

**MINUTES OF THE MEETING OF THE
SENATE COMMITTEE ON FINANCE
AND
ASSEMBLY COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEES ON HUMAN SERVICES**

**Seventy-Eighth Session
May 1, 2015**

The meeting of the Subcommittees on Human Services of the Senate Committee on Finance and the Assembly Committee on Ways and Means was called to order by Chair Mark Lipparelli at 8:05 a.m. on Friday, May 1, 2015, in Room 3137 of the Legislative Building, Carson City, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

SENATE SUBCOMMITTEE MEMBERS PRESENT:

Senator Mark A. Lipparelli, Chair
Senator Ben Kieckhefer

ASSEMBLY SUBCOMMITTEE MEMBERS PRESENT:

Assemblyman James Oscarson, Chair
Assemblywoman Jill Dickman, Vice Chair
Assemblyman Derek Armstrong
Assemblywoman Maggie Carlton
Assemblyman John Hambrick
Assemblywoman Marilyn K. Kirkpatrick
Assemblyman Michael C. Sprinkle
Assemblywoman Robin L. Titus

COMMITTEE MEMBERS ABSENT:

Senator Debbie Smith (Excused)

STAFF MEMBERS PRESENT:

Alex Haartz, Principal Deputy Fiscal Analyst
Cindy Jones, Assembly Fiscal Analyst,
Mandi Davis, Program Analyst
Emily Cervi, Committee Assistant

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Trish O'Flinn, Committee Secretary
Susan McArthur, Committee Secretary

OTHERS PRESENT:

Jane Gruner, Administrator, Aging and Disability Services Division, Department of Health and Human Services
Julie Kotchevar, Chief, Disability Services, Aging and Disability Services Division, Department of Health and Human Services
Barry Gold, American Association of Retired Persons
Lisa Foster, State of Nevada Association of Providers
Brian Patchett, M.P.A., M.S., C.R.C., President/CEO, Easter Seals Nevada

Chair Lipparelli:

The first budget on today's agenda is the Senior Rx and Disability Rx, budget account (B/A) 262-3156.

HUMAN SERVICES

AGING AND DISABILITY SERVICES

HHS-ADSD - Senior Rx and Disability Rx — Budget Page DHHS-ADSD-16
(Volume II)
Budget Account 262-3156

Mandi Davis (Program Analyst):

The first account in the Aging and Disability Services Division (ASDS) of the Department of Health and Human Services (DHHS) is shown on page 2 of the Human Services Joint Subcommittee Closing List No. 4 ([Exhibit C](#)).

The first issue for the Subcommittees to consider is elimination of the dental benefit program from the Base Budget.

The 2013 Legislature approved the pilot dental benefit program, which was funded by a surplus in the Fund for a Healthy Nevada. The surplus arose when provisions in the Affordable Care Act (ACA) reduced expenses in the Senior Rx and Disability Rx Prescription Program.

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Underutilization of the dental benefit combined with an increase in prescription program costs has resulted in the recommendation to eliminate the dental benefit program.

Pursuant to *Nevada Revised Statute* (NRS) 439.665, the purpose of this budget account is to subsidize the cost of prescription drugs, and to the extent money is available, dental and vision benefits and hearing aids.

Since members' dental needs regularly exceed the \$1,000 maximum benefit, they often do not use the dental benefit program.

After the Executive Budget was submitted, an additional expenditure related to the dental benefit program, in the amount of \$20,498, was identified. Fiscal staff has made a technical adjustment to eliminate this amount in each year of the biennium and add it to decision unit E-276 to increase funding for the prescription program.

E-276 Educated and Healthy Citizenry — Page DHHS-ADSD-18

Assemblywoman Carlton:

I am not sure we should ascribe elimination of the dental program to underutilization. A great need for dental care exists, especially for seniors.

Assemblywoman Titus:

It is very discouraging to see this program eliminated. The need is definitely there.

Assemblyman Sprinkle:

The fact that the primary use of this benefit was for emergency services indicates an absolute need for the dental program. The Subcommittees must attempt to fund this important benefit in the next biennium.

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE GOVERNOR'S RECOMMENDATION TO ELIMINATE THE DENTAL BENEFIT PROGRAM IN THE 2015-2017 BIENNIUM WITH THE TECHNICAL ADJUSTMENT NOTED BY FISCAL STAFF AND TO ALLOCATE ALL HEALTHY NEVADA

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FUNDS IN THE SENIOR RX AND DISABILITY RX BUDGET TO THE PRESCRIPTION PROGRAM DURING THE 2015-2017 BIENNIUM WITH THE TECHNICAL ADJUSTMENT NOTED BY FISCAL STAFF.

ASSEMBLYWOMAN DICKMAN SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

Three other closing items in this account are listed on page 5 of [Exhibit C](#).

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE OTHER CLOSING ITEMS AS RECOMMENDED BY THE GOVERNOR AND PROVIDE FISCAL STAFF WITH AUTHORITY TO MAKE OTHER TECHNICAL ADJUSTMENTS AS NECESSARY.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

I will now discuss the Federal Programs and Administration budget of ADSD.

HHS-ADSD - Federal Programs and Administration — Budget Page
DHHS-ADSD-23 (Volume II)
Budget Account 101-3151

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Maintenance unit M-200 establishes a caseload for the long-term care ombudsman program to assist with the Agency's caseload projections. Six new positions are funded by this decision unit: four administrative assistants and two social services program specialists.

M-200 Demographics/Caseload Changes — Page DHHS-ADSD-26

The administrative assistants would conduct the intake for the additional cases projected over the biennium, and the social services program specialists would add a quality assurance component to the program.

Even with the increased caseload, this recommendation would not allow the ombudsman to visit all long-term care facilities four times per year. However, it would allow visits to the 52 nursing homes in the State four times annually.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE GOVERNOR'S RECOMMENDATION TO ESTABLISH A CASELOAD FOR THE LONG-TERM CARE OMBUDSMAN OVER THE 2015-2017 BIENNIUM, AND TO PROVIDE FUNDING FOR FOUR ADDITIONAL ADMINISTRATIVE ASSISTANT POSITIONS AND TWO ADDITIONAL SOCIAL SERVICES PROGRAM SPECIALIST POSITIONS.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

Enhancement unit E-225 funds one new administrative assistant position to assist the information technology (IT) section of the Division, one new IT technician position to assist with tracking the hardware in the Division and three IT professional positions to replace three contracted programmer positions.

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E-225 Efficient and Responsive State Government — Page DHHS-ADSD-27

This recommendation includes reduction of expenditures associated with the contracted programmers in this account, as well as in the Home and Community Based Services budget account, B/A 101-3266. Expenditures for one remaining contracted programmer remain in B/A 101-3151.

HHS-ADSD - Home and Community Based Services — Budget Page DHHS-
ADSD-39 (Volume II)
Budget Account 101-3266

Chair Lipparelli:

Will the IT professionals be phased in as the contract programmers are let go?

Ms. Davis:

Yes. The start date for the positions are staggered throughout the biennium. There is a 4-month overlap between when the IT professionals start and when the contracted programmers finish, to accommodate training and recruitment.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE ADDITION OF FIVE NEW POSITIONS, INCLUDING ONE ADMINISTRATIVE ASSISTANT, ONE INFORMATION TECHNOLOGY TECHNICIAN AND THREE INFORMATION TECHNOLOGY PROFESSIONALS.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The recommendation in decision unit E-286 is for General Fund appropriations of \$42,540 in each year of the biennium. This amount will fund 12 meetings, 4 for the Commission on Aging, 4 for the subcommittee on

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the senior services strategic plan and 4 for the subcommittee on Legislative issues.

E-286 Educated and Healthy Citizenry — Page DHHS-ADSD-31

The Division has incurred an average of \$1,717 in expenditures per year for the 5-year period between fiscal year (FY) 2010 through FY 2014, and it has incurred \$248 in expenditures-to-date in FY 2015. Members of the Governor's Commission on Aging have had to participate in meetings remotely. This recommendation would allow them to travel to meet in person.

Chair Lipparelli:

How many face-to-face meetings are envisioned?

Ms. Davis:

This recommendation would support 12 meetings, 4 for the Commission on Aging, 4 for the subcommittee on the senior services strategic plan and 4 for the subcommittee on Legislative issues.

Senator Kieckhefer:

This is a bigger travel budget than that of many State agencies. How many members are on those committees?

Ms. Davis:

The Commission on Aging has 13 members and each of the two subcommittees has 5 members.

Senator Kieckhefer:

Are the subcommittees comprised of additional appointees to the Commission on Aging?

Ms. Davis:

The subcommittees are staffed by members of the Commission on Aging.

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Assemblywoman Titus:

I am concerned by the size of this travel budget. What problem does remote meeting participation present? Can the Commission conference via Skype or teleconference?

Senator Kieckhefer:

Are the two subcommittees one-time committees, or do they meet each year?

Ms. Davis:

They are ongoing committees that meet four times during each year of the biennium.

Chair Lipparelli:

While there is value in meeting face to face, the request seems somewhat extreme. I suggest reducing the request by half, allowing for two in-person meetings and two remote meetings per year.

Senator Kieckhefer:

That proposal sounds fair, especially considering that we have been cutting back travel for agencies that have regulatory authority. Does the Commission on Aging act strictly in an advisory capacity?

Jane Gruner (Administrator, Aging and Disability Services Division, Department of Health and Human Services):

Yes, that is correct.

Senator Kieckhefer:

I recommend that we cut the appropriation in E-286 in half.

Ms. Davis:

This recommendation includes \$30,058 for travel expenses, \$10,400 for interpreter services, \$2,082 for operating supplies. Is it your recommendation to cut only travel expenses by half, or to cut all the amounts in half?

Chair Lipparelli:

I suggest that staff determine the actual cost for two face-to-face meetings per year and leave the interpreter services and operating supplies amounts as is.

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Senator Kieckhefer:

I agree. We can give staff authority to determine the appropriation amount for two meetings.

Assemblywoman Carlton:

Should the appropriation for interpreter services remain the same, because they would still be needed even if the Commissioners do not travel?

Chair Lipparelli:

I presume that any amount not needed for interpreter services would revert to the General Fund.

Assemblywoman Carlton:

If the Commissioners do not travel to meetings, interpreters would be needed in two locations, not just one.

Senator Kieckhefer:

They are currently accomplishing the remote meetings with fewer expenditures.

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE GENERAL FUND APPROPRIATIONS IN THE AMOUNT DETERMINED BY STAFF IN EACH YEAR OF THE 2015-2017 BIENNIUM TO SUPPORT THE GOVERNOR'S COMMISSION ON AGING.

ASSEMBLYWOMAN DICKMAN SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

There are 12 other closing items in this budget, covering 14 decision units, as described on pages 10 through 12 of [Exhibit C](#).

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E-229 Efficient and Responsive State Government — Page DHHS-ADSD-28

E-232 Efficient and Responsive State Government — Page DHHS-ADSD-29

E-233 Efficient and Responsive State Government — Page DHHS-ADSD-29

E-241 Efficient and Responsive State Government — Page DHHS-ADSD-30

E-282 Educated and Healthy Citizenry — Page DHHS-ADSD-30

E-285 Educated and Healthy Citizenry — Page DHHS-ADSD-31

E-502 Adjustments To Transfers — Page DHHS-ADSD-31

E-902 Transfer From BA 3266 To BA 3151 — Page DHHS-ADSD-35

E-503 Adjustments To Transfers — Page DHHS-ADSD-32

E-903 Transfer From BA 3266 To BA 3151 — Page DHHS-ADSD-35

E-710 Equipment Replacement — Page DHHS-ADSD-33

E-712 Equipment Replacement — Page DHHS-ADSD-34

E-711 Equipment Replacement — Page DHHS-ADSD-33

E-722 New Equipment — Page DHHS-ADSD-34

E-724 New Equipment — Page DHHS-ADSD-34

Assemblywoman Carlton:

Decision unit E-282, the update to the strategic plans for senior services and persons with disabilities, calls for contracting with a vendor. Is that how it has been done in the past?

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Julie Kotchevar (Chief, Disability Services, Aging and Disability Services Division, Department of Health and Human Services):

We typically contract with a third-party vendor to conduct the strategic plan. It is helpful to have a neutral party provide outreach to the community, so the Division can receive unbiased feedback.

Chair Lipparelli:

How often is the strategic plan updated?

Ms. Kotchevar:

The last strategic plan was completed 10 years ago.

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE OTHER CLOSING ITEMS AS RECOMMENDED BY THE GOVERNOR, AND PROVIDE FISCAL STAFF WITH AUTHORITY TO MAKE TECHNICAL ADJUSTMENTS AS NEEDED.

ASSEMBLYMAN OSCARSON SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The Home and Community Based Services budget account, B/A 101-3266, is shown on page 13 of [Exhibit C](#). A major budget initiative is proposed for this account, including an expanded caseload for the Autism Treatment Assistance Program (ATAP).

The initiative includes funding of \$5 million in FY 2016 and \$9.7 million in FY 2017 to increase the caseload from 303 children per month in FY 2014 to 836 children per month in FY 2017. The Governor's recommendation also adds a developmental specialist to oversee contracted case managers and a health program manager.

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M-201 Demographics/Caseload Changes — Page DHHS-ADSD-43

E-235 Efficient and Responsive State Government — Page DHHS-ADSD-46

The ATAP is currently managed by a social services program specialist, who, if this recommendation is approved, will be redirected to focus on provider recruitment and to make recommendations for improvement to the Program.

Beginning in January 2016, DHHS projects 30 percent of its caseload will be Medicaid-eligible, so it includes \$1.8 million in Medicaid reimbursement funds in FY 2016 and \$4.2 million in FY 2017.

Sufficient providers are projected to serve the recommended caseload. The recommendation includes \$2.2 million in General Fund appropriations in the DHHS reserve account, to accommodate an event in which the number of providers exceeds projections, allowing an additional 290 children to receive services.

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE GOVERNOR'S RECOMMENDATION TO PROVIDE \$3.1 MILLION IN GENERAL FUND APPROPRIATIONS AND \$1.8 MILLION IN MEDICAID REIMBURSEMENTS IN FY 2016 AND \$3.2 MILLION IN GENERAL FUND APPROPRIATIONS AND \$4.1 MILLION IN MEDICAID REIMBURSEMENTS IN FY 2017 TO EXPAND THE ATAP AND SUPPORT THE FOLLOWING POSITIONS: ONE NEW DEVELOPMENTAL SPECIALIST POSITION, 13 CONTRACTED CASE MANAGERS AND ONE NEW HEALTH PROGRAM MANAGER POSITION.

ASSEMBLYMAN OSCARSON SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Senator Kieckhefer:

I recommend we place the \$2.2 million reserve in the Interim Finance Committee (IFC) Contingency Account so the IFC can review the caseload projections before approving the funds. If the funds were to remain in the Agency's reserves, they could process a 15-day expedited work program and the IFC would not have the opportunity to review and approve the expenditure of these funds.

Assemblyman Sprinkle:

Would ADSD still have to come before IFC?

Senator Kieckhefer:

The ADSD could present a work program to IFC, which could be processed in an expedited fashion, and be received as an informational item.

Assemblyman Sprinkle:

If the funds were deposited into the Contingency Account, would ADSD have to come before the IFC?

Senator Kieckhefer:

Yes. They would have to request an allocation from the Contingency Account.

Assemblywoman Dickman:

Would it be preferable for the funds to revert to the General Fund, if not spent?

Senator Kieckhefer:

Nothing would prevent reversion to the General Fund. If we do not allocate the funds, there would be a reduction in the appropriation in the next biennium.

Assemblywoman Kirkpatrick:

I support the option of requiring the Agency to seek approval from IFC, so the Committee can provide oversight of this funding.

ASSEMBLYWOMAN KIRKPATRICK MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE ADDITION OF \$2.2 MILLION TO THE IFC CONTINGENCY FUND FOR USE BY THE AGENCY IN FY 2017 IN THE EVENT SUFFICIENT PROVIDERS ARE AVAILABLE AND ADDITIONAL

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CHILDREN CAN BE TREATED, AND THE AGENCY WOULD BE REQUIRED TO SEEK APPROVAL FROM THE INTERIM FINANCE COMMITTEE TO ACCESS THESE FUNDS AND ANY UNSPENT FUNDS WOULD REMAIN IN THE IFC CONTINGENCY FUND AT THE END OF FY 2017.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The second closing issue in B/A 101-3266 concerns the community-based care programs caseload. The recommendation in maintenance unit M-200 increases the number of budgeted caseload slots, including the home and community based waiver for the frail elderly, which is funded through Medicaid. Also included are those programs supported through the General Fund: the community options program for the elderly, the homemaker program and the personal assistance services program.

M-200 Demographics/Caseload Changes — Page DHHS-ADSD-42

The recommended funding would support 11 new positions: 8 social workers, 1 social work supervisor, 1 social services program specialist and 1 administrative assistant.

In order to eliminate the waitlist for all of the programs, ADSD requires additional staffing and services, at an estimated cost of approximately \$2.2 million over the upcoming biennium. This amount would be in addition to the funding and positions already included in the Executive Budget.

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE \$1 MILLION IN FY 2016 AND \$2 MILLION IN FY 2017 TO SUPPORT CASELOAD INCREASES FOR THE

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COMMUNITY BASED CARE PROGRAMS, WHICH INCLUDES THE ADDITION OF EIGHT SOCIAL WORKERS, ONE SOCIAL WORK SUPERVISOR, ONE SOCIAL SERVICES PROGRAM SPECIALIST, ONE ADMINISTRATIVE ASSISTANT AND ASSOCIATED SERVICES COSTS.

SENATOR KIECKHEFER SECONDED THE MOTION.

Chair Lipparelli:

Looking at the chart on page 18 of [Exhibit C](#), I am concerned by the average wait time increases in the second year of the biennium.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The third closing issue in this account is the recommendation for a new elder rights specialist position to be based in Elko for the Elder Protective Services program.

E-225 Efficient and Responsive State Government — Page DHHS-ADSD-45

This position would conduct rural community outreach. The Division currently employs two elder rights specialists, one based in Reno and one in Las Vegas, who must travel, as they are available, to conduct rural outreach.

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE GENERAL FUND APPROPRIATIONS OF \$112,962 OVER THE 2015-2017 BIENNIUM FOR A NEW ELDER RIGHTS SPECIALIST POSITION IN THE AGENCY'S ELKO OFFICE.

ASSEMBLYWOMAN DICKMAN SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The fourth closing issue is the new interpreter registry program.

E-226 Efficient and Responsive State Government — Page DHHS-ADSD-45

One new social services program specialist to oversee and manage the new interpreter registry program is included in this request. Senate Bill 473 of the 74th Session established the registry, and included the provision that ADSD maintain a list of persons engaged in the practice of interpreting, and ensure they have completed the required education and certification. Telecommunication devices for the deaf (TDD) surcharges will fund the program.

The ADSD has not previously funded the requested position, so its compliance rate is only 15 percent. If this position is approved, the Division anticipates a compliance rate improvement to approximately 93 percent by the end of FY 2017.

The Public Utilities Commission of Nevada (PUCN) is required to approve the interpreter registry program budgeted in each fiscal year and to set the corresponding TDD rate. Assembly Bill 200, currently being heard in the Senate, would remove the requirement that the PUCN approve this program's budget.

ASSEMBLY BILL 200 (1st Reprint): Revises provisions relating to persons with impaired speech or hearing. (BDR 38-419)

If the Legislature approves this position, and if A.B. 200 does not pass, the PUCN will still have the option to approve or not approve the position's funding. If not approved by the PUCN, the social services program specialist position would require alternative funding.

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Assemblyman Oscarson:

Assemblywoman Benitez-Thompson and I have worked on this issue with multiple members of the deaf community. Assembly Bill 200 provides the means to control these fees and provide interpreter services.

ASSEMBLYMAN OSCARSON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE TDD SURCHARGE REVENUE OF \$140,082 OVER THE 2015-2017 BIENNIUM FOR A NEW SOCIAL SERVICES PROGRAM SPECIALIST POSITION TO OVERSEE AND MANAGE THE INTERPRETER REGISTRY PROGRAM.

SENATOR KIECKHEFER SECONDED THE MOTION.

Assemblywoman Dickman:

We have been collecting these TDD fees for some time. Now we can see them spent for the people who most need these services.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The final major closing issue in this budget account, B/A 101-3266, is the transfer of the Waiver for Independent Nevadans (WIN) program from the Division of Health Care Financing and Policy (DHCFP) budget account, B/A 101-3158, to the ADSD.

E-500 Adjustments To Transfers — Page DHHS-ADSD-47

E-501 Adjustments To Transfers — Page DHHS-ADSD-48

HEALTH CARE FINANCING AND POLICY

HHS-HCF&P – Administration — Budget Page DHHS-DHCFP-13 (Volume II)
Budget Account 101-3158

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E-900 Transfer From BA 3158 To BA 3266 — Page DHHS-ADSD-50

E-901 Transfer From BA 3158 To BA 3266 — Page DHHS-ADSD-51

If this recommendation is approved, the WIN would be the final Medicaid waiver in the State to be moved to the ADSD budget. Approval would also represent the first step toward combining WIN with the home and community based waiver for the frail elderly already in the ADSD.

The goal of the waiver integration is to reduce duplication of effort and increase access to services and allow recipients to receive services without having to reapply for each program.

ASSEMBLYMAN OSCARSON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE TRANSFER OF THE WAIVER FOR INDEPENDENT NEVADANS PROGRAM, INCLUDING 25 EXISTING POSITIONS AND 2 NEW POSITIONS, AND TOTAL FUNDING OF \$4.1 MILLION OVER THE 2015-2017 BIENNIUM, FROM THE DFCP TO THE ADSD.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

Eight other closing items, which appear reasonable to staff, are listed on pages 21 through 23 of [Exhibit C](#).

M-540 Mandates-Olmstead — Page DHHS-ADSD-44

M-800 Cost Allocation — Page DHHS-ADSD-44

E-800 Cost Allocation — Page DHHS-ADSD-50

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E-227 Efficient and Responsive State Government — Page DHHS-ADSD-46

E-230 Efficient and Responsive State Government — Page DHHS-ADSD-46

E-241 Efficient and Responsive State Government — Page DHHS-ADSD-47

E-710 Equipment Replacement — Page DHHS-ADSD-49

E-711 Equipment Replacement — Page DHHS-ADSD-49

E-903 Transfer From BA 3266 To BA 3151 — Page DHHS-ADSD-51

Assemblywoman Titus:

Will the traumatic brain injury program, described in closing item 1 on page 21, eventually be phased out?

Ms. Kotchevar:

That is correct. This program was created because health insurance policies imposed annual and lifetime maximum benefits and traumatic brain injury victims needed a means by which they could complete their rehabilitative therapy.

Since the program's inception, the ADSD has taught grantees to continually seek reimbursement from their insurance companies so they can reduce their dependence on the traumatic brain injury program. This effort has been successful to the extent of reducing the need by 50 percent.

Funding in the amount of \$500,000 has reverted to the Fund for Healthy Nevada this year, which justifies the reduction in funding to the traumatic brain injury program.

Assemblywoman Titus:

How many people are receiving services from the traumatic brain injury program?

Ms. Kotchevar:

Currently, the program serves 54 people.

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ASSEMBLYWOMAN TITUS MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE OTHER CLOSING ITEMS AS RECOMMENDED BY THE GOVERNOR, INCLUDING THE TECHNICAL ADJUSTMENTS NOTED IN OTHER CLOSING ITEMS 1, 5 AND 7, THE CONTINGENCY NOTED IN OTHER CLOSING ITEM 4, AND PROVIDE FISCAL STAFF WITH AUTHORITY TO MAKE OTHER TECHNICAL ADJUSTMENTS AS NEEDED.

SENATOR KIECKHEFER SECONDED THE MOTION.

Assemblywoman Carlton:

Will the cease-to-exist date for the Commission on Autism Spectrum Disorder be extended?

Ms. Davis:

Pursuant to statute, oversight is required for the Autism Treatment Assistance Program, whether it is provided by the Commission, which is scheduled to expire July 1, 2015, or by some other entity created by the Governor. The ADSD does expect this cease-to-exist deadline to be extended.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The Early Intervention Services budget, B/A 101-3208, is shown on page 24 of [Exhibit C](#).

HHS-ADSD - Early Intervention Services — Budget Page DHHS-ADSD-54
(Volume II)
Budget Account 101-3208

The first of two major closing issues in this budget account concerns increasing the caseload for Early Intervention Services (EIS).

The EIS clinic staff serve 50 percent of its clients and community providers serve the other 50 percent. The 2013 Legislature increased EIS funding and number of positions, so the agency could eliminate the waitlist. This effort was successful and children are receiving services in a timely manner.

If decision unit M-200 is approved, the recommended caseload for FY 2017, as shown on the table on page 25 of [Exhibit C](#), would be lower than the caseload for FY 2015.

M-200 Demographics/Caseload Changes — Page DHHS-ADSD-56

The recommendation includes two new administrative assistant positions to coordinate intake for the added caseload. Although EIS received new developmental specialist positions to accommodate the caseload in 2013, no new intake staff positions were approved. The two administrative assistant positions recommended in M-200 are intended to meet that need.

The EIS is recruiting for 18 of 24 vacant developmental specialist positions, 2 of which could be reclassified as administrative assistants, rather than adding 2 new administrative assistants to the program.

Assemblyman Sprinkle:

If two developmental specialists were reclassified as administrative assistants, would there be a shortage of developmental specialists in EIS?

Ms. Davis:

Developmental specialist positions suffer a high rate of turnover. The number of those positions was approved to coincide with a caseload of 1,871. The highest recommended caseload for FY 2017 is 1,701.

Assemblyman Sprinkle:

Which positions are more important to EIS: administrative assistants or developmental specialists?

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Ms. Davis:

The Agency currently lacks intake staff to accommodate the caseload. The two administrative assistant positions are intended to address that need. Of the Agency's 122 developmental specialist positions, 24 are vacant.

Assemblyman Sprinkle:

Why would we eliminate positions that EIS is actively seeking to fill?

Senator Kieckhefer:

In 2013, staff for EIS was funded according to the Legislatively-approved caseload projections for FY 2014 and FY 2015. However, that caseload failed to materialize; it decreased from 1,871 clinic-staffed cases to 1,638. What is the caseload ratio?

Ms. Davis:

The EIS tries to maintain a ratio of 30:1, but the caseload fluctuates according to type of travel and intensity of services required. Currently the caseload ratio is 14.1 cases per caseworker, assuming that vacant positions are filled. If two developmental specialists were reclassified to administrative assistants, the ratio would be 14.3 cases per caseworker.

Senator Kieckhefer:

Reallocation of existing resources is justified in light of a caseload reduction.

Assemblyman Sprinkle:

Might those two vacant positions slated for elimination be necessary in the future?

Senator Kieckhefer:

The two positions recommended for elimination are not projected to be necessary in the 2015-2017 biennium. We staffed the Agency for 1,871 cases for FY 2015, and we are projecting 230 fewer cases for FY 2016. The caseload does not justify a higher staffing ratio.

Assemblyman Sprinkle:

Those positions should be kept open for the future.

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Assemblywoman Carlton:

Seven of the new developmental specialist positions approved for the current biennium have not yet been filled. If two of these seven are reclassified, will there still be five vacant positions for developmental specialists who may be needed to accommodate an unanticipated caseload increase?

Ms. Davis:

There are 24 vacant positions, of which 7 were approved for the current biennium.

Assemblywoman Carlton:

Would there still be developmental specialist positions open should they be needed in the future?

Ms. Davis:

Yes.

Assemblywoman Carlton:

Is the Agency's immediate need for intake staff as opposed to caseworkers?

Ms. Davis:

Yes.

Assemblywoman Carlton:

As long as we are not eliminating all the vacancies for caseworkers, the reclassification of two developmental specialists to administrative assistants seems reasonable.

Assemblywoman Kirkpatrick:

Where are the vacant positions located?

Ms. Davis:

The greatest need is in Las Vegas, and that is where EIS is focusing their recruitment efforts.

Assemblyman Oscarson:

It is critical to provide EIS services to children in the rural areas.

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ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE GOVERNOR'S RECOMMENDATION TO INCREASE FUNDING FOR THE CASELOAD FOR EIS, BUT RECLASSIFY TWO VACANT, FULL-TIME DEVELOPMENTAL SPECIALISTS POSITIONS TO ONE FULL-TIME ADMINISTRATIVE ASSISTANT AND ONE PART-TIME ADMINISTRATIVE ASSISTANT, WITH ASSOCIATED OPERATING EXPENDITURES.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO GRANT AUTHORITY TO FISCAL STAFF TO ELIMINATE THE NEW EQUIPMENT INCLUDED IN THE RECOMMENDATION FOR AN EXTRA POSITION.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Assemblywoman Carlton:

When does EIS plan to fill those vacant positions?

Ms. Davis:

The Agency is actively recruiting and have scheduled interviews for 18 developmental specialist positions in Las Vegas. Because of the nature of the caseload, high turnover is inevitable.

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Ms. Kotchevar:

We have 32 interviews for developmental specialists scheduled in the next 2 weeks in Las Vegas.

A higher infant mortality rate is occurring in the State, as more so-called "micro-preemies," babies experiencing less than 32 weeks' gestation, are born. These children either die immediately, or die before they reach 2 years old.

This unfortunate trend has greatly taxed our staff, so we have initiated a care program, using "care bears" to help caseworkers cope. The EIS has also implemented additional training on trauma related to child death.

These are the areas the EIS is addressing to try to maintain staff and reduce turnover.

Assemblywoman Carlton:

Please inform the Subcommittees as to the results of those interviews. Keep us apprised of the barriers to hiring.

Ms. Kotchevar:

We will keep the Legislature informed.

Ms. Davis:

The second major closing issue in B/A 101-3208, replacement of grant funding, is summarized on page 28 of [Exhibit C](#).

In 2012, EIS began receiving block grant funds from the Division of Public and Behavioral Health's Maternal and Child Health Services program to partially support four positions within the Agency, as well as contracted therapist costs. Before these grants became available, these positions were fully funded through General Fund appropriations. The grant terminated July 1, 2014.

Decision unit E-490 would eliminate the four positions along with their associated grant funding and General Fund appropriations.

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However, the Governor does not recommend the elimination of these positions, comprising two unclassified senior physicians, one registered dietician and one clinical program planner. Instead, in enhancement unit E-491, the Governor recommends a return to General Fund appropriations to support them.

E-491 Expiring Grant/Program — Page DHHS-ADSD-58

ASSEMBLYMAN OSCARSON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE RETRAINING AND FUNDING FOUR EXISTING EARLY INTERVENTION SERVICES STAFF, INCLUDING TWO SENIOR PHYSICIANS, ONE REGISTERED DIETICIAN AND ONE CLINICAL PROGRAM PLANNER, WITH GENERAL FUND APPROPRIATIONS.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Davis:

Four other closing items in this budget account, comprising 12 decision units, are shown on pages 29 and 30.

M-800 Cost Allocation — Page DHHS-ADSD-57

E-800 Cost Allocation — Page DHHS-ADSD-62

E-537 Adjustments To Transfers — Page DHHS-ADSD-59

E-937 Transfer From BA 3222 To BA 3208 — Page DHHS-ADSD-63

E-710 Equipment Replacement — Page DHHS-ADSD-59

E-712 Equipment Replacement — Page DHHS-ADSD-60

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E-717 Equipment Replacement — Page DHHS-ADSD-60

E-718 Equipment Replacement — Page DHHS-ADSD-61

E-719 Equipment Replacement — Page DHHS-ADSD-61

E-720 New Equipment — Page DHHS-ADSD-61

E-721 New Equipment — Page DHHS-ADSD-62

E-722 New Equipment — Page DHHS-ADSD-62

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE OTHER CLOSING ITEMS AS RECOMMENDED BY THE GOVERNOR, WITH THE TECHNICAL ADJUSTMENT NOTED IN OTHER CLOSING ITEM 3, AND PROVIDE FISCAL STAFF WITH AUTHORITY TO MAKE OTHER TECHNICAL ADJUSTMENTS AS NEEDED.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The Family Preservation budget account, B/A 101-3166, is shown on page 31 of [Exhibit C](#).

HHS-ADSD - Family Preservation Program — Budget Page DHHS-ADSD-66
(Volume II)
Budget Account 101-3166

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The Governor recommends increasing the caseload for the Family Preservation program by 20 families by the end FY 2016 and an additional 21 families by the end of FY 2017, at the rate of \$374 per family per month.

M-200 Demographics/Caseload Changes — Page DHHS-ADSD-66

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE CASELOAD INCREASES OF 3.2 PERCENT IN FY 2016 AND 3.3 PERCENT IN FY 2017 FOR THE FAMILY PRESERVATION PROGRAM, AND TO MAINTAIN THE PAYMENT PER FAMILY AT \$374 PER MONTH, AS RECOMMENDED BY THE GOVERNOR.

ASSEMBLYMAN HAMBRICK SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

* * * * *

Ms. Davis:

A discussion of major closing issues affecting the budgets of Sierra Regional Center (SRC), B/A 101-3280, Desert Regional Center (DRC), B/A 101-3279, and Rural Regional Center (RRC), B/A 101-3167, begins on page 33 of [Exhibit C](#).

HHS-ADSD - Sierra Regional Center — Budget Page DHHS-ADSD-68 (Volume II)
Budget Account 101-3280

HHS-ADSD - Desert Regional Center — Budget Page DHHS-ADSD-77
(Volume II)
Budget Account 101-3279

HHS-ADSD - Rural Regional Center — Budget Page DHHS-ADSD-86 (Volume II)
Budget Account 101-3167

These centers provide case management and service coordination, residential support, family support and respite and jobs and day training. The funding for each program is summarized on the tables on the top of page 34.

The table on the bottom of page 34, titled "Developmental Services Monthly Caseloads and Waitlists," shows the recommended caseloads for each of the programs the three centers administer. These caseloads were calculated to eliminate waitlists. However, errors in the caseload calculations were discovered subsequent to the budget hearing for ADSD. Therefore, the recommended level of funding in the Executive Budget will not have the desired effect of ending waitlists.

The middle column of the table shows the caseload upon which the Governor's recommended budget is based. The column on the right shows the recalculated caseloads for these programs.

The Governor recommends 25 new positions for the three regional centers to support the recalculated, and thus increased, caseloads.

M-200 Demographics/Caseload Changes — Page DHHS-ADSD-70, 79, 80, 87 and 88

A summary of historic and current issues with caseload projections at the regional centers starts on page 36 of [Exhibit C](#).

The average cost per client in the residential support program at SRC precipitously increased in FY 2014, due to a small percentage of clients needing intensive services. The recommended caseload for B/A 101-3280 took these factors into account, the SRC's waitlist was expanded, and ADSD does not anticipate further occurrences of this nature in the 2015-2017 biennium.

An incorrectly calculated caseload at DRC will result in fewer clients being served at that center, beginning in FY 2016. The funding recommended in decision unit M-200 of B/A 101-3279, although based on the recalculated caseload, is nevertheless \$226,824 less than the funding approved for FY 2015. Thus, ADSD will not be able to add new clients, and the Agency is delaying services in order to lessen the effect of the anticipated shortfall.

The ADSD has discovered savings elsewhere in its budget that it proposes to redirect to DRC programs in order to mitigate the funding shortfall. Delays in implementation of ADSD's new case management system have defrayed first-year licensing and maintenance costs. The ADSD proposes redirecting \$676,305 in FY 2016 to the residential support program to partially resolve its funding deficiency.

Another caseload miscalculation is summarized on page 39. Division-wide, the family support and respite caseload has experienced a shortfall every July, when recipients were required to recertify for the program. To remedy the statistical anomaly presented by the July caseload decline, the ADSD has modified its procedures. Clients may now reapply throughout the year, instead of being restricted to the first quarter of the fiscal year. Staff is unable to confirm the efficacy of this solution, however, because the data recently obtained for FY 2015 still reflects a significant decrease in the first quarter.

Yet another error at the SRC, B/A 101-3280, stems from caseload count. At this center, the cost-per-case was based on the total number of families served, instead of the total number of unduplicated paid cases. The proper calculation results in a funding reduction for family support and respite services at SRC by \$82,037 over the biennium. Fiscal staff recommends a technical adjustment to rectify this funding imbalance.

Senator Kieckhefer:

Do the recalculated caseloads allow increased services for residential support, family support and respite, and jobs and day training for FY 2016 and FY 2017?

Ms. Davis:

Yes.

Senator Kieckhefer:

Are the waitlists for these programs growing?

Ms. Davis:

Yes.

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Chair Lipparelli:

Why does the waitlist continue to grow even though the caseloads, as recalculated, are reduced?

Ms. Kotchevar:

The caseloads for all these programs contain subcategories, some of which experience decreased caseloads, some of which experience increases. For example, the caseload for the higher intensity subcategory of residential support dramatically increased at DRC. That increase was offset, however, by the lower intensity residential support caseload, resulting in no net gain in caseload. However, the high-intensity residential support costs are significantly greater than those for the lower level, so costs increased, despite there being no change in numbers of people served.

Senator Kieckhefer:

What would it take to reduce these waitlists by 25 percent, 50 percent or 100 percent?

Ms. Davis:

The largest proportion of caseload for these programs is generated by DRC. To eliminate those waitlists, additional funding of \$11.5 million in FY 2016 and \$12 million in FY 2017 is needed.

Senator Kieckhefer:

Would that be a General Fund appropriation?

Ms. Davis:

It would be approximately half General Fund and half Medicaid funds.

Senator Kieckhefer:

Would those amounts have to be doubled to address the waitlist at SRC in addition to DRC, with another 25 percent added to eliminate the waitlist at RRC?

Ms. Davis:

That is correct.

Assemblywoman Kirkpatrick:

That is a significant amount of money. Are there alternatives, such as community partnerships, to extend services to those on the waitlists?

Ms. Kotchevar:

We have requested more waiver slots from Medicaid, which would bring a higher match of federal funds to appropriations from the General Fund. We also have requested a transfer of software licensing fees from FY 2016 to residential support services at DRC.

Chair Lipparelli:

Are the software licensing fees being delayed or eliminated?

Ms. Kotchevar:

Those annual fees were budgeted for FY 2017 as well. A federal grant allowed us to expand the case management project, resulting in a slight delay in the project's timeline, so ADSD asked instead that we be allowed to apply that money to services.

Chair Lipparelli:

Will the software licensing fees be due in FY 2017?

Ms. Kotchevar

Yes, but the funding shortfall is for FY 2016, not FY 2017.

Assemblywoman Kirkpatrick:

You mentioned certain obstacles to hiring developmental specialists at EIS. Will it be similarly difficult to fill the 15 vacancies at the regional centers?

Ms. Kotchevar:

No. The developmental specialists for the regional centers are easier positions to fill because they do not require the same degree of certification and education as those for EIS.

Assemblywoman Kirkpatrick:

My constituents do not understand why government agencies have job openings at the same time that services are declining.

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Ms. Kotchevar:

We increase caseloads regardless of staffing. Waitlists occur due to lack of funding.

Senator Kieckhefer:

How many additional waiver slots did ADSD request from Medicare?

Ms. Gruner:

We are currently coordinating with Medicaid to determine the exact number we can request.

Senator Kieckhefer:

Will these additional waivers address the entirety of the waitlists?

Ms. Gruner:

No.

Senator Kieckhefer:

How does the Agency intend to eliminate the waitlists in the future?

Ms. Gruner:

There is not enough money in the budget to provide services to all the clients who need them.

Chair Lipparelli:

How can the miscalculations to the family support and respite care projections, as portrayed on the table at the top of page 39 of [Exhibit C](#), be avoided?

Ms. Kotchevar:

We have tied respite care to the annual individual service plan recertification, which will solve the problem of radically reduced caseloads in the first quarter of the fiscal year. The Agency will instruct families to recertify throughout the year, and not wait until July, as was the previous practice.

Chair Lipparelli:

Will the Agency's ability to properly calculate caseload be partially a function of families' ability to adjust to the new recertification schedule?

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Ms. Kotchevar:

Yes.

Chair Lipparelli:

Are we likely to see an improvement in that process?

Ms. Kotchevar:

Yes. The family support and respite care program is, by its nature, somewhat volatile. Some families use it as an emergency measure; others use it in a more consistent manner. Further, because the program serves a relatively small number of people, it is statistically skewed toward unpredictability.

Senator Kieckhefer:

These services, helping people who cannot help themselves, is a basic government function. I am concerned about our failure to fully serve those in need. So I will make a motion with the caveat that, before this budget fully closes, I will continue to explore other options.

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO FUND THE REVISED PROJECT CASELOADS AND WAITLISTS AT THE THREE REGIONAL CENTERS.

ASSEMBLYWOMAN KIRKPATRICK SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO REDIRECT \$325,763 IN GENERAL FUND APPROPRIATIONS AND \$350,542 IN FEDERAL FUNDS FROM THE AGENCY'S LICENSE AND MAINTENANCE COSTS TO RESIDENTIAL SUPPORT SERVICES AT DRC.

ASSEMBLYWOMAN DICKMAN SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE GOVERNOR'S RECOMMENDATION TO FUND NEW 24.51 FULL-TIME EQUIVALENT POSITIONS, WITH THE TECHNICAL ADJUSTMENT TO REDUCE THE COST OF THE PROJECTED CASELOAD OVER THE 2015-2017 BIENNIUM FOR FAMILY SUPPORT AND RESPITE AT SRC BY \$40,459 IN FY 2016 AND \$41,578 IN FY 2017, AND GRANT FISCAL STAFF AUTHORITY TO MAKE TECHNICAL ADJUSTMENTS TO REFLECT THE FINAL FEDERAL MEDICAL ASSISTANCE PERCENTAGES RATES, WHICH WILL DETERMINE THE FEDERAL FUNDING FOR THIS BUDGET.

ASSEMBLYWOMAN TITUS SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The second major issue for the regional centers is an increase in the rate paid to contracted providers of direct services in the residential support and jobs and day training programs.

E-250 Efficient and Responsive State Government — Page DHHS-ADSD-72, 81, 89 and 90

The Executive Budget recommends total funding of \$7.8 million in FY 2017 to increase the provider rate by 5.7 percent. However, this recommended increase was based on a higher caseload than the one ultimately recommended by the Governor, rendering an actual average increase to providers of 6 percent. To

maintain the originally recommended 5.7 percent increase in FY 2017, enhancement unit E-250 could be reduced by \$462,727.

The table on the bottom of page 40 of [Exhibit C](#) provides a summary of the FY 2014 average rate paid by SRC, DRC and RRC for residential support and jobs and day training, as compared to the 5.7 percent increased rate recommended by the Governor, the 6 percent potential increased rate and the Medicaid average current rate. The Medicaid average rate in both categories, residential support and jobs and day training, is higher than any of the other rates.

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE GOVERNOR'S RECOMMENDATION FOR A 5.7 PERCENT RATE INCREASE TO PROVIDERS OF SERVICES IN THE RESIDENTIAL SUPPORT AND JOBS AND DAY TRAINING PROGRAMS BEGINNING IN FY 2017 AND REDUCE THE RECOMMENDATION BY \$462,727 IN ORDER TO CORRECT THE CALCULATION ERROR INCLUDED IN DECISION UNIT E-250.

ASSEMBLYWOMAN DICKMAN SECONDED THE MOTION.

Assemblywoman Carlton:

Does the average Medicaid daily rate of \$146.22 for jobs and day training, as shown in the table on the bottom of page 40, represent an increased amount?

Ms. Davis:

The approved Medicaid rate is shown as a comparison to the other rates on the table.

Assemblywoman Carlton:

Does the actual rate paid to providers of jobs and day training, including the proposed 6 percent increase, total \$52.23, as compared to the current average Medicaid rate of \$146.22?

Ms. Davis:

That is correct. These are daily rate averages; they vary depending on the types of services provided.

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Assemblywoman Carlton:

Why would we delay the proposed rate increase until FY 2017?

Ms. Davis:

An increase for FY 2016 proportional to the recommended FY 2017 increase is not included in this funding.

Assemblyman Oscarson:

Several community providers have asked me if it would it be possible to split the rate increase between the 2 fiscal years.

Senator Kieckhefer:

Our budget balance for FY 2016 does not allow for such a possibility.

I appreciate the difficulty providers face in attempting to provide residential support for an individual at a rate of less than \$20 an hour, including overhead, paying their staff, the utilities and all that such services entail.

It is a difficult decision, but the Legislature does not have the money for rate increases in FY 2016.

Assemblywoman Kirkpatrick:

We have been discussing this issue with community providers for some time, but the funding does not exist in FY 2016.

Assemblywoman Titus:

I wish we could find a solution for this dilemma. It is almost impossible to retain community providers in rural areas at these reimbursement rates. Although the rate increase is not enough, it is a start.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

On pages 44 and 45 [Exhibit C](#), six other closing items for SRC, encompassing eight decision units in B/A 101-3280, which appear reasonable to staff, are outlined.

M-425 Deferred Facilities Maintenance — Page DHHS-ADSD-71

M-426 Deferred Facilities Maintenance — Page DHHS-ADSD-71

M-800 Cost Allocation — Page DHHS-ADSD-71

E-800 Cost Allocation — Page DHHS-ADSD-74

E-276 Educated and Healthy Citizenry — Page DHHS-ADSD-72

E-710 Equipment Replacement — Page DHHS-ADSD-73

E-711 Equipment Replacement — Page DHHS-ADSD-73

E-730 Maintenance of Buildings and Grounds — Page DHHS-ADSD-74

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE OTHER CLOSING ITEMS AS RECOMMENDED BY THE GOVERNOR, WITH THE TECHNICAL ADJUSTMENTS NOTED IN OTHER CLOSING ITEMS 1, 4 AND 5, AND PROVIDE FISCAL STAFF WITH AUTHORITY TO MAKE OTHER TECHNICAL ADJUSTMENTS AS NECESSARY.

ASSEMBLYWOMAN DICKMAN SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The budget for DRC is shown on page 47 of [Exhibit C](#). Just as for SCR, the major closing issues have already been decided. There remain seven other closing items in this account, which include seven decision units in B/A 101-3279 that appear reasonable to staff.

M-101 Agency Specific Inflation — Page DHHS-ADSD-79

M-425 Deferred Facilities Maintenance — Page DHHS-ADSD-80

M-800 Cost Allocation — Page DHHS-ADSD-81

E-800 Cost Allocation — Page DHHS-ADSD-83

E-710 Equipment Replacement — Page DHHS-ADSD-82

E-720 New Equipment — Page DHHS-ADSD-82

E-721 New Equipment — Page DHHS-ADSD-83

SENATOR KIECKHEFER MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE OTHER CLOSING ITEMS AS RECOMMENDED BY THE GOVERNOR, WITH THE TECHNICAL ADJUSTMENTS NOTED IN OTHER CLOSING ITEMS 1, 6 AND 7, AND PROVIDE FISCAL STAFF WITH AUTHORITY TO MAKE OTHER TECHNICAL ADJUSTMENTS AS NECESSARY.

ASSEMBLYMAN HAMBRICK SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

The final ADSD budget account to be addressed today is B/A 101-3167 for RRC, which is shown on page 50. One major closing issue remains: a recommendation in decision unit E-248 for General Fund appropriations of \$40,000 in each year of the 2015-2017 biennium for restoration of an externship program allowing one psychology student from the University of Nevada, Reno to participate in clinical experiences in a rural area.

E-248 Efficient and Responsive State Government — Page DHHS-ADSD-8

ASSEMBLYWOMAN DICKMAN MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE GENERAL FUND APPROPRIATIONS OF \$80,000 OVER THE 2015-2017 BIENNIUM, AS RECOMMENDED BY THE GOVERNOR, TO REINSTATE THE EXTERNSHIP PROGRAM AT RRC.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Ms. Davis:

There are two other closing items in this account, which appear reasonable to staff.

M-800 Cost Allocation — Page DHHS-ADSD-88

E-800 Cost Allocation — Page DHHS-ADSD-90

ASSEMBLYMAN OSCARSON MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE OTHER CLOSING ITEMS AS RECOMMENDED BY THE GOVERNOR, WITH THE TECHNICAL ADJUSTMENTS NOTED IN OTHER CLOSING ITEM 2, AND PROVIDE

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FISCAL STAFF WITH AUTHORITY TO MAKE OTHER TECHNICAL
ADJUSTMENTS AS NECESSARY.

SENATOR KIECKHEFER SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

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Barry Gold (American Association of Retired Persons):

We appreciate your discussion about the waiting lists for various programs in the State, and your concern about the senior dental program. We hope the Legislature will remain aware that people desperately need those services.

Lisa Foster (State of Nevada Association of Providers):

We are concerned about funding for FY 2016. If supplemental funds become available to the Legislature, we hope you will keep our providers in mind.

Brian Patchett, M.P.A., M.S., C.R.C. (President/CEO, Easter Seals Nevada):

I am the Chair of Commission on Services for Persons with Disabilities and a member of the State of Nevada Association of Providers. We would ask that the Legislature supplement funding for FY 2016 for providers who deliver critical services at rates significantly lower than what Medicaid pays.

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Chair Lipparelli:

Seeing no other members of the public wishing to testify, and no more business before these Subcommittees, this meeting is adjourned at 9:39 a.m.

RESPECTFULLY SUBMITTED:

Susan McArthur,
Committee Secretary

APPROVED BY:

Senator Mark A. Lipparelli, Chair

DATE: _____

Assemblyman James Oscarson, Chair

DATE: _____

Senate Committee on Finance
 Assembly Committee on Ways and Means
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EXHIBIT SUMMARY				
Bill	Exhibit / # of pages		Witness / Entity	Description
	A	1		Agenda
	B	2		Attendance Roster
	C	52	Fiscal Analysis Division	Human Services Joint Subcommittee Closing List No. 4