCFP has developed a close relationship with the eligibility workers at DWSS in order to help facilitate coordinated transitions. MFP has served as a catalyst towards the goal of a single entry point. MFP has been the springboard for change needed within the many systems. In terms of systems theory and the

person in environment theory found in social work theories, MFP has served to promote the idea that the person should be the center of the systems in which they interact.

Long-Term Services and Supports (LTSS) Committee

The Nevada Department of Health and Human Services (DHHS) finds itself in the position of developing multiple quality assurance programs for Medicaid LTC services. Quality assurance requirements have consistently expanded over the last decade and now require more administrative time and cost than they did ten years ago. Nevada's four HCBS waivers are operated by three Divisions within the Department of Health and Human Services and all four are administered by DHCFP. Each Division operates its own quality assurance program. Quality of care may be improved by identifying those elements of quality that span the Divisions such as case reviews, versus those that are unique to each Division, such as visits to specific service providers. The HCBS providers may also be monitored separately related to the provision of Medicaid State Plan services. Elements of quality that span HCBS can then be studied to see if a single quality of care approach would improve quality outcomes and be more efficiently administered. This is a multi-year effort that would first involve data collection and then move to implementation and operational phases. The process we are implementing via our LTSS Committee is:

- Convene cross-divisional quality study group;
- Prepare program descriptions of how quality is measured;
- Identify common requirements and common quality procedures;
- Identify requirements that cannot be standardized;
- Solicit opinions from stakeholders;
- Design one quality program for all HCBS and related services;
- Obtain agreements from Divisions' and Department leadership;
- Prepare implementation policy and materials;
- Obtain CMS approval to integrate the new program into our waivers;
- Train Division staff on consolidated quality program;
- Explain relevant parts of new quality assurance program to providers;
- Inform recipients of quality assurance procedures; and
- Implement new quality assurance program.

The Long-Term Services and Supports (LTSS) Committee was established in 2012 and has been operating for a year now. The members include representatives from DHCFP, The Division of Aging and Disability Services (ADSD), The Health Care Quality and Compliance (HCQC) Unit within the Health Division, The Division of Public and Behavioral Health (DPBH) and a public member representative. The MFP Grant has been the platform for creating the LTSS Committee. Recently we collaborated with the Center for Health Care Strategies to develop a two-year project plan that identifies the goals, objectives and timelines for the committee for that project period. We have been actively developing a matrix listing programs, guidelines, review processes, regulations, and the similarities and differences of these items between the various divisions within the Department that identify the quality measures being performed. Another matrix describes the program quality management list of forms. Sub-committees have been created to review, assess and design policies and materials that can be standardized and unified in order to design one quality program for all HCBS and related services. The new project plan will facilitate that process.

**State Balancing Incentive Payments Program
Patient Protection and Affordable Care Act
Section 10202**

Application Narrative

Section P. Technical Assistance

The BIPP Team for the State of Nevada would like to have technical assistance with the development of the six month final work plan. We would also like to have a copy of the prototype CSA and more information related to a conflict-free case management system. It's our understanding that there have been changes in the reporting requirements. We would like to have specifics related to the annual Data Report and the Programmatic Progress Report.