

Department of Health and Human Services
NRS 218.53797 Annual Report to the
Legislative Committee on Persons with Disabilities
October 2005

NRS 218.53797 requires the Department of Health and Human Services to report on progress made on the following items:

1. The expansion of the program established pursuant to NRS 422.2715; and

2. The progress made by the Department toward the goal of equitably providing, by January 1, 2008, comprehensive health care coverage to each person with a disability who by virtue of becoming employed has established an income that is above the federally designated level signifying poverty and who is unable to obtain the health insurance coverage he needs from a source other than a program of public assistance;

NRS 422.2715 authorized the Director, through the Division of Health Care Financing and Policy (DHCFP), to establish a program for the provision of medical assistance to certain persons who are employed and have disabilities. It also authorized the Director to be able to require a person participating in the established program to pay a premium or other cost-sharing charges in a manner consistent with federal law.

In 2000, the State of Nevada applied for a Medicaid Infrastructure Grant (MIG) from the Department of Health and Human Services, the Centers for Medicare and Medicaid Services (CMS). The primary purpose of this grant was to evaluate, and if feasible, develop a Medicaid Buy-In program that would allow individuals who are employed and have disabilities the ability to buy-in to the state's Medicaid program. In 2000, and in each subsequent year, the state has continued to receive Medicaid Infrastructure Grant funding for this purpose. The original grant expired on December 31, 2004; however, a new grant was received beginning January 1, 2005 with annual renewal options until December 31, 2007. The 2006 grant was recently submitted and accepted by CMS. This most recent continuation grant represents an extension and enhancement of the programs and activities implemented in calendar years 2000 through 2005.

The Medicaid Buy-In program is named Health Insurance for Work Advancement (HIWA), as this program provides Medicaid benefits to employed individuals with disabilities. Eligibility determinations and enrollment for HIWA are carried out by the Division of Welfare and Supportive Services (DWSS).

Since the last report to the Legislative Committee on Persons with Disabilities, the HIWA program was implemented on schedule July 1, 2004. The following are recent program accomplishments:

- HIWA policy documents for both DHCFP and DWSS were completed.
- The Premium Payment System (PPS), which is used to generate monthly premium invoices, notices, and account tracking, was completed.
- Medicaid Management Information System (MMIS), NOMADS and PPS interfaces were completed.
- HIWA staff have accomplished numerous statewide outreach and training opportunities.
- The Medicaid Infrastructure Grant Advisory Group met regularly and provided input to HIWA program staff. The Advisory Group has currently taken a hiatus from meetings until a contract facilitator is hired to work with them on refining the Advisory Group's role as related to HIWA.
- DWSS has been accepting applications for the HIWA program since June 1, 2004.
- Current program enrollment is 21 individuals. Each participant pays a monthly premium amount based on income. The current average premium is \$35.34 per month.

3. The impact of assessments made of persons with disabilities pursuant to the comprehensive long-term Strategic Plan for Persons with Disabilities prepared by the Task Force on Disability to determine if they are living in an unnecessarily restrictive residential environment, including, without limitation, any savings in costs that resulted from those assessments.

The Strategic Plan for Persons with Disabilities identified the need for setting neutral assessments to assist persons to transition from nursing homes back to their own homes or to more integrated community settings. The Department of Health and Human Services completed a pilot project to facilitate moving persons with disabilities to less restrictive settings. This project was implemented statewide by the Division of Health Care Financing and Policy (DHCFP) and is named Facility Outreach and Community Integration Services (FOCIS).

The FOCIS program uses the following methods to identify and locate Medicaid eligible recipients residing in Nursing Facilities and who may be interested in discharge to a less restrictive setting:

- Outreach to all nursing facilities, acute rehabilitation facilities, and general hospitals;
- Presentations to Medicaid providers, governmental and community agencies, and local organizations of FOCIS services;

- Distribution of information on FOCIS, including brochures and referral forms;
- Face-to-face interviews with residents in facilities; and
- Review of information from the Minimum Data Set (MDS), which is the Medicare tool used to determine care needs and payment rate for nursing facility residents.

FOCIS staff make contact with each long-term care facility on a quarterly basis to obtain referrals, educate staff and provide support/direction to facility discharge planners. Each acute hospital, rehabilitation hospital, facility resident's council and regional center is contacted bi-annually to discuss FOCIS services and inquire of possible referrals. FOCIS referrals are also generated from MDS data, word of mouth and facility staff.

The DHCFP Reno District Office staff have assisted with 51 discharges since FOCIS began in Northern Nevada in 2002. Currently, Reno District Office staff has 21 recipients in the process of transitioning back into the community.

The FOCIS Unit was implemented in the Las Vegas District Office in July 2003. Since that time, Las Vegas District Office staff have assisted 113 recipients in transitioning out of institutions into community settings and assisted in the diversion of six recipients from institutional placement. In addition, Las Vegas District Office staff are currently assisting 89 individuals who wish to transition into the community.

Rural Nevada has been participating in this program since January 2004. Since that time, the Carson City District Office has placed four recipients into the community and is currently assisting two others. The Fallon District Office has assisted one discharge, and is assisting eight recipients to transition into the community and the Elko District Office has transitioned one recipient into the community. Both the Reno District Office and the Fallon District Office have diverted one recipient from entering an institution.

DHCFP staff finalized and formally adopted a FOCIS operations manual in April, 2005. The statewide FOCIS database has been completed and is being converted to a different reporting format. Staff will develop a Quality Assurance review process and will gather appropriate data to reflect cost savings or shifts related to FOCIS interventions.

While FOCIS is designed to serve individuals on Medicaid, the department has also undertaken to give all other nursing facility residents the opportunity of transition. The Office of Disability Services (ODS) was awarded a "Money Follows the Person (MFP)" federal grant in FY 04 to create a community integration process. ODS, in partnership with the Northern Nevada Center for Independent Living, has successfully transitioned 10 people out of nursing facilities and an additional 9 are in currently in the process. This is the last year of the three year grant.

FOCIS and MFP have worked cooperatively to maximize their outcomes. They regularly cross-refer clients, and help one another to find solutions. But, perhaps most important, they worked together to develop a setting-neutral assessment that is effective for both Medicaid and non-Medicaid clients.

Both programs complete comprehensive assessments to identify strengths and barriers to discharge as well as goal planning to overcome barriers and build upon strengths. Staff provide education to recipients, their support system and facility staff on obtaining community and Medicaid covered services. Staff provide information and linkage to available resources and make referrals to public and private agencies, including but not limited to: Home and Community Based Waivers, housing, utilities, transportation, Medicare, PCA services, counseling/support groups, and adult day care. For a period of time after discharge, staff follow the recipients in the community setting to enable a successful integration. The setting-neutral assessment currently being utilized includes the recommended assessment areas noted in the Strategic Health Plan for People with Disabilities.

In the coming months, the program will continue to track outcomes and barriers and will use this information to recommend improvements in services and changes needed in policies and regulations.