

State Name: Nevada	OMB Control Number: 0938-1148			
Transmittal Number: NV - 14 - 0006	Expiration date: 10/31/2014			
State Plan Administration Designation and Authority	AI			
42 CFR 431.10				
Designation and Authority				
State Name: Nevada				
As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.				
Name of single state agency: The Department of Health and	Human Services (DHHS)			
Type of Agency:				
← Title IV-A Agency				
(Health				
C Human Resources				
• Other				
Type of Agency Health and Title IV-A Agency				
The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)				
The state statutory citation for the legal authority under which the	single state agency administers the state plan is:			
Chapter 422 of the Nevada Revised Statutes, as amended				
The single state agency supervises the administration of the state p	lan by local political subdivisions.			
← Yes ← No				
The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.				
An attachm	ent is submitted.			
The state plan may be administered solely by the single state agend	cy, or some portions may be administered by other agencies.			
The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).				
← Yes ← No				

Approval Date: MAY 1 1 2015 Effective Date: October 1, 2014



; wa	aivers are still in effect.	
Yes	s C No	
ter ti	he following information for each waiver:	
ga sala ya masala da 		Remov
Da	ate waiver granted (MM/DD/YY): 04/23/15	
:	The type of responsibility delegated is (check all that apply):	
•	Determining eligibility	
1	☐ Conducting fair hearings	
	☐ Other	
	Name of state agency to which responsibility is delegated:	
	Department of Administration (DOA)	
	The DHHS, through an interlocal contract between its Division of Health Care Financing and Policy (the Department of Administration Appeals Office (DOA), delegates its authority to conduct benefician hearings and issue final fair hearing decisions for Medicaid covered services and provider fair hearing re-coupments and enrollment issues to the DOA. The Interlocal Contract also defines the respective rebetween the DHCFP and the DOA including implementation of 42 CFR section 431, subpart E; Chapter 16.	ry fair s for claim clationship ter 3100 of
	the Nevada Medicaid Services Manual, all other applicable provisions and any quality control and over planned. The DOA agrees to conduct scheduled impartial administrative hearings for individuals who request a and for whom DHCFP is not able to resolve their issue during an informal resolution process. General hearing requests are received by DHCFP and DHCFP informs DOA of the cases that should be schedulearing. A beneficiary has 90 calendar days from the date of the notice of decision to request a fair here.	ı fair hearir lly fair uled for a
1	The methods for coordinating responsibilities among the agencies involved in administration of the platernate organizational arrangement are as follows:	an under th
	The DHHS through the DHCFP will ensure that every applicant and beneficiary is informed, in writin hearing process and how to contact both the DHCFP and the DOA. The DHHS retains oversight of the the development and issuance of policies, rules, and regulations on program matters; and will establish monitor the entire appeals process, including the quality and accuracy of the final decisions made by the DHHS will ensure that the Department of Administration complies with all Medicaid related federal a laws, regulations and policies in the completion of the fair hearing.	e State Plant h a process he DOA.
:		

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The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:	
☐ The Medicaid agency	
Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands	
An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act	
The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:	
☑ The Medicaid agency	
Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands	
An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act	
The Federal agency administering the SSI program	
The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:	
Medicaid agency	
An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act	
An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act	
The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.	
C Yes ♠ No	
State Plan Administration Organization and Administration	
42 CFR 431.10 42 CFR 431.11	
Organization and Administration	
Provide a description of the organization and functions of the Medicaid agency.	
The Nevada Department of Health and Human Services (DHHS) is the single state agency responsible for administering or supervising the administration of the Medicaid program under title XIX of the Social Security Act. The DHHS, through its	

Divisions, is responsible for all the Medicaid (title XIX) and Nevada Check Up (title XXI, the Children's Health Insurance Program) eligibility decisions and the fair hearings for eligibility. The Division of Health Care Financing and Policy (DHCFP), a Division of DHHS administers the Medicaid and Nevada Check Up state plans, including the rates and medical benefit plans, the 1915 (c) and 1115 waiver programs. The DHCFP manages the Fee for Service Benefit plan, the Managed Care Organizations, program compliance activities and the program's budget and fiscal operations. The Division of Welfare and Supportive Services (DWSS) a Division of DHHS completes the eligibility functions, including the fair hearings for eligibility for the following groups: Parents and other caretaker relatives, Pregnant women, Infants and children under age 19, Adult group, Former foster care children, Breast and cervical cancer, Targeted low income children, Emergency assistance for non-qualified non-citizens, Aged, blind and disabled, SSI, State institutional, Public law, Disabled children cared for at home, Home and community based waivers, Health insurance for work advancement, Medicare savings program. These two functions, though completed by the same agency, fall under two distinct program units and program chiefs. The eligibility determination function is located in the Program and Field Operations Unit

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Nevada



within the Eligibility and Payments section and the fair hearing function is located in the Program Review and Evaluation Unit, which reports directly to the Administrator. The Division of Child and Family Services (DCFS), Nevada's child welfare agency and also a division of DHHS completes the eligibility functions, including the fair hearings for eligibility for the following groups: Title IV-E Eligible Foster Care Children, Non-Title IV-E Eligible Foster Care Children, Foster Care Children Receiving Supplemental Security Income (SSI), Children born to a Medicaid eligible minor parent in foster care, Title IV-E Eligible Children for whom there is a Nevada adoption assistance agreement, Title IV-E Eligible Children for whom there is an adoption assistance agreement from another state, Non-Title IV-E Children for whom there is an Adoption Assistance Agreement, Children born to a Medicaid Eligible adopted minor parent and Children who have Aged Out of Foster Care. The eligibility determination function is located in the Fiscal Unit which is part of the Agency's Administrative Unit, reporting the agency deputy administrator and the fair hearing function completed by the Systems Advocate reports directly to the Agency Administrator. The Aging and Disability Service Division (ADSD) operates two of Nevada's Three 1915 (c) waiver programs, The Hôme and Community Based Waiver for the Frail Elderly, and the Home and Community Based Waiver for Individuals with Intellectual Disabilities and Related Conditions. The DHCFP operates the third 1915 (c) waiver, the Home and Community Based Waiver for Individuals with the DHCFP in the development and utilization of Medicaid and Nevada Check Up benefit policy.

The DHHS divisions in addition to the functions they complete for the Medicaid or Nevada Check Up programs also complete other health and human services for the state of Nevada. The Division of Aging and Disability Services operates the State funded Regional Centers, serving the intellectually disabled population, the state funded home and community based services for the elderly and the disabled, elder rights services, early intervention services and the Senior and Disability RX program. The Child and Family Service Division operates the State's Child Welfare Services, Juvenile Justice services and facilities and Children's Behavioral Health services and facilities. The Division of Public and Behavioral health completes the public health services including biostatistics and epidemiology, health statics, planning and emergency response, Consumer Health Protection, service and facility licensing (Health Care Quality and Compliance) and adult and rural mental health services. The Division of Welfare and Supportive Services completes the eligibility and payment for Nevada's public assistance programs as well as child support enforcement and child care programs.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Department of Health and Human Services (DHHS) is the single state agency responsible for administering or supervising the administration of the Medicaid program under title XIX of the Social Security Act. DHHS is a Cabinet Level Agency that administers Nevada's health and human services and public assistance agencies. The DHHS and the Department of Administration (DOA) are two separate departments under the Nevada State Executive Branch of the Government. The Hearings Division is a division of the Nevada Department of Administration and was established to provide an independent appeals process for workers compensations, Victims of Crime Program appeal, and a variety of state agency administrative hearings, including Medicaid and Nevada Check Up.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- C Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- C An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Approval Date: MAY 1 2015 Effective Date: October 1, 2014



Provide a description of the staff designated by the entity and the functions they perform in carrying out	their responsibility.
	Add
utities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and	Authority)
\$	Remov
Type of entity that conducts fair hearings:	
An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) or	of the Affordable Care Act
C An Exchange appeals entity, including an entity established under section 1411(f) of the Afforda	able Care Act
Provide a description of the staff designated by the entity and the functions they perform in carrying out	their responsibility.
	Add
pervision of state plan administration by local political subdivisions (if described under Designation and A	Authority)
the supervision of the administration done through a state-wide agency which uses local political subdivis	•
Yes No	.0
ate Plan Administration	1
SSUTANCES	
CFR 431.10 CFR 431.12	
CFR 431.50	
ssurances	
The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 43	31.50.
All requirements of 42 CFR 431.10 are met.	
There is a Medical Care Advisory Committee to the agency director on health and medical services esta meeting all the requirements of 42 CFR 431.12.	blished in accordance with
The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the pla policies, rules, and regulations on program matters.	an or to develop or issue
ssurance for states that have delegated authority to determine eligibility:	
There is a written agreement between the Medicaid agency and the Exchange or any other state or local delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(c	
ssurances for states that have delegated authority to conduct fair hearings:	

Approval Date: MAY 1 2015 Effective Date: October 1, 2014



	There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
	When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.
Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:	
	The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20141203

MAY 1 1 2015

TN No: 14-0006 Nevada Approval Date:

Effective Date: October 1, 2014

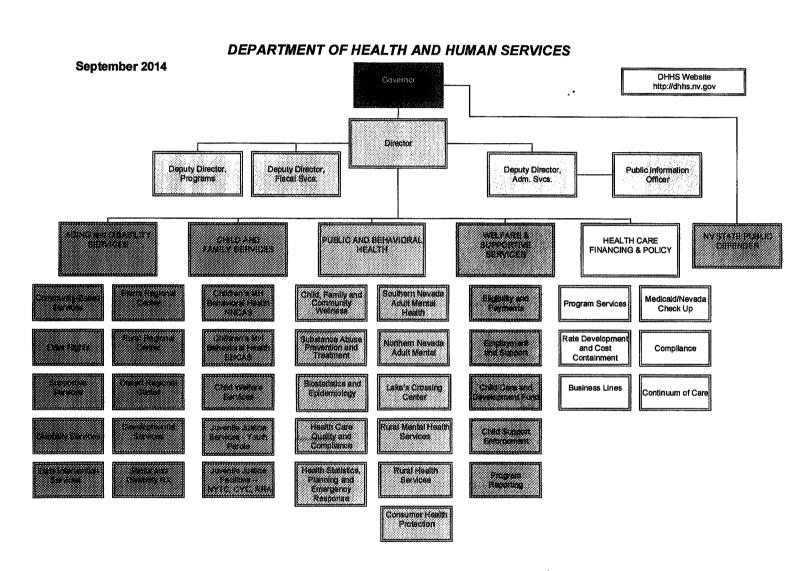
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 1.1-A

MEDICAL ASSISTANCE PROGRAM

State of	Nevada
	ATTORNEY GENERAL'S CERTIFICATION
I certify that	•
The respo	Nevada Department of Health and Human Services (DHHS) is the single State agency onsible for:
\boxtimes	Administering the Plan
	The legal authority under which the agency administers the plan on a Statewide basis is:
	Chapter 422 of the Nevada Revised Statues, as amended
	(statutory citation)
	bu 11
	Adam Laxalt, Attorney General
	9/24/15
	Date Date

TN No. <u>14-006</u> Supersedes TN No. <u>81-13</u> Approval Date: MAY 1 1 2015 Effective Date: October 1, 2014



Approval Date: MAY 1 1 2015 Effective Date: October 1, 2014

TN No: 14-0006 Supersedes TN No: 86-7

(Intentionally left blank)

Approval Date: May 11, 2015 Effective Date: October 1, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 1.1-A

MEDICAL ASSISTANCE PROGRAM

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	bu 11
	Adam Laxalt, Attorney General
	9/24/15
	Date Date

TN No. <u>14-006</u> Supersedes TN No. <u>81-13</u> Approval Date: MAY 1 1 2015 Effective Date: October 1, 2014

State of: Nevada

WAIVER(S) OF THE SINGLE STATE AGENCY REQUIREMENT GRANTED UNDER THE INTERGOVERMENTAL COOPERATION ACT OF 1968

Waiver $#1.\frac{1}{}$

- Waiver was granted on N/A (date)
- The organizational arrangement authorized, the nature and extent of b. responsibility for program administration delegated to

(name of agency)

the resources and/or services of such agency to be utilized in administration of the plan are described below:

^{1/} (Information on any additional waivers which have been granted is contained in attached sheets.)

State of: Nevada attrachment 1.1-B page 2

c. The methods for coordinating responsibilities among the several agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

N/A

Revision: HCFA-AT-80-38 (BPP) OMB No.: 0938-0193

May 22, 1980

State: NEVADA

Citation 42 CFR 431.11 AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Nevada
 Medicaid Office, Division of Health Care
 Financing and Policy, has been designated
 as the medical assistance unit.

 ATTACHMENT 1.2-B contains a description
 of the organization and functions of the
 medical assistance unit and an
 organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.
 - X Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

TN #: 84-10 Approval Date: 7/12/84 Effective Date: 4/01/84

Supersedes TN #: 74-50

STATE PLAN TITLE XIX

Attachment 1.2-A
Page 1

State: NEVADA

The State of Nevada carries out its responsibilities under direction of the Governor through his office, over 20 departments, 12 commissions, and various boards, councils and offices.

The Department of Human Resources, largest of the State's executive agencies, encompasses seven (7) divisions: Aging Services, Health, Mental Hygiene and Mental Retardation, Rehabilitation, Welfare, Youth Services, and Health Resources and Cost Review.

TN #: 86-7 Approval Date: 4/08/86 Effective Date: 11/01/86

NEVADA STATE WELFARE DIVISION Section 100 - 101 ADMINISTRATIVE MANUAL MTL 4/86 4 Aug 86

100 RESPONSIBILITIES, OBJECTIVES, RELATIONSHIPS, ORGANIZATION

Purpose of the Welfare Division

To provide essential financial, medical and social services for Nevada adults and children in order to meet client's immediate economic, health and protection needs and to promote family and individual self-sufficiency.

Goal of the Welfare Division

Within the guidelines established by federal and state law, design, establish and administer an efficient and effective program to provide financial, medical and social services for persons seeking and/or determined to have need of the services. Assistance and services are designed to promote immediate and long-term client self-sufficiency and client self-respect.

101 RESPONSIBILITIES OF THE DEPARTMENT OF HUMAN RESOURCES

A. RESPONSIBILITIES OF THE DEPARTMENT

- 1. Acts as the single state agency of the State of Nevada and its political subdivisions in the administration of any federal funds granted to aid in the furtherance of any services and activities for aid to dependent children, medical assistance, child welfare, child support and enforcement, and such other welfare activities as are now or hereafter may be authorized or provided for by the laws of this state.
- 2. Cooperates with the Federal Government in adopting state plans, and in all other matters of mutual concern, including adoption of such methods of administration as may be founded by the Federal Government to be necessary for the efficient operation of welfare programs.
- 3. Amends a state plan under Titles IV-A, IV-D, XIX or XX of the Social Security Act whenever necessary to reflect new or revised federal statute or regulations, or a material change in any phase of state law, organization, policy or state agency operations.

B. RESPONSIBILITIES OF DIVISION

- 1. Administers the determination of eligibility for and correct payments of public welfare programs of this state, including aid to dependent children, medical assistance, child welfare, and such other welfare activities as are now or hereafter may be authorized or provided for by the laws of this state and vested in the Welfare Division
- 2. Administers public welfare service programs of this state, including aid to dependent children, medical care (Title XIX), child welfare, child support and enforcement, and such other welfare services as are now or hereafter may be authorized or provided for by the laws of this state and the administration of which is vested in the Welfare Division.

TN #: 86-23 Approval Date: 9/22/86 Effective Date: 8/04/86

NEVADA STATE WELFARE DIVISION Section 101

ADMINISTRATIVE MANUAL MTL 4/86 4 Aug 86

- 3. Carries out rules and regulations for the administration of public welfare programs.
- 4. Conducts research, compiles statistics on public welfare, determines welfare needs and makes recommendations for meeting such needs.
- 5. Makes all investigations required by a court in adoption proceedings as provided by law.
- 6. Establishes reasonable minimum standards and regulations for foster homes, and licenses the same as provided by law.
- 7. Provides services to children; and provides for their care directly or through agents when custody of them is granted by a court to the Welfare Division or a Parent's Agreement is executed.
- 8. Cooperates with and advises the State Welfare Board in such matters as may be referred to the Welfare Division by the State Welfare Board.
- 9. Has the power to enter into reciprocal agreements with other states relative to public assistance, welfare services and institutional care.

TN #: 86-23 Approval Date: _____ Effective Date: 8/04/86

102 OBJECTIVES OF THE WELFARE DIVISION

102.1 ADMINISTRATION

- A. To plan, lead and guide the direction of the public welfare program in a sound and efficient manner.
- B. To keep the public informed about Welfare activities, trends and social problems.
- C. To help in community activities designed to prevent or alleviate conditions which give rise to public welfare problems.
- D. To work effectively with other public and private agencies for the solution of community welfare problems and to avoid duplication of effort in serving clients.
- E. To stimulate and promote community activities and facilities which will enable individuals to develop their maximum potential for acceptable family and individual adjustment.

102.2 PROVISION OF WELFARE PAYMENTS

- A. Within budgetary limitations, to alleviate economic distress by providing a minimum adequate standard of living for eligible persons unable to support themselves so that they may preserve family life, develop and use their own capacities, preserve health, and maintain a decent home for themselves and their families.
- B. To grant assistance promptly to eligible persons, without discrimination and in a manner to encourage self-respect and self-reliance.
- C. To safeguard public funds by:
 - 1. Verifying eligibility in accordance with the policies contained in the Eligibility and Payments Manual.
 - 2. Accurately determining need.
 - 3. Securing maximum use of the person's own resources.
 - 4. Encouraging and assisting individuals to achieve self-support and maintenance.
 - Assuring the proper expenditure of public funds for support and medical care.
 - 6. Terminating assistance promptly when eligibility no longer exists.
 - 7. Cooperating in community studies related to causes of dependency and social problems.

TN #: <u>86-7</u> Supersedes TN #: 85-8

ADMINISTRATIVE MANUAL MTL 11/78 30 Jun 78

102.3 PROVISING OF WELFARE SERVICES

- TO HELP DEVELOP THE CAPACITIES OF FAMILY AND INDIVIDUAL MEMBERS SO THAT THEY MAY BE USEFUL, SELF-RESPECTING CITIZENS BY;
 - Evaluating the strengths and weaknesses of family and members.
 - 2. Assisting parents to adequately perform parental functions.
 - Assisting families in reuniting or in meeting the problems which contribute to or are caused by desertion, separation or other factors.
 - Promoting development of the capacities of children through a 4. healthy living situation and education and training so that they may be self-dependent upon reaching maturity.
 - 5. Encouraging the development or capacities of adult members for self-support by assisting them through employment counseling, vocational rehabilitation and placement, and in the provision of homemaker and child care services.
 - 6. Encouraging family members to participate constructively in community life.

TO SAFEGUARD THE WELFARE OF CHILDREN BY: В.

- Providing social services, as needed, to families to enable parents to provide adequate care for their children.
- 2. Acting to protect the physical, moral and mental welfare of children threatened by their environment.
- 3. Acting promptly to secure the removal of children from damaging environment.
- 4. Providing care away from their own homes when that is necessary.
- Assuring the availability of foster homes that are conducive to 5. the normal growth and development of the child.
- 6. Providing social services to parents or other relatives to enable them to improve their functioning as individuals and/or parents, and to assist them in making permanent plans for their children.
- 7. Providing social services to help the child in his adjustment to foster care, developing his capacity so that he may be selfdependent upon reaching maturity and making more permanent plans for him as soon as possible.
- 8. Providing help to foster parents and institutional personnel caring for children.

TN #: 86-7 Supersedes

- 9. Finding adoptive homes to meet the needs of all children free for and needing adoption, placing for adoption such children in need of permanent families and helping adoptive parents to include a new child in their family.
- C. TO PROVIDE PROTECTION FOR INCAPACITATED PERSONS AND DEPENDENT AGED BY:
 - Encouraging and preserving maximum productivity or independence for incapacitated persons and dependent aged.
 - 2. Assisting them in obtaining suitable living accommodations.
 - 3. Maintaining standards of care in boarding home facilities.
 - 4. Providing or arranging protective services for persons unable to handle their own affairs.
 - 5. Providing homemaker or housekeeping services to enable such person to live in their own homes.
 - 6. Assisting them to make use of resources such as their families, their friends and community organizations.
 - 7. Assisting in community planning activities.

102.4 PROVISIONS OF SUPPORT ENFORCEMENT SERVICES

- A. Works with the district attorneys of the various counties to collect past-due and current support payments due recipients and assigned by them to the Welfare Division and remits any excess over amounts due the Division to recipients in accordance with state and federal law.
- B. Works with the district attorneys of the various counties to collect past-due and current support for eligible non-public assistance applicants for such services and remits the support money to the applicants for services in the manner and subject to deduction of such fees as are authorized by law.
- C. To the end that support may be collected, works with the district attorneys of the various counties to establish the paternity of children eligible for such services.

NEVADA STATE WELFARE DIVISION Section 103 - 103.1 ADMINISTRATIVE MANUAL MTL 11/78 30 Jun 78

103 RELATIONSHIP OF DIVISION TO STATE GOVERNMENT

103.1 JUDICIAL SYSTEM

Judicial powers in Nevada are held by the Supreme Court, District Courts and Justices of the Peace. The Legislature has the power to establish municipal courts in incorporated cities and towns.

The judicial system stems from an effort to protect the individual from arbitrary social authority and to protect society against infringement upon its laws and customs. The system is an interdependent structure of administratively autonomous local, state and federal courts.

The agency's relationships are primarily with district courts and the judges in these courts.

In all formal relationships with the judiciary, decisions on legal points are the exclusive jurisdiction of the court. The agency has the responsibility for casework decisions and makes recommendations to the court based on these decisions. Example: The agency may decide that foster care is the appropriate care for a specific child. The court makes the decision to award temporary custody of the child to the agency; the agency decides upon the type of foster care and the specific home in which the child is placed.

The agency's formal relationships with the judiciary are in three general areas: 1) criminal and civil actions against recipients or relatives of recipients (desertion, non-support, fraud, or other actions related to receipt of assistance); 2) civil actions related to children (custody, termination of parental rights, adoption, etc.); 3) juvenile court actions to the extent the court involves the Division for studies, reports and testimony, and where others petition the court to transfer custody to the Welfare Division.

Informal relationships are of two general types: 1) representatives of the agency are invited to meet the district judges as their annual meeting of judges or to meet with the State Welfare Board and/or other agency representatives for discussion and solution of various types of problems with which the agency and the judiciary are involved. This type of relationship usually has statewide implications, and affects procedures effective uniformly; 2) relationships established with individual judges through discussion of general procedures or plans and procedures related to specific cases. This type of relationship is developed primarily on the local level with local applications.

A. SUPREME COURT

The Supreme Court consists of a chief justice and four associate justices. A majority constitutes a quorum and a majority must concur to render a decision.

B. DISTRICT COURT

There are eight judicial districts in Nevada, three of them with more than one judge. Each of the 18 district judges is paid from the State General Fund as authorized by a direct legislative appropriation.

TN #: 86-7 Approval Date: 4/08/86 Effective Date: 1/01/86

NEVADA STATE WELFARE DIVISION Section 103.1 - 103.2 ADMINISTRATIVE MANUAL MTL 11/78 30 Jun 78

The judicial districts are: FIRST - Carson City, Douglas, Churchill, Lyon and Storey Counties - three judges; SECOND - Washoe County - Seven judges; THIRD - Eureka and Lander Counties - one judge; FOURTH - Elko County - one judge; FIFTH - Mineral, Nye and Esmeralda Counties - one judge; SIXTH - Pershing and Humboldt Counties - one judge; SEVENTH - White Pine and Lincoln Counties - one judge; and EIGHTH - Clark County - eleven judges.

C. JUSTICE COURT

There is one justice court in each township of the State for which one Justice of the Peace is elected by the qualified electors of the township at the general State election.

103.2 ATTORNEY GENERAL

Legal services of the Attorney General's office as related to the Division fall in two general groups - responsibility by statute and extra identifiable services provided by agreement.

A. STATUTORY

The Attorney General is the legal advisor of all executive departments of the agency. As such, it is his responsibility to represent the agency in actions against the State (agency) and on behalf of the state for money due it and to write formal opinions on statutes and rules and regulations governing the agency operation. All opinions of the Attorney General are binding upon the agency unless they are altered or reversed by a court decision. The agency does not enter into contracts except upon approval of the contract by the Attorney General as to form.

B. EXTRA AND IDENTIFIABLE SERVICES

- 1. To draw contracts for the use of the Division. Such contracts would include but not be limited to those with instructors for orientation-training courses for the blind; vendors of medical and remedial care; medical, legal and other professional consultants and specialists, vending stand operators; Boards of County Commissioners for care of children under Chapter 432 of the Nevada Revised statutes; judicial districts for services to dependent and neglected children in detention homes and adult group care operators; Manager of Presbyterian Conference Grounds and similar meeting place facilities; janitorial services, etc.
- 2. To prepare petitions for termination of parental rights, appointment of guardian, attachments of undisclosed assets owned by recipients, and other legal actions initiated by the Division, other than for money due the state, which is a statutory service.
- 3. To assist with drafts of certain rules and regulations where there are legal implication which must be cleared.
- 4. To review court decision concerning the Welfare Division to determine which have been affected by subsequent legislation.

TN #: <u>86-7</u> Supersedes TN #: 85-8

NEVADA STATE WELFARE DIVISION Section 103.2 - 103.4

ADMINISTRATIVE MANUAL MTL 11/78 30 Jun 78

- 5. To attend fair hearings on selective basis.
- 6. To develop competence of staff in such areas as legal status of children, providing necessary information to district attorneys and Indian Service law officers regarding desertion and abandonment of children, securing support from parents, exploring possible undisclosed resources, identifying irregular adoptive placements, etc.
- 7. To interpret to the Administrator and other staff applicable laws and their implication for administration of welfare programs.
- 8. To participate in establishing good working relationships between the State Welfare Division and the Bar Association, District Judge's Association, and the legal profession as a whole.

103.3 LEGAL ACTIONS RELATED TO RECEIPT OF PUBLIC ASSISTANCE

This type action includes desertion, non-support, fraud, etc. The agency's roles in these actions are usually one of three forms distinguished by a representative of the agency:

- A. Signing a complaint against a recipient or relative of a recipient. The D.A. or the Attorney General represents the agency in actions taken in the name of the State of Nevada.
- B. Supplying all necessary facts to the District Attorney (or Attorney General in case of relative responsibility). The Attorney will take the necessary action.
- C. Testifying either in person or by deposition.

103.4 LEGAL ACTIONS RELATED TO CHILDREN

Actions related to children are primarily custody, termination of parental rights and adoption. These actions are usually taken by the court on petition or affidavit of the Welfare Division or others as to custody and termination of parental rights and on petition by individuals desiring to adopt a child.

The agency's role in these situations is one of the following:

- A. A representative of the agency requests by petition or affidavit that certain action be taken and supplies the court with necessary facts and information on which the request is based and includes possible alternate plans.
- B. A representative of the agency supplies facts, general information, and recommendations to the court based on social analysis and casework decisions following initiation of action by others than the agency.
- C. In juvenile actions the court may request any services from the agency that the agency has the authority to provide.
- D. The agency licenses private agencies or institutions prior to the commitment of a child by the juvenile court to such agencies or

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NEVADA STATE WELFARE DIVISION Section 104 - 104.4

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104 ORGANIZATION OF THE WELFARE DIVISION

104.1 STATE WELFARE BOARD

Nevada Revised Statutes, Chapter 422, created within the Welfare Division a State Welfare Board composed of seven members appointed by the Governor. Members of the Board receive a salary of \$60.00 per day, per diem allowance and travel expenses as fixed by law for each day's attendance at each meeting of the Board. The Board must hold a meeting at least once each year.

The Board has only those powers and duties authorized by law. The Board (a) shall adopt regulations for its own management and government; (b) may formulate standards and policies and adopt regulations for the administration of public assistance programs and other programs for which the Division is responsible provided such actions do not require expenditure of money beyond amounts appropriated by the Legislature; (c) advises and makes recommendations to the Welfare Division Administrator, the Director of Human Resources or the Legislature relative to the public welfare policy of the state.

104.2 DIRECTOR OF HUMAN RESOURCES

The Director is responsible for the following Divisions:

Welfare

Health

Mental Hygiene - Mental Retardation

Health Resources and Cost Review

Rehabilitation

Aging Services

Youth Service

104.3 STATE WELFARE ADMINISTRATOR

The executive officer of the Nevada State Welfare Division is the Administrator, responsible for the administration of all activities and services of the Division in accordance with the law and policies, standards, rules and regulations established by the State Welfare Board. The Administrator is responsible to the Director of the Department of Human Resources.

104.4 WELFARE DIVISION

The functions and objectives carried by the Division are organized into two major areas: programs and administration (management). The organizational and functional relationships are shown on the accompanying charts.

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A. PROGRAMS

Program functions and objectives are carried by sections under the direction of the Deputy Administrators for Assistance Payments and Social Services.

B. ADMINISTRATION (MANAGEMENT)

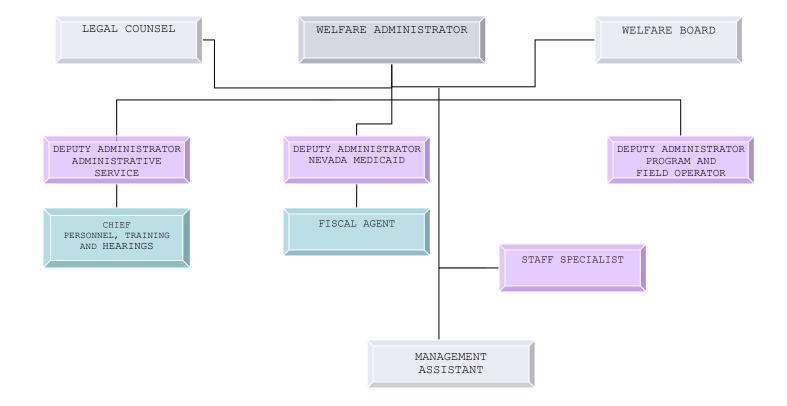
Administrative (Management) functions and objectives are carried by branches under the direction of the Administrator.

104.5 ORGANIZATIONAL CHARTS

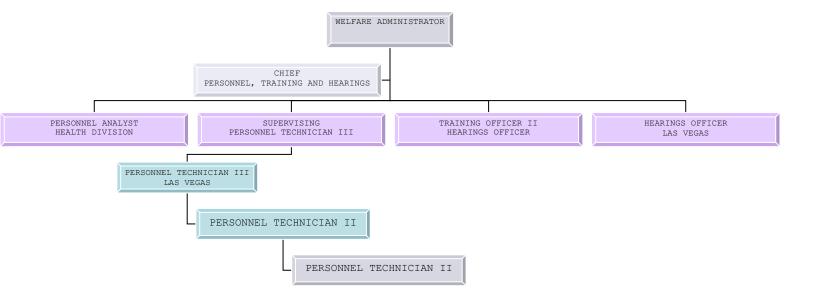
Organizational charts of the Nevada State Welfare Division appear on the following pages.

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NEVADA STATE WELFARE DIVISION Section 105 - 105.1 ADMINISTRATIVE MANUAL MTL 13/85 6 Sep 85 SECTION II

105 STAFF FUNCTIONS WITHIN THE WELFARE DIVISION

105.1 ADMINISTRATOR

Responsible for planning, developing and administering assistance programs and social service activities relating to Medical Assistance, Aid to Dependent Children, Food Stamps, Child Support Enforcement, Social Service Block Grant, Child Welfare Services, Foster Care and Adoption assistance, WIN, Refugee, Protective Services for adults and children, foster care home licensing, Supplementary Security Income and other assistance and service programs. Responsible for agency's fiscal affairs, the preparation and presentation of the biennial agency budget to the Legislature, entering into contractual agreements between the agency and other parties, certification of public assistance payrolls and claims in payment for goods and services. Certifies the availability of state funds on all federal estimates and approves any other transaction which requires the expenditure of funds under the control of the agency. Responsible for all phases of Division administration including program and intentional management and control activities. Analyzes needs and sets program objectives in relation to the needs of the community. Directs staff in formulation of new policies and revision of existing policies as well as evaluation of effect of policies as a basis for keeping programs in line with changing conditions and new knowledge. Stimulates and sponsors research and demonstration projects to determine program and community needs in preventing dependency and in treating and rehabilitating dependent people.

Maintains the necessary lines of coordination and communication between the Division and the Director of Human Resources and other public or private agencies. Meets regularly with major staff officials, either individually or in groups to ascertain the attainment of established goals and objectives. Directs the preparation of the operating budgets as well as requests for appropriation of funds to meet the financial requirements of persons eligible for assistance. Directs the agency's research function. Interprets the program to interested groups, including other state and local agencies, the press and legislators. Prepares reports and makes recommendations for consideration of the State Welfare Board. Other duties as assigned.

A. STAFF SPECIALIST

Responsible for coordinating all Welfare Board activities to include: compiling the quarterly Welfare Board report, orienting new Board appointees and acting as the liaison for the Board members. Coordinate activities relating to Division legislation; projects affecting agency goals and needs; and meetings on behalf of the Administrator. Responsible for liaison work with agencies, groups and individuals as assigned; prepares correspondence, speeches and press releases. Other duties as assigned.

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105.2 WELFARE BOARD

The Board approves rules and regulations for the administration of programs for which the Division is responsible in accordance with adopted Regulations for Management and Government of the Welfare Board. The Board may also advise and make recommendations to the Director or Legislature regarding the public welfare policy of the state.

105.3 MEDICAL CARE ADVISORY GROUP

The Medical Care Advisory Group is mandated by Federal regulation and State law, and encompasses seven committees: Executive, Consumer-Recipient, Dental, Hospital, Long-Term-Care, Pharmacy and Physician. The advisory group serves in an advisory capacity to the Nevada Medicaid Program to provide information and input concerning programs and goals of medical assistance programs and suggest procedures whereby drugs, medical supplies and services are made available to recipients in the most effective and economical manner. The Advisory Group members are appointed by the Director of Human Resources and appointments are effective for a period of one year.

105.4 DEPUTY ATTORNEY GENERAL

Legal counsel to the Welfare Division. Represents the Division in contested legal matters before the courts and administrative tribunals. Advises the Division with respect to legal matters and documents, administrative procedures, and proposed legislation. Researches law, drafts legal documents and briefs, confers with other attorney's and the courts, and performs other legal duties as necessary.

105.5 DEPUTY ADMINISTRATOR FOR SOCIAL SERVICES

Responsible for directing and supervising staff in developing and implementing the Child Support Enforcement Program and social service programs, including the following federal programs, Social Services Block Grant, Child Welfare Services, Foster Care and Adoption Assistance, WIN and Refugee Program. Also responsible for state mandated service including services to abused/neglected adults and children, foster home program operations; identifies program objectives and develops proposals to improve the level of service and accountability in the social service programs; adopts welfare programs to meet changing social and economic conditions; meets with major staff officials, either individually or in groups, to ascertain the attainment of established goals and objective; conducts a variety of public relations functions; assigns responsibility to staff for interpretation of State and Federal legislation. Other duties as assigned.

A. CHIEF, PROGRAM SERVICES

Under general guidelines set by the deputy administrator develops a budget for service program operations. Develops and prepares proposed legislation assigned by the administrator or deputy administrator. Assumes major responsibility for establishing advisory committees.

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Handles special projects and identifies needs for program changes. Other duties as assigned.

B. SOCIAL SERVICE SPECIALIST

The specialists are responsible for development, implementation and evaluation of social service programs in conformity with Federal regulations, Nevada law and Division policy. Specific duties may include program monitoring, the writing and updating of instructional materials to reflect changes in agency policy and procedures; the development and implementation of staff training; the evaluation of reports of social service activities; consultation, liaison and the provision of technical assistance to Division staff and other related local, State and Federal agencies; the seeking of solutions to problems related to social service programs; the research and drafting of reports on social service needs and services provided; the maintenance of social service informational and reporting systems; participation in the preparation of social service legislation and budget.

C. CHIEF, CHILD SUPPORT

Supervises and directs the activities of the Child Support program in developing standards of performance and policy objectives in accordance with agency objectives. Works in cooperation with local district attorneys under cooperative agreements and the Attorney General's office in effecting support enforcements from absent parents and other states. Evaluates the program to establish standards on a periodic basis.

1. Staff Specialist, Support Enforcement

Under general direction of the Chief of Child Support Program, plans, analyzes, supervises and evaluates the maintenance and enhancement of the Program's record system, supervises activities of professional staff within the Program's management office in their performance of locate services, monitoring, special projects, Federal/State reporting, and development of written procedures; assumes all management responsibilities for the Program upon delegation by Chief of the Support Program or Welfare Administrative Officer and performs related work as requires.

2. Support Enforcement Office Manager

Under Administrative supervision of the Chief, Support Enforcement Program, manages and supervises an area office of the Child Support Enforcement Program; and performs related work as required. Manages and coordinates the program area office activities and program procedures with the District Attorney's

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Office, the courts and the County Clerk's Office. Interactions include discussing with the District Attorney case priorities and number cases to be accepted; establishing priorities as to number of referrals; coordinating IRS cases; being advised of status of cases; collections of arrears; and enforcement of policies. These responsibilities are typically performed independently with the Chief Support Enforcement Program being involved in highly irregular cases.

The Support Enforcement Office Manager establishes office work priorities and monitors and supervises office performance to assure goal attainment and compliance with Division and program policies and procedures. Supervisory duties are performed by planning, organizing and assigning work tasks; answering technical, administrative and policy questions about the work and instructing in special techniques; reviewing and evaluating work output for technical accuracy and compliance with established policies and procedures; identifying and providing guidance on improvement. Supervisory duties are not normally subject to review unless a major problem occurs.

D. DISTRICT OFFICE MANAGER

Responsible for administrative direction of welfare programs (except support enforcement) in the district office, including interpretation, consultation and training. Supervises professional subordinate supervisors involved in public assistance and child welfare casework and related activities. Insures adherence to agency policies, procedures, standards, rules and regulations. Evaluates the performance of subordinate supervisory staff and the effectiveness of programs assigned to them. Carries out a continuous staff development program promulgated at the state office level and participates in the program development and policy and to private groups and organizations and cooperates with them in providing effective welfare services to eligible clients. Develops necessary controls in compliance with agency policies and applicable statutes. Selects and maintains adequate and qualified personnel. Analyzes needs for staff, office space, equipment and supplies, compatible with agency services and in accordance with the Division budget administration. Other duties as assigned by the Deputies.

105.6 DEPUTY ADMINISTRATOR FOR ASSISTANCE PAYMENTS

Administers, supervises and directs the activities of the Eligibility and Payments Chief whose unit is engaged in developing standards, policies and procedures for implementation of financial assistance in the Aid to Dependent Children Program, Food Stamp Program, Medical Assistance for the Aged, Blind and Disabled Program and Refugee Program; supervises and directs District Office Managers who are responsible for implementation of welfare programs at the local level; analyzes and evaluates program operations; identifies program objectives and develops proposals to improve control and accountability in the assistance payments programs; meets with major staff

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officials, either individually or in groups, to ascertain the attainment of established program goals and objectives; conducts a variety of public relations functions; assigns responsibility to staff for interpretation of State and Federal regulation; participates in development of legislation; other duties as assigned by the Administrator.

CHIEF, ELIGIBILITY AND PAYMENTS

Responsible for developing plans and procedures for implementation of state and federal policies and legislation, which establish eligibility for and provide financial assistance to recipients under the Aid to Dependent Children Program, Food Stamp Program, Medical Assistance to the Aged, Blind and Disabled Program, and Refugee Program. Develops plans, procedures and policies for the intake and payment process. Assists in the development of related policy and recommends changes in procedures and new or amended manual and instructional material for training uses. Established controls and accountability systems to assure legality of payments. Maintains records and makes reports. Completes special assignments and research in the areas of eligibility and payments at the direction of the Administrator. Other duties as assigned by the Deputy for Assistance Payments.

1. Eligibility and Payments Specialists

Each specialist has responsibility for one of the E&P programs, including development, implementation and maintenance in conformity with Federal regulations, Nevada law, and Division policy. Specific duties may include on-site field office reviews; program monitoring; the writing and updating of instructional materials to reflect changes in agency policy and procedures; the development and implementation of staff training; the evaluation of reports of E&P activities; the coordination of program activities; consultation, liaison, and the provision of technical assistance to the Division staff and other related local, State and Federal agencies; the seeking of solutions to problems related to E&P programs; the maintenance of E&P automated informational and reporting systems; participation in the preparation of legislation and budget. Other duties as assigned by the Chief of Eligibility and Payments.

DISTRICT OFFICCE MANAGER

Responsible for administrative direction of welfare programs (except support enforcement) in the district office, including interpretation, consultation and training. Supervises professional subordinate supervisors involved in public assistance and child welfare casework and related activities. Insures adherence to agency policies, procedures, standards, rules and regulations. Evaluates the performance of subordinate supervisory staff and the effectiveness of programs assigned to them. Carries out a continuous staff development program promulgated at the state office level and participates in the program

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development and policy formulation indicated by continuing review. Engages in community planning, presents and explains welfare policies to the public and to private groups and organizations and cooperates with them in providing effective welfare services to eligible clients. Develops necessary controls in compliance with agency policies and applicable statutes. Selects and maintains adequate and qualified personnel. Analyzes needs for staff, office space, equipment and supplies compatible with agency services and in accordance with Division budget administration. Other duties as assigned by the Deputies.

105.7 CHIEF, FINANCIAL PROGRAM SERVICES

Under administrative direction, is responsible for the management of fiscal and financial programs for the Welfare Division to include: Budget development and maintenance; fiscal intermediary analysis, audit and appeals; provider reimbursement and compliance; and program assurance which includes quality control; internal audit, welfare fraud investigation administrative hearings functions; and performs related work as required.

PROGRAM ASSURANCE OFFICER Δ

Responsible for Internal Audit, Hearings, Investigations and Quality Control. Provides management information on functioning of programs as gathered through Program Assurance functions. Make recommendations for corrective actions when problem/potential problem areas of policy or procedure are identified through the Hearing, Quality Control, Investigations or Audit processes, or reviews of state or federal laws or regulations. Develops and updates policy and procedures for Program Assurance functions. Coordinates State Plans of Operation. Coordinates Civil Rights (Section 504) non-discrimination requirements. Special assignments and/or research as directed. Participate in formulation of budget and legislation pertaining to program Assurance functions.

В. CHIEF, QUALITY CONTROL

Responsible for the continuous and systematic reviews of sample cases in ADC, Medicaid and Food Stamp Programs to determine correctness of case actions. Determines if the percentage of ineligible recipients and incorrect payments remain within established federal tolerance levels. Identifies significant sources of both agency and client error, analyzes results of a review period and recommends corrective action. Compiles monthly and biannual reports to the Federal Regional Office. Compiles internal monthly reports of QC findings. Consults with staff on eligibility policy problems. Conducts special reviews.

С. INTERNAL AUDITOR

Coordinates audits of internal records and programs, and external facilities which provide services on behalf of the Division through contracts or agreements. Responsible for administrative policy,

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financial, medical services, program and client audits. Develops audit plans. Makes reports on audit finding. Recommends corrective action. Conducts special reviews/audits. Prepares reports of audit activity.

D. VERIFICATION OFFICER

Responsible for investigative activities in the ADC, Food Stamp and Medicaid programs. (Includes Welfare Fraud Investigators, Special Investigative Unit (SIU), and Medicaid Investigators.) Coordinates prevention, detection, investigation and prosecution of recipients and providers committing fraud and abuse in Welfare Division programs. Responsible for maintaining current knowledge of NRS and federal statutes and regulations dealing with investigative activities. Develops and maintains liaison with law enforcement agencies, District Attorneys and Deputy Attorneys General. Prepares reports of investigations activities for Federal and internal purposes.

E. HEARING OFFICER

Responsible for scheduling and holding hearings in the ADC, Food Stamp, Social Services and Medicaid programs. Summarizes and makes recommendations to the Hearing Authority on the disposition of hearings. Maintains hearing records and prepare reports of policies in all programs for application in making hearing recommendations.

105.8 CHIEF, NEVADA MEDICAID PROGRAM

Responsible for directing and supervising staff in developing implementing a medical care program for the medically indigent as prescribed by Title XIX (Medicaid) of the Social Security Act and Nevada Revised Statutes. Determines amount, duration and scope of medical services within budgetary and state plan limits, taking into consideration the recommendations of professional persons and groups. Maintains constant fiscal controls over budget funds. Establishes rates of payments, with review and comment by provider groups. Rates are subject to approval by the Welfare Administrator and Welfare Board. Researches, develops and evaluates alternative methods for purchasing medical services, e.g., bulk purchase, per capita rates, prospective payment rates. Responsible for institutional utilization control/review fraud and abuse investigations, utilization control programs for all medical services, provider contracts, third party liability collections, health facility audits, claims processing through the fiscal agent, civil rights compliance required by Section 504. Coordinates with other Welfare Division programs. Develops Medicaid budget in cooperation with Management Services. Other duties as assigned.

A. FISCAL AGENT - BLUE CROSS/BLUE SHIELD OF NEVADA

Under a state/federally approved contract, performs the following functions as fiscal agent: claims processing; provider services/relations; third party liability (cost avoidance, recovery, subrogation) collection programs; and cost reimbursement audits

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B. ASSISTANT CHIEF NEVADA MEDICAID

Functions as an operations officer through supervision of most Medicaid staff. Coordinates work activities between Medicaid programs and staff. Assists in development and management of Medicaid budget. Monitors ongoing operations of the Medicaid program and develops corrective action where necessary. Also, responsibility for the writing and coordination of policy issuances: State Plan under Title XIX, and Medicaid Services Manual (twenty chapters) and Medicaid Operations Manual (six chapters). Responds to general inquiries and surveys received from national groups and other states. Assists with development of rates and establishment of amount, duration and scope of Medicaid coverage.

C. PHARMACEUTICAL CONSULTANT

Responsible for planning, development and implementation of pharmaceutical policy and related aspects of the Nevada Medicaid program. Develops program controls to promote efficiency and economy and to prevent overutilization. Has primary responsibility for authorizing payment for restricted services involving pharmacy or pharmaceutical services. Monitors and evaluates the activities and performance of pharmaceutical consultants to all long-term-care facilities in Nevada. Participates in Medical Review Team activity when needed.

D. MEDICAL REVIEW TEAM

The Medical Review Team conducts at least annual reviews in all long-term-care facilities. The team is composed of at least one member who is a physician or registered nurse and other appropriate health and social services personnel. The inspection team must include personal contact with and observation of each Medicaid recipient and review of his/her medical record.

The team determines whether services available in the facility are adequate to meet the health, rehabilitative and social needs of each recipient and promote his maximum physical, mental and psychosocial function.

The team also determines the continued need of placement in a facility and analyzes alternative methods of care for recipients.

E. MEDICAL SERVICES SPECIALIST

Medical Services Specialists are responsible for development, implementation and evaluation of medical service programs in conformity with Federal regulation, state law and Division policy.

They are responsible for providing consultative and advisory services to policy-setting officials, as well as providers of medical care and services. Specific duties include the design, development and coordination of Medicaid's inpatient hospital, long-term care, home health care, dental durable medical equipment, family planning,

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transportation, primary care case management programs and reporting and informational systems.

Medical Services Specialists are responsible for all contracts with Medicaid providers, facility payment rates, claims adjudication, performance of the fiscal agent, facility civil rights compliance and patient advocacy. They offer liaison, assistance and consultation to staff of the Division, the Department, medical providers, Medical Care Advisory Groups, State and local governmental agencies. Participate in the preparation of the Medicaid budget and legislation.

105.9 CHIEF, MANAGEMENT SERVICES

Responsible for developing standards for and assisting in the formulation of administrative policies related to management analysis, accounting data processing, procurement, and research and statistics programs. Develops and installs plans for improvements in administrative practices and procedures within the state and area offices. Evaluates their effectiveness and provides consultation. Supervises and coordinates the work of divisional units engaged in administrative services, personnel and training, data processing, accounting and finance, and research and statistics. Recommends new or amended legislation, rules and regulations. Supervises the functions of the Finance unit, the Management Analysis unit, the Contract services unit, and the Personnel and Training unit.

CHIEF OF FINANCE AND ACCOUNTING

Responsible for administration accounting, maintaining ledgers, accounting documents and reports. Responsible for maintaining proper audit evidence for all expenditures of federal and state funds that were made in accordance with existing laws and regulations that govern them. Ensures all work programs are current. Administers the administration claims and maintains travel and operating ledgers. Responsible for program accounting, program payrolls, monthly program costs, caseload reports, warrant cancellation and refund lists. Maintains all trust accounts and ledger. Coordinates agency accounting and budget activities with other governmental agencies involved in fiscal work. Makes all payments in both the areas of administration and assistance and mails all warrants. Responsible for child support program accounting and proper distribution of all assigned support collection received by the agency. Responsible for Property Inventory and record retention. Other duties as assigned

В. MANAGEMENT ANALYSIS, ANALYSTS

Responsible for conducting surveys of organizational methods and procedures, and for making studies of a general management or administrative nature. Studies various phases of divisional operations, including: organization, functions, policies, work flow, work coordination, office layout, communications, procedures/methods/systems and forms. Investigates operations with reference to organization and

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budgetary requirements. Prepares parts of the Division's budget and defends the need for the request. Studies and evaluates Division requirements for new equipment. Coordinates Division data processing requirements to include systems design. Prepares reports and recommendations based on findings. Meets with operating officials, discusses problems involved in their operations, and assists them in the installation of new procedures/methods/systems and equipment. Other duties as assigned.

C. CHIEF, CONTRACT SERVICES AND OFFICE SERVICES

Requests proposals for Social Services Block Grant. Arranges purchase of social services from existing public or private agencies; negotiates the terms of the contract; formulizes the terms of the contract into a written document; provides consultation to provider agencies; monitors and evaluates contracts; renegotiates contracts; develops and maintains the "Purchase of Service" manual; provides overall interpretation and application of guidelines relating to purchase of service; develops regulations pertaining to the administration of the program; develops monitoring and evaluation systems and procedures. Develops, coordinates, publishes and submits the State Plan Block Grant.

Responsible for the Division's printing, office supplies, Central Office mail services and word processing services. Establishes controls, designs the format for and prints forms, manuals, Central Office memos and other publications within the Division. (Note: Content of all forms, manuals, memos, etc., is determined by the responsible staff element.)

1. Research and Statistics is responsible for preparing and analyzing regularly required statistical reports. Prepares evaluations and interpretations of operating data in which work is standardized as to procedure, form and content. Works on research projects as assigned. Other duties as assigned.

D. PERSONNEL OFFICER

Responsible for all Welfare, Health and Aging Services personnel and training activities. Supervises the Personnel Unit and Training Officer. Processes payroll, leave, insurance, employee evaluations and all other forms relating to the personnel function. Responsible for delegated recruitment, examining, selection and classifications of Welfare, Health and Aging employees. Conducts reclassification studies. Confers with management on staffing requirements and manpower planning. Assists Administrator in preparing for grievances, appeals and hearings. Consults and advises staff on all personnel problems. Responsible for maintaining compliance with Title VI, OSHA and Affirmative Action requirements. Maintains record system on all employees, position histories, and personnel reports. Responsible for

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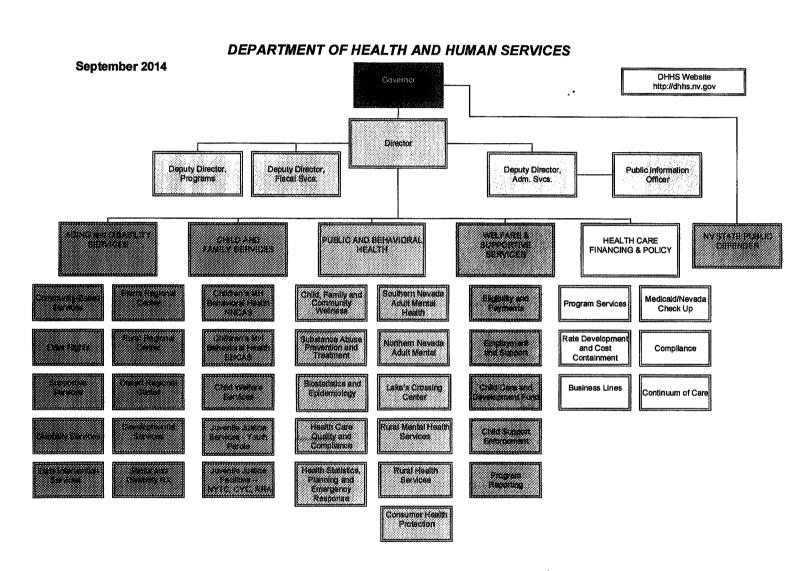
Personnel and Training section of the Welfare Administrative Manual. Other duties as assigned.

1. TRAINING OFFICER

Responsible for staff development programs for all Division personnel. Plans and conducts meetings and workshops. Analyzes training needs and arranges for appropriate continuous training. Interprets training policies, rules and regulations governing welfare programs. Develops educational leave policy and training material. Responsible for the Staff Development section of the Welfare Administrative Manual. Coordinates the Training Committee activities. Acts as Hearing Officer for the northern half of the state. Other duties as assigned.

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TN No: 14-0006 Supersedes TN No: 86-7 NEVADA STATE WELFARE DIVISION Section 104.5 (4) ORGANIZATION CHARTS ADMINISTRATIVE MANUAL MTL 7/86 22 Sep 86

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MEDICAID OPERATIONS MANUAL MTL 2/87 4 March 87

101.3.1 DEPUTY ADMINISTRATOR OF MEDICAID

The Deputy Administrator of Medicaid has overall responsibility for directing and supervising staff who develop and implement the Medicaid program as prescribed by Title XIX of the Social Security Act and Nevada Revised Statutes. This includes planning, policy development and administration of the Medicaid program.

A. FISCAL RESPONSIBILITIES

The Deputy Administrator

- 1. Determine the amount, duration and scope of medical services within budgetary and State Plan limitations. Professional persons and groups make recommendations which are taken into consideration. The Administrative Services Section of the Welfare Division develops fiscal projections.
- 2. Maintains ongoing fiscal controls over budget funds using fiscal reports developed by the Administrative Services Section.
- 3. Establishes rates of payments. Provider groups review and comment on proposed rates. Recommend rates are developed by the Administrative Services Section of the Welfare Division. Rates are subject to approval by the Welfare Administrator and/or the Welfare Board.
- 4. Develops Medicaid budget in cooperation with the Administrative Services Section.

B. COORDINATION AND LIAISON

The Deputy Administrator is the liaison and coordinates with:

- 1. The Medical Advisory Groups and serves as the Executive Secretary for each group;
- The Medical Associations;
- 3. Federal HCFA regional and central offices' staff;
- 4. County Welfare Directors;
- 5. Other Sections of the Welfare Division Central Office; and
- 6. District Office Medicaid staff.

C. STATE LEGISLATURE

The Deputy Administrator develops proposed legislation and testifies on proposed legislation and the Medicaid budget.

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D. STATE WELFARE BOARD

The Deputy Administrator is responsible for development of required Board exhibits and testifies on exhibits at Board Meetings.

E. MEDICAL CONSULTANTS PROFESSIONAL REVIEW ORGANIZATION AND FISCAL AGENT

The Deputy Administrator establishes policies and procedures for contracts with medical consultants, the Professional Review Organization and the fiscal agent and assures compliance with those contracts.

101.4 CHIEF OF MEDICAID

A. SUPERVISION

Directly supervises day to day operations of the Nevada Medicaid Office and assures that staff members:

- 1. Interpret federal regulations and state laws and establish medical services in accordance with those regulations and laws.
- 2. Develop and use systems and methods based on program goals, policies and limitations including the ongoing utilization reviews of the quality and quantity of medial services provided.
- 3. Develop and distribute Medicaid Services Manual material, Medicaid Guide booklet, information bulletins, etc., to provide information on program benefits, service definitions, limitations, procedures, and other guidelines necessary for the provision and/or use of medical services.
- 4. Design and distribute appropriate evaluation, authorization and billing forms to medical providers.
- 5. Provide technical assistance and training for providers and District Office staff.

B. FISCAL RESPONSIBILITIES

The Chief assists in developing rates, establishing the amount, duration and scope of the Medicaid program and developing and monitoring the budget.

C. COORDINATION

The Chief coordinates activities between:

- 1. Nevada Medicaid Office units;
- Welfare Division District Office staff and Nevada Medicaid Office staff;

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- 3. The fiscal agent, providers and Medicaid staff; and
- 4. Health Care Financing Administration and Medicaid staff.

D. INOUIRIES AND SURVEYS

The Chief responds to inquiries and surveys from recipients, providers, national groups and other states.

E. STATE PLAN

The Chief revises the Medicaid State Plan as required.

101.5 PHYSICIAN CONSULTANTS

There are physician consultants under contract with Nevada Medicaid, for psychiatry and for other medical services. The duties of the Consultants are to:

- A. Provide advice and medical opinions to Medicaid staff.
- B. Assist in development of Medicaid policies and procedures.
- C. Review charts for disabled clients applying for Medicaid to determine if the clients meet disability eligibility requirements.
- D. Consult with utilization review and medical review staff to determine appropriateness of services.

101.6 PHARMACEUTICAL CONSULTANT

A. PROGRAM RESPONSIBILITIES

The Pharmaceutical Consultant plans, develops and implements changes related to pharmaceutical services. This includes developing controls to promote efficiency and economy and to prevent over utilization. The consultant schedules and notifies participant's of meetings of the Pharmacy Committee of the Medical Care Advisory Group.

B. AUTHORIZATIONS

The Pharmaceutical Consultant authorizes payment for services for "emergency care only" recipients.

C. MONITORING

The Pharmaceutical Consultant monitors and evaluates the activities of pharmaceutical staff in long-term-care facilities in Nevada. As needed, the Consultant also participates on the Medical Review Team which reviews long-term-care facilities.

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101.7 PROVIDER SERVICES UNIT

The Provider Services Unit consists of a Medical Services Specialist, a claims Adjudicator, a Medical Records Coordinator and a Senior Account Clerk.

The duties of this Unit are to:

A. PROVIDER ENROLLMENT

- 1. Develop provider enrollment conditions of participation and enrollment procedures.
- 2. Enroll only qualified providers.
- Terminate providers in accordance with federal regulations, state law and Medicaid policy.
- 4. Develop and revise provider agreements.
- 5. Respond to requests regarding provider enrollment.
- B. PROGRAM RESPONSIBILITY FOR FAMILY PLANNING, STERILIZATION, HYSTERECTOMIES AND ABORTIONS
 - 1. Develop policies and procedures regarding the above services.
 - 2. Participate in federal audits of those services.
 - 3. Provide technical assistance regarding those services.
- C. MEDICAL CARE ADVISORY GROUP
 - 1. Overall coordination of Medical Care Advisory Groups.
 - 2. Prepare list of nominations for committee membership for approval by the Director of the Department of Human Resources.
- D. FISCAL AGENT SERVICES
 - 1. Monitor timeliness and accuracy of claims processing functions of the fiscal agent.
 - 2. Serve as liaison between other Medicaid staff and the fiscal agent.
 - 3. Coordinate with the fiscal agent's Provider Services Section regarding provider need for assistance with claims, training on billing procedures, etc.
- E. MEDICAL LIBRARY SERVICES
 - 1. Maintain Medicaid's Medical Library.

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101.8 MEDICAL REVIEW UNIT

The Medical Review Unit consists of a Medical Review Specialist and three Medicaid Service Examiners, and an Administrative Aid.

The duties of this Unit are to:

A. MEDICAL AND INDEPENDENT PROFESSIONAL REVIEWS

- Project, schedule and conduct annual Medical and Independent Professional Reviews in all long-term-care and adult day health care and ICF/MR facilities.
- Develop policies and procedures regarding Medical and Independent Professional Reviews in long-term-care, ICF/MR and adult day health care facilities.
- Direct and coordinate those reviews conducted by Southern Nevada Medical Review Team.
- 4. The purposes of these reviews are to evaluate care provided for adequacy, appropriateness and feasibility of alternative placement.
- 5. Maintain ongoing liaison and monitoring of long-term-care facilities.
- 6. Complete a written report for each facility review.
- 7. Maintain personal computer (PC) system for long-term-care.
- 8. Participate in certification of adult day health care facilities.
- 9. Coordinate activities with Bureau of Regulatory Health Services of the Health Division.

B. PAYMENT AUTHORIZATION

- Authorize Medicaid payment for all long-term-care placements, both within and out of the state of Nevada.
- Develop and coordinate procedures for payment authorization for high intensity skilled care.
- 3. Develop policies and procedures and authorize Medicaid payment for podiatry and audiology services.
- 4. Conduct pre-screenings for placements in long-term-care or alternative placements.

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NEVADA STATE WELFARE DIVISION Section 101.8 - 101.9

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C. UTILIZATION REVIEWS

- Maintain copies of all Utilization Review contracts for longterm-care facilities.
- 2. Coordinate utilization reviews in ICF and ICF/MR facilities.

D. QUARTERLY SHOWING

Prepare and submit Quarterly Showing Report for HCFA.

E. MEDICAL CONSULATION

- 1. Provide advice, interpretation, clarification and consultation to Medicaid staff, providers and other professional staff.
- 2. Receive and investigate complaints regarding the quality of medical and nursing care, environmental safety and sanitation conditions in long-term-care facilities.

101.9 UTILIZATION REVIEW UNIT

The Utilization Review Unit consists of a Medical Review Specialist and a Medicaid Services Examiner. The duties of this Unit are to:

A. ACUTE HOSPITAL SERVICES PROGRAM

- Negotiate contractual arrangements with the Peer Review Organization. Prepare and monitor that contract.
- 2. Monitor pre-admission acute care authorization currently provided by Nevada Physicians Review Organization (NevPRO) through a contract with Medicaid.
- 3. Monitor concurrent hospital utilization reviews regarding appropriateness of acute care, which are conducted currently by NevPRO.
- 4. Evaluate and act upon reports regarding hospital utilization. Develop and implement corrective action programs to control inappropriate inpatient hospital services.
- 5. Monitor out-of-state inpatient services and authorize payments.
- 6. Determine out-of-state reimbursement policy and rates on claims referred from the fiscal intermediary.

B. UTILIZATION REVIEW - OTHER MEDICAL PROGRAMS

 Coordinate with Medical Review Unit for Utilization reviews in ICF and ICF-MR facilities.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Section 101.9

- Develop methods, conduct reviews and analyze results of utilization control reviews for non-institutional Medicaid services. Write reports on results of reviews.
- Develop policies and procedures for utilization control including preservice controls, concurrent service controls, pre-payment controls, and post-payment reviews.
- 4. Develop and implement provider and recipient detection program.
- 5. Design and conduct post payment review of all provider types and assure corrective action is taken.
- Design and maintain computer conflicting procedure edits to control utilization and Medicaid expenditures.
- Refer cases of suspected fraud or abuse to Investigations Unit and coordinate with the Investigations Unit in conducting investigations of referred cases.

C. LABORATORY SERVICES PROGRAM

- Develop policies and procedures for laboratory providers.
- 2. Establish and conduct a Quality Assurance process.
- Design and conduct post payment review of all providers and assure any necessary corrective action is taken.
- Covered services are clinical laboratory, surgical pathology, cytopathology and cytogenetic services.
- 5. Non-covered services are post mortem-anatomic pathology, reproductive medicine, and services deemed inappropriate to a probable diagnosis.

D. OUT-OF-STATE SERVICES

Authorize all out-of-state medical services except for long-term-care.

E. OUTPATIENT MEDICAL TREATMENT

- Authorize outpatient medical treatment including additional doctor visits, physical, speech, and occupational therapy, psychologist and chiropractic services and special procedures.
- 2. Develop policies and procedures regarding outpatient services, i.e., x-ray services, physical, speech, and occupational therapy physician services, psychologist and chiropractic services, registered nurse practitioner services and hospital outpatient services.
- 3. Schedule and notify participants of meetings of the Physician's Committee of the Medical Care Advisory Group.

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C. OUTPATIENT MENTAL HEALTH SERVICES

Develop and monitor policies and procedures for appropriate utilization of mental health services.

D. UTILIZATION REVIEW DETECTION SYSTEM

- Establish and update norms of medical care by diagnosis and treatment.
- Design and assist Medicaid's Management Analyst in maintaining computerized detection systems.
- 3. Based on manual and automated detection systems findings, take necessary corrective action and write reports regarding results.

101.10 INSTITUTIONAL SERVICES UNIT

This unit consists of a Medical Services Specialist and a Social Worker. The duties of this unit are to:

A. PRIMARY CARE CASE MANAGEMENT PROGRAM (PCCM)

- 1. Develop and revise Federal waiver to provide PCCM services.
- Develop policies and procedures and provide training for PCCM program.
- Develop contracts with PCCM providers.

B. ACUTE HOSPITAL INPATIENT PROGRAM

- 1. Develop policies and procedures and provide training regarding inpatient hospital services.
- 2. Schedule and notify participants of meetings of the Hospital Committee and Long-Term-Care Committee of the Medical Care Advisory Group.
- 3. Develop policies and procedures for administrative days coverage.

 Maintain controls on administrative days to assure compliance,
 document cost and authorize/deny payment.

C. LONG-TERM-CARE PROGRAM

- 1. Develop policies and procedures and provide training regarding skilled nursing and intermediate care facility programs.
- 2. Coordinate activities of the Long-Term-Care Committee of the Medical Care Advisory Group.
- 3. For out-of-state long-term-care placements:

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- a. Receive and review requests;
- b. Develop criteria for out-of-state placements; and
- c. Assist out-of-state facilities to deal with problems of Nevada Medicaid recipients.

D. MEDICAL REVIEW TEAM

As needed assist in Independent Professional Reviews.

E. COORDINATION WITH BUREAU OF REGULATORY HEALTH SERVICES (BRHS)

Coordinate and monitor State Survey Agency (BRHS) licensing and survey activities pertaining to ICF/SNF/ICF-MR and Acute Hospital Services.

F. PRE-SCREENING PROGRAM

- Develop policies and procedures and provide training on ICF/SNF pre-screening program.
- 2. Maintain controls and statistics on pre-screenings program.
- 3. As needed, conduct pre-screening.

101.11 RECIPIENT SERVICES UNIT

This unit consists of a Medical Services Specialists and a Medical Review Specialist. The duties of this Unit are to:

A. DETERMINATIONS OF INCAPACITY AND DISABILITY

- 1. In conjunction with consulting physician evaluate information provided to determine if Medicaid applicants meet criteria for incapacity or disability.
- 2. Develop policies and procedures and provide training on incapacity/disability determinations.
- 3. Assist Fair Hearings Unit and testify at fair hearings regarding incapacity/disability determinations.

B. DENTAL PROGRAM

- Develop policies and procedures and provide training regarding dental services.
- 2. Coordinate with fiscal intermediary's dental consultant.
- 3. Authorize payment for dental services.

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- 4. Schedule and notify participants of meetings of the Dental Committee and the Consumer Recipient Committee of the Medical Care Advisory Group.
- 5. Respond to dental provider inquiries and recipients' complaints regarding payments, billings and services requested or provided.

C. TRANSPORTATION

- Develop policies and procedures and provide training regarding transportation services.
- 2. Supervise payment authorization for transportation which are done at the local district offices.

D. DURABLE MEDICAL EQUIPMENT, SUPPLIES AND OCULAR SERVICES

- 1. Develop policies and procedures and provide training regarding durable medical equipment, medical supplies and ocular services.
- 2. Authorize payment for durable medical equipment, medical supplies and ocular services.
- 3. Provide assistance to providers of the above services and handle recipient complaints.

101.12 PROGRAM DEVELOPMENT AND HOME CARE UNIT

This unit consists of a Medical Services Specialist and a Medical Services Examiner. The duties of this unit are to:

A. PROGRAM DEVELOPMENT

- 1. Research program changes and/or new programs and write reports including data, information and recommendations regarding feasibility of program changes or program development.
- 2. In conjunction with Administrative Services Section develop budget for program change/new programs.
- 3. Develop and implement necessary policies and procedures for program changes/new programs. Coordinate these activities with appropriate Welfare Division staff, other agency staff, HCFA and the fiscal intermediary.
- 4. Develop necessary controls and monitoring methods for program changes/new programs.

B. HOME AND COMMUNITY BASED WAIVER FOR MENTALLY RETARDED

- 1. Develop policies and procedures for the waiver.
- 2. Develop and update federal waiver program proposal.

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- 3. Maintain computer PC system of waiver recipients.
- 4. Authorize payment for waiver services.
- Review claims for waiver services to assure accurate billings.
- 6. Conduct reviews of waiver services and take necessary action to assure compliance.

C. ADULT DAY HEALTH CARE

- Develop policies and procedures and provide training and technical assistance regarding adult day health care.
- 2. Certify or direct certification by local District Office staff for adult day health care.
- 3. Authorize payment for adult day health care.
- 4. Develop and maintain PC computer program for adult day health care.

D. SKILLED NURSING IN HOME CARE

- 1. Develop policies and procedures, provide training and technical assistance regarding skilled nursing in home care.
- 2. Authorize payment for skilled nursing in home care.

E. PERSONAL CARE AIDE PROGRAM (PCA)

- 1. Develop policies and procedures and provide training and technical assistance regarding personal care aide program.
- 2. Authorize PCA services in rural Nevada.
- 3. Make home visits to PCA clients to assess functioning and develop nursing care plans.
- 4. Monitor and evaluate PCA program and take necessary corrective action.
- 5. Review all PCA claims for rural Nevada cases.
- 6. Coordinate with district office staff who arrange for home care and supervise PCA's

F. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

1. Develop policies and procedures and provide training and technical assistance regarding EPSDT program.

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- Review all EPSDT screening exams and authorize payment for exams and referrals.
- 3. Monitor EPSDT program and take necessary corrective action.
- 4. Maintain EPSDT computer system in conjunction with Medicaid's Management Analyst.
- G. HOME CARE FOR DISABLED CHILDREN (FORMERLY KATIE BECKETT CASES)
 - 1. Receive applications, review and make recommendations to Board regarding appropriateness and scope and duration of home care services for disabled children.
 - Periodically review level of services provided and make recommendations to Board.
 - 3. Set up and coordinate meetings for Board which approves/denies eligibility and determines scope and duration of services if appropriate.
 - 4. Develop policies and procedures and provide training and technical assistance regarding this program.
 - 5. Assist Fair Hearings Unit regarding denials/terminations of home care for disabled children.
 - 6. Maintain controls and monitor this program.

H. CIVIL RIGHTS COORDINATOR

- 1. Develop policies and procedures to review civil rights compliance in long-term-care and acute care facilities.
- 2. Survey facilities to assure civil rights compliance.
- 3. Take appropriate action when facilities are out of compliance.

101.13 ELIGIBILITY AND PAYMENTS SECTION

The Eligibility and Payments Section of the Welfare Division has the following responsibilities which specifically pertain to the Medicaid program:

A. POLICIES AND PROCEDURES

- 1. Based on Federal regulations, develop policies and procedures for determining eligibility for Medicaid.
- 2. Provide training and implement policies and procedural changes regarding eligibility.
- 3. Monitor and evaluate policies and procedures.

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B. DETERMINE ELIGIBILITY

- 1. Receive and process applications
- 2. Determine eligibility initially and on an ongoing basis for Medicaid and, if appropriate, public assistance.
- 3. Notify clients of the results of the determination.
- C. Maintain E&P Computer System which provides data to the Medicaid system on eligibility for Medicaid.
- D. Administer Medicaid Buy-In Program.

101.14 ADMINISTRATIVE SERVICES SECTION

The Administrative Services section of the Welfare Division has the following responsibilities pertaining to the Medicaid program:

A. ACCOUNTING

- 1. Maintain accounting systems for Medicaid expenditures.
- 2. Maintain accounting systems for Medicaid personnel for payroll, travel, etc.

B. MANAGEMENT ANALYSIS

In conjunction with Medicaid staff maintain computer systems for Medicaid program.

C. INVESTIGATIONS

- 1. Conduct investigations of allegedly fraudulent Medicaid recipients and providers.
- 2. Assist in the prosecution of fraudulent recipients and providers.

D. RESEARCH AND STATISTICS

- 1. Develop means and maintain statistics on Medicaid program.
- 2. Complete Medicaid federal reports, e.g., HCFA 64, HCFA 2082.

E. QUALITY CONTROL

Conduct reviews to assure proper eligibility determinations of Medicaid applicants/recipients.

F. INTERNAL AUDITS

1. Develop rates for Medicaid services.

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- 2. Audit cost reports of Medicaid providers.
- 3. Conduct audits of records and programs of Medicaid providers.

G. BUDGET

- 1. Based on recommendations from Medicaid staff develop budget for Medicaid program.
- 2. Develop and maintain controls for budget monitoring.
- 3. Develop and revise work program for Medicaid budget.

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May 22, 1980

State/Territory: NEVADA

Citation
42 CFR
431.50(b)

1.3 <u>Statewide Operation</u>

ATB79B29

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

X The plan is State administered.

___ The plan is administered by the political subdivisions of the State and is mandatory on them.

State: NEVADA

Citation
42 CFR
431.12(b)
There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

The State enrolls recipients in MCO, PIHP, PAHP and/or 438.104 PCCM programs. The State assures that it complies with 42 CFR

The State enrolls recipients in MCO, PIHP, PAHP and/or 438.104 PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

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Supersedes TN No.: 74-50

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State: Nevada

<u>Tribal Consultation Requirements</u>

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing bases from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Nevada Consultation Process

The Department of Health and Human Services (DHHS), Tribes, Indian Health Service, Tribal and Urban Indian Organizations (I/T/U) residing within of the State of Nevada created a Tribal Consultation Process. The Tribal Consultation Process was signed and became effective March 2010. Below is a summary of the process for the Tribal Consultation Process:

Purpose - The purpose of the agreement is to establish an open and meaningful consultation process between the Nevada Department of Health and Human Services and the Indian Tribes in the State of Nevada to facilitate better communication and collaboration between the entities.

Agreement - The guiding principle of the agreement is to ensure that open and meaningful communication occurs in a timely manner for consultation between the parties regarding high-level policy changes that significantly impact Indian Tribes in the State of Nevada. Policy changes that significantly impact Indian Tribes refer to actions that have substantial Tribal implications with direct effects on one or more Indian Tribes, on relationship between the State of Nevada and Indian Tribes, or on the distribution of roles on and responsibilities between the State of Nevada and Indian Tribes.

A copy of the tribe-state consultation process can be requested from the Division of Health Care Financing and Policy (DHCFP).

1. Please describe the process the State uses to seek advice on a regular ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Please include information about the frequency, inclusiveness and process for seeking such advice.

Notification Process

In addition to the tribe-state consultation process set forth between DHHS, Tribes, and I/T/Us;

TN No.: 10-013 Approval Date: April 5, 2011 Effective Date: January 1, 2011

Supersedes TN No.: New

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DHCFP will consult with all federally recognized Tribes and I/T/Us within the State of Nevada on all Medicaid state plan amendments, waiver requests, waiver renewals, demonstration project proposals and/or on all matters that relate to Medicaid and CHIP programs.

- a. The notification will describe the purpose of the state plan amendment, waiver request, waiver renewal, demonstration project proposal and/or on matter relating to Medicaid and CHIP programs and will include the anticipated impact on Tribal members, Tribes and/or I/T/Us. The description of the impact will not be Tribal member, Tribe and/or I/T/U specific if the impact is similar on all Tribal members, Tribes and/or I/T/Us.
- b. The notification will also describe a method for Tribes and/or I/T/Us to provide official written comments and questions within a time-frame that allows adequate time for State analysis, consideration of any issues that are raised and the time for discussion between the State and entities responding to the notification.
- c. Tribes and I/T/Us will be provided a reasonable amount of time to respond to the notification. Whereof, thirty (30) days is considered reasonable.
- d. In all cases where Tribes and/or I/T/Us request in-person consultation meetings, DHCFP will make these meetings available.
- e. The tribe-state consultation process allows for an expedited process for notification of policy changes due to budget cuts prior to changes being implemented. The Centers for Medicare and Medicaid Services (CMS) requires Medicaid state plan amendments, waiver requests and waiver renewals, which fall within this category to have a notification process prior to these documents being submitted to CMS. Due to this, the State is instituting an expedited process which allows for notification to the tribes of at least one-week notice prior to the changes being implemented as agreed upon in the tribe-state consultation process or two weeks prior to the submission of the state plan amendments, waiver requests and/or waiver renewals, whichever date precedes.
- 2. Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

State of Nevada, Department of Health and Human Services (DHHS) Tribal Consultation Process: On August 13, 2009, Michael J. Willden (Director, DHHS), Charles Duarte (Administrator, DHCFP) and John Liveratti (Chief of Compliance, DHCFP) met with representatives from the Indian Health Board of Nevada (IHBN) to begin tribal-state collaboration process discussions. To help facilitate this discussion, IHBN presented a draft of the State of Arizona's tribal-state consultation policy. Based on the outcome of this discussion and Arizona's draft policy, Mary Liveratti (Deputy Director, DHHS) created a draft tribal-state consultation policy. The draft policy was completed on September 15, 2009. Subsequently, the Deputy Director presented the draft policy to the IHBN and DHHS division administrators. On October 7, 2009, a follow-up meeting was convened to discuss the draft policy. Those in attendance were Mary Liveratti, Diane Comeaux (Administrator, Division of Child and Family Services), Romaine Gilliland (Administrator, Division of Welfare

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Supersedes TN No. NEW

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and Supportive Services), Carol Sala (Administrator, Division of Aging and Disability Services), Dr. Luana Ritch (Health Division) and Larry Curley (Indian Health Board Nevada). Resulting from the discussion and input during this meeting, a revised draft was created. On November 10, 2009, a subsequent meeting was convened. Those in attendance were Mary Liveratti, Diane Comeaux, Romaine Gilliland, Carol Sala, Dr. Luana Ritch, Larry Curley, Sherry Rupert (Executive Director, Nevada Indian Commission)^{1,} and Darryl Crawford (Executive Director, Inter-Tribal Council of Nevada). Based on agreements established during this meeting, in December 2009, DHHS mailed an explanatory letter (viz., requesting their input) and the draft tribal-state consultation policy to all Federally Recognized Tribes, Inter-Tribal Council of Nevada, Indian Health Services and Tribal and Urban organizations residing within the State of Nevada. Based on feedback from the chairpersons, DHHS developed a final policy. In January 2010, DHHS mailed policy agreement letters, along with the final policy, to all the tribal chairpersons. Tribes were asked to sign and return the letters to DHHS. As of March 31, 2010, DHHS received 11 responses. On March 31, 2010, the Director sent out a memorandum to all of the division administrators, along with the policy, requesting they sign and return the policy agreement letters to DHHS.

Note¹: The Nevada Indian Commission is codified into the Nevada Revised Statute (NRS 233A – Indian Affairs).

TN No. 10-013 Approval Date: April 5, 2011 Effective Date: January 1, 2011

Supersedes TN No. <u>NEW</u> Revision: HCFABPMB94B3 (MB)

APRIL 1994

State/Territory: Nevada

Citation

1.5 Pediatric Immunization Program

1928 of the Act

- 1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine B eligible children in accordance with section 1928 as indicated below.
 - a. The State program will provide each vaccine B eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccineeligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program B registered providers who are able to communicate with this vaccine B eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program B registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no programregistered provider will charge more for the
 administration of the vaccine than the regional
 maximum established by the Secretary. The State
 will inform program- registered providers of
 the maximum fee for the administration of
 vaccines.
 - f. The State will assure that no vaccine- eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program B registered provider.
- 2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.

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Citation

1928 of the Act

3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.

4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

State Medicaid Agency

X State Public Health Agency

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