

Nevada Department of Health and Human Services					General Fund		
Summary of Impacts of American Recovery and Reinvestment Act (ARRA)					Dollar Impact		
Division	Subject Area	What is in Act	Impact on Executive Budget	Budget Accounts Impacted	SFY 2009	SFY 2010	SFY 2011
Aging	Senior Employment	\$120,000,000, which shall be available for obligation on the date of enactment of this Act to carry out Title V of the Older Americans Act of 1965, for "Community Service Employment for Older Americans" and shall remain available through June 30, 2010: Provided, That funds shall be allotted within 30 days of such enactment to current grantees in proportion to their allotment in program year 2008.	DAS will receive an additional \$113,775 to grant to Catholic Charities, the current grantee for SCSEP. Administrative funding is allowed, so DAS will be keeping \$10,246 for administrative costs. This will offset \$10,246 in General Fund for SFY2010.	BA 3151 - Aging Federal Programs and Administration	\$ -	\$ 10,246	\$ -
Aging	Congregate & Home-Delivered Meals	Provides an additional \$100,000,000 for Aging Services Programs under subparts 1 & 2 of part C of Title III, and under Title VI, of the Older Americans Act of 1965. \$65,000,000 shall be for Congregate Nutrition Services, \$32,000,000 shall be for Home-Delivered Nutrition Services and \$3,000,000 shall be for Nutrition Services to Native Americans.	DAS will receive an additional \$976,000 to grant to current nutrition grantees at the same formula as current grant awards. Administrative funding is allowed, so DAS will be keeping \$97,600 for administrative costs, which can be used to offset \$97,600 in General Fund for SFY2010.	BA 3151 - Aging Federal Programs and Administration	\$ -	\$ 97,600	\$ -
ODS	Independent Living	\$243,000 additional funding for the State IL Council.	The Executive Budget calls for a near doubling in the caseload for IL, without any additional staff. The State IL Council has authority over the allocation of this stimulus funding and has initially indicated a desire to grant the funds to community partners for the hiring of additional IL case managers. Thus, there would be no impact on the Executive Budget from this projected appropriation. Nevada has sufficient match in the Executive Budget.	3266 - Community Based Services		\$ -	\$ -
Health and ODS	Education and Work Force/K-12/Sp. Education	\$3.9 million of additional funding for Part C services.	Because of the large proposed funding increase in the Executive Budget, stimulus funds could be used to offset that increase without any MOE implications.	3208 - Early Intervention Services 3276 - Idea Part C		\$ 1,950,000	\$ 1,950,000
DO	Community Services Block Grant (CSBG)	Provides \$1 billion dollars nationally for the CSBG program to support the work of local Community Action Agencies (CAAs) who provide services to low-income individuals and families and partner with public and private sector organizations to reduce community poverty.	Nevada's share of the stimulus is \$5 million over a two-year period, \$2.5 million each for FFY 2009 and 2010. Funds would be passed through to the 12 designated CAAs located across the state. CAAs will deliver employment and training and other supportive services to low-income families below 200% of poverty.	3195 - Grants Management Unit			
DHCFP, DCFS, and MHDS	FMAP - Hold Harmless	Section 5001(a) - Each state's Federal Medical Assistance Percentage (FMAP) will be held harmless at the 2008 level if it would have otherwise decreased in 2009, 2010, or the first quarter of FFY 2011.	<p>Agency Request was built with a blended rate of 50.66% for SFY 2009, 50.00% for SFY 2010 and 50.00% for SFY 2010</p> <p>Gov Rec was built with a blended rate of 51.98% for SFY 2009, 56.66% for SFY 2010 and 52.00% for SFY 2010</p> <p>The Stimulus Bill blended rate is 61.11% for SFY 2009, 63.93% for SFY 2010 and 56.97% for SFY 2010</p>				

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DHCFF, DCFS, and MHDS	Across-the-Board FMAP Increase	Section 5001(b) - States would receive a temporary increase of 6.2 percentage points in their Federal Medical Assistance Percentage (FMAP) effective Oct. 1, 2008, and extending through Dec. 31, 2010, called the Recession Adjustment Period (RAP). This temporary FMAP increase would only apply to Medicaid (excluding disproportionate share hospital payments and enhanced FMAP Medicaid SCHIP kids) and Title IV-E foster care and adoption assistance.						
		<p style="text-align: center;">Restrictions</p> Increased FMAP funds cannot be placed into any "rainy day fund." By Sept. 30, 2011, every state must report to the Secretary how the money was spent. States are not eligible for increased FMAP funds if it requires any political subdivision to contribute more of the non-federal share of expenditures during the RAP. States must be in compliance with the existing prompt payment provisions for Medicaid, including payments to hospitals and nursing facilities.						
DHCFF and MHDS	Additional FMAP Increase for Higher Unemployment States	Section 5001(c) - The FMAP for each calendar quarter (October 2008 through December 2010) shall be increased for each state that experienced at least a 1.5 percentage point growth in its unemployment rate calculated as the growth between each state's average monthly unemployment rate for the three-consecutive-month period and the lowest average monthly unemployment rate for the state for any three-consecutive-month period proceeding the most recent period, but beginning on or after Jan. 1, 2006. The FMAP would be increased by the number percentage points equal to the product of (A) the state's percentage applicable for the State after the hold harmless is applied and after 1/2 of the 6.2% increase is applied, and (B) the applicant percent as follows:						
		<ul style="list-style-type: none"> • 5.5% unemployment reduction factor if the unemployment rate growth is at least 1.5 percentage points but less than 2.5 percentage points; • 8.5% factor if unemployment rate growth is at least 2.5 percentage points but less than 3.5 percentage points; • 11.5% factor if unemployment rate growth is at least 3.5 percentage points. The unemployment increase does not apply to IV-E. 						

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DHCFP	FMAP		Total DHCFP Dollar Impact for FMAP	3243 - Medicaid	\$ 111,708,220	\$ 94,051,520	\$ 62,567,668
DCFS	FMAP			3278 - Wraparound In NV			
				3281 - NNCAS			
				3646 - SNCAS			
				3141 - Washoe Co. Int.			
				3142 - Clark Co. Int.			
				3229 - Rural Child Welfare			
			Total DCFS Dollar Impact for FMAP		\$ 3,946,420	\$ 2,647,627	\$ 1,999,979
MHDS	FMAP			3279 - Desert Reg. Center			
				3280 - Sierra Reg Center			
				3167 - Rural Reg. Center			
				3161 - SNAMHS			
				3162 - NNAMHS			
				3648 - Rural Clinics			
			Total MHDS Dollar Impact for FMAP		\$ 7,235,557	\$ 8,278,385	\$ 5,959,214
DHCFP	FMAP Maintenance of Eligibility	States are ineligible for the increase if their eligibility standards, methodologies, or procedures under its state plan under Title XIX (including any waiver) are more restrictive than the eligibility standards, methodologies, or procedures, respectively, under such plan as in effect on July 1, 2008. States that have restricted eligibility after July 1, 2008, would no longer be ineligible beginning with the first calendar quarter in which the state has reinstated the standards to those that are no more restrictive than those of July 1, 2008.	DHCFP BA 3243 (E 655) revises income disregards for Medicaid recipients eligible for Transitional Medical Assistance. Savings of \$10.3 million in SGF were included in the Executive Budget. This eligibility change will need to be reversed for the state to be eligible for FMAP relief. The cost to add back the service, based upon the new FMAP rates is now estimated at about \$8.3 million. Add back shown on Page 6	3243 - Medicaid		\$ -	\$ -
		Strategic Issues					
		States must ensure they maintain eligibility requirements (policies, procedures and practices) that were in place as of July 1, 2008.					
DHCFP	Increase in Medicaid DSH	Section 5002 - Medicaid Disproportionate Share Hospitals will receive the higher of current law or a 2.5% increase to their payments for FFY 2009. In FFY 2010, DSH payments increase from the FFY 09 amount by an additional 2.5%. For FFY 2011 and beyond, the amount returns to the regular DSH allotment without the ARRA adjustments.	Not included in Executive Budget. Will be included with budget amendments.	DHCFP BA 3243	\$ -	\$ -	\$ -
			DSH adjustments will affect the Intergovernmental Transfer Account (IGT) and those funds were incorporated in the FMAP calculations above.	DHCFP BA 3157	\$ -	\$ -	\$ -

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Various	Medicaid Health Information Technology (HIT)	<p>Section 4201 - This section provides 100% federal payment for state payments for certain Medicaid providers attributable meaningful use of certified Electronic Health Records (EHR). 90% federal payment for state costs attributable to reasonable administrative expenses for EHR. Medicaid providers who can receive payments include: Eligible professionals (not hospital based) with at least a 30% volume of Medicaid beneficiaries; Pediatricians, not hospital based and not described above, with at least 20% Medicaid volume; Professionals who practice predominantly in a FQHC or RHC and at least 30% Medicaid patient volume. These providers would receive, not in excess of, 85% of their EHR costs. For a children's hospital or an acute care hospital with at least a 10% Medicaid volume, the payments cannot exceed: i) in the aggregate, the product of the overall hospital amount and the Medicaid share; ii) in any year 50% of "i"</p> <p>described above; iii) in any 2 year period 90% of the product in "i". For payments in the first year, a provide must demonstrate it is engaged in efforts to adopt, implement or upgrade a certified EHR. For a year payment, other than the first year, the provider must demonstrate meaningful use of the certified EHR. The must assure these costs are not duplicated and must oversee the appropriate use of federal funds.</p> <p>Strategic Issues</p> <p>Providers need to choose between receiving incentive payments from Medicaid or Medicare. For some, there may be more available from Medicare. There are also significant definitional and reporting issues associated with this section of the bill. Defining "meaningful use" (of an EHR) is an important consideration. Additionally, states will have to develop a methodology for determining the Medicaid volume for the different provider types identified in the bill. There are also significant oversight and reporting requirements which will require state resources as well as a 10% matching requirement for those administrative activities.</p>	Not included in the Executive Budget.	May affect various budget accounts in DHHS agencies.				

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Various	Health Information Technology (HIT)	The bill provides \$20 billion for HIT Medicare and Medicaid investment in adopting national HIT standards, providing incentives for adoption and use of HIT, electronic exchange of patients' health information and addressing privacy and security issues. This provision would also create a Office of the National Coordinator for HIT and establish a grant program for states to provide loans to health care providers who agree to certain data reporting requirements.	Not included in the Executive Budget	May affect various budget accounts in DHHS and DoIT.			
DHCFP, Health and other DHHS Divisions	Other Health Care Programs	The bill provides funding for health care research and quality programs to compare effectiveness of different medical treatments for Medicare, Medicaid and SCHIP.	Not included in the Executive Budget	May affect various budget accounts in DHHS.			
Health	Lower Healthcare Costs, Prevention and Wellness Fund	Funding to fight preventable chronic diseases and infectious diseases. Includes hospital infection prevention, Preventive Health Services Block Grant, immunization programs and evidence-based prevention.	Focus is not known (vaccine purchase for specific age groups, capacity building such as registry enhancement)	3220 - Chronic Disease 3204 - Office of Minority Health			
Health	Alleviating Hunger, Supplemental Nutrition Program Information Systems	Funding to improve state management information systems for Womens, Infants, and Children's (WIC) programs, and to establish a federal reserve for excess caseload growth.	Unknown	3214 - WIC Food Supplement			
Health	Lower Healthcare Costs	Training Primary Care Providers: Training for primary health care providers and education expense payments for students in primary health care fields.	Unknown	3218 - Public Health Preparedness			
DWSS	Early Childhood Development	Provides an additional \$2 billion of funding to supplement, not supplant state general fund revenue funds with \$1 billion available 10/1/2009. Senate version of the bill will require certain quality set asides.	Provides the opportunity to eliminate discretionary waiting lists. \$14.3 million of new funding is provided with no state matching requirements.	3267 -- Child Assistance and Development			
DWSS	Supplemental Nutrition Assistance (SNAP)	13.6% increase in benefits. Additional appropriation of administrative funds available to the states to be distributed according to the proportional share of participants. Suspension of ABAWD requirements. Senate version provides for 100% administrative funding for administrative expenditures above a Maintenance of Effort (MOE) floor based on FFY08 expenditures.	\$1.739 million of additional administrative funds partially reduces 50% General Fund administrative expenditures. Part of the funds will be used to cover an EBT caseload adjustment and the balance can be a General Fund offset.	3228- Welare Admin.		\$ 413,108	\$ 399,148

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DWSS	Child Support Enforcement	Temporarily restores the ability for states to match incentive funds with federal funds that are reinvested. Proposed increase in FMAP will have no impact on the CSE funding. Incentive funding is required to supplement, not supplant, child support program expenditures.	Provides a two year window to match federally awarded incentive funds with federal financial participation (FFP). Approximately \$5.3 million in incentive funds can generate \$15.6 million in total spending authority to address Legislative Performance Audit recommendations. There will be no general fund savings.	3238 -- Child Support Enforcement Program				
				3239 - Child Support Federal Reimbursement				
DWSS	Temporary Assistance for Needy Families (TANF)	Creates Emergency Contingency Fund in combination with contingency funding which cannot exceed 25% of Family Assistance Grant based on caseload increase. Provides for an optional method for calculating work participation rates.	May, based on November caseload projections, partially replace General Fund in lieu of TANF federal funds. Approximately \$18.1 million in new funding. \$4.9 million will go to a SFY 2009 caseload adjustment, the balance can offset general fund in lieu of TANF.	3230 - TANF		\$ 4,364,333	\$ 7,535,667	
				1325 - IT Projects		\$ 1,249,023		
DWSS	Payments to Disabled	Provides an emergency payment to all current SSI recipients and to former recipients eligible for at least one day in one of the previous two months who became ineligible due to income. Payments are excluded in determining eligibility and amount of benefits for other federal programs.	None	3232 Assistance to Aged and Blind				
					\$ -	\$ -	\$ -	
				Total General Fund Benefit	\$ 122,890,197	\$ 113,061,842	\$ 80,411,676	
				Add Backs				
				Medicaid Supplemental	\$ 36,944,347			
				DCFS Supplemental	\$ 12,713,194			
				Welfare Supplemental	\$ 305,855			
				Health Supplemental	\$ 574,241			
				DCFS Certified Public Expenditures	\$ 2,297,790			
				Desert Willow Move (Note 1)	\$ 622,507			
				Transitional Med Add Back		\$ 2,922,822	\$ 5,384,943	
				Dental Add Back (CHIPRA)	\$ -	\$ 229,706	\$ 261,086	
				Total Add backs	\$ 53,457,934	\$ 3,152,528	\$ 5,646,029	
				Total Net General Fund Benefit	\$ 69,432,263	\$ 109,909,314	\$ 74,765,647	
				Grand Total Net Benefit			\$ 254,107,224	
			Note 1 - Public Works Board estimates closer to \$2.4 million					

Department of Health and Human Services
Estimated FMAP Increase in Final Stimulus Bill

Agency	FY 2009 Projected Increase	FY 2010 Projected Increase	FY 2011 Projected Increase	2010-2011 Biennial Total Increase
MHDS	\$ 7,235,557	\$ 8,278,385	\$ 5,959,214	\$ 14,237,599
DCFS	\$ 3,946,420	\$ 2,647,627	\$ 1,999,979	\$ 4,647,606
DHCFP	\$ 111,708,220	\$ 94,051,520	\$ 62,567,668	\$ 156,619,188
Total	\$ 122,890,197	\$ 104,977,532	\$ 70,526,861	\$ 175,504,393
Add Backs				
Medicaid Supplemental	\$ 36,944,347			\$ -
DCFS Supplemental	\$ 12,713,194			\$ -
Welfare Supplemental	\$ 305,855			\$ -
Health Supplemental	\$ 574,241			\$ -
DCFS Certified Public Expenditures	\$ 2,297,790			\$ -
Desert Willow Move (Note 1)	\$ 622,507			\$ -
Transitional Med Add Back		\$ 2,922,822	\$ 5,384,943	\$ 8,307,765
Dental Add Back (CHIPRA)		\$ 229,706	\$ 261,086	\$ 490,792
Total	\$ 53,457,934	\$ 3,152,528	\$ 5,646,029	\$ 8,798,557
Balance	\$ 69,432,263	\$ 101,825,004	\$ 64,880,832	\$ 166,705,836

Note 1 - Public Works Board estimates closer to \$2.4 million

Total Savings all 3 Fiscal Years **\$ 236,138,099**

Department of Health and Human Services															
FMAP Scenarios - 2010 and 2011 Stimulus Package															
Scenarios															
	SFY 2009					SFY 2010					SFY 2011				
<u>Quarter Ended</u>	<u>Sep-08</u>	<u>Dec-08</u>	<u>Mar-09</u>	<u>Jun-09</u>	<u>Blended</u>	<u>Sep-09</u>	<u>Dec-09</u>	<u>Mar-10</u>	<u>Jun-10</u>	<u>Blended</u>	<u>Sep-10</u>	<u>Dec-10</u>	<u>Mar-11</u>	<u>Jun-11</u>	<u>Blended</u>
Agency Request	52.64%	50.00%	50.00%	50.00%	50.66%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
Governor's Recommended Budget	52.64%	50.00%	52.64%	52.64%	51.98%	52.64%	58.00%	58.00%	58.00%	56.66%	58.00%	50.00%	50.00%	50.00%	52.00%
Stimulus - Hold Harmless and 6.2% - Title IV-E	52.64%	58.84%	58.84%	58.84%	57.29%	58.84%	58.84%	58.84%	58.84%	58.84%	58.84%	58.84%	50.00%	50.00%	54.42%
Stimulus - Hold Harmless, 6.2% and Unemployment - Medicaid	52.64%	63.93%	63.93%	63.93%	61.11%	63.93%	63.93%	63.93%	63.93%	63.93%	63.93%	63.93%	50.00%	50.00%	56.97%