

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

**Eighty-second Session  
May 8, 2023**

The joint 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 on Monday, May 8, 2023, by Chair Rochelle T. Nguyen at 8:15 a.m. in Room 3137 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412E of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, 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 Rochelle T. Nguyen, Chair  
Senator Nicole J. Cannizzaro  
Senator Marilyn Dondero Loop  
Senator Heidi Seevers Gansert  
Senator Robin L. Titus

**ASSEMBLY SUBCOMMITTEE MEMBERS PRESENT:**

Assemblywoman Michelle Gorelow, Chair  
Assemblywoman Daniele Monroe-Moreno, Vice Chair  
Assemblywoman Natha C. Anderson  
Assemblywoman Jill Dickman  
Assemblyman Gregory T. Hafen II  
Assemblywoman Sandra Jauregui  
Assemblyman Howard Watts  
Assemblyman Steve Yeager

**STAFF MEMBERS PRESENT:**

Sarah Coffman, Assembly Fiscal Analyst  
Cathy Crocket, Chief Principal Deputy Fiscal Analyst  
Kimbra Ellsworth, Senior Program Analyst

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 2

John Kucera, Principal Program Analyst  
Helen Wood, Committee Secretary  
Michelle Friedlander, Committee Secretary

**OTHERS PRESENT:**

Stacie Weeks, Administrator, Division of Health Care Financing and Policy,  
Nevada Department of Health and Human Services  
Mary Pierczynski, State of Nevada Association of Providers  
Amy Henley, Clinical Programs Specialist, NeuroRestorative4Kids  
Shawn Rowles, Medical Director, NeuroRestorative4Kids  
Jonathan Norman, Advocacy, Outreach and Policy Director, Nevada Coalition of  
Legal Service Providers  
Dora Martinez, Nevada Disability Peer Action Coalition  
Molly Halligan, Nevada Association for Behavior Analysis

CHAIR NGUYEN:

We proceed with the budget closing for the Department of Health and Human Services (DHHS), Aging and Disability Services Division (ADSD).

KIMBRA ELLSWORTH (Senior Program Analyst):

There are eight budgets for ADSD. The Regional Centers Overview begins on page 3 of the Human Services Joint Subcommittee Closing List 7 ([Exhibit C](#)) and contains four Major Closing Issues for the three regional centers in budget accounts (B/A) 101-3167, 101-3279, and 101-3280. These centers provide an array of services to people of all ages with intellectual or developmental disabilities (IDD), and their families. The decision units specific to individual budgets will be discussed in each of the respective regional center's budgets.

HEALTH AND HUMAN SERVICES

AGING AND DISABILITY SERVICES

HHS-ADSD - Rural Regional Center — Budget Page DHHS-ADSD-35 (Volume II)  
Budget Account 101-3167

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 3

HHS-ADSD - Desert Regional Center — Budget Page DHHS-ADSD-115  
(Volume II)  
Budget Account 101-3279

HHS-ADSD - Sierra Regional Center — Budget Page DHHS-ADSD-126  
(Volume II)  
Budget Account 101-3280

Major Closing Issue 1 is the caseload adjustments, including decision units M-200 and M-201 in each of the three budgets, and M-510 in B/A 101-3279 and B/A 101-3280. The Governor recommends additional funding of \$62.3 million, including \$30.5 million in General Fund appropriations, over the 2023-2025 biennium to support adjustments for caseload growth, to reduce waitlists and adjust associated staffing for the Supported Living Arrangements, Family Support, and Jobs and Day Training programs at the Desert Regional Center, Sierra Regional Center and Rural Regional Center. The staffing adjustments included with the caseload projections used in the Executive Budget include the addition of 17 positions over the 2023-2025 biennium.

M-200 Demographics/Caseload Changes — Page DHHS-ADSD-36  
M-201 Demographics/Caseload Changes — Page DHHS-ADSD-37  
M-200 Demographics/Caseload Changes — Page DHHS-ADSD-117  
M-201 Demographics/Caseload Changes — Page DHHS-ADSD-118  
M-510 Mandates — Page DHHS-ADSD-120  
M-200 Demographics/Caseload Changes — Page DHHS-ADSD-127  
M-201 Demographics/Caseload Changes — Page DHHS-ADSD-128  
M-510 Mandates — Page DHHS-ADSD-130

The Agency provided updated caseloads and waiver waitlist projections calculated in March 2023 using data through February 2023. The table on page 6 of [Exhibit C](#) details the Developmental Services program's projected monthly average caseloads, waiver waitlist reductions and compares the projections used in the Executive Budget with the March 2023 update.

Compared to the projections used to prepare the Executive Budget, the monthly average regional centers' developmental services caseloads and waiver waitlist

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 4

projections are higher for each fiscal year of the 2023-2025 biennium. The updated caseloads and waiver waitlist projections result in total funding of \$74 million, including \$37.5 million in General Fund appropriations over the 2023-2025 Biennium. This is a net increase of \$11.7 million over the amount in the Executive Budget.

The table on page 8 of [Exhibit C](#) summarizes the developmental service types provided. It also compares the Governor's recommendation and the March 2023 caseload projection by service type. The table on page 9 of [Exhibit C](#) shows the staffing adjustments based on the updated caseload projections, including the Governor's recommendation of 17 new positions. The March caseload update supports a net increase of 20 positions over the 2023-2025 biennium, and the table breaks down which regional centers would get those positions. The decision is on page 10 of [Exhibit C](#).

Do the Subcommittees wish to recommend approval of the following to support caseload increases for the developmental services programs including associated staffing adjustments and waiver waitlist reductions over the 2023-2025 biennium, based on the March 2023 updated caseload projections for decision unit M-200 of \$3.8 million, including \$2.8 million in General Fund appropriations in fiscal year (FY) 2023-2024 and \$3.8 million, including \$2.8 million in General Fund appropriations in FY 2024-2025; and decision unit M-201 for \$6.4 million, including \$3.2 million in General Fund appropriations in FY 2023-2024 and \$12 million, including \$6.4 million in General Fund appropriations in FY 2024-2025; and decision unit M-510 for \$22.5 million, including \$10.3 million in General Fund appropriations in FY 2023-2024 and \$25.6 million, including \$12 million in General Fund appropriations in FY 2024-2025? Fiscal staff also requests authority to make technical adjustments to the caseload decision units as necessary.

CHAIR NGUYEN:

Is this increase over the Governor's recommendation due to caseload increases?

MS. ELLSWORTH:

Yes.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 5

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE CASELOAD INCREASES FOR THE DEVELOPMENTAL SERVICES PROGRAMS INCLUDING ASSOCIATED STAFFING ADJUSTMENTS AND WAIVER WAITLIST REDUCTIONS OVER THE 2023-2025 BIENNIUM BASED ON THE MARCH 2023 UPDATED CASELOAD PROJECTIONS FOR DECISION UNIT M-200 IN B/A 101-3167, B/A 101-3279 AND B/A 101-3280 FOR \$3.8 MILLION, INCLUDING \$2.8 MILLION IN GENERAL FUND APPROPRIATIONS, IN FY 2023-2024 AND \$3.8 MILLION, INCLUDING \$2.8 MILLION IN GENERAL FUND APPROPRIATIONS, IN FY 2024-2025; AND DECISION UNIT M-201 IN B/A 101-3167, B/A 101-3279 AND B/A 101-3280 FOR \$6.4 MILLION, INCLUDING \$3.2 MILLION IN GENERAL FUND APPROPRIATIONS, IN FY 2023-2024 AND \$12 MILLION, INCLUDING \$6.4 MILLION IN GENERAL FUND APPROPRIATIONS IN FY 2024-2025; AND DECISION UNIT M-510 IN B/A 101-3279, AND B/A 101-3280 FOR \$22.5 MILLION, INCLUDING \$10.3 MILLION IN GENERAL FUND APPROPRIATIONS, IN FY 2023-2024 AND \$25.6 MILLION, INCLUDING \$12 MILLION IN GENERAL FUND APPROPRIATIONS, IN FY 2024-2025; WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS TO THE CASELOAD DECISION UNITS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:

Major Closing Issue 2 on pages 10 to 12 of [Exhibit C](#) is decision unit E-250 in B/A 101-3167, B/A 101-3279 and B/A 101-3280. This is the provider rate increase. The Governor recommends funding of \$105.7 million, including \$50.7 million in General Fund appropriations over the 2023-2025 biennium to increase the rates paid to providers of intellectual and developmental disability

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 6

waiver services, including supported living arrangements and jobs and day training services. This rate is recommended to take effect on July 1, 2023.

E-250 Infrastructure, Energy & Environment — Page DHHS-ADSD-39  
E-250 Infrastructure, Energy & Environment — Page DHHS-ADSD-123  
E-250 Infrastructure, Energy & Environment — Page DHHS-ADSD-130

During the March 23, 2023, budget hearing, the Agency discussed the critical provider staffing shortages and explained the new rate structure is intended to provide a career path for direct support staff by ensuring base level benefits. The Agency clarified the anticipated timeline to implement the rate increases is planned in two steps. The initial increase is based on the current rate structure beginning July 1, 2023, through March 31, 2024. The new rate structure would be in place beginning April 1, 2024. This would allow time for the Agency to implement the new rate structure and enable it to provide an immediate rate increase beginning July 1, 2023. The chart on pages 15 through 17 of [Exhibit C](#) summarizes the recommended rate increases.

As noted during the budget hearing, the Medicaid budget is recommended to fund the rate increases beginning April 1, 2024, as opposed to July 1, 2023. While State amendments for waiver services are not usually eligible for retroactive payments, the Agency indicated that additional pandemic-related flexibility provided by the Centers for Medicare and Medicaid Services (CMS) may temporarily allow for retroactive approval of waiver amendments.

Therefore, Fiscal staff is recommending adjustments to the federal Medicaid funding in the Medicaid budget to implement the rate increases beginning July 1, 2023, to align with the recommendation in this budget. The funding allocations in this decision unit are calculated based on the federal Medical Assistance Percentage (FMAP) rates updated in March 2023. This adds Medicaid revenue totaling \$3.1 million with a corresponding decrease in General Fund appropriations as calculated by the DHHS for total funding of \$105.7 million over the 2023-2025 biennium, including \$47.6 million in General Fund appropriations.

Due to provider staffing shortages contributing to waitlist growth and wait times, the Subcommittees may wish to recommend a letter of intent (LOI) be

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 7

issued to ADSD to provide the Interim Finance Committee (IFC) a semiannual report during the 2023-2025 biennium on the status of the provider rate increases, associated provider capacity, and waitlists for intellectual and developmental disabilities waiver services, including the number of individuals receiving services, the number of individuals waiting for services, the average client wait time, a discussion of the effect of the rate increase on provider capacity, and the ability to meet service needs as well as associated concerns and challenges.

The decision for the Subcommittees is on page 12 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of the Governor's recommendation for \$105.7 million, including \$47.6 million in General Fund appropriations, over the 2023-2025 biennium, as adjusted, to increase the rates paid to providers of IDD waiver services, with authority for technical adjustments as necessary based on closing recommendations in the Medicaid budget, and to recommend issuing an LOI to ADSD to report on a semiannual basis to IFC during the 2023-2025 biennium on the status of the rate increases and associated provider capacity and waitlists for IDD waiver services?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-250 IN B/A 101-3167, B/A 101-3279 AND B/A 101-3280 AS RECOMMENDED BY THE GOVERNOR FOR \$105.7 MILLION, INCLUDING \$47.6 MILLION IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM AS ADJUSTED, TO INCREASE THE RATES PAID TO PROVIDERS OF IDD WAIVER SERVICES, WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY BASED ON CLOSING RECOMMENDATIONS IN THE MEDICAID BUDGET; AND TO RECOMMEND ISSUING AN LOI TO ADSD TO REPORT ON A SEMIANNUAL BASIS TO IFC DURING THE 2023-2025 BIENNIUM ON THE STATUS OF THE RATE INCREASES AND ASSOCIATED PROVIDER CAPACITY AND WAITLISTS FOR IDD WAIVER SERVICES.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MS. ELLSWORTH:

Major Closing Issue 3 for enhanced intensive support services is on page 12 of [Exhibit C](#). The Governor recommends \$1.9 million in funding, including \$1.5 million in General Fund appropriations, over the 2023-2025 biennium to augment staffing to provide additional support for individuals with high behavioral and complex needs. This includes two decision units.

Decision unit M-202 in B/A 101-3167, B/A 101-3279 and B/A 101-3280 adds nine new positions across the three regional centers for the Youth Intensive Support Services Program, including eight developmental specialist III positions and one health program manager III.

M-202 Demographics/Caseload Changes — Page DHHS-ADSD-38  
M-202 Demographics/Caseload Changes — Page DHHS-ADSD-119  
M-202 Demographics/Caseload Changes — Page DHHS-ADSD-129

Decision unit E-255 in B/A 101-3167 and B/A 101-3280, adds two contracted board certified behavior analysts, one at Sierra Regional Center and one at Rural Regional Center, to support individuals with high behavioral and complex needs, and provide additional expertise in that area.

E-255 Infrastructure, Energy & Environment — Page DHHS-ADSD-40  
E-255 Infrastructure, Energy & Environment — Page DHHS-ADSD-131

During the budget hearing on March 23, 2023, ADSD noted developmental services saw an increase in behavioral health needs, particularly for children with dual diagnoses, co-occurring mental illness and behavioral difficulties, or with complex medical needs. These services require more intensive staff time to work with the individuals and their families. The Agency indicated 15 individuals with high behavioral complex needs are receiving institutional care out-of-state, and it is possible that the additional staffing would allow them to return to Nevada for services.



Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 9

The decision for the Subcommittees is on page 13 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of the Governor's recommendation for \$1.9 million, including \$1.5 million in General Fund appropriations, over the 2023-2025 biennium to fund two contracted behavior analysts and nine new positions across the three regional centers for the Youth Intensive Support Services Program to support individuals with high behavioral and complex needs, with authority for Fiscal staff to make technical adjustments as necessary?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT M-202 IN B/A 101-3167, B/A 101-3279 AND B/A 101-3280, AND DECISION UNIT E-255 IN B/A 101-3167 AND B/A 101-3280, AS RECOMMENDED BY THE GOVERNOR FOR \$1.9 MILLION, INCLUDING \$1.5 MILLION IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO FUND TWO CONTRACTED BEHAVIOR ANALYSTS AND NINE NEW POSITIONS ACROSS THE THREE REGIONAL CENTERS FOR THE YOUTH INTENSIVE SUPPORT SERVICES PROGRAM TO SUPPORT INDIVIDUALS WITH HIGH BEHAVIORAL AND COMPLEX NEEDS, WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:

Major Closing Issue 4 begins on page 13 of [Exhibit C](#). This is the Fiscal Intermediary Program allotment increase in decision unit E-252 in B/A 101-3167, B/A 101-3279 and B/A 101-3280. The Governor recommends \$469,600, including \$330,890 in General Fund appropriations, over the 2023-2025 biennium to increase the Fiscal Intermediary program allotment paid

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 10

to qualified families by \$200 per month. This is a 44.4 percent increase, raising the amount from \$450 to \$650 per family, per month.

E-252 Infrastructure, Energy & Environment — Page DHHS-ADSD-39  
E-252 Infrastructure, Energy & Environment — Page DHHS-ADSD-123  
E-252 Infrastructure, Energy & Environment — Page DHHS-ADSD-131

During the March 23, 2023, hearing, the Subcommittees asked ADSD if the recommended \$200 increase was sufficient. The Agency indicated the amount was determined based on conversations with families. However, the amount provided has not been raised since it was established in 2006, nor does the recommended increase take inflation into account. The Agency estimates a monthly allotment of \$679, or an increase of \$229 (50.9%) over the current rate of \$450, calculated based on the annual consumer price index (CPI) increase from 2006 to 2023, would account for inflation to better help families purchase services. The additional \$29 per family, per month would cost an additional \$68,092, including \$47,979 in General Fund appropriations, over the 2023-2025 biennium compared to the Governor's recommendation.

CHAIR NGUYEN:

My recommendation is different from the decision on page 14 of [Exhibit C](#). I recommend we approve \$258,770, including \$184,645 in General Fund appropriations, in FY 2023-2024 and \$280,922, including \$194,224 in General Fund appropriations, in FY 2024-2025 to fund a \$229 increase to the Fiscal Intermediary Program allotment paid to qualifying families from \$450 to \$679 per family, per month, based on the CPI increases from 2006 to 2023.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO NOT APPROVE DECISION UNIT E-252 IN B/A 101-3167, B/A 101-3279 AND B/A 101-3280 AS RECOMMENDED BY THE GOVERNOR AND INSTEAD APPROVE \$258,770, INCLUDING \$184,645 IN GENERAL FUND APPROPRIATIONS, IN FY 2023-2024 AND \$280,922, INCLUDING \$194,224 IN GENERAL FUND APPROPRIATIONS, IN FY 2024-2025 TO FUND A \$229 INCREASE TO THE FISCAL INTERMEDIARY PROGRAM ALLOTMENT PAID TO QUALIFYING

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 11

FAMILIES FROM \$450 TO \$679 PER FAMILY, PER MONTH, BASED ON THE CPI INCREASES FROM 2006 TO 2023.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:

Other Closing Items specific to an individual regional center budget are discussed in the closing document [Exhibit C](#) for that specific budget. There is one Other Closing Item listed on page 14 of [Exhibit C](#) related to back language in the 2023 Appropriations Act. Fiscal staff recommends the Other Closing Item be closed as recommended by the Governor.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE 2023 APPROPRIATIONS ACT LANGUAGE PROVIDING SUMS APPROPRIATED TO THE ADSD FOR B/A 101-3167, B/A 101-3279 AND B/A 101-3280 MAY BE TRANSFERRED BETWEEN THOSE BUDGET ACCOUNTS FOR RESIDENTIAL SUPPORT, FAMILY SUPPORT AND RESPITE, AND JOBS AND DAY TRAINING SERVICES WITH THE APPROVAL OF THE IFC UPON THE RECOMMENDATION OF THE GOVERNOR.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 12

MS. ELLSWORTH:

The Family Preservation Program B/A 101-3166 is on pages 19 through 22 of [Exhibit C](#). This program provides monthly cash assistance to low income families caring for relatives in their homes with a profound or severe intellectual or developmental disability. Sierra Regional Center is the program administrator of the Program but serves clients in all three regional centers. The budget is funded with General Fund appropriations, federal Temporary Assistance for Needy Families funds and transfers from the Trust Fund for a Healthy Nevada.

HHS-ADSD - Family Preservation Program — Budget Page DHHS-ADSD-32  
(Volume II)  
Budget Account 101-3166

There are two Major Closing Issues in this budget. Major Closing Issue 1 on pages 19 and 20 of [Exhibit C](#) is the recommended funding for caseload adjustments. The Governor recommends additional General Fund appropriations of \$168,300 for the Family Preservation Program to support projected caseload growth over the upcoming 2023-2025 biennium.

The table on page 20 of [Exhibit C](#) shows the caseload projections used in the Executive Budget compared to the March 2023 updated caseload projections provided by ADSD. Compared to the projections used to prepare the Executive Budget, the updated caseload projections are slightly lower each year of the upcoming 2023-2025 biennium. The total cost for the updated caseload in decision units M-200 and M-201 is \$103,972 over the 2023-2025 biennium, approximately \$64,000 less than the amounts recommended in the 2023-2025 Executive Budget.

M-200 Demographics/Caseload Changes — Page DHHS-ADSD-32  
M-201 Demographics/Caseload Changes — Page DHHS-ADSD-33

The decision for the Subcommittees is on page 21 [Exhibit C](#). Do the Subcommittees wish to recommend approval of General Fund appropriations of \$20,570 in FY 2023-2024 and \$83,402 in FY 2024-2025 to fund projected caseload growth for the Family Preservation Program over the 2023-2025 biennium, based on the March 2023 updated caseload projections, to provide financial assistance of \$374 per family, per month?

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 13

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS M-200 AND M-201 IN B/A 101-3166 FOR GENERAL FUND APPROPRIATIONS OF \$20,570 IN FY 2023-2024 AND \$83,402 IN FY 2024-2025 TO FUND PROJECTED CASELOAD GROWTH FOR THE FAMILY PRESERVATION PROGRAM OVER THE 2023-2025 BIENNIUM, BASED ON THE MARCH 2023 UPDATED CASELOAD PROJECTIONS TO PROVIDE FINANCIAL ASSISTANCE OF \$374 PER FAMILY, PER MONTH.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MS. ELLSWORTH:

Major Closing Issue 2 on page 21 of [Exhibit C](#) in B/A 101-3166 is decision unit E-240, the allotment increase. The Governor recommends General Fund appropriations of \$1.7 million over the 2023-2025 biennium to increase the Family Preservation Program allotment from \$374 to \$486 per family, per month for qualified families. This 29.9 percent increase is based on the cumulative average federal Supplemental Security Income cost of living annual percentage increases since it was last adjusted in FY 2008-2009.

E-240 Efficiency & Innovation — Page DHHS-ADSD-33

The monthly assistance amount paid per family for the Family Preservation Program must be established by legislative appropriation for each fiscal year pursuant to *Nevada Revised Statutes* (NRS) 435.365. The monthly allotment was increased during the Seventy-fourth Legislative Session from \$362 per family in FY 2007-2008 to \$374 per family in FY 2008-2009 where it has remained. The costs in this decision unit are calculated using the projected caseload for the upcoming 2023-2025 biennium and are lower for each year compared to the amounts in the Executive Budget.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 14

The revised caseload projections result in an updated cost of \$852,880 in FY 2023-2024 and \$871,696 in FY 2024-2025 to increase the monthly financial assistance payment to \$486. This is approximately \$19,000 less over the 2023-2025 biennium compared to the amount in the Executive Budget.

The decision for the Subcommittees is on page 21 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of the General Fund appropriations of \$852,880 in FY 2023-2024 and \$871,696 in FY 2024-2025 as adjusted based on the March 2023 updated caseload projections to fund a 29.9 percent increase in the Family Preservation Program allotment paid to qualifying families from \$374 to \$486 per family, per month?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3166 DECISION UNIT E-240 GENERAL FUND APPROPRIATIONS OF \$852,880 IN FY 2023-2024 AND \$871,696 IN FY 2024-2025 AS ADJUSTED BASED ON THE MARCH 2023 UPDATED CASELOAD PROJECTIONS TO FUND A 29.9 PERCENT INCREASE IN THE FAMILY PRESERVATION PROGRAM ALLOTMENT PAID TO QUALIFYING FAMILIES FROM \$374 TO \$486 PER FAMILY, PER MONTH.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MS. ELLSWORTH:

The Rural Regional Center, B/A 101-3167, on pages 23 through 25 of [Exhibit C](#), is one of three regional centers that provide services for individuals with IDD and related conditions living in rural northern Nevada. The budget is funded primarily with General Fund appropriations and federal Medicaid funds. There are four Major Closing Issues previously discussed in the regional centers' overview. There are two Other Closing Items concerning cost allocation

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 15

adjustments. Fiscal staff recommends all Other Closing Items including decision units E-800 and M-800 be closed as recommended by the Governor and requests authority to make technical adjustments as necessary.

E-800 Cost Allocation — Page DHHS-ADSD-40  
M-800 Cost Allocation — Page DHHS-ADSD-39

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-800 AND M-800 IN B/A 101-3167 AS RECOMMENDED BY THE GOVERNOR AND PROVIDE FISCAL STAFF AUTHORITY TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:

The Desert Regional Center, B/A 101-3279 on pages 27 through 33 of [Exhibit C](#), is one of the three regional centers that provide services for individuals with IDD and related conditions residing in southern Nevada. The budget is funded primarily with General Fund appropriations and federal Medicaid funds.

There are five Major Closing Issues of which four were covered in the regional centers overview. Major Closing Issue 5, on pages 27 and 28 of [Exhibit C](#), is for decision units E-225 and E-226, a new accounting assistant and an unclassified agency manager position, respectively.

E-225 Efficiency & Innovation — Page DHHS-ADSD-120  
E-226 Efficiency & Innovation — Page DHHS-ADSD-121

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 16

The Governor recommends \$421,785, including General Fund appropriations of \$321,737, over the upcoming 2023-2025 biennium to fund the two new positions and associated costs to support ongoing operational needs at the Desert Regional Center. The accounting assistant IV would supervise and manage the Agency's southern payroll department, and the agency manager would manage and operate the Desert Regional Center Intermediate Care Facility.

During the March 23, 2023, budget hearing, ADSD discussed how the new accounting assistant IV would reduce the need for overtime associated with the Agency's southern Nevada payroll unit. To address staffing needs at the intermediate care facility, the ADSD said it had the funds to recruit the new agency manager position early and was able to fill it in February 2023. Fiscal staff included a technical adjustment shown on page 32 of [Exhibit C](#) to fund the agency manager position beginning in July 2023, as opposed to October 2023, and to adjust the retirement code to align with the current retirement plan, increasing the costs by \$41,230 in FY 2023-2024 and \$2,292 in FY 2024-2025. As adjusted, the new agency manager position totals \$340,477 over the upcoming 2023-2025 biennium.

The decision for the Subcommittees is on page 28 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of \$465,307, including \$353,990 in General Fund appropriations, over the 2023-2025 biennium to fund one new accounting assistant, one unclassified agency manager position and associated costs as adjusted?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE \$465,307, INCLUDING \$353,990 IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM, TO FUND ONE NEW ACCOUNTING ASSISTANT, ONE UNCLASSIFIED AGENCY MANAGER POSITION AND ASSOCIATED COSTS AS ADJUSTED FOR DECISION UNITS E-225 AND E-226 IN B/A 101-3279.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)



SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MS. ELLSWORTH:

The table on page 29 of [Exhibit C](#) summarizes the Coronavirus State Fiscal Recovery Funds (CSFRF) allocated to this budget over the interim and includes an allocation of \$8.5 million provided to the Grant A Gift Autism Foundation Ackerman Center. It was previously reported by ADSD that the project experienced delays with ramping up and hiring. However, it indicated it anticipates all remaining funds will be obligated in the upcoming 2023-2025 biennium. The Office of the Governor, Office of Finance (GFO) provided revised projections for the project and identified funding in the upcoming 2023-2025 biennium. Per the table, no funding was recommended in the Executive Budget.

Fiscal staff recommends a technical adjustment to align the project funding and projected expenditures to be consistent with the updated projections provided by the GFO during the presentation and the actions taken by the full Committees in closing the COVID-19 Relief Programs, B/A 101-1327.

#### ELECTED OFFICIALS

COVID-19 Relief Programs — Budget Page ELECTED-19 (Volume I)  
Budget Account 101-1327

On page 30 of [Exhibit C](#), there is a summary of the additional \$14.5 million in CSFRF allocated over the interim to support intensive behavioral support homes. The GFO provided updated projections to include the funding in FY 2023-2024. Fiscal staff recommends a technical adjustment to B/A 101-3279 to align funding and projected expenditures for the project to reflect \$14.5 million in FY 2023-2024, accounting for total project costs over the 2023-25 biennium, consistent with the action taken by the full Committees in closing B/A 101-1327. With the noted adjustments, the American Rescue Plan Act (ARPA) CSFRF in this budget will total \$16.6 million in FY 2023-2024 and \$6.4 million in FY 2024-2025 for both projects.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 18

The decision for the Subcommittees is on page 30 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of ARPA CSFRF totaling \$16.6 million in FY 2023-2024 and \$6.4 million in FY 2024-2025 to continue previously approved funding for the Grant A Gift Autism Foundation Ackerman Center and the Intensive Behavioral Support Homes projects based on the updated information provided by the GFO, consistent with the actions taken by the full Committees in closing the COVID-19 Relief Programs budget?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE ARPA CSFRF TOTALING \$16.6 MILLION IN FY 2023-2024 AND \$6.4 MILLION IN FY 2024-2025 TO CONTINUE PREVIOUSLY APPROVED FUNDING FOR GRANT A GIFT AUTISM FOUNDATION ACKERMAN CENTER AND THE INTENSIVE BEHAVIORAL SUPPORT HOMES PROJECTS BASED ON THE UPDATED INFORMATION PROVIDED BY THE GFO, CONSISTENT WITH THE ACTIONS TAKEN BY THE FULL COMMITTEES AND CLOSING OF THE COVID-19 RELIEF PROGRAMS BUDGETS.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:

There are five Other Closing Items in B/A 101-3279 listed on page 30 of [Exhibit C](#), including decision units E-248, E-800, M-800, M-101 and a technical adjustment adding an excluded position approved during the Eighty-first Legislative Session back to the base budget. Fiscal staff recommends Other Closing Items 1 through 4 be closed as recommended by the Governor and Other Closing Item 5 be closed with the noted technical adjustment, and requests authority to make technical adjustments as necessary.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 19

E-248 Efficiency & Innovation — Page DHHS-ADSD-122  
E-800 Cost Allocation — Page DHHS-ADSD-124  
M-800 Cost Allocation — Page DHHS-ADSD-120  
M-101 Agency Specific Inflation — Page DHHS-ADSD-117

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3279 OTHER CLOSING ITEMS 1 THROUGH 4 INCLUDING DECISION UNITS E-248, E-800, M-800, AND M-101 AS RECOMMENDED BY THE GOVERNOR; AND APPROVE OTHER CLOSING ITEM 5 WITH THE NOTED TECHNICAL ADJUSTMENT; WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:

The Sierra Regional Center, B/A 101-3280 on page 35 of [Exhibit C](#) is one of the three regional centers that provide services for individuals with IDD and related conditions residing in Washoe County. This budget is funded primarily with General Fund appropriations and federal Medicaid funds.

There are four Major Closing Issues that were covered in the regional centers' overview. There are five Other Closing Items listed on page 35 [Exhibit C](#), decision units E-800, M-800, E-257, E-720 and E-901 including a technical adjustment related to the transfer of building costs from the DHHS Division of Public and Behavioral Health (DPBH) Building 8 to support utilities and maintenance costs.

E-800 Cost Allocation — Page DHHS-ADSD-132  
M-800 Cost Allocation — Page DHHS-ADSD-130

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 20

E-257 Infrastructure, Energy & Environment — Page DHHS-ADSD-132  
E-720 New Equipment — Page DHHS-ADSD-132  
E-901 Transfer Fr DPBH-NNAMH To Sierra Regional Center — Page  
DHHS-ADSD-133

Due to an error in the Executive Budget, there are insufficient General Fund monies from the DPBH for the funding transfer to support these costs. Fiscal staff recommends decision unit E-901 be approved as a direct appropriation rather than a transfer from the DPBH budget since there is no impact on the amount of General Fund dollars to support that. Fiscal staff recommends Other Closing Items 1 through 4 be closed as recommended by the Governor and Other Closing Item 5 be closed as being funded by direct appropriation to this budget instead of a transfer, and requests authority to make technical adjustments as necessary.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3280 OTHER CLOSING ITEMS 1 THROUGH 4 INCLUDING DECISION UNITS E-800, M-800, E-257 AND E-720 AS RECOMMENDED BY THE GOVERNOR; AND APPROVE OTHER CLOSING ITEM 5 DECISION UNIT E-901 BE FUNDED BY DIRECT APPROPRIATION INSTEAD OF A TRANSFER; WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:  
Home and Community-Based Services, B/A 101-3266, is on pages 39 through 59 of [Exhibit C](#).

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 21

HHS-ADSD - Home and Community-Based Services — Budget Page  
DHHS-ADSD-74 (Volume II)  
Budget Account 101-3266

This budget includes community-based care services, such as the Community Options Program for the Elderly, Personal Assistance Services, and Home and Community-Based Waiver programs for the frail elderly and physically disabled, which provide alternatives to nursing homes or long-term care facility placement for individuals at risk of institutionalization. The personnel and operating costs related to oversight and operation of the federally funded Medicaid Home and Community-Based Waiver programs are included in this budget, while the Division of Health Care Financing and Policy (DHCFP) has administrative authority, establishes policy and makes direct service payments for the waiver programs. This budget contains the Long-Term Care Ombudsman program, Adult Protective Services, nutrition and home-delivered meals programs, and social services and family caregiver support programs. This budget is primarily funded with General Fund appropriations and federal funds.

There are six Major Closing Issues in B/A 101-3266. Major Closing Issue 1 on pages 39 through 43 of [Exhibit C](#) is for the community-based care caseload and staffing adjustments in decision units M-200, M-201, M-202, M-203, M-204 and M-205.

M-200 Demographics/Caseload Changes — Page DHHS-ADSD-78  
M-201 Demographics/Caseload Changes — Page DHHS-ADSD-79  
M-202 Demographics/Caseload Changes — Page DHHS-ADSD-79  
M-203 Demographics/Caseload Changes — Page DHHS-ADSD-79  
M-204 Demographics/Caseload Changes — Page DHHS-ADSD-80  
M-205 Demographics/Caseload Changes — Page DHHS-ADSD-80

The Executive Budget recommends total funding of \$2.4 million, including \$2.1 million in General Fund appropriations over the 2023-2025 biennium to support projected caseload and associated staffing adjustments for the community-based care programs. This includes the Personal Assistant Services and the Community Options Programs for the Elderly as well as the waiver programs.

The table on page 41 of [Exhibit C](#) summarizes the caseload used for the Executive Budget and associated costs. The update based on the March 2023 projections compared to the projections used to prepare the Executive Budget shows the monthly average Personal Assistant Services and Community Options Program for the Elderly caseload projections are slightly higher for each fiscal year in the upcoming 2023-2025 biennium. The updated caseloads and waitlist projections result in General Fund appropriations of \$1.3 million over the 2023-2025 biennium, an increase of approximately \$207,000 compared to the amount in the Executive Budget.

The Governor's recommendation also includes a staffing adjustment of nine additional positions to align with the caseload projections used in the Executive Budget. Based on the March 2023 projections, the combined monthly average community-based care caseload, including the waiver services, is projected to increase by 18.4 percent over the 2023-2025 biennium. This is notably higher compared to the projections in the Executive Budget.

The March 2023 updated projections support an increase of 37 positions over the 2023-2025 biennium. The table on page 42 of [Exhibit C](#) compares the Governor's recommendation based on the previous caseload projections to the staffing adjustments based on the March 2023 caseload update and reveals a difference of 28 positions.

The updated caseload staffing adjustments result in additional costs of \$5.2 million, including \$3.7 million in General Fund appropriations over the upcoming 2023-2025 biennium, which is \$3.8 million more than the Executive Budget. The Agency previously indicated the community-based care team has a vacancy rate of approximately 30 percent among caseload staff. The additional staffing recommended in decision unit M-205 through the updated caseload projections, combined with the additional positions discussed in Major Closing Issue 2, equals 87 new positions.

Given the current vacancies and potential challenges in ADSD's ability to hire new staff, the Subcommittees may wish to consider setting aside the FY 2024-2025 \$2.3 million General Fund portion in the restricted Contingency Account for the added caseload staff and direct ADSD to justify to the IFC when funding is needed after demonstrating the ability to fill the

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 23

27 new positions slated for FY 2023-2024. The decision for the Subcommittees is on page 43 of [Exhibit C](#).

The Subcommittees may wish to consider two options described on page 43 of [Exhibit C](#). To support caseload increases for the community-based care programs over the 2023-2025 biennium based on the March 2023 updated caseload projections, Option A recommends General Fund appropriations of \$405,204 in FY 2023-2024 and \$474,009 in FY 2024-2025 for decision units M-200, M-201 and M-203 in B/A 101-3266 to support growth; General Fund appropriations of \$188,053 in FY 2023-2024 and \$203,892 in FY 2024-2025 for decision units M-202 and M-204 in B/A 101-3266 to support waitlist reductions; and \$1.9 million, including \$1.4 million in General Fund appropriations, in FY 2023-2024 and \$3.3 million, including \$2.3 million in General Fund appropriations, in FY 2024-2025 for decision unit M-205 in B/A 101-3266 to support associated staffing adjustments.

Or, given the significant increase in staffing and challenges in filling positions, to support caseload increases for the community-based care programs over the 2023-2025 biennium and based on the March 2023 updated caseload projections, Option B recommends General Fund appropriations of \$405,204 in FY 2023-2024 and \$474,009 in FY 2024-2025 for decision units M-200, M-201 and M-203 in B/A 101-3266 to support caseload growth; General Fund appropriations of \$188,053 in FY 2023-2024 and \$203,892 in FY 2024-2025 in decision units M-202 and M-204 in B/A 101-3266 to support waitlist reductions; and \$1.9 million, including \$1.4 million in General Fund appropriations, in FY 2023-2024 for decision unit M-205 in B/A 101-3266 to support associated staffing adjustments; and recommends the \$2.3 million of General Fund appropriations for staffing in FY 2024-2025 be placed as restricted funds in the IFC Contingency Account, requiring ADSD to update the IFC on its hiring efforts for the 27 new positions funded in FY 2023-2024 to demonstrate the need for funding in FY 2024-2025.

Fiscal staff also requests authority to make necessary technical adjustments to the caseload decision units.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE OPTION B TO SUPPORT CASELOAD

INCREASES FOR THE COMMUNITY-BASED CARE PROGRAMS OVER THE 2023-2025 BIENNIUM BASED ON THE MARCH 2023 UPDATED CASELOAD PROJECTIONS; WITH GENERAL FUND APPROPRIATIONS OF \$405,204 IN FY 2023-2024 AND \$474,009 IN FY 2024-2025 FOR DECISION UNITS M-200, M-201 AND M-203 IN B/A 101-3266 TO SUPPORT CASELOAD GROWTH; AND GENERAL FUND APPROPRIATIONS OF \$188,053 IN FY 2023-2024 AND \$203,892 IN FY 2024-2025 FOR DECISION UNITS M-202 AND M-204 IN B/A 101-3266 TO SUPPORT WAITLIST REDUCTIONS; AND \$1.9 MILLION, INCLUDING \$1.4 MILLION IN GENERAL FUND APPROPRIATIONS, IN FY 2023-2024 FOR DECISION UNIT M-205 IN B/A 101-3266 TO SUPPORT ASSOCIATED STAFFING ADJUSTMENTS; AND DIRECT THE \$2.3 MILLION OF GENERAL FUND APPROPRIATIONS FOR STAFFING IN FY 2024-2025 BE PLACED AS RESTRICTED FUNDS IN THE IFC CONTINGENCY ACCOUNT REQUIRING ADSD TO UPDATE THE IFC ON ITS HIRING EFFORTS FOR THE 27 NEW POSITIONS FUNDED IN FY 2023-2024 TO DEMONSTRATE THE NEED FOR FUNDING IN FY 2024-2025; WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:

Major Closing Issue 2 is on page 43 of [Exhibit C](#). The Governor recommends funding \$4.9 million over the 2023-2025 biennium to add 35 new positions to the Adult Protective Services Program and 3 new positions to the Long Term Care Ombudsman Program in decision units M-206 and M-207 in B/A 101-3266.

M-207 Demographics/Caseload Changes — Page DHHS-ADSD-81

M-206 Demographics/Caseload Changes — Page DHHS-ADSD-81



Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 25

The recommended positions for these programs would be transferred out in Other Closing Item 11 listed on page 56 of [Exhibit C](#) consistent with the recommended reorganization to place these positions within the new Adult Protective Services and Long-term Care Ombudsman Budget. The reprojected caseloads provided in March 2023 using February 2023 data are on page 45 of [Exhibit C](#).

Compared to the projections used to prepare the Executive Budget, the updated Adult Protective Services caseload projections are slightly lower for FY 2024-2025 but notably higher for the Long-Term Care Ombudsman Program. This results in the addition of 50 positions over the 2023-2025 biennium compared to 38 in the Executive Budget.

The table on page 46 of [Exhibit C](#) shows the difference between the staffing included in the Governor's recommendation and the staffing based on the updated caseload projections is 12 positions. The caseload staffing adjustments based on the updated projections result in net additional costs of \$6.9 million, of which \$6.8 million is General Fund appropriations, over the 2023-2025 biennium. This is \$2 million more than the amount in the Executive Budget.

The Agency previously noted there is a high vacancy rate among caseworkers. The additional staffing recommended in decision units M-206 and M-207 through the updated caseload projections, combined with the additional positions discussed in Major Closing Issue 1, would total 87 new positions, or an increase of more than 26 percent. Given the current vacancies and potential challenges in ADSD's ability to hire all of the new staff, the Subcommittees may wish to consider setting aside the FY 2024-2025 General Fund monies totaling \$3.9 million for the added caseload staff and direct the Agency to justify to the IFC when funding is needed, after demonstrating the ability to fill the 49 new positions slated for FY 2023-2024.

The decision for the Subcommittees is on page 47 of [Exhibit C](#). There are two options for the Subcommittees' consideration. To support caseload staffing adjustments for the Adult Protective Services and Long-Term Care Ombudsman Programs over the 2023-2025 biennium based on the March 2023 caseload projections, Option A recommends \$1.8 million in General Fund

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 26

appropriations plus \$15,068 in Title XIX of the Social Security Act of 1965 (Title XIX) Medicaid Administrative Claims in FY 2023-2024, and \$2.4 million in General Fund appropriations and \$21,760 Title XIX Medicaid Administrative Claims in FY 2024-2025 for decision unit M-206 in B/A 101-3266; and General Fund appropriations of \$1.1 million in FY 2023-2024 and \$1.5 million in FY 2024-2025 for decision unit M-207 in B/A 101-3266.

Or alternatively, given the significant increase in staffing and challenges in filling positions to support caseload staffing adjustments for the Adult Protective Services and Long-Term Care Ombudsman Programs over the 2023-2025 biennium based on the March 2023 caseload projections, Option B recommends \$1.8 million in General Fund appropriations and \$15,068 in Title XIX Medicaid Administrative Claims in FY 2023-2024 and directs that \$2.4 million of General Fund appropriations for staffing in FY 2024-2025 for decision unit M-206 in B/A 101-3266 be appropriated as restricted funds in the IFC Contingency Account, requiring ADSD to update the Subcommittees on its efforts to hire the new positions funded in FY 2023-2024 to demonstrate the need for funding in FY 2024-2025; and General Fund appropriations of \$1.1 million in FY 2023-2024, and directs that \$1.5 million of General Fund appropriations for staffing in FY 2024-2025 for decision unit M-207 in B/A 101-3266 be appropriated as restricted funds in the IFC Contingency Account, requiring ADSD to update the Subcommittees on its efforts to hire the new positions funded in FY 2023-2024 to demonstrate the need for funding in FY 2024-2025.

Fiscal staff also requests authority to make technical adjustments as necessary.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE OPTION B TO SUPPORT CASELOAD STAFFING ADJUSTMENTS FOR THE ADULT PROTECTIVE SERVICES AND LONG-TERM CARE OMBUDSMAN PROGRAMS OVER THE 2023-2025 BIENNIUM BASED ON THE MARCH 2023 CASELOAD PROJECTIONS; APPROVE \$1.8 MILLION IN GENERAL FUND APPROPRIATIONS; WITH \$15,068 IN TITLE XIX MEDICAID ADMINISTRATIVE CLAIMS IN FY 2023-2024; AND DIRECTS THAT \$2.4 MILLION OF GENERAL FUND APPROPRIATIONS FOR STAFFING IN FY 2024-2025 FOR DECISION UNIT M-206 IN B/A 101-3266 BE

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 27

APPROPRIATED AS RESTRICTED FUNDS IN THE IFC CONTINGENCY ACCOUNT; REQUIRING ADSD TO UPDATE THE SUBCOMMITTEES ON ITS EFFORTS TO HIRE THE NEW POSITIONS FUNDED IN FY 2023-2024 TO DEMONSTRATE THE NEED FOR FUNDING IN FY 2024-2025; AND GENERAL FUND APPROPRIATIONS OF \$1.1 MILLION IN FY 2023-2024; AND DIRECTS THAT \$1.5 MILLION OF GENERAL FUND APPROPRIATIONS FOR STAFFING IN FY 2024-2025 FOR DECISION UNIT M-207 IN B/A 101-3266 BE APPROPRIATED AS RESTRICTED FUNDS IN THE IFC CONTINGENCY ACCOUNT REQUIRING ADSD TO UPDATE THE SUBCOMMITTEES ON EFFORTS TO HIRE THE NEW POSITIONS FUNDED IN FY 2023-2024 TO DEMONSTRATE THE NEED FOR FUNDING IN FY 2024-2025; WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:

Major Closing Issue 3 on page 47 of [Exhibit C](#) is the Personal Care Service Provider rate increase in decision unit E-234 in B/A 101-3266. The Governor recommends General Fund appropriations of \$2 million over the 2023-2025 biennium to increase the rates paid to the Community Options Program for the elderly and personal assistance services providers.

E-234 Efficiency & Innovation — Page DHHS-ADSD-85

The Agency indicates the rate of \$25 per hour was determined to align with the rate recommended by the Governor in the DHCFP Medicaid B/A 101-3243 decision unit E-126 for personal care services and Home and Community-Based Services Waiver for the Frail Elderly and Physically Disabled Services scheduled to increase on January 1, 2024, for personal care services providers.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 28

HHS-HCF&P - Nevada Medicaid Title XIX — Budget Page DHHS-DHCFP-47  
(Volume II)  
Budget Account 101-3243

E-126 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-54

The costs in decision unit E-234 in B/A 101-3266 are calculated based on the projected March 2023 caseloads and are slightly higher for each fiscal year, with service costs totaling \$2.1 million over the 2023-2025 biennium. This is approximately \$145,000 more than the amounts in the Executive Budget.

CHAIR NGUYEN:

The decision for the Subcommittees is on page 48 of [Exhibit C](#). However, there is an alternative motion to discuss. The Subcommittees could recommend approval of the Governor's recommendation in B/A 101-3266 decision unit E-234 to increase the rates paid to Community Options Program for the Elderly and Personal Assistant Services providers to \$25 per hour effective January 1, 2024, with General Fund appropriations of \$746,763 in FY 2023-2024 and \$1.4 million in FY 2024-2025 as adjusted based on the March 2023 updated caseload projections; and recommend the inclusion of back language in the 2023 Appropriations Act requiring providers of personal care services that receive the recommended increase in the reimbursement rate of \$25 per hour pay a wage to direct care workers not less than \$16 per hour; plus the recommendation to approve one management analyst position and associated expenditures in the B/A 101-3266 to review compliance of the minimum wage requirements for personal care services direct care workers funded with General Fund appropriations of approximately \$191,638 over the 2023-2025 biennium.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE GOVERNOR'S RECOMMENDATION IN B/A 101-3266 DECISION UNIT E-234 TO INCREASE THE RATES PAID TO COMMUNITY OPTIONS PROGRAM FOR THE ELDERLY AND PERSONAL ASSISTANT SERVICES PROVIDERS TO \$25 PER HOUR EFFECTIVE JANUARY 1, 2024, WITH GENERAL FUND APPROPRIATIONS OF \$746,763 IN FY 2023-2024 AND \$1.4 MILLION IN FY 2024-2025 AS ADJUSTED BASED ON THE

MARCH 2023 UPDATED CASELOAD PROJECTIONS; AND RECOMMEND INCLUSION OF BACK LANGUAGE IN THE 2023 APPROPRIATIONS ACT REQUIRING PROVIDERS OF PERSONAL CARE SERVICES THAT RECEIVE THE RECOMMENDED INCREASE IN THE REIMBURSEMENT RATE OF \$25 PER HOUR, PAY A WAGE TO DIRECT CARE WORKERS NOT LESS THAN \$16 PER HOUR; AND APPROVE ONE MANAGEMENT ANALYST POSITION AND ASSOCIATED EXPENDITURES IN B/A 101-3266 TO REVIEW COMPLIANCE OF MINIMUM WAGE REQUIREMENTS FOR PERSONAL CARE SERVICES DIRECT CARE WORKERS FUNDED WITH GENERAL FUND APPROPRIATIONS OF APPROXIMATELY \$191,638 OVER THE 2023-2025 BIENNIUM.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MS. ELLSWORTH:

Major Closing Issue 4 is on pages 48 and 49 of [Exhibit C](#). Decision unit E-809 in B/A 101-3266 reclassifies Adult Protective Services social worker positions. The Governor recommends \$370,211 in funding, including \$365,696 in General Fund appropriations, over the 2023-2025 biennium to reclassify Adult Protective Services social workers. This will fund a one-grade increase, or approximately a 5 percent increase for the positions.

E-809 Classified Position Changes — Page DHHS-DHCFP-93

During the budget hearing on March 23, 2023, ADSD confirmed the recommendation is intended to align the Adult Protective Services staff compensation with other protective services positions in the State, explaining the reclassification will help ADSD compete with other employers and retain existing staff.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 30

The decision for the Subcommittees is on page 49 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of the Governor's recommendation for \$370,211, including \$365,696 in General Fund appropriations, over the 2023-2025 biennium to fund a one-grade increase by reclassifying 48 adult protective services social worker II positions to social worker III positions and reclassifying 9 social work supervisor I positions to social work supervisor II positions?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE GOVERNOR'S RECOMMENDATION FOR DECISION UNIT E-809 IN B/A 101-3266 FOR \$370,211, INCLUDING \$365,696 IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO FUND A ONE-GRADE INCREASE BY RECLASSIFYING 48 ADULT PROTECTIVE SERVICES SOCIAL WORKER II POSITIONS TO SOCIAL WORKER III POSITIONS AND RECLASSIFYING 9 SOCIAL WORK SUPERVISOR I POSITIONS TO SOCIAL WORK SUPERVISOR II POSITIONS.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:

Major Closing Issue 5, on pages 49 through 51 of [Exhibit C](#), is the continuation of ARPA positions and includes decision units E-226, E-227, E-228, E-237, E-490, E-491 and E-492. The Governor recommends net additional funding of \$1.8 million, including \$1.6 million in General Fund appropriations, over the 2023-2025 biennium to continue funding 11 positions established during the interim using various sources of federal ARPA grant funds.

E-226 Efficiency & Innovation — Page DHHS-ADSD-83

E-227 Efficiency & Innovation — Page DHHS-ADSD-84

E-228 Efficiency & Innovation — Page DHHS-ADSD-84

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 31

E-237 Efficiency & Innovation — Page DHHS-ADSD-86  
E-490 Expiring Grant/Program — Page DHHS-ADSD-87  
E-491 Expiring Grant/Program — Page DHHS-ADSD-87  
E-492 Expiring Grant/Program — Page DHHS-ADSD-88

The recommendations change the funding source from various federal ARPA grant funds to a combination of General Fund appropriations, federal grants and Medicaid administrative funds, to continue funding for 11 positions, including 3 unclassified regional coordinators, 1 unclassified agency manager, 3 management analysts and 4 social services program specialists. A table summarizing these positions is on page 50 of [Exhibit C](#).

The Agency explained during the March 23, 2023, budget hearing it has struggled with internal capacity. Continuing the 11 positions established during the interim would help address capacity needs within ADSD including quality oversight of subgrants, fiscal oversight of federal grants, and technical assistance and support to community partners.

The decision for the Subcommittees is on page 51 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of the Governor's recommendation for \$1.8 million, including \$1.6 million in General Fund appropriations, over the 2023-2025 biennium to continue funding for 11 positions established during the interim using federal ARPA grant funds?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE GOVERNOR'S RECOMMENDATION FOR B/A 101-3266 DECISION UNITS E-226, E-227, E-228, E-237, E-490, E-491 AND E-492 FOR \$1.8 MILLION, INCLUDING \$1.6 MILLION IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO CONTINUE FUNDING FOR 11 POSITIONS ESTABLISHED DURING THE INTERIM USING FEDERAL AMERICAN RESCUE PLAN ACT GRANT FUNDS.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 32

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:

Major Closing Issue 6 is decision unit E-231 in B/A 101-3266 on pages 51 and 52 of [Exhibit C](#). The Governor recommends General Fund appropriations of \$162,230 over the 2023-2025 biennium to fund a new program officer position including associated operating and equipment costs to provide support for guardianship cases.

E-231 Efficiency & Innovation — Page DHHS-ADSD-85

During the March 23, 2023, budget hearing, ADSD revealed social work staff and supervisors are being pulled away from their regular duties to address guardianship cases. The new program officer position is intended to relieve the existing staff so they can do their regular duties of performing investigations and oversight.

The decision for the Subcommittees is on page 52 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of General Fund appropriations of \$72,331 in FY 2023-2024 and \$89,899 in FY 2024-2025 to fund a new program officer position and associated costs?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-231 IN B/A 101-3266 FOR GENERAL FUND APPROPRIATIONS OF \$72,331 IN FY 2023-2024 AND \$89,899 IN FY 2024-2025 TO FUND A NEW PROGRAM OFFICER POSITION AND ASSOCIATED COSTS.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*



Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 33

MS. ELLSWORTH:

The table on page 53 of [Exhibit C](#) summarizes the CSFRF approved during the interim for B/A 101-3266. The Executive Budget includes an additional \$2.5 million over the 2023-2025 biennium to continue funding some of the projects. However, it does not account for all of the Planning, Advocacy and Community Services Unit project funding projected to be expended totaling \$19.8 million in the upcoming 2023-2025 biennium.

It was suggested by ADSD and the GFO the remaining federal ARPA CSFRF allocations approved during the interim for the Planning, Advocacy and Community Services Unit in B/A 101-3266 projected to be expended of \$19.6 million in FY 2023-2024 and \$281,271 in FY 2024-2025 for all projects be accounted for in the new B/A 101-3278 to be consistent with the reorganization discussed later in Other Closing Item 11. Therefore, Fiscal staff recommends a technical adjustment to align the funding with the noted adjustments. The ARPA CSFRF in this budget would be zero in FY 2023-2024 and FY 2024-2025. The addition of the funds to the new budget will be later.

HHS-ADSD - Planning Advocacy and Community Grants — Budget Page  
DHHS-ADSD-107 (Volume II)  
Budget Account 101-3278

The decision for the Subcommittees is at the top of page 55 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of the transfer of federal ARPA CSFRF of \$2.2 million in FY 2023-2024 and \$281,271 in FY 2024-2025 from B/A 101-3266 to B/A 101-3278 to continue previously approved funding for the Planning, Advocacy and Community Services Unit projects?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE TRANSFER OF FEDERAL ARPA CSFRF OF \$2.2 MILLION IN FY 2023-2024 AND \$281,271 IN FY 2024-2025 FROM B/A 101-3266 TO B/A 101-3278 TO CONTINUE PREVIOUSLY APPROVED FUNDING FOR THE PLANNING, ADVOCACY AND COMMUNITY SERVICES UNIT PROJECTS.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN JAUREGUI WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MS. ELLSWORTH:

There are ten Other Closing Items in B/A 101-3266 listed on page 55 of [Exhibit C](#) including decision units E-225, E-493, E-494, E-495, E-496, E-497, E-498, E-710, E-800 and M-800.

E-225 Efficiency & Innovation — Page DHHS-ADSD-83  
E-493 Expiring Grant/Program — Page DHHS-ADSD-88  
E-494 Expiring Grant/Program — Page DHHS-ADSD-89  
E-495 Expiring Grant/Program — Page DHHS-ADSD-89  
E-496 Expiring Grant/Program — Page DHHS-ADSD-90  
E-497 Expiring Grant/Program — Page DHHS-ADSD-90  
E-498 Expiring Grant/Program — Page DHHS-ADSD-90  
E-710 Equipment Replacement — Page DHHS-ADSD-91  
E-800 Cost Allocation — Page DHHS-ADSD-92  
M-800 Cost Allocation — Page DHHS-ADSD-82

Other Closing Item 11 addresses the budget reorganization and related technical adjustments. The Governor recommends various transfers to group-related activities, including the creation of three new budgets discussed later in this presentation.

The table on page 56 of [Exhibit C](#) summarizes the recommended transfers in decision units E-900, E-240, E-801, E-901, E-239, E-904, E-903, E-905 and E-505 associated with the budget reorganization. This includes the addition or the transfer out of the positions in decision units M-206 and M-207 in B/A 101-3266 discussed earlier for the Adult Protective Services and Long-Term Care Ombudsman Program caseloads staffing. Decision unit E-902 in B/A 101-3266 transfers out the Adult Protective Services and Long-Term Care

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 35

Ombudsman programs, personnel and associated operating costs to the new Adult Protective Services and Long-Term Care Ombudsman budget, including caseload staffing adjustments in decision units M-206 and M-207.

E-900 Trans Fr Home & Comm-Based Svc To Pac — Page DHHS-ADSD-93

E-240 Efficiency & Innovation — Page DHHS-ADSD-86

E-801 Cost Allocation — Page DHHS-ADSD-92

E-901 Trans Fr Home & Comm-Based To St Ind Lvng Council — Page DHHS-ADSD-95

E-239 Efficiency & Innovation — Page DHHS-ADSD-86

E-904 Trans From Home & Comm-Based Svc To OCHA — Page DHHS-ADSD-97

E-903 Trans Fr Home & Comm-Based Svc To Admin — Page DHHS-ADSD-97

E-905 Trans From Admin To Home & Comm-Based Svc — Page DHHS-ADSD-98

E-505 Adjustments - Transfer In E905 — Page DHHS-ADSD-91

E-902 Trans Fr Home & Comm-Based Svc To APS & LTC — Page DHHS-ADSD-96

Fiscal staff included technical adjustments to align the caseload staffing based on the March 2023 projections. This results in the transfer of 165 positions from this budget to the Adult Protective Services and Long-Term Care Ombudsman budget discussed later in the presentation. Fiscal staff recommends Other Closing Item Items 1 through 10 be closed as recommended by the Governor and Other Closing Item 11 be closed as adjusted, and requests authority to make technical adjustments as necessary.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE OTHER CLOSING ITEM ITEMS 1 THROUGH 10 FOR DECISION UNITS E-225, E-493, E-494, E-495, E-496, E-497, E-498, E-710, E-800 AND M-800 IN B/A 101-3266 AS RECOMMENDED BY THE GOVERNOR; AND APPROVE OTHER CLOSING ITEM 11 FOR DECISION UNITS E-900, E-240, E-801, E-901, E-239, E-904, E-903, E-905, E-505 AND E-902 AS ADJUSTED; WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 36

SENATOR DONDERO LOOP SECONDED THE MOTION.  
ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYMAN WATTS WAS  
EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:

The Planning Advocacy and Community Grants budget, B/A 101-3278 is on pages 61 through 66 of [Exhibit C](#). This is a new budget recommended in the Executive Budget for the upcoming biennium.

The Planning, Advocacy and Community Services Unit offers programs and supportive services to older adults, people with disabilities and their caregivers, including nutrition and home-delivered meals, assistive technology, transportation, preventive health, social services and family caregiver support. The unit administers a variety of federal, State and discretionary funding sources to support community-based services. The unit also administers the Nevada 211 program. This budget is primarily funded with General Fund appropriations and federal funds, including grants for programs authorized under Title III of the Older Americans Act.

The Major Closing Issue in B/A 101-3278 is the program transfer from B/A 101-3266 including decision units E-500, E-501, E-506, E-801, E-900, E-901 and E-906.

E-500 Adjustments - Transfer To E900 — Page DHHS-ADSD-107

E-501 Adjustments To E901 Funding Source — Page DHHS-ADSD-108

E-506 Adjustments To E906 Special Use Categories 18-19 — Page  
DHHS-ADSD-108

E-801 Cost Allocation — Page DHHS-ADSD-108

E-900 Trans Fr Home & Comm-Based Svc To Pac — Page DHHS-ADSD-109

E-901 Trans Fr Admin To Planning, Advocacy & Comm Grants — Page  
DHHS-ADSD-111

E-906 Trans Fr OCHA To Planned Advocacy, & Comm Grants — Page  
DHHS-ADSD-111

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 37

The table on page 62 of [Exhibit C](#) summarizes the recommended transfers, including the staff for the existing programs. Decision unit E-801 intends to transfer the associated ADSD cost allocation expenditure and related funding from B/A 101-3266. However, that was inadvertently excluded so staff recommends a technical adjustment to this budget to align the projected expenditure and related funding for ADSD's cost allocation with a corresponding adjustment to B/A 101-3266.

The decision for the Subcommittees is on page 64 [Exhibit C](#). Do the Subcommittees wish to recommend approval of the transfer of the Planning, Advocacy and Community Services Unit, including 32 existing positions from various ADSD budgets to a new stand-alone budget within ADSD as adjusted with the associated ADSD cost allocation and authority for staff to make other technical adjustments as necessary?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE IN B/A 101-3278 DECISION UNITS E-500, E-501, E-506, E-801, E-900, E-901 AND E-906 FOR THE TRANSFER OF THE PLANNING, ADVOCACY AND COMMUNITY SERVICES UNIT, INCLUDING 32 EXISTING POSITIONS FROM VARIOUS ADSD BUDGETS, TO A NEW STAND-ALONE BUDGET WITHIN ADSD AS ADJUSTED WITH THE ASSOCIATED DIVISION COST ALLOCATION AND AUTHORITY FOR FISCAL STAFF TO MAKE OTHER TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYMAN WATTS WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 38

MS. ELLSWORTH:

A summary of the CSFRF included in the Executive Budget is on page 64 of Exhibit C. This includes approximately \$5,000 allocated for the Churchill Community Hospital Patients in Need project.

The Agency indicated all funds have been obligated and all expenditures are anticipated to occur in FY 2022-2023. Accordingly, staff recommends removing that allocation from the budget. However, the Agency and GFO recommended the remaining Federal ARPA CSFRF allocations approved during the interim for B/A 101-3278 and B/A 101-3266 totaling \$19.8 million be accounted for and authorized in this budget.

The table on page 65 of page Exhibit C summarizes the recommendation based on the updated information provided by the GFO to incorporate the funding for these projects approved during the interim. Therefore, Fiscal staff recommends a technical adjustment for all federal ARPA CSFRF monies allocated and projected to be expended for the upcoming 2023-2025 biennium previously approved in B/A 101-3266 for the Planning Advocacy and Community Services Unit projects in this new budget to account for total project costs over the 2023-2025 biennium. This would be consistent with the actions taken by the Senate Committee On Finance and Assembly Committee On Ways And Means, also known as the Money Committees, in closing B/A 101-1327. With the noted adjustments, the federal APRA CSFRF authority in this budget would total \$19.6 million in FY 2023-2024 and \$281,271 in FY 2024-2025 for all projects.

The decision for the Subcommittees is on page 66 of Exhibit C. Do the Subcommittees wish to recommend approval of federal ARPA CSFRF monies of \$19.6 million in FY 2023-2024 and \$281,271 in FY 2024-2025 in B/A 101-3278 to continue previously approved funding in B/A 101-3266 for the Planning, Advocacy And Community Services Unit projects based upon updated information provided by the GFO and consistent with action taken by the Money Committees in closing the COVID-19 Relief Programs budget?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE IN THE PLANNING, ADVOCACY AND COMMUNITY GRANTS B/A 101-3278 FEDERAL ARPA CSFRF MONIES OF \$19.6 MILLION IN FY 2023-2024 AND \$281,271 IN FY 2024-2025

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 39

AND TO CONTINUE PREVIOUSLY APPROVED FUNDING IN THE HOME AND COMMUNITY-BASED SERVICES B/A 101-3266 FOR THE PLANNING, ADVOCACY AND COMMUNITY SERVICES UNIT PROJECTS BASED UPON UPDATED INFORMATION PROVIDED BY THE GFO AND CONSISTENT WITH ACTION TAKEN BY THE MONEY COMMITTEES IN APPROVING THE COVID-19 RELIEF PROGRAMS B/A 101-1327.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYMAN WATTS WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MS. ELLSWORTH:

Another new budget is B/A 101-3282, Adult Protective Services on pages 67 through 70 of [Exhibit C](#). The program receives and investigates Statewide reports of abuse, neglect, self-neglect, exploitation, isolation and abandonment for vulnerable adults. The Long-Term Care Ombudsman Program provides information about resident rights, quality of care and quality of life to residents in nursing homes or other long-term care facilities and family members, and receives and investigates complaints on behalf of the residents. This budget is funded primarily with General Fund appropriations, transfers from the Trust Fund for a Healthy Nevada and federal funds. The Major Closing Issue is the program transfer and new budget, including decision units E-502, E-801 and E-902.

HHS-ADSD - Adult Protective Servs & Long-Term Care — Budget Page  
DHHS-ADSD-135 (Volume II)  
Budget Account 101-3282

E-502 Adjustments - Transfer In E902 — Page DHHS-ADSD-135

E-801 Cost Allocation — Page DHHS-ADSD-135

E-902 Trans Fr Home & Comm-Based Svc To APS & LTC — Page  
DHHS-ADSD-136

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 40

The table on page 68 of [Exhibit C](#) summarizes the recommended transfers. Decision unit E-902 transfers the associated program costs and staffing based on updated caseload projections. The table on page 69 summarizes all of the recommended personnel transfers for this budget, including the updated caseload projections resulting in 165 positions, an increase of 12 positions compared to the Executive Budget.

Fiscal staff's technical adjustments listed on page 70 of [Exhibit C](#) align the staffing and the associated costs. Decision unit E-801 in B/A 101-3282 intended to transfer the associated ADSD cost allocation expenditures, but the costs were inadvertently excluded. Therefore, Fiscal staff recommends a technical adjustment to align the projected expenditures and related funding for the ADSD cost allocation with a corresponding adjustment to B/A 101-3266.

The decision for the Subcommittees is on page 70 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of decision units E-502, E-801 and E-902, the transfer of the Adult Protective Services and Long-Term Care Ombudsman Programs, including 165 positions as adjusted based on the March 2023 updated caseload projections, from the Home and Community-based B/A 101-3266 to the Adult Protected Services and Long-term Care B/A 101-3282 within ADSD as adjusted to include the associated ADSD cost allocation, and with authority for staff to make technical adjustments as necessary?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNITS E-502, E-801 AND E-902 THE TRANSFER OF ADULT PROTECTIVE SERVICES AND LONG-TERM CARE OMBUDSMAN PROGRAMS, INCLUDING 165 POSITIONS AS ADJUSTED BASED ON THE MARCH 2023 UPDATED CASELOAD PROJECTIONS, FROM B/A 101-3266 TO B/A 101-3282 WITHIN ADSD, AS ADJUSTED TO INCLUDE THE ASSOCIATED ADSD COST ALLOCATION, WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.



Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 41

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYMAN WATTS WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Ms. ELLSWORTH:

The State Independent Living Council, B/A 101-3283, is on pages 71 through 73 of [Exhibit C](#). This is the final of the three new budgets in the Executive Budget to house existing programs. The Nevada Statewide Independent Living Council provides advocacy and support for independent living services and options designed to empower Nevadans with disabilities to live independently in the community. The council consists of volunteers appointed by the Governor and coordinates the development of the State Plan for Independent Living (SPIL). The council is supported by two full-time employees and the budget is funded primarily with State Independent Living Services grant funds as well as General Fund appropriations.

HHS-ADSD - State Independent Living Council — Budget Page DHHS-ADSD-139  
(Volume II)  
Budget Account 101-3283

The Major Closing Issue is the program transfer and new budget decision unit E-901. The table on page 72 of [Exhibit C](#) summarizes the recommended transfer, including the two existing staff to support the council.

E-901 Trans Fr Home & Comm-Based To St Ind Lvng Council — Page  
DHHS-ADSD-139

During the March 23, 2023, budget hearing, ADSD explained how B/A 101-3266 is a significant amount of work to manage, and the transfer out of the Statewide Independent Living Council (SILC) and associated program staff to the new stand-alone budget would help make the budgets more fiscally manageable.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 42

The decision for the Subcommittees is on page 72 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of decision unit E-901 in B/A 101-3283 for the transfer of the SILC, including two existing positions from B/A 101-3266 to the new stand-alone B/A 101-3283 within ADSD, with authority for Fiscal staff to make technical adjustments as necessary?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-901 IN B/A 101-3283 FOR THE TRANSFER OF THE SILC, INCLUDING TWO EXISTING POSITIONS FROM B/A 101-3266 TO THE NEW STAND-ALONE B/A 101-3283 WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYMAN WATTS WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

JOHN KUCERA (Principal Program Analyst):

The DHCFP budgets begin with Medicaid Administration B/A 101-3158 on pages 75 through 93 of [Exhibit C](#) with. There are four Major Closing Issues within this budget.

#### HEALTH CARE FINANCING & POLICY

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

Major Closing Issue 1 is decision unit E-491 in B/A 101-3158, the elimination of the Public Option on page 76 of [Exhibit C](#). Chapter 695K of NRS requires the director of the DHHS in consultation with the Commissioner of Insurance of the Department of Business and Industry and the Executive Director of the

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 43

Silver State Health Insurance Exchange to design, establish and operate a health benefit plan known as the Public Option.

E-491 Expiring Grant/Program — Page DHHS-DHCFP-30

Following approval in the Eighty-first Legislative Session, the IFC approved transfers through the Public Option Trust Fund to support the ongoing implementation and support of the Public Option. The Division of Health Care Financing and Policy contracted with Manatt Health Strategies for technical assistance related to the Public Option and preliminary actuarial findings were presented in a public meeting on September 23, 2022. The final waiver economic analysis and associated actuarial certification were made available in late December 2022.

During the hearing on March 2, 2023, the Agency indicated it intended to comply with current State law by submitting the required waiver application by January 1, 2024, with or without the availability of dedicated resources. The associated five positions with the Public Option Account noted in the middle of page 77 include a social services chief and support personnel. If the Subcommittees wish to not recommend approval of the elimination of the Public Option, General Fund appropriations totaling \$2.2 million over the 2023-2025 biennium would be required to maintain base expenditures.

Fiscal staff notes the DHCFP request budget included a separate budget account to contain all Public Option expenditures and revenues. If the Subcommittees so decide, they may wish to approve a Public Option stand-alone budget to improve tracking and transparency. An alternative motion to the decision for the Subcommittees on page 78 of [Exhibit C](#) related to the elimination of the Public Option decision unit E-491 would increase total General Fund appropriations to match the Agency request budget.

The alternative motion is as follows. Do the Subcommittees wish to recommend approval of \$3.7 million in General Fund appropriations in FY 2023-2024 and \$1.3 million in FY 2024-2025 to continue dedicated support for the implementation and operation of the Public Option, including retaining five positions and associated expenditures in a new stand-alone budget, and provide authority for Fiscal staff to make technical adjustments necessary to

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 44

effectuate the transfer of related revenue authority and expenditures in the new budget? Back language is also recommended in the Appropriations Act providing authority for the new Public Option budget to transfer General Fund appropriations between fiscal years of the 2023-2025 biennium with the approval of the IFC upon the recommendation of the Governor.

CHAIR NGUYEN:

To clarify the alternative motion, we are recommending \$3.7 million in General Fund appropriations in FY 2023-2024 and \$1.3 million in FY 2024-2025 based on information provided by the Agency in Fall 2022.

SENATOR CANNIZZARO:

Senate Bill No. 420 of the 81st Session appropriated money for the Public Option Trust Fund to support and develop the Public Option. It required development and procurement for the Public Option in accordance with those 2026 managed care organization (MCO) contracts. We also approved money during the IFC for contractual expenditures and to help create the five positions listed on page 77 of [Exhibit C](#) to help support the development and design, and to assist with the process for Section 1332 of the Affordable Care Act, also known as the State Innovation Waiver or 1332 waiver.

Senate Bill No. 420 of the 81st Session also required a 1332 waiver, to be submitted to support the Public Option pass-through funds, bringing federal funds to the State. Should that waiver be approved, we use those funds to support State healthcare.

The actuarial analysis conducted pursuant to S.B. 420 of the 81st Session found the Public Option Program meets the four federal requirements for the 1332 waiver including affordability, scope of coverage, comprehensiveness and deficit neutrality. In addition, it was anticipated the State would receive approximately \$350 million to \$470 million over the first five years and \$969 million to up to \$1.3 billion over ten years in federal funds from federal subsidies with respect to the submitted and approved waiver.

I want to make an important distinction because it makes a difference. The Division of Health Care Financing and Policy confirmed a waiver would be submitted by January 1, 2024, pursuant to Nevada law. I asked about the need

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 45

to prepare the waiver and work on procurement for the Public Option because even if we do not approve the money for the positions, it does not eliminate responsibility. The law still requires both procurement along with the MCO contracts and the development and submittal of the waiver. These are two different things, and both have to be done under Nevada law. This means DHCFP staff would not only have to do their current jobs, but would also have to take on these pieces.

The elimination proposed in the Executive Budget does not comport with everything we have been doing this Session to ensure we are employing sufficient staff in our agencies. We need to give them the tools to do this work. We have a law obligating us to do this. Not approving new positions does not seem like the right direction for the Subcommittees. It is counterintuitive to what we have been doing throughout this Session with regard to State workers. We also have associated contractual obligations and funding needs to help support all of those services. This is where the additional money came from. It was from the original request submitted by the DHCFP in Fall 2022. I was intimately involved in working through some of those pieces with former Governor Steve Sisolak's administration and support those items.

I asked the DHCFP during the budget hearing if it would have to submit the waiver, and if it would mean doing the same work required of those working in DHHS. I contacted the Legal Division for clarification to make sure we are all working from the same viewpoint with regards to whether or not eliminating the positions' funding means Nevada Law eliminates the obligation to not only do the procurement, but the waiver submission.

Our legal counsel said NRS 695K requires the Public Option to be established and available beginning on January 1, 2026. It also requires the use of a Statewide competitive bidding process to solicit and enter into contracts with health carriers or other qualified persons or entities to administer the public option, which must include the MCOs. There is nothing in the language of the provisions making the requirement to procure and make available the Public Option contingent on approval of a federal waiver. Therefore, DHHS must put out a bid to procure the Public Option, with or without a federal waiver.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 46

When determining whether or not we should eliminate the funding for these positions, or whether we support it, so the DHCFP could complete the waiver they are required to submit as well as comply with the procurement provision, know that they are not contingent upon one another, nor does the submission of a successful waiver negate that the procurement will happen. By eliminating the funding for these positions, the only thing we are doing is saying no to potential federal funds of anywhere between \$352 million over the first five years, to potentially \$1 billion over the next ten years.

This will have to be done regardless of receiving federal funds or the ability to get the funds, and the procurement process will be handled by the people who work for the DHCFP. It is unacceptable for us to say we will eliminate this because it is more burdensome for our agencies and deny the State access to federal funds when the law states the waiver must still be submitted, and the procurement must still go forward separately from the waiver with those contracts in 2026, irrespective of whether or not we approve this particular funding mechanism.

Why would we not give the DHCFP the tools and resources necessary to effectuate the process? It does not make sense. I support the alternative motion of giving them the resources necessary to implement this and take advantage of those federal funds. That is Nevada law. The waiver supports Public Option pass-through funds allowing federal funding to Nevada should the waiver be approved.

SENATOR SEEVERS GANSERT:

I will not support the motion. We all agree we want to make sure Nevadans have access to care. We have a robust exchange system that is successful and a Medicaid program in which our numbers increased significantly during the pandemic. Originally we thought those would drop off, but it looks like they will stay pretty high. We have worked hard to increase Medicaid funds because we get a substantial amount from the federal government.

While we are looking at waivers, there is pressure put on the market concerning rates. Colorado implemented a public option and insurance plans are not participating because the pressure on the rates and the required cuts are too significant. The broader concern is whether we will lose providers because they

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 47

will not be reimbursed at rates that are acceptable to cover their costs. Facilities like hospitals and urgent care centers are our safety net.

We have these two robust programs and want to make sure we have access to care, but the way the Public Option is designed, it will cause a decrease or rate cuts within the dollars that are spent towards care, facilities and providers.

CHAIR NGUYEN:

Can staff please restate the alternative motion?

MR. KUCERA:

The alternative motion for the Public Option decision unit E-491 in B/A 101-3158 asks if the Subcommittees wish to recommend approval of \$3.7 million in General Fund appropriations in FY 2023-2024 and \$1.3 million in FY 2024-2025 to continue dedicated support for the implementation and operation of the Public Option, including retaining five positions and associated expenditures in a new stand-alone budget, and provide authority for Fiscal staff to make technical adjustments necessary to effectuate the transfer of related revenue authority and expenditures to the new budget. Additionally, back language is recommended in the Appropriations Act providing authority for the new Public Option budget to transfer General Fund appropriations between fiscal years of the 2023-2025 biennium with the approval of the IFC upon the recommendation of the Governor.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-491 IN B/A 101-3158 FOR \$3.7 MILLION IN GENERAL FUND APPROPRIATIONS IN FY 2023-2024 AND \$1.3 MILLION IN FY 2024-2025 TO CONTINUE DEDICATED SUPPORT FOR THE IMPLEMENTATION AND OPERATION OF THE PUBLIC OPTION, INCLUDING RETAINING FIVE POSITIONS AND ASSOCIATED EXPENDITURES IN A NEW STAND-ALONE BUDGET; AND PROVIDE AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS NECESSARY TO EFFECTUATE THE TRANSFER OF RELATED REVENUE AUTHORITY AND EXPENDITURES TO THE NEW BUDGET; AND RECOMMEND BACK LANGUAGE IN THE APPROPRIATIONS ACT PROVIDING AUTHORITY FOR THE NEW PUBLIC OPTION BUDGET TO TRANSFER GENERAL FUND APPROPRIATIONS

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 48

BETWEEN FISCAL YEARS OF THE 2023-2025 BIENNIUM WITH THE APPROVAL OF THE IFC UPON THE RECOMMENDATION OF THE GOVERNOR.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLY MEMBERS DICKMAN AND HAFEN VOTED NO.)

SENATE: THE MOTION CARRIED. (SENATORS SEEVERS GANSERT AND TITUS VOTED NO.)

\* \* \* \* \*

MR. KUCERA:

Major Closing Issue 2 is decision unit E-227 in B/A 101-3158 is on pages 78 through 80 of [Exhibit C](#). The Governor recommends \$3.8 million, with \$1.9 million in General Fund monies, over the 2023-2025 biennium to fund preparatory activities to establish a Statewide MCO program including two permanent positions and associated expenditures.

E-227 Efficiency & Innovation — Page DHHS-DHCFP-22

Senate Bill No. 420 of the 81st Session, requires, to the extent funding is available, the establishment of a Statewide MCO program for all regions in the State and eligibility groups except the medical assistance to the aged, blind and disabled (MAABD) group. According to the DHCFP, expanding the MCO program Statewide would require additional positions, system updates, \$3.4 million for contractual expenditures, and include two new positions and associated expenditures.

A timeline on page 79 of [Exhibit C](#) shows the program is anticipated to go live in January 2026. Fiscal staff notes the requested funding would support preparatory activities associated with the expansion. The Division has no plans to change the delivery model structure during the upcoming 2023-2025 biennium. In the table at the bottom of page 79 of [Exhibit C](#), Fiscal staff notes the first two years project a General Fund increase due to the



Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 49

claims incurred but not yet paid, also known as the lag tail which is associated with fee-for-service claims that would need to continue to get paid out along with prospective managed care organization claims.

The Division stated during the March 2, 2023, hearing that challenges related to the implementation of a Statewide managed care program include the creation of new managed care contracts and ensuring network adequacy. In response to concerns about network adequacy in rural areas, DHCFP noted the expansion of telehealth services may assist in areas where providers may not otherwise be available. The Division confirmed populations excluded from the Statewide MCO program would include the aged, blind, and disabled populations as well as children in public care.

Fiscal staff notes on page 80 of [Exhibit C](#) the recommendation, if approved, would not include the approval of a Statewide MCO program. It would include contractual and personnel funding to begin preparatory activities with the intention to support a recommendation to implement a Statewide MCO program for review and consideration in the Eighty-third Legislative Session.

The decision on page 80 of [Exhibit C](#) asks if the Subcommittees wish to recommend approval of \$3.8 million, including \$1.9 million from the General Fund over the 2023-2025 biennium to fund preparatory activities related to the implementation of a Statewide MCO program for certain Medicaid populations, including two new permanent positions and associated expenditures.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE DECISION UNIT E-227 IN B/A 101-3158 FOR \$3.8 MILLION, INCLUDING \$1.9 MILLION FROM THE GENERAL FUND, OVER THE 2023-2025 BIENNIUM TO FUND PREPARATORY ACTIVITIES RELATED TO THE IMPLEMENTATION OF A STATEWIDE MCO PROGRAM FOR CERTAIN MEDICAID POPULATIONS, INCLUDING TWO NEW PERMANENT POSITIONS AND ASSOCIATED EXPENDITURES.

SENATOR DONDERO LOOP SECONDED THE MOTION.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 50

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MR. KUCERA:

Major Closing Issue 3 within B/A 101-3158 on pages 80 through 82 of [Exhibit C](#) is personnel changes including decision units E-125, E-128, E-131, E-248, E-490, E-357 and E-370.

E-125 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-17

E-128 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-18

E-131 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-19

E-248 Efficiency & Innovation — Page DHHS-DHCFP-24

E-490 Expiring Grant/Program — Page DHHS-DHCFP-30

E-357 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-27

E-370 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-28

Decision unit E-125 in B/A 101-3158 on page 80 of [Exhibit C](#) is the addition of four permanent hospital provider tax support positions as recommended by the Governor to support the implementation of a new private hospital provider tax program.

Decision unit E-128 in B/A 101-3158 on page 80 of [Exhibit C](#) is a third-party liability support position of one new management analyst position to support third-party liability activities.

Decision unit E-131 in B/A 101-3158 on page 81 of [Exhibit C](#) is for a fair hearing support position of one new social services program specialist and associated expenditures to support the fair hearing program. Fiscal staff notes DHCFP indicated there is a requirement to represent the Division at all administrative law fair hearings.

Decision units E-248 and E-490 in B/A 101-3158 on page 81 of [Exhibit C](#) are ARPA CSFRF-funded positions. Decision unit E-490 removes all 18 ARPA CSFRF-funded positions recommended in the base budget and

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 51

decision unit E-248 recommends the continuation of 7 of the 18 positions recommended for elimination in E-490 fund administrative and related fiscal activities.

Decision unit E-357 in B/A 101-3158 on page 82 of [Exhibit C](#) is for tenancy support positions. This is for one social services program specialist and one healthcare coordinator position approved in the Eightieth Legislative Session. The Division indicated difficulty in implementing this program and determining the appropriate federal waiver authority. The Division noted it is working with Centers for Medicare and Medicaid Services (CMS) to obtain approvals for both managed care and fee-for-service components of the tenancy support. Fiscal staff notes no tenancy support services were provided over the 2021-2023 biennium. However, the DHCFP indicated the Executive Budget would be sufficient to support these services in the 2023-2025 biennium.

Decision unit E-370 on page 82 of [Exhibit C](#) is for certified community behavioral health center (CCBHC) support positions. This includes one management analyst and one social services program specialist position scheduled to begin in October 2023 to support the expansion of the CCBHC program.

Regarding the March 2023 updates on page 83 of [Exhibit C](#), Fiscal staff notes the DHCFP requested an additional position in Major Closing Issue 3 item (A) to support the Hospital Provider Tax Program in decision unit E-125, requesting one additional management analyst position. This appears reasonable to both Fiscal staff and the GFO. The updates also include recommended technical adjustments to the administrative transfer from the Improve Health Care Quality and Access budget discussed later on page 149 of [Exhibit C](#) to the Medicaid Administration B/A 101-3158 for these purposes. Also on page 83 of [Exhibit C](#), are updates to Fair Hearing Support Position in decision unit E-131, ARPA funded fiscal and program support personnel in decision units E-248 and E-490, and Tenancy Support Services program positions in decision unit E-357.

An additional alternative motion relating to Major Closing Issue 3 includes all items previously discussed and adds \$549,924 with a 50 percent component for the General Fund over the 2023-2025 biennium to add one unclassified Agency manager position to support compliance activities and one social

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 52

services manager position to support behavioral health activities. According to DHCFP, these positions would help with administrative activities related to these functional program areas.

SENATOR SEEVERS GANSERT:

I will support the alternative motion. I know we have some substantial increases in personnel. They will need more people to help manage and work on the issues before them.

MR. KUCERA:

The alternative motion is as follows. Do the Subcommittees wish to recommend approval in B/A 101-3158 of: decision unit E-125 as shown on page 84 of [Exhibit C](#) for \$982,544 in federal and private hospital provider tax revenue over the 2023-2025 biennium to support 5 new positions and associated expenditures beginning October 2023, including 1 additional management analyst position requested by the DHCFP to support the implementation of the private hospital provider tax program and the noted technical adjustments to replace General Fund appropriations with private hospital provider tax revenue, contingent upon approval of the associated Major Closing Issue in the Improve Health Care Quality and Access B/A 101-3177; decision unit E-128 as shown on page 84 of [Exhibit C](#) for \$178,615, including \$89,308 in General Fund appropriations, over the 2023-2025 biennium to fund 1 new management analyst position and associated expenditures beginning October 2023 to oversee the Third-Party Liability program; decision unit E-131 as shown on page 84 of [Exhibit C](#) for \$179,519, including \$89,760 in General Fund appropriations, over the 2023-2025 biennium to fund 1 new social services program specialist position and associated expenditures beginning October 2023 to support the Fair Hearing program; decision units E-248 and E-490 as shown on page 84 of [Exhibit C](#), for a net \$2.1 million reduction in federal ARPA CSFRF over the 2023-2025 biennium to eliminate 18 positions and support 7 positions and associated expenditures to provide fiscal and programmatic support beginning July 2023, with authority for fiscal staff to make technical adjustments consistent with the decision to be made in the following CSFRF section; decision unit E-357, as shown on page 84 of [Exhibit C](#) for \$356,552, including \$178,276 in General Fund appropriations over the 2023-2025 biennium to fund 1 social services program specialist position, 1 healthcare coordinator position and associated expenditures beginning

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 53

October 2023 to support the implementation of tenancy support services; decision unit E-370 as shown on page 84 of [Exhibit C](#) for \$445,601, including \$222,801 in General Fund appropriations over the 2023-2025 biennium to fund 1 management analyst position, 1 social services program specialist position, and associated expenditures beginning October 2023 to support the recommended expansion of the CCBHC Program, contingent upon approval of the associated service expansion in Major Closing Issue 6 within the Medicaid B/A 101-3243; and \$549,924 of which \$274,962 is General Fund appropriations over the 2023-2025 biennium to fund 1 unclassified DHCFP manager position to support compliance activities, 1 social services manager position to support behavioral health initiatives and associated expenditures beginning October 2023 in the Medicaid Administration B/A 101-3158.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE IN THE MEDICAID ADMINISTRATION B/A 101-3158 DECISION UNIT E-125 \$982,544 IN FEDERAL AND PRIVATE HOSPITAL PROVIDER TAX REVENUE OVER THE 2023-2025 BIENNIUM TO SUPPORT 5 NEW POSITIONS AND ASSOCIATED EXPENDITURES BEGINNING OCTOBER 2023, INCLUDING 1 ADDITIONAL MANAGEMENT ANALYST POSITION REQUESTED BY DHCFP TO SUPPORT THE IMPLEMENTATION OF THE PRIVATE HOSPITAL PROVIDER TAX PROGRAM AND THE NOTED TECHNICAL ADJUSTMENT TO REPLACE GENERAL FUND APPROPRIATIONS WITH PRIVATE HOSPITAL PROVIDER TAX REVENUE, CONTINGENT UPON APPROVAL OF THE ASSOCIATED MAJOR CLOSING ISSUE IN THE IMPROVE HEALTH CARE QUALITY AND ACCESS B/A 101-3177; APPROVE B/A 101-3158 DECISION UNIT E-128 FOR \$178,615, INCLUDING \$89,308 IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO FUND 1 NEW MANAGEMENT ANALYST POSITION AND ASSOCIATED EXPENDITURES BEGINNING OCTOBER 2023 TO OVERSEE THE THIRD-PARTY LIABILITY PROGRAM; APPROVE B/A 101-3158 DECISION UNIT E-131 FOR \$179,519, INCLUDING \$89,760 IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO FUND 1 NEW SOCIAL SERVICES PROGRAM SPECIALIST POSITION AND ASSOCIATED EXPENDITURES BEGINNING OCTOBER 2023 TO SUPPORT THE FAIR HEARING

PROGRAM; APPROVE B/A 101-3158 DECISION UNITS E-248 AND E-490 FOR A NET \$2.1 MILLION REDUCTION IN FEDERAL ARPA CSFRF OVER THE 2023-2025 BIENNIUM TO ELIMINATE 18 POSITIONS AND SUPPORT 7 POSITIONS AND ASSOCIATED EXPENDITURES TO PROVIDE FISCAL AND PROGRAMMATIC SUPPORT BEGINNING JULY 2023 WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS CONSISTENT WITH THE DECISION TO BE MADE IN THE FOLLOWING CSFRF SECTION; APPROVE B/A 101-3158 DECISION UNIT E-357 \$356,552, INCLUDING \$178,276 IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO FUND 1 SOCIAL SERVICES PROGRAM SPECIALIST POSITION, 1 HEALTHCARE COORDINATOR POSITION AND ASSOCIATED EXPENDITURES BEGINNING OCTOBER 2023 TO SUPPORT THE IMPLEMENTATION OF TENANCY SUPPORT SERVICES; APPROVE B/A 101-3158 DECISION UNIT E-370 \$445,601, OF WHICH \$222,801 IS GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO FUND 1 MANAGEMENT ANALYST POSITION, 1 SOCIAL SERVICES PROGRAM SPECIALIST POSITION AND ASSOCIATED EXPENDITURES BEGINNING OCTOBER 2023 TO SUPPORT THE RECOMMENDED EXPANSION OF THE CCBHC PROGRAM CONTINGENT UPON APPROVAL OF THE ASSOCIATED SERVICE EXPANSION IN MAJOR CLOSING ISSUE 6 WITHIN THE MEDICAID B/A 101-3243; AND \$549,924, OF WHICH \$274,962 IS GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO FUND 1 UNCLASSIFIED DHCFP MANAGER POSITION TO SUPPORT COMPLIANCE ACTIVITIES; AND APPROVE 1 SOCIAL SERVICES MANAGER POSITION TO SUPPORT BEHAVIORAL HEALTH INITIATIVES AND ASSOCIATED EXPENDITURES BEGINNING OCTOBER 2023 IN THE MEDICAID ADMINISTRATION B/A 101-3158.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 55

MR. KUCERA:

Major Closing Issue 4 in B/A 101-3158 is decision unit E-353 as shown on page 84 of [Exhibit C](#). The Governor recommends \$5 million, including \$2.8 million in General Fund appropriations, over the 2023-2025 biennium, including one business process analyst position to support implementation and ongoing expenditures for an all-payer claims database.

E-353 Promoting Healthy, Vibrant Communities – Page DHHS-DHCFP-26

Pursuant to S.B. No. 40 of the 81st Legislative Session, an all-payer claims database would consolidate information related to health insurance claims resulting from medical, dental or pharmacy benefits provided in the State.

The Division indicated it recently sent out requests for proposals to procure a vendor by the end of FY 2022-2023. Updates provided by the DHCFP during the March 2, 2023, hearing, confirmed an anticipated implementation date of January 2024 and initial implementation costs of \$2.6 million, with an ongoing annual cost of \$2.2 million per year.

Consistent with the [Executive Budget](#), do the Subcommittees wish to recommend approval of \$5 million, including \$2.8 million in General Fund appropriations, over the 2023-2025 biennium for one business process analyst position and associated expenditures to support implementation and ongoing costs of an all-payer claims database?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE IN B/A 101-3158 DECISION UNIT E-353 \$5 MILLION, INCLUDING \$2.8 MILLION IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM, INCLUDING ONE BUSINESS PROCESS ANALYST POSITION AND ASSOCIATED EXPENDITURES TO SUPPORT IMPLEMENTATION AND ONGOING COSTS OF AN ALL-PAYER CLAIMS DATABASE.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 56

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MR. KUCERA:

Page 86 of [Exhibit C](#) includes updated DHCFFP projections related to ARPA CSFRF. All updated projections are noted "As Adjusted" on the right-hand side of the table and include total authorized funds of \$12.5 million in FY 2023-2024 and \$5.9 million in FY 2024-2025.

Fiscal staff notes this also includes the removal of \$10 million related to a transfer to support a medical school, Roseman University. However, the DHCFFP indicated updated projections noted these funds would be transferred in FY 2022-2023, requiring no authority over the 2023-2025 biennium. Other updated expenditure projections for several other ARPA projects are noted in the table.

Do the Subcommittees wish to recommend approval of ARPA CSFRF within the base budget totaling \$12.5 million in FY 2023-2024 and \$5.9 million in FY 2024-2025, including revisions to remove authority related to the transfer of funding to Roseman University to support a medical school and updated DHCFFP projections?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE IN B/A 101-3158 ARPA CSFRF WITHIN THE BASE BUDGET TOTALING \$12.5 MILLION IN FY 2023-2024 AND \$5.9 MILLION IN FY 2024-2025, INCLUDING REVISIONS TO REMOVE AUTHORITY RELATED TO THE TRANSFER OF FUNDING TO ROSEMAN UNIVERSITY TO SUPPORT A MEDICAL SCHOOL AND UPDATED DHCFFP PROJECTIONS.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.



SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MR. KUCERA:

There are 26 Other Closing Items in B/A 101-3158 on pages 87 through 90 of [Exhibit C](#) including the following decision units for closing items 1 through 20: E-800, E-801, E-129, E-130, E-132, E-133, E-134, E-225, E-226, E-228, E-229, E-230, M-501, M-503, E-350, E-352, E-367, E-371, E-373 and E-375.

E-800 Cost Allocation — Page DHHS-DHCFP-31  
E-801 Cost Allocation — Page DHHS-DHCFP-31  
E-129 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-18  
E-130 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-19  
E-132 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-20  
E-133 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-20  
E-134 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-20  
E-225 Efficiency & Innovation — Page DHHS-DHCFP-21  
E-226 Efficiency & Innovation — Page DHHS-DHCFP-21  
E-228 Efficiency & Innovation — Page DHHS-DHCFP-22  
E-229 Efficiency & Innovation — Page DHHS-DHCFP-23  
E-230 Efficiency & Innovation — Page DHHS-DHCFP-23  
M-501 Mandates Core Set of Measures — Page DHHS-DHCFP-16  
M-503 Mandates- External Quality Review Org — Page DHHS-DHCFP-17  
E-350 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-24  
E-352 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-25  
E-367 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-27  
E-371 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-28  
E-373 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-29  
E-375 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-29

Other Closing Item 21 at the bottom of page 88 of [Exhibit C](#), decision unit E-351 includes technical adjustments to update required appropriations and authorizations based on DHCFP projected updates.

E-351 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-25

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 58

Other Item Closing 22 in B/A 101-3158 includes decision unit E-354. Fiscal staff recommends to not approve decision unit E-354 and the associated Budget Amendment A231523158 ([Exhibit D](#)). This includes updates to the transfer of administrative funds from B/A 101-3177 to support activities related to the private hospital provider program. Even though it is recommended to not approve the decision unit, sufficient funding will remain to be transferred to B/A 101-3158, and these adjustments appear reasonable.

E-354 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-26

HHS-HCF&P - Improve Health Care Quality & Access — Budget Page  
DHHS-DHCFP-39 (Volume II)  
Budget Account 101-3177

Other Closing Item 23 in B/A 101-3158 includes base budget adjustments to add and remove positions based on updates from IFC and the removal of duplicated positions in the base budget. Other Closing Item 24 includes Budget Amendment A231113158 ([Exhibit E](#)) which appears reasonable to Fiscal staff.

Other Closing Item 25 in B/A 101-3158 includes decision unit E-356 not listed in the Executive Budget and Budget Amendment A231483158 ([Exhibit F](#)), both of which appear reasonable.

Other Closing Item 26 in B/A 101-3158, including transfer decision units E-902 and E-903 are recommended to be approved consistent with the recommendation made within B/A 101-3271, Facility Outreach and Community Integration Services (FOCIS) and the Money Follows the Person (MFP) budget.

E-902 Trans From Health Care Fin & Policy To FOCIS & MFP — Page  
DHHS-DHCFP-32

E-903 Trans From Health Care Fin & Policy To FOCIS & MFP — Page  
DHHS-DHCFP-32

HHS-ADSD - FOCIS AND MFP — Budget Page DHHS-ADSD-103 (Volume II)  
Budget Account 101-3271

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 59

This item also has an alternative motion as recommended by the Chair. It includes the addition of \$1 million in each fiscal year of the 2023-2025 biennium for dedicated waiver support comprised of \$500,000 in General Fund appropriations and \$500,000 in matching Medicaid Title XIX federal funds. While the DHCFP has not identified specific positions to support this additional motion, Fiscal staff recommends the addition of these funds in a special use category to be used for contractual relations dedicated to waiver support, made with the anticipation that the DHCFP would come to a subsequent meeting of the IFC and request the establishment of new positions related to its needs for dedicated waiver support.

CHAIR NGUYEN:

This is another position I asked staff to recommend, especially on the waiver support issues because of the large number of federal funds available for potential use. We need to apply for them, but we do not have the staff to do it. That was my intention in adding this alternative motion.

SENATOR SEEVERS GANSERT:

I will support this motion. We all know the waivers are a pathway for us to receive more federal dollars to provide greater access to care in Nevada. I thank both Chairs for looking into this and the proposal to make sure we have the staff to help keep track of these efforts. This issue is never static. We are constantly chasing programs we can potentially access but require the staff to go through the waiver process.

MR. KUCERA:

The alternative motion for B/A 101-3158 is as follows. Do the Subcommittees wish to approve Other Closing Items 1 through 20 as recommended by the Governor; Other Closing Items 21 and 23 with the noted technical adjustments; to not approve Other Closing Item 22, including decision unit E-354 and Budget Amendment A231523158 [Exhibit D](#); to approve Other Closing Item 24 including Budget Amendment A231113158 [Exhibit E](#); Other Closing Item 25 including Budget Amendment A231483158 [Exhibit F](#); Other Closing Item 26 including decision units E-902 and E-903, consistent with the closing recommendations made in the FOCIS and MFP budget B/A 101-3271; and provide Fiscal staff the authority to make technical adjustments as necessary; and do the Subcommittees wish to seek the approval of \$500,000 in

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 60

General Fund appropriations and \$500,000 in matching federal Title XIX funds each year of the 2023-2025 biennium for ongoing dedicated waiver support in a special use category with the intent the DHCFP will review its needs regarding waiver development and support and return to the IFC with a request to establish new permanent positions from this appropriation, and direct funds not used to support permanent positions to be used for contracted waiver support?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3158 OTHER CLOSING ITEMS 1 THROUGH 20 AS RECOMMENDED BY THE GOVERNOR; APPROVE OTHER CLOSING ITEMS 21 AND 23 WITH THE NOTED TECHNICAL ADJUSTMENTS; NOT APPROVE OTHER CLOSING ITEM 22, INCLUDING DECISION UNIT E-354 AND BUDGET AMENDMENT A231523158 [EXHIBIT D](#); APPROVE OTHER CLOSING ITEM 24 INCLUDING BUDGET AMENDMENT A231113158 [EXHIBIT E](#); APPROVE OTHER CLOSING ITEM 25 INCLUDING BUDGET AMENDMENT A231483158 [EXHIBIT F](#); APPROVE OTHER CLOSING ITEM 26 CONSISTENT WITH THE CLOSING RECOMMENDATIONS MADE IN THE FOCIS AND MFP B/A 101-3271; WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY; AND SEEK APPROVAL OF \$500,000 IN GENERAL FUND APPROPRIATIONS AND \$500,000 IN MATCHING FEDERAL TITLE XIX FUNDS EACH YEAR OF THE 2023-2025 BIENNIUM FOR ONGOING DEDICATED WAIVER SUPPORT IN A SPECIAL USE CATEGORY WITH THE INTENT THE DHCFP WILL REVIEW ITS NEEDS REGARDING WAIVER DEVELOPMENT AND SUPPORT AND RETURN TO THE IFC WITH A REQUEST TO ESTABLISH NEW PERMANENT POSITIONS FROM THIS APPROPRIATION; AND DIRECT FUNDS NOT USED TO SUPPORT PERMANENT POSITIONS TO BE USED FOR CONTRACTED WAIVER SUPPORT.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 61

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MR. KUCERA:

There are eight Major Closing Issues in B/A 101-3243, Nevada Medicaid, Title XIX program, on pages 95 through 125 of [Exhibit C](#).

Major Closing Issue 1 includes decision units M-200 and M-201 and relates to the Medicaid caseload. The Governor recommends \$453.8 million, of which \$76.5 million is General Fund appropriations, in FY 2023-2024 and approximately \$384 million, with \$64.4 million in General Fund appropriations, in FY 2024-2025 to support projected changes in the Medicaid caseload.

M-200 Demographics/Caseload Changes — Page DHHS-DHCFP-49  
M-201 Demographics/Caseload Changes — Page DHHS-DHCFP-50

The table at the top of page 97 of [Exhibit C](#) shows the variance between the updated caseload recommendations and the Governor's recommendation. For FY 2023-2024, it is functionally flat with a 1 percent increase in caseload. For FY 2024-2025, it drops slightly with a 1.4 percent decrease relative to the [Executive Budget](#). The table at the bottom of page 97 includes the totals for the caseload decision units M-200 and M-201 as recommended by the Governor and the update. Fiscal staff notes the 2023 calendar year (CY) rates include a bonus payment to MCOs. However, there is no indication this bonus payment will continue beyond December 2023.

The decreases included in the caseload updates are primarily related to the caseload updates previously discussed and decreased CY 2023 managed care rates based on actual rates.

The decision for the Subcommittees is at the top of page 98 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of the updated caseload projections in B/A 101-3243 for the Medicaid program based on the March 2023 caseload projections totaling \$348.8 million, including \$51.2 million in General Fund monies, in FY 2023-2024 and \$199.9 million, including \$38.4 million in General Fund monies, for FY 2024-2025?

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 62

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE UPDATED CASELOAD PROJECTIONS IN B/A 101-3243 DECISION UNITS M-200 AND M-201 FOR THE MEDICAID PROGRAM BASED ON THE MARCH 2023 CASELOAD PROJECTIONS TOTALING \$348.8 MILLION, INCLUDING \$51.2 MILLION IN GENERAL FUND MONIES IN FY 2023-2024, AND \$199.9 MILLION, INCLUDING \$38.4 MILLION IN GENERAL FUND MONIES FOR FY 2024-2025.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MR. KUCERA:

Beginning on page 98 of [Exhibit C](#) is B/A 101-3243 Major Closing Issue 2, waiver caseloads and includes decision units M-202, M-203, M-204, M-510, M-511 and M-512.

M-202 Demographics/Caseload Changes — Page DHHS-DHCFP-50

M-203 Demographics/Caseload Changes — Page DHHS-DHCFP-51

M-204 Demographics/Caseload Changes — Page DHHS-DHCFP-51

M-510 Mandate ID Waiver Slots — Page DHHS-DHCFP-52

M-511 Mandate FE Waiver Slots — Page DHHS-DHCFP-52

M-512 Mandate PD Waiver Slots — Page DHHS-DHCFP-53

The Governor recommends \$19.9 million, including \$1.4 million in General Fund appropriations, in FY 2023-2024 and \$26.2 million, of which \$3.1 million is General Fund appropriations, in FY 2024-2025 for increased medical services associated with expanding the number of waiver slots. As discussed in the Regional Center budgets within the ADSD budget closing and shown in the table at the top of page 99 of [Exhibit C](#), slots for standard caseload growth, as well as slots to reduce the waitlist for those waiting more than 90 days, have increased significantly when compared to the Executive Budget. The

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 63

discrepancies between the two have been updated, and the figures presented on page 99 of [Exhibit C](#) reflect the updated caseload figures.

After caseload and FMAP adjustments, waiver caseload increases by a total of \$35.4 million, of which \$4.7 are General Fund monies, in FY 2023-2024 and \$44.2 million, of which \$6.3 million are General Fund monies, in FY 2024-2025. Fiscal staff notes this Major Closing Issue should be closed consistent with the actions taken during the closing of the Regional Center budgets within the ADSD.

Do the Subcommittees wish to recommend approval of waiver slot increases in B/A 101-3243 decision units M-202, M-203, M-204, M-510, M-511 and M-512 based on March 2023 caseload projections totaling \$35.4 million, including \$4.7 million in General Fund appropriations, in FY 2023-2024 and \$44.2 million, including \$6.3 million in General Fund appropriations, in FY 2024-2025 consistent with the closing actions taken during the closing of the Regional Center budgets within the ADSD?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE WAIVER SLOT INCREASES IN B/A 101-3243 DECISION UNITS M-202, M-203, M-204, M-510, M-511 AND M-512 BASED ON MARCH 2023 CASELOAD PROJECTIONS TOTALING \$35.4 MILLION, INCLUDING \$4.7 MILLION IN GENERAL FUND APPROPRIATIONS, IN FY 2023-2024 AND \$44.2 MILLION, INCLUDING \$6.3 MILLION IN GENERAL FUND APPROPRIATIONS, IN FY 2024-2025 CONSISTENT WITH THE CLOSING ACTIONS TAKEN DURING THE CLOSING OF THE REGIONAL CENTER BUDGETS WITHIN THE ADSD.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATOR CANNIZZARO WAS EXCUSED FOR THE VOTE.)

\* \* \* \* \*

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 64

MR. KUCERA:

Major Closing Issue 3 in B/A 101-3243 is the FMAP Rates and related updates found on page 101 of [Exhibit C](#). The Federal Funds Information for States Service released a projected update for the federal fiscal year 2024-2025 FMAP rates. The adjustment noted in the table on page 101 indicates a 0.82 percent reduction in standard FMAP and a 0.57 percent reduction in the Nevada Checkup enhanced FMAP rate in FY 2024-2025. These small variations have material impacts on the total General Fund for the DHCFFP budget. Fiscal staff estimates a fiscal impact of approximately \$19.2 million in FY 2024-2025. This is reflected in the updated caseload and FMAP components within each individual decision unit within this budget.

The decision for the Subcommittees is at the bottom of page 101 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of FMAP rates as reflected in the April 2023 Federal Funds Information for States update?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE FOR B/A 101-3243 THE FMAP RATES AS REFLECTED IN THE APRIL 2023 FEDERAL FUNDS INFORMATION FOR STATES UPDATE.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATOR CANNIZZARO WAS EXCUSED FOR THE VOTE.)

\* \* \* \* \*

CHAIR NGUYEN:

Staff will propose a lengthy change to some of the recommendations for the next Major Closing Issue.



Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 65

MR. KUCERA:

Budget Account 101-3243 Major Closing Issue 4 relates to provider reimbursement rate increases and is on pages 102 through 107 of [Exhibit C](#). It is divided into mandatory and discretionary rate increases.

The updates related to Major Closing Issue 4 are on pages 105 and 106 of [Exhibit C](#), including the updated FMAP components for the mandatory rate increase in decision unit M-101 in B/A 101-3243.

M-101 Agency Specific Inflation — Page DHHS-DHCFP-48

Using the March 2023 caseload projections and FMAP rate changes based on Moody's Analytics March 2023 inflation rate projections, decision unit M-101 is recommended to decrease from \$527.1 million to \$189 million over the 2023-2025 biennium. This is a significant reduction primarily due to decreased MCO rates in CY 2023.

Discretionary rate increases are broken into four buckets using distinct methodologies within the [Executive Budget](#) for recommended increases. The first shown in item a on page 102 of [Exhibit C](#) includes a 5 percent rate increase for physicians, dentists and skilled nursing facilities (SNF) as noted in B/A 101-3243 decision units E-125, E-127 and E-374. Fiscal staff notes a recommended technical adjustment from the DHCFP on decision unit E-374 to include updates for all relevant SNF provider types including standard, ventilator and pediatric rates.

E-125 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-53

E-127 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-55

E-374 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-62

With updated FMAP rates and the noted adjustment, the total recommendation is \$74.8 million, with \$20.6 million in General Fund monies, over the 2023-2025 biennium.

For Personal Care Services providers, decision unit E-126 in B/A 101-3243, shown in item b on page 103 of [Exhibit C](#), would increase rates to \$25 per hour

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 66

totaling \$79 million, including \$25.5 million in General Fund appropriations, over the 2023-2025 biennium.

#### E-126 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-54

During the Subcommittees hearing on March 2, 2023, a discussion relating to the ability to pass-through wages to the direct care staff of personal care service providers revealed at least 22 states have a form of wage pass-through consisting primarily of the establishment of a minimum wage, a percentage of reimbursement rate increase or through a dedicated trust fund assessment.

Fiscal staff notes the Home Care Employment Standards Board established in S.B. No. 340 of the 81st Session recommended a \$25 hourly reimbursement rate along with a \$15 minimum wage rate to be paid to direct care workers. If the Subcommittees wish to recommend approval of associated components in the Medicaid budget, they may wish to direct Fiscal staff to include back language in the Appropriations Act requiring providers to compensate direct care workers at a rate not less than \$15 per hour. The back language would establish a statutory requirement; however, there are currently no resources within the Medicaid budget to review or enforce compliance for such an edict. The DHCFP recommended the addition of two management analyst positions to review compliance, which will be included in the motion for the Subcommittees' consideration, totaling approximately \$332,000, of which \$166,000 would be General Fund monies.

Decision unit E-371 in B/A 101-3243 pertains to providers of services to individuals with IDD as shown in item c) on page 104 of [Exhibit C](#). Fiscal staff notes a technical adjustment is recommended to increase federal authorization by \$21.7 million in FY 2023-2024 to align the start date of this program to July 1, 2023, consistent with that of the ADSD, similar to the technical adjustment recommended in the ADSD budget closing.

#### E-371 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-61

In B/A 101-3243 decision unit E-373 Advanced Practice Registered Nurses are recommended to receive rate increases to equal the current rate paid to physicians, including the 15 percent enhancement applied to pediatric services,

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 67

at a total cost of \$34.6 million, including \$10 million in General Fund appropriations, over the 2023-2025 biennium.

E-373 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-61

There are four components within the preceding decision units relating to the alternative motion recommended by the Chair for consideration. The alternative motion would increase the rate increase for SNF from 5 percent to 10 percent. It would increase the minimum wage pass-through for direct care workers of personal care service agencies from \$15 to \$16 per hour and provide for increases for frail elderly providers primarily consisting of case management, homemaker services, chore services, and respite for this population meeting a certain level of care. It would also increase home health provider rates, including private duty nurses, by 15 percent.

CHAIR NGUYEN:

The SNFs said they knew they would be hit disproportionately following the pandemic. Making changes to a portion of the FMAP funds will have the effect the Governor wanted, which was increasing reimbursement rates by 5 percent. By adding the 10 percent, we are providing that increase. In addition, some people were being eliminated. Those were the increases for the frail elderly providers and private duty nurses. A significant portion of the recommended alternative motion would add those funds back. We also voted unanimously in ADSD to increase the pass-through minimum wage from \$15 to \$16. The alternative motion would be aligned with what we did with the other home healthcare providers.

MR. KUCERA:

The alternative motion is as follows. Do the Subcommittees wish to recommend approval of the rate increases in B/A 101-3243 as recommended by the Governor, as shown on page 107 of [Exhibit C](#), including recommended technical adjustments reflecting the updated FMAP rate over the 2023-2025 biennium for decision unit M-101 for \$189 million, including \$80.6 million in General Fund monies, to fund mandatory rate increases; approve decision unit E-125 for \$55.1 million, of which \$15.2 million is in General Fund appropriations, to fund a 5 percent rate increase to physicians; approve decision unit E-127 for \$7 million, including \$2.3 million in General Fund appropriations, to provide a

5 percent rate increase to dentists; approve an updated decision unit E-374 for \$25.3 million, including \$6.1 million in General Fund appropriations, to provide a 10 percent rate increase for SNFs, including the noted technical adjustment item; approve decision unit E-126 for \$79 million, including \$25.9 million in General Fund appropriations to increase personal care services to \$25 an hour; approve decision unit E-371 for \$57.6 million in federal Title XIX Medicaid funding to increase rates to providers of services to individuals with IDD, including noted technical adjustments to correct the start date to July 2023, and contingent upon approval of the companion decision units within the ADSD budget; approve decision unit E-373 for \$34.5 million, including \$10.2 million in General Fund appropriations, to provide rate increases for advanced practice registered nurses to equal the rates paid to physicians?

If decision unit E-126 is recommended for approval, the Subcommittees may wish to recommend the inclusion of back language in the Appropriations Act requiring providers of personal care services receiving the recommended increased reimbursement rate of \$25 per hour to pay a wage to direct care staff workers of not less than \$16 per hour. Additionally, the Subcommittees may wish to recommend approval of two management analyst positions and associated expenditures in the Medicaid administration B/A 101-3158 to review compliance with the minimum wage requirement for personal care services direct care workers totaling \$333,737, of which \$166,869 is General Fund appropriations, over the 2023-2025 biennium.

The Subcommittees may also wish to recommend approval of \$11.4 million, including \$2.8 million in General Fund monies and \$1.6 million in county funds, over the 2023-2025 biennium to fund an average rate increase of approximately 51 percent for frail elderly provider type 57, which is residential facilities for group providers, and an average rate increase of approximately 98 percent for frail elderly provider type 59, which is assisted living facility providers, to align with the median provider reported costs. Additionally, the Subcommittees may wish to recommend \$6.7 million, of which \$2.2 million is in General Fund appropriations and \$88,817 are county funds, over the 2023-2025 biennium to provide a 15 percent rate increase for home health providers, which is provider type 29, including private duty nurses, beginning January 1, 2024.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE RATE INCREASES IN B/A 101-3243 AS RECOMMENDED BY THE GOVERNOR, WITH RECOMMENDED TECHNICAL ADJUSTMENTS REFLECTING THE UPDATED FMAP RATE OVER THE 2023-2025 BIENNIUM FOR DECISION UNIT M-101 FOR \$189 MILLION AND INCLUDING \$80.6 MILLION IN GENERAL FUND MONIES TO FUND MANDATORY RATE INCREASES; APPROVE DECISION UNIT E-125 FOR \$55.1 MILLION, OF WHICH \$15.2 MILLION IS GENERAL FUND APPROPRIATIONS, TO FUND A 5 PERCENT RATE INCREASE TO PHYSICIANS; APPROVE DECISION UNIT E-127 FOR \$7 MILLION, INCLUDING \$2.3 MILLION IN GENERAL FUND APPROPRIATIONS, TO PROVIDE A 5 PERCENT RATE INCREASE TO DENTISTS; APPROVE AN UPDATED DECISION UNIT E-374 FOR \$25.3 MILLION, INCLUDING \$6.1 MILLION IN GENERAL FUND APPROPRIATIONS, TO PROVIDE A 10 PERCENT RATE INCREASE FOR SKILLED NURSING FACILITIES, WITH THE NOTED TECHNICAL ADJUSTMENT ITEM; APPROVE DECISION UNIT E-126 FOR \$79 MILLION, INCLUDING \$25.9 MILLION IN GENERAL FUND APPROPRIATIONS, TO INCREASE PERSONAL CARE SERVICES TO \$25 AN HOUR; APPROVE DECISION UNIT E-371 FOR \$57.6 MILLION IN FEDERAL TITLE XIX MEDICAID FUNDING TO INCREASE RATES TO PROVIDERS OF SERVICES TO INDIVIDUALS WITH IDD WITH THE NOTED TECHNICAL ADJUSTMENTS TO CORRECT THE START DATE TO JULY 2023, CONTINGENT UPON APPROVAL OF THE COMPANION DECISION UNITS WITHIN THE ADSD BUDGET; APPROVE DECISION UNIT E-373 FOR \$34.5 MILLION, INCLUDING \$10.2 MILLION IN GENERAL FUND APPROPRIATIONS, TO PROVIDE RATE INCREASES FOR ADVANCED PRACTICE REGISTERED NURSES TO EQUAL THE RATES PAID TO PHYSICIANS; AND REQUIRE THE INCLUSION OF BACK LANGUAGE IN THE APPROPRIATIONS ACT REQUIRING PROVIDERS OF PERSONAL CARE SERVICES RECEIVING THE RECOMMENDED INCREASED REIMBURSEMENT RATE OF \$25 PER HOUR TO PAY A WAGE TO DIRECT CARE STAFF WORKERS OF NOT LESS THAN \$16 PER HOUR; APPROVE TWO MANAGEMENT ANALYST POSITIONS AND ASSOCIATED EXPENDITURES IN THE MEDICAID ADMINISTRATION B/A 101-3158 TO REVIEW COMPLIANCE WITH THE MINIMUM WAGE REQUIREMENT FOR PERSONAL CARE SERVICES

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 70

DIRECT CARE WORKERS TOTALING \$333,737, OF WHICH \$166,869 IS GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM; APPROVE \$11.4 MILLION, INCLUDING \$2.8 MILLION IN GENERAL FUND MONIES AND \$1.6 MILLION IN COUNTY FUNDS, OVER THE 2023-2025 BIENNIUM TO FUND AN AVERAGE RATE INCREASE OF APPROXIMATELY 51 PERCENT FOR FRAIL ELDERLY PROVIDER TYPE 57, THE RESIDENTIAL FACILITIES FOR GROUP PROVIDERS, AND AN AVERAGE RATE INCREASE OF APPROXIMATELY 98 PERCENT FOR FRAIL ELDERLY PROVIDER TYPE 59, ASSISTED LIVING FACILITY PROVIDERS, TO ALIGN WITH THE MEDIAN PROVIDER REPORTED COSTS; AND APPROVE \$6.7 MILLION, OF WHICH \$2.2 MILLION IS GENERAL FUND APPROPRIATIONS AND \$88,817 IS COUNTY FUNDS, OVER THE 2023-2025 BIENNIUM TO PROVIDE A 15 PERCENT RATE INCREASE FOR HOME HEALTH PROVIDERS, PROVIDER TYPE 29, INCLUDING PRIVATE DUTY NURSES, BEGINNING JANUARY 1, 2024.

SENATOR DONDERO LOOP SECONDED THE MOTION.

SENATOR SEEVERS GANSERT:

I will support this motion. I appreciate the work done to dive deep into some of these budgets, especially where there was no money or where we fell short on the recommendation. As far as the rate changes, particularly for the elderly and frail, some of the providers only get \$23 a day, so this will be a significant increase, helping to make sure they can take care of those who are most vulnerable.

CHAIR NGUYEN:

Some of these increases are approximately 51 percent for frail elderly provider type 57, residential facilities for group providers, and 98 percent for frail elderly provider type 59, assisted living providers. We need these people to provide these services to our most vulnerable.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 71

MR. KUCERA:

Major Closing Issue 5 in B/A 101-3243 is decision unit E-350, Applied Behavior Analysis (ABA) rates, and begins on page 108 of [Exhibit C](#). The Governor recommends a net decrease of \$4.1 million, including a \$1.6 million decrease in General Fund monies, over the 2023-2025 biennium.

E-350 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-58

Chapter 422 of the NRS requires the director of the DHHS to biennially establish rates for ABA services comparable to rates of reimbursements paid by Medicaid programs in other states. The Governor's recommendations resulted in decreases ranging from functionally flat to an approximate 27 percent rate decrease for board-certified behavior analysts (BCBA) as shown in the table in the middle of page 108 of [Exhibit C](#).

During the hearing on March 2, 2023, the Subcommittees indicated an interest in isolating the impact related to only ABA service rates recommended for an increase. According to the DHCFP, the fiscal impact of approving only rate increases, but making no changes to rates recommended to decrease, would total \$419,677, with \$161,000 in General Fund monies, over the 2023-2025 biennium.

The analysis is included in the table in the middle of page 109 of [Exhibit C](#). It shows the net difference between not approving the Governor's recommended decrease of approximately \$4.1 million and the alternative scenario of a \$419,000 increase. As previously mentioned, NRS 422 requires the director of DHHS to establish new rates biennially comparable to other states. The alternative scenario presented would result in some rates not being comparable and would conflict with the statute. If the Subcommittees wish to recommend approval of the alternative scenario where no rates for ABA services are recommended to decrease, Fiscal staff recommends the inclusion of back language in the Appropriations Act requiring the DHHS director to increase rates as approved in Major Closing Issue 5 notwithstanding their statutory provisions.

The options for consideration are at the top of page 110 of [Exhibit C](#). Do the Subcommittees wish to recommend the approval of either Option A rate

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 72

changes for ABA services to align rates with rates in other states pursuant to NRS 422.27497 totaling an adjusted \$4.2 million reduction, including a \$1.6 million reduction in General Fund monies, over the 2023-2025 biennium beginning April 2024, as recommended by the Governor, including decreases to some ABA services rates or Option B approving of \$419,677, of which \$161,166 is General Fund appropriations, over the 2023-2025 biennium to support changes to only those ABA rates recommended to increase relative to the median rates of comparable states beginning July 2023 to align with statute; and under Option B no rates for ABA services would be decreased and rates lower than other states would be increased; with the inclusion of back language in the Appropriations Act requiring the DHHS director to increase rates as recommended in B/A 101-3243, notwithstanding NRS 422?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3243 OPTION B ON PAGE 110 OF [EXHIBIT C](#) FOR \$419,677, OF WHICH \$161,166 IS GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO SUPPORT CHANGES TO ONLY THOSE ABA RATES RECOMMENDED TO INCREASE RELATIVE TO THE MEDIAN RATES OF COMPARABLE STATES BEGINNING JULY 2023; AND INCLUDE BACK LANGUAGE IN THE APPROPRIATIONS ACT REQUIRING THE DHHS DIRECTOR TO INCREASE RATES AS RECOMMENDED IN B/A 101-3243, NOTWITHSTANDING NRS 422.

SENATOR DONDERO LOOP SECONDED THE MOTION.

SENATOR SEEVERS GANSERT:

We have made so much progress for children with autism by increasing the rates over the years for ABA. I am pleased to see this motion because I do not want us to move backward. Children and families depend on these services. I support Option B.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*



Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 73

MR. KUCERA:

Budget account 101-3243 Major Closing Issue 6 includes decision units E-227, E-229 and E-370. These relate to service expansions. The Governor recommends \$28.6 million, with \$5.5 million in General Fund appropriations, over the 2023-2025 biennium to expand covered services related to wearable cardiovascular defibrillators, the provision of dental services to individuals with an IDD and to expand the number of certified CCBHCs from 9 to 15.

E-227 Efficiency & Innovation — Page DHHS-DHCFP-56

E-229 Efficiency & Innovation — Page DHHS-DHCFP-56

E-370 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-60

The table at the bottom of page 110 of [Exhibit C](#) includes all of the impacted patient counts and expenditures related to these enhancements. An update is provided on page 112 of [Exhibit C](#).

During the hearing on March 2, 2023, questions were posed relating to dental services for individuals with IDD, and the DHCFP indicated the maximum dental benefit would be increased to \$2,500 per participant. Regarding the CCBHC program expansion, the DHCFP indicated a larger network of providers would assist with providing follow-up care for those who require crisis stabilization services, including the tracking of approximately 39 related quality measures and updated FMAP rates. Following caseload projection updates and FMAP rates in March 2023, total expenditures related to service expansions total \$27.9 million, including \$5.4 million in General Fund appropriations, as detailed at the bottom of page 112 of [Exhibit C](#).

The decision for the Subcommittees is at the top of page 113 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of service expansions in B/A 101-3243, including FMAP updates as recommended by the Governor in decision unit E-227 for \$11,777, including \$2,348 in General Fund appropriations, over the 2023-2025 biennium to fund expanded coverage for wearable cardiac defibrillators; approve decision unit E-229 for \$10.1 million, including \$1.6 million in General Fund appropriations, over the 2023-2025 biennium to fund expanded coverage for dental services provided to individuals with IDD age 21 and over; and approve decision unit E-370 for \$17.8 million, including \$3.9 million in General Fund appropriations, over the

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 74

2023-2025 biennium to fund an expansion of the CCBHC program from 9 to 15 providers?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE SERVICE EXPANSIONS IN B/A 101-3243, INCLUDING FMAP UPDATES AS RECOMMENDED BY THE GOVERNOR IN DECISION UNIT E-227 FOR \$11,777, OF WHICH \$2,348 IS GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO FUND EXPANDED COVERAGE FOR WEARABLE CARDIAC DEFIBRILLATORS; AND APPROVE DECISION UNIT E-229 FOR \$10.1 MILLION, INCLUDING \$1.6 MILLION IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO FUND EXPANDED COVERAGE FOR DENTAL SERVICES PROVIDED TO INDIVIDUALS WITH IDD AGE 21 AND OVER; AND APPROVE DECISION UNIT E-370 FOR \$17.8 MILLION, INCLUDING \$3.9 MILLION IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO FUND AN EXPANSION OF THE CCBHC PROGRAM FROM 9 TO 15 PROVIDERS.

SENATOR DONDERO LOOP SECONDED THE MOTION.

SENATOR SEEVERS GANSERT:

I support this, especially when you look at the CCBHC and the Governor's proposal to expand those. I think that is important given the demands we have across our State.

ASSEMBLY: THE MOTION CARRIED. (ASSEMBLYWOMAN DICKMAN WAS EXCUSED FOR THE VOTE.)

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MR. KUCERA:

Budget account 101-3243 Major Closing Issue 7 is decision unit E-225 for neurotherapy and biofeedback service elimination. As recommended by the Governor, it includes reductions totaling \$7.1 million, including \$2.4 million in

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 75

General Fund appropriation reductions, over the 2023-2025 biennium to eliminate neurotherapy and biofeedback services covered by Medicaid.

E-225 Efficiency & Innovation — Page DHHS-DHCFP-55

Neurotherapy and biofeedback were previously approved for elimination as Medicaid coverage services in the Eighty-first Legislative Session as part of budget reduction measures.

During and following the hearing on March 2, 2023, the DHCFP indicated other Medicaid services would remain available to those who are currently receiving biofeedback and neurotherapy services. The recommended elimination does not limit a patient from receiving psychotherapy services in an outpatient setting and no impact to access to psychotherapy services is anticipated. Recommended adjustments due to FMAP rate changes total reductions of \$72,650, including \$69,106 reductions in General Fund appropriations, over the 2023-2025 biennium.

As shown at the top of page 114 of [Exhibit C](#), do the Subcommittees wish to recommend approval of B/A 101-3243 decision unit E-225 for adjusted reductions totaling \$7.1 million, including a reduction of \$2.5 million in General Fund appropriations, over the 2023-2025 biennium to eliminate neurotherapy and biofeedback as covered Medicaid services as recommended by the Governor?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3243 DECISION UNIT E-225 FOR ADJUSTED REDUCTIONS TOTALING \$7.1 MILLION, INCLUDING A REDUCTION OF \$2.5 MILLION IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO ELIMINATE NEUROTHERAPY AND BIOFEEDBACK AS COVERED MEDICAID SERVICES AS RECOMMENDED BY THE GOVERNOR.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MR. KUCERA:

Major Closing Issue 8 is the eligibility expansion for pregnant women, decision unit E-364 in B/A 101-3243, on page 114 of [Exhibit C](#). The Governor recommends \$37.3 million, of which \$14.3 million is General Fund appropriations, over the 2023-2025 biennium to expand Medicaid eligibility for pregnant women with incomes up to 200 percent of the federal poverty level, including 60 days of postpartum care beginning January 1, 2024.

E-364 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-60

The table in the middle of page 114 of [Exhibit C](#) outlines the cost and the patient split between the fee for service and managed care patients. Fiscal staff notes a ramp-up period was used for these services to account for the time needed for the expanded population to become aware of, and apply for, eligibility. Following the ramp-up period, the DHCFP projects 2023-2025 biennium expenditures to total \$53.9 million, including \$20.5 million in General Fund appropriations.

During the March 2023 hearing, there was a request to extend post-partum services from 60 days to a minimum of 12 months. The fiscal impact of such a request was included in [S.B. 232](#) referred to the Senate Committee on Finance on April 17, 2023, to expand eligibility for participants to 12 months following the end of pregnancy.

**[SENATE BILL 232](#)**: Requires the State Plan for Medicaid to include coverage for postpartum care services. (BDR 38-45)

The DHCFP submitted a fiscal note on the bill indicating the total cost over the 2023-2025 biennium would be approximately \$14 million, including \$1.4 million in General Fund appropriations. Following FMAP updates, total expenditures are unchanged with a small reduction in federal funding and a small increase in General Fund appropriations.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 77

Do the Subcommittees wish to recommend approval of B/A 101-3243 decision unit E-364 for an adjusted \$37.3 million, including \$14.5 million in General Fund appropriations, over the 2023-2025 biennium to expand Medicaid eligibility to pregnant women with household incomes up to 200 percent of the federal poverty level?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3243 DECISION UNIT E-364 FOR AN ADJUSTED \$37.3 MILLION, INCLUDING \$14.5 MILLION IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO EXPAND MEDICAID ELIGIBILITY TO PREGNANT WOMEN WITH HOUSEHOLD INCOMES UP TO 200 PERCENT OF THE FEDERAL POVERTY LEVEL.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MR. KUCERA:

The closing for the CSFRF includes updated projections provided by the DHCFP. Of the \$15.1 million approved in October 2022 by the IFC to provide supplemental payments for nursing and assisted living facilities, \$12.8 million is anticipated to be expended in FY 2022-2023, leaving \$2.3 million remaining for expenditure in FY 2023-2024.

Fiscal staff recommends a technical adjustment to align with the updated DHCFP projections. Do the Subcommittees wish to recommend approval in B/A 101-3243 \$2.3 million in ARPA CSFRF in FY 2023-2024 in an expenditure category to support supplemental payments to nursing and assisted living facilities based on updated Agency protections?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE IN B/A 101-3243 \$2.3 MILLION IN

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 78

ARPA CSFRF IN FY 2023-2024 IN AN EXPENDITURE CATEGORY TO SUPPORT SUPPLEMENTAL PAYMENTS TO NURSING AND ASSISTED LIVING FACILITIES BASED ON UPDATED AGENCY PROTECTIONS.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MR. KUCERA:

There are nine Other Closing Items in B/A 101-3243 on pages 116 through 118 of [Exhibit C](#). Other Closing Items 1 through 4 are decision units E-800, E-230, E-237 and E-904, and are recommended to be approved as recommended by the Governor.

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

E-230 Efficiency & Innovation — Page DHHS-DHCFP-57

E-237 Efficiency & Innovation — Page DHHS-DHCFP-57

E-904 Trans From Nevada Medicaid To FOCIS & MFP — Page DHHS-DHCFP-63

Fiscal staff notes B/A 101-3243 Other Closing Item 5 decision unit E-354 includes the previous recommended adjustments relating to the transfer of administrative revenue for the private hospital provider tax and Budget Amendment A231593243 ([Exhibit G](#)) dated March 6, 2023, after the budget hearing. Fiscal staff recommends Other Closing Item 5 be approved consistent with and contingent upon approval of the Major Closing Issue within the Improve Health Care Quality and Access B/A 101-3177.

E-354 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-59

The technical adjustment noted in B/A 101-3243 Other Closing Item 6 decision unit E-133 on page 116 of [Exhibit C](#) is not listed in the [Executive Budget](#) and technical adjustment is recommended. Fiscal staff notes Other Closing Items 7 and 8, decision units E-351 and E-353, are recommended to be approved

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 79

contingent upon related decisions made in the Intergovernmental Transfer budget discussed later in this presentation.

E-351 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-58  
E-353 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-59

Other Closing Item 9 includes the language as recommended by the Governor for inclusion in the Appropriations Act and allows the Medicaid and Nevada Check Up budgets to transfer General Fund appropriations between fiscal years and among these budgets. It also notes the General Fund appropriations in the Appropriations Act are limited, with a handful of noted exceptions that allow the DHCFP to request supplemental payments as shown in items a through e on page 117 of [Exhibit C](#).

Fiscal staff notes an update to item B on page 117 excluding additional services or populations mandated by the federal government and notes the continuation of an exception related to prescription drug costs for fee-for-service participants. As noted, the DHHS director is authorized to adopt State Plans, an agreement between the State Medicaid Division and the Federal CMS, about how the State administers its programs. The Department is empowered to implement programmatic changes that may have a material impact. This limitation language serves as a check on the Department, with limited exceptions to request and receive a supplemental appropriation. The Governor recommends allowing General Fund appropriations to be transferred between the administration budget for limited purposes.

Do the Subcommittees wish to recommend approval of B/A 101-3243 Other Closing Items 1 through 4, including decision units E-800, E-230, E-237 and E-904 as recommended by the Governor; approve Other Closing Item 5 decision unit E-354 including Budget Amendment A231593243 [Exhibit G](#), consistent with and contingent upon approval of the Major Closing Issue in the Improved Health Care Quality and Access B/A 101-3177; approve Other Closing Item 6 decision unit E-133, with the technical adjustment; approve Other Closing Items 7 and 8, decision units E-351 and E-353 contingent upon approval of companion Major Closing Issues within the Intergovernmental Transfer Program B/A 101-3157; and approve Other Closing Item 9 as recommended by the

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 80

Governor, with authority for fiscal staff to make technical adjustments as necessary.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3243 OTHER CLOSING ITEMS 1 THROUGH 4 DECISION UNITS E-800, E-230, E-237 AND E-904 AS RECOMMENDED BY THE GOVERNOR; APPROVE OTHER CLOSING ITEM 5 DECISION UNIT E-354 INCLUDING BUDGET AMENDMENT A231593243 [EXHIBIT G](#) CONSISTENT WITH AND CONTINGENT UPON APPROVAL OF THE MAJOR CLOSING ISSUE IN THE IMPROVED HEALTH CARE QUALITY AND ACCESS B/A 101-3177; APPROVE OTHER CLOSING ITEM 6 DECISION UNIT E-133 WITH THE TECHNICAL ADJUSTMENTS; APPROVE OTHER CLOSING ITEMS 7 AND 8 DECISION UNITS E-351 AND E-353 CONTINGENT UPON APPROVAL OF COMPANION MAJOR CLOSING ISSUES WITHIN THE INTERGOVERNMENTAL TRANSFER PROGRAM B/A 101-3157; AND APPROVE OTHER CLOSING ITEM 9 AS RECOMMENDED BY THE GOVERNOR; WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATORS CANNIZZARO AND TITUS WERE EXCUSED FOR THE VOTE.)

\* \* \* \* \*

MR. KUCERA:

The Nevada Check Up Program B/A 101-3178 is on pages 127 through 135 of [Exhibit C](#) and includes five Major Closing Issues which align with those previously discussed and approved in the Nevada Medicaid B/A 101-3243.

HHS-HCF&P - Nevada Check Up Program — Budget Page DHHS-DHCFP-41  
(Volume II)

Budget Account 101-3178



Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 81

Major Closing Issue 1 includes decision units M-200 and M-201. Updated caseload projections on the middle of page 128 of [Exhibit C](#) show a slight decrease. Associated changes to the decision units are noted at the bottom of the same page and are generally decreasing relative to the Executive Budget. The FMAP changes, along with caseload updates in the M-200 and M-201 decision units include a decrease in General Fund appropriations by \$1.4 million and a total funding decrease of \$7.6 million over the 2023-2025 biennium.

M-200 Demographics/Caseload Changes — Page DHHS-DHCFP-42  
M-201 Demographics/Caseload Changes — Page DHHS-DHCFP-42

The decision for the Subcommittees is at the top of page 129 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of updated caseload projections for decision units M-200 and M-201 in B/A 101-3178 for the Nevada Check Up Program based on March 2023 caseload projections and updated FMAP rates with net funding of \$2 million, including \$504,101 in General Fund monies, over the 2023-2025 Biennium?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE UPDATED CASELOAD PROJECTIONS FOR DECISION UNITS M-200 AND M-201 IN B/A 101-3178 FOR THE NEVADA CHECK UP PROGRAM BASED ON MARCH 2023 CASELOAD PROJECTIONS AND UPDATED FMAP RATES WITH NET FUNDING OF \$2 MILLION, INCLUDING \$504,101 IN GENERAL FUND MONIES, OVER THE 2023-2025 BIENNIUM.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATOR CANNIZZARO WAS EXCUSED FOR THE VOTE.)

\* \* \* \* \*

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 82

MR. KUCERA:

Major Closing Issue 2 in B/A 101-3178 on page 129 of [Exhibit C](#) includes decision units M-101, E-125, E-127 and E-373 for provider reimbursement rate increases.

M-101 Agency Specific Inflation — Page DHHS-DHCFP-41

E-125 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-43

E-127 Economic Opportunity & Skilled Workforce — Page DHHS-DHCFP-43

E-373 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-45

The recommendations listed at the top of page 130 of [Exhibit C](#) are the same as the recommendations included in B/A 101-3243 including 5 percent rate increases for physicians, dentists and advanced practice registered nurses. Fiscal staff notes the Division is not required to align coverage for services offered by Nevada Check Up with Medicaid providers, but it does so for consistency. Fiscal staff recommends the Subcommittees either approve or disapprove the provider rate increases in B/A 101-3178 consistent with its actions in closing B/A 101-3243.

Do the Subcommittees wish to recommend approval of decision unit M-101, including a \$2.1 million decrease, with a decrease in General Fund appropriations of \$573,324, over the 2023-2025 biennium to adjust mandatory rates, and recommend approval of decision units E-125, E-127, and E-373 for \$1.3 million, including \$358,382 in General Fund appropriations, over the 2023-2025 biennium to provide a 5 percent rate increase to physicians, dentists and SNFs?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3178 DECISION UNIT M-101 INCLUDING A \$2.1 MILLION DECREASE, WITH A DECREASE IN GENERAL FUND APPROPRIATIONS OF \$573,324 OVER THE 2023-2025 BIENNIUM TO ADJUST MANDATORY RATES, AND RECOMMEND APPROVAL OF DECISION UNITS E-125, E-127, AND E-373 FOR \$1.3 MILLION, INCLUDING \$358,382 IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO PROVIDE A 5 PERCENT RATE INCREASE TO PHYSICIANS, DENTISTS AND SKILLED NURSING FACILITIES.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 83

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATORS CANNIZZARO AND TITUS WERE EXCUSED FOR THE VOTE.)

\* \* \* \* \*

MR. KUCERA:

Major Closing Issue 3 in B/A 101-3178 is decision unit E-350. It is the same recommendation as recommended by the Governor in B/A 101-3243 to decrease ABA rates.

E-350 Promoting Healthy, Vibrant Communities – Page DHHS-DHCFP-44

Based on the updated information provided by the DHCFP related to the increase of some ABA rates, the total fiscal impact is \$3,494, including \$942 in General Fund appropriations. This would align rates with other states planning to increase and makes no changes to rates recommended to decrease, consistent with B/A 101-3243.

Consistent with the Medicaid budget, Fiscal staff recommends the approval of Option B for decision unit E-350 in B/A 101-3178 shown on page 131 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of \$3,494, including \$942 in General Fund appropriations, over the 2023-2025 biennium to support changes to only those ABA rates recommended to increase relative to the median rate of comparable states beginning July 2023? Under this option, no rates for ABA services would be decreased.

Should this option be selected, Fiscal staff recommends the inclusion of back language in the Appropriation Act requiring the DHHS director to increase rates as recommended in the Nevada Check Up budget, notwithstanding NRS 422.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3178 DECISION UNIT E-350 FOR \$3,494, INCLUDING \$942 IN GENERAL FUND APPROPRIATIONS,

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 84

OVER THE 2023-2025 BIENNIUM TO SUPPORT CHANGES TO ONLY THOSE ABA RATES RECOMMENDED TO INCREASE RELATIVE TO THE MEDIAN RATE OF COMPARABLE STATES BEGINNING JULY 2023, WITH NO DECREASE IN RATES FOR ABA SERVICES.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATORS CANNIZZARO AND TITUS WERE EXCUSED FOR THE VOTE.)

\* \* \* \* \*

MR. KUCERA:

Major Closing Issue 4 is on page 131 of [Exhibit C](#). It includes decision unit E-370 in B/A 101-3178 and aligns with the Major Closing Issue in B/A 101-3243 for CCBHCs. After FMAP updates, this decision unit would total \$294,619, including \$80,129 in General Fund appropriations.

E-370 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-44

Fiscal staff recommends B/A 101-3178 decision unit E-370 be approved consistent with the Nevada Medicaid B/A 101-3243. The decision is at the top of page 132 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of \$294,619, with \$80,129 in General Fund appropriations, over the 2023-2025 biennium to expand the number of CCBHCs from 9 to 15 beginning January 2024?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3178 DECISION UNIT E-370 FOR \$294,619, WITH \$80,129 IN GENERAL FUND APPROPRIATIONS, OVER THE 2023-2025 BIENNIUM TO EXPAND THE NUMBER OF CCBHC FACILITIES FROM 9 TO 15 BEGINNING JANUARY 2024.

SENATOR DONDERO LOOP SECONDED THE MOTION.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 85

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATORS CANNIZZARO AND TITUS WERE EXCUSED FOR THE VOTE.)

\* \* \* \* \*

MR. KUCERA:

Major Closing Issue 5 in B/A 101-3178 is decision unit E-225 and mirrors the neurotherapy and biofeedback service elimination decision in B/A 101-3243. The Governor recommends budget reductions totaling \$17,856 over the 2023-2025 biennium. Following FMAP and caseload updates, this has been updated to a decrease of \$17,708, including a decrease in General Fund appropriations of \$4,830, over the 2023-2025 biennium.

E-225 Efficiency & Innovation — Page DHHS-DHCFP-44

Fiscal staff recommends this decision unit be approved consistent with decision unit E-225 in B/A 101-3243. The decision is at the bottom of page 132 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of reductions totaling \$17,708, including \$4,830 in General Fund appropriation reductions, over the 2023-2025 biennium to eliminate neurotherapy and biofeedback as covered Nevada Check Up services, as recommended by the Governor?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3178 DECISION UNIT E-225 FOR REDUCTIONS TOTALING \$17,708, INCLUDING \$4,830 IN GENERAL FUND APPROPRIATION REDUCTIONS, OVER THE 2023-2025 BIENNIUM TO ELIMINATE NEUROTHERAPY AND BIOFEEDBACK AS COVERED NEVADA CHECK UP SERVICES AS RECOMMENDED BY THE GOVERNOR.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 86

SENATE: THE MOTION CARRIED. (SENATOR CANNIZZARO WAS EXCUSED FOR THE VOTE.)

\* \* \* \* \*

MR. KUCERA:

To align with B/A 101-3243 FMAP recommended rate reductions, Fiscal staff recommends the Other Closing Item be closed with the adjustments noted on pages 133 to 135 of [Exhibit C](#) and requests authority to make technical adjustments as necessary.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE THE OTHER CLOSING ITEM IN B/A 101-3178 WITH THE ADJUSTMENTS NOTED WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATOR CANNIZZARO WAS EXCUSED FOR THE VOTE.)

\* \* \* \* \*

MR. KUCERA:

Budget account 101-3245, Prescription Drug Rebate, is on pages 137 and 138 of [Exhibit C](#). The Major Closing Issue is the continuation of the budget. The Governor recommends receipt of \$416.3 million in each year of the 2023-2025 biennium.

HHS-HCF&P - Prescription Drug Rebate — Budget Page DHHS-DHCFP-65  
(Volume II)

Budget Account 101-3245

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 87

Fiscal staff notes, no advanced projection methodology was used to forecast anticipated revenues totaling over \$830 million over the 2023-2025 biennium. Therefore, noting the updates on page 138 of [Exhibit C](#), and considering the magnitude and variability of drug rebates, the Subcommittees may wish to consider a letter of intent (LOI) directing the DHCFP to evaluate its methods of projecting drug rebates and the associated the General Fund offset, and consideration of utilization and inflation rates applied to projected prescription drug expenditures.

Do the Subcommittees wish to recommend approval of \$416.3 million prescription drug rebate revenue each year of the 2023-2025 biennium as recommended by the Governor and provide staff with authority to make technical adjustments as necessary? Additionally, do the Subcommittee wish to issue an LOI directing the DHCFP to submit a report to the IFC on an evaluation of methods for projecting prescription drug rebate revenue, the associated General Fund offset and methodologies used to determine the inflation rate applied to projected prescription drug expenditures?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE IN B/A 101-3245 \$416.3 MILLION IN PRESCRIPTION DRUG REBATE REVENUE EACH YEAR OF THE 2023-2025 BIENNIUM AS RECOMMENDED BY THE GOVERNOR; WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY; AND ISSUE AN LOI DIRECTING THE DHCFP TO SUBMIT A REPORT TO THE IFC ON AN EVALUATION OF METHODS FOR PROJECTING PRESCRIPTION DRUG REBATE REVENUE, THE ASSOCIATED GENERAL FUND OFFSET AND METHODOLOGIES USED TO DETERMINE THE INFLATION RATE APPLIED TO PROJECTED PRESCRIPTION DRUG EXPENDITURES.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 88

SENATE: THE MOTION CARRIED. (SENATOR CANNIZZARO WAS EXCUSED FOR THE VOTE.)

\* \* \* \* \*

MR. KUCERA:

Budget account 101-3157, the Intergovernmental Transfer (IGT) Program is on pages 139 through 148 of [Exhibit C](#). The IGT can collect funds from other governmental agencies to provide the State share of certain Medicaid expenditures reducing the need for General Fund appropriations. There is a small description of each supplemental and directed payment program provided on pages 139 and 140 of [Exhibit C](#).

HHS-HCF&P - Intergovernmental Transfer Program — Budget Page  
DHHS-DHCFP-8 (Volume II)  
Budget Account 101-3157

Major Closing Issues 1 in B/A 101-3157 on page 140 of [Exhibit C](#) is decision unit E-353, the Disproportionate Share Hospital Payment Program restructure.

E-353 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-11

The Governor recommends including reductions totaling \$128.4 million in reduced contributions from Clark County, Washoe County and federal Title XIX reductions of \$112.4 million over the 2023-2025 biennium. This recommendation would limit revenues and funding provided by a \$0.01 ad valorem tax on each \$100 of assessed property value.

State savings from this program are used to offset General Fund appropriations within B/A 101-3243. Recommended changes would increase General Fund appropriations by \$59.4 million in B/A 101-3243 over the 2023-2025 biennium.

The Disproportionate Share Hospital Program provides payments to hospitals with a disproportionate share of uncompensated costs due to services provided to indigent and uninsured persons in comparison to other hospitals. Available disproportionate share hospital supplemental payments are capped for each eligible hospital based on the amount of uncompensated care provided at each



facility. Due to an overall decrease in uninsured individuals in the State, the total amount of uncompensated care has declined. As a result, the amount of disproportionate share hospital payments available to all facilities, including but not limited to University Medical Center (UMC), under federal rules have decreased. Based on the Nevada Administrative Code, unused disproportionate share hospital program benefits from one pool are redistributed to successive pools to be shared among eligible hospitals. Descriptions of the five eligible hospital pools are provided on page 141 of [Exhibit C](#).

This program is primarily developed to benefit the UMC. As shown in the table at the top of page 142 of [Exhibit C](#), under current regulation, UMC would receive nearly 90 percent of the total supplemental payments through this program. However, the availability of the facility to receive supplemental payments has decreased, corresponding with the decrease in uncompensated care. This results in a significant redistribution of funding originally allotted to Pool A to Pool B which are private hospitals in Clark County or in counties with populations greater than 700,000. The DHCFP indicated recoupments in the last two audited fiscal years included \$34.4 million and \$30.5 million, respectively, and required UMC to repay those funds for redistribution to Pool B.

During the hearing on March 2, 2023, the DHCFP noted there were reduced payments to UMC and recoupment. The table towards the bottom of page 142 of [Exhibit C](#) includes the projected and current supplemental and directed payments to UMC through other supplemental payment programs. Fiscal staff notes, the MCO Directed Payment Program includes a significant contribution increase in FY 2022-2023 as projected by the DHFCP.

At the top of page 143 of [Exhibit C](#), Fiscal staff notes that absent changes recommended by the Governor, disproportionate share hospital payments would decrease beginning in October 2023. The isolated impact of the scheduled reductions is projected to be \$16.9 million in FY 2023-2024 and \$35.7 million in FY 2024-2025. The FMAP updates from the Agency in the table at the top of page 143 of [Exhibit C](#) show minor changes to total payments and contributions.

The decision is in the middle of page 143 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of B/A 101-3157 decision unit E-353 for changes

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 90

to the Disproportionate Share Hospital Supplemental Payment Program to reduce county revenue by \$129.5 million and increase General Fund appropriations by \$59.1 million in B/A 101-3243 over the 2023-2025 biennium, as recommended by the Governor?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3157 DECISION UNIT E-353 FOR CHANGES TO THE DISPROPORTIONATE SHARE HOSPITAL SUPPLEMENTAL PAYMENT PROGRAM TO REDUCE COUNTY REVENUE BY \$129.5 MILLION AND INCREASE GENERAL FUND APPROPRIATIONS BY \$59.1 MILLION IN B/A 101-3243 OVER THE 2023-2025 BIENNIUM, AS RECOMMENDED BY THE GOVERNOR.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATOR CANNIZZARO WAS EXCUSED FOR THE VOTE.)

\* \* \* \* \*

MR. KUCERA:

Major Closing Issue 2 begins on page 143 of [Exhibit C](#). Decision unit E-351 in B/A 101-3157 is the Clark County FMAP Claiming Credit Increase. The Governor recommends decreasing IGT revenue by \$3.7 million and increasing General Fund appropriations by the same amount in B/A 101-3243 over the 2023-2025 biennium to increase the amount of FMAP claiming received by Clark County from 60 to 87.5 percent.

E-351 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-10

The amount of federal revenue received for supplemental payment programs is calculated prospectively based on the standard FMAP rate. Newly eligible Medicaid recipients and participants have an FMAP rate of 90 percent. The FMAP claiming process toward the end of the fiscal year recoups or reclaims some of the additional federal funding not initially claimed.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 91

According to the Agency, Clark County proposed an increase to the share of FMAP claiming revenues received by the County over the 2023-2025 biennium, from 60 to 87.5 percent. Increases to the share of FMAP claiming provided to Clark County would result in additional General Fund appropriations required in B/A 101-3243 to offset the loss of State net benefit.

At the bottom of page 144 of [Exhibit C](#), the total recommendations would equal a decrease of \$3.7 million in IGT funds from Clark County and matching increases to General Fund appropriations in B/A 101-3243 to offset the decrease in State net benefit.

As shown on page 144 of [Exhibit C](#), do the Subcommittees wish to increase the amount of FMAP claiming credit provided to Clark County from 60 percent to 87.5 percent, resulting in decreased IGT revenue received from Clark County totaling \$3.6 million, including the technical adjustments noted over the 2023-2025 biennium? Approval of B/A 101-3157 decision unit E-351 requires the approval of the companion decision unit in B/A 101-3243, which increases General Fund appropriations by \$3.6 million over the 2023-2025 biennium.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 101-3157 DECISION UNIT E-351 TO INCREASE THE AMOUNT OF FMAP CLAIMING CREDIT PROVIDED TO CLARK COUNTY FROM 60 PERCENT TO 87.5 PERCENT, RESULTING IN DECREASED INTERGOVERNMENTAL TRANSFER REVENUE RECEIVED FROM CLARK COUNTY TOTALING \$3.6 MILLION INCLUDING THE TECHNICAL ADJUSTMENTS NOTED OVER THE 2023-2025 BIENNIUM.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATOR CANNIZZARO WAS EXCUSED FOR THE VOTE.)

\* \* \* \* \*

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 92

MR. KUCERA:

There are ten Other Closing Items in B/A 101-3157 that are on pages 145 and 146 of [Exhibit C](#). Fiscal staff notes technical adjustments are requested in Other Closing Items 1 and 2 including decision units M-200 and M-201. The remaining Other Closing Items indicate the total as recommended by the Governor, adjusted for the other supplemental and directed payment programs in the IGT account, along with the reserve balances in Other Closing Item 9.

M-200 Demographics/Caseload Changes — Page DHHS-DHCFP-9

M-201 Demographics/Caseload Changes — Page DHHS-DHCFP-9

In Other Closing Item 9, Fiscal staff notes all State net benefit associated with the 2021-2023 biennium will be used to offset General Funds within B/A 101-3243 in FY 2022-2023 and will not be carried forward to the 2023-2025 biennium.

Fiscal staff recommends Other Closing Item 1 be closed with the noted technical adjustments including updated FMAP rates, Other Closing Items 2 through 10 be approved as recommended by the Governor with the noted technical adjustments, and requests authority for staff to make technical adjustments as necessary.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE IN B/A 101-3157: OTHER CLOSING ITEM 1 WITH THE NOTED TECHNICAL ADJUSTMENTS INCLUDING UPDATED FMAP RATES; APPROVE OTHER CLOSING ITEM 2 DECISION UNITS M-200 AND M-201; AND APPROVE OTHER CLOSING ITEMS 3 THROUGH 10 AS RECOMMENDED BY THE GOVERNOR WITH THE NOTED TECHNICAL ADJUSTMENTS; WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.  
SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATOR CANNIZZARO WAS EXCUSED FOR THE VOTE.)

\* \* \* \* \*

MR. KUCERA:

Improve Health Care Quality and Access B/A 101-3177 is on pages 149 through 154 of [Exhibit C](#). In decision unit E-354, the Governor recommends \$572.3 million over the 2023-2025 biennium in private hospital provider tax revenue to implement a private hospital supplemental payment program within this budget.

E-354 Promoting Healthy, Vibrant Communities — Page DHHS-DHCFP-39

Fiscal staff notes NRS 422 allows for the establishment of a provider tax on operators of medical facilities to fund supplemental payments. The operators must be polled, and two-thirds of the group must consent to the assessment. Revenue may only be used to provide supplemental payments to eligible operators and for associated program administration.

As recommended by the Governor, the private hospital provider tax program would consist of multiple payment programs as outlined in the table at the top of page 150 of [Exhibit C](#), including several upper payment limit (UPL) programs related to fee-for-service and directed payment programs related to the managed care program. There is a brief outline at the top of page 151 of [Exhibit C](#) of the timeline and components required prior to program implementation including, but not limited to, the polling and consent of 67 percent of providers within groups.

During and following the hearing on March 2, 2023, the DHCFP stated the goals of the Private Hospital Provider Tax Program include generating supplemental and directed payments to private hospitals and holding rural hospitals harmless while generating sufficient administrative revenue to pay associated increased premium tax, administer the program and fund expanded services.

The DHCFP noted there is a federal prohibition against provider tax programs designed to hold assessed providers harmless. Per federal regulation, provider

tax payments must, among other things, be redistributive in nature. The combination of a voluntary program and a statutory restriction limiting the use of funds to administrative expenditures and payments to assessed providers would not align with federal requirements according to the Agency.

The GFO submitted a budget implementation bill, S.B. 435, which passed out of the Senate Committee on Health and Human Services on April 14, 2023, and is currently in the Senate Committee on Finance. The bill would amend sections of NRS 422 to include supplemental and directed payments to non assessed providers as allowable sources of this revenue. This would also allow public hospitals not assessed to receive a benefit from the program if so approved by the polled operators.

**SENATE BILL 435 (1st Reprint)**: Revises provisions relating to Medicaid.  
(BDR 38-1069)

Included in the adopted amendments, a maximum of 15 percent of the total provider hospital tax revenue would be used to administer the program-related administrative components and to expand Medicaid behavioral health services to improve rates or expand services.

According to testimony provided during the April 14, 2023, Senate Committee on Health and Human Services hearing, allowing private hospital provider tax revenue to be used for payments to non-assessed providers as well as other Medicaid services may satisfy the federal requirement for payments to be redistributive in nature. Fiscal staff notes there is a significant premium tax associated with this which would be paid out of the administrative revenue.

Budget Amendment A231513177 ([Exhibit H](#)) in B/A 101-3177 submitted on March 7, 2023, recommends adjustments to the revenues and expenditures to reflect a January 1, 2024, start date as opposed to either a July 1, 2023, or October 1, 2023, implementation date. The revenue figures appear reasonable; however, the submitted Budget Amendment was out of balance related to the administrative reserve. Fiscal staff recommends technical adjustments to align the administrative reserve with the other components of B/A 101-3177 and to align the amount of administrative revenue transferred from B/A 101-3177 to

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 95

the Medicaid Administration B/A 101-3158. As a result, Fiscal staff recommends taking no action on Budget Amendment A231513177.

The table at the top of page 153 of [Exhibit C](#) explains decision unit E-354 in B/A 101-3177. As recommended and as adjusted, the total private hospital provider tax revenue would total \$572.3 million and provide approximately \$405 million in transfers to B/A 101-3243. These funds would be used as the State share for supplemental and directed payments to hospital providers, including \$886,000 in transfers to B/A 101-3158 to cover administrative activities and \$113 million in the administrative reserve to cover the components previously noted, such as the potential up to 15 percent for enhancements and expanded rates to behavioral health services, and a \$162 million program reserve. Taxes will be received throughout the year, but supplemental payments are required to be made, and because of a timing issue, these reserves would allow the DHCFP to remain solvent. Total supplemental and directed payments paid out of B/A 101-3243 would equal \$1,059,000,000 over the 2023-2025 biennium.

The impact to State net benefit associated with other UPL programs is not known. However, the limitation language in the Appropriations Act would prohibit the DHCFP from requesting a supplemental appropriation in the event of a General Fund shortfall due to reductions in State net benefit to other UPL programs. Based on the developing nature of the Private Hospital Provider Tax Program, the Subcommittees may wish to consider the issuance of an LOI directing the DHCFP to provide reports to the IFC on a semiannual basis, detailing the implementation status of this program.

The decision is at the bottom of page 153 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of a Private Hospital Provider Tax Program and budget over the 2023-2025 biennium, including private hospital provider tax revenue of \$572.3 million, transfers to the Medicaid B/A 101-3243 to fund the nonfederal share of supplemental and directed payments totaling \$405.4 million, transfers to the Medicaid Administration B/A 101-3158 to fund administrative activities totaling \$886,272, administrative reserves totaling \$113.2 million, and program reserves totaling \$162.2 million, contingent upon passage and approval of [S.B. 435](#) or other enabling legislation, with authority for Fiscal staff to make technical adjustments as necessary?

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 96

Additionally, do the Subcommittees wish to recommend the issuance of an LOI directing the Agency to submit semiannual reports to the IFC detailing the implementation status of the program, the amount of private hospital provider tax assessed and collected, and total supplemental and directed payments made to each hospital entity?

SENATOR SEEVERS GANSERT:

The proposed holdback amount is up to 15 percent. What has it been in the past? Is the holdback the entire amount of just over \$1 billion, or just the nonfederal share?

CHAIR NGUYEN:

The proposed 15 percent has never been done before. It is my understanding approval of the 15 percent administrative holdback is needed for us to get the funds back as part of the process.

MR. KUCERA:

This is a new program recommended by the Governor. As adjusted, there is no historical precedent to refer to. According to the DHCFP, these components, including the 15 percent holdback to make supplemental payments to both non assessed providers and fund enhanced rates or expanded Medicaid services, would potentially allow this program to be approved by and pass CMS requirements relating to the general redistributive requirements.

SENATOR SEEVERS GANSERT:

Is the 15 percent on the \$1,059,000,000, or is it on the nonfederal share? Do we have any numbers on programs with similar holdbacks?

MR. KUCERA:

The 15 percent withholding is based on the total amount of private hospital provider tax, not the total supplemental payments. As for similar programs, the next budget we will discuss has a mandatory provider tax on nursing facilities. There is a \$900,000 reserve in the account and the ability for a 1 percent administrative withholding. As recommended and as previously approved, it does not have an additional withholding to fund other services outside of the supplemental payments provided.



Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 97

SENATOR SEEVERS GANSERT:

That is something we should remember because 15 percent of \$405 million is \$60 million. I do not know if we need that to run the program, but we want to make sure we can keep as many dollars as possible in the pool for access to care. You said up to 15 percent; is there an estimate for the withholding percentage we can anticipate for the start of this program?

STACIE WEEKS (Administrator, Division of Health Care Financing and Policy, Nevada Department of Health and Human Services):

One percent is withheld for our SNF program. This program has an impact on our premium tax in the State and its share is paid for by the program and Medicaid. Increasing managed care payments for the hospital payment program will bring in over \$20 million to our programs and we need that funding. Recent guidance from CMS has implied we will be increasing hospital auditing during the first year and will require additional auditing staff.

In the first two years, we anticipate an increase of \$3 to \$4 million in staffing and technology for this new program. After that, it would go down. I would note S.B. 435 put forth by the GFO includes the 15 percent and provisions noting if there are remaining funds from the administrative costs taken in the 15 percent, we can use those funds to pay for some of the U.S. Department of Justice findings for behavioral health care for children and adults in the State. The funding will also go to help hospitals to offset some of the issues with many of the psychiatric patients with behavioral health needs stuck in the inpatient settings.

SENATOR SEEVERS GANSERT:

When I added that up, it is about 6 or 7 percent. If we have the overflow, what you described sounds like a good use for the funding.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE A PRIVATE HOSPITAL PROVIDER TAX PROGRAM AND BUDGET OVER THE 2023-2025 BIENNIUM, INCLUDING PRIVATE HOSPITAL PROVIDER TAX REVENUE OF \$572.3 MILLION, TRANSFERS TO THE MEDICAID B/A 101-3243 TO FUND THE NONFEDERAL SHARE OF SUPPLEMENTAL AND DIRECTED PAYMENTS TOTALING \$405.4 MILLION, TRANSFERS TO THE

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 98

MEDICAID ADMINISTRATION B/A 101-3158 TO FUND ADMINISTRATIVE ACTIVITIES TOTALING \$886,272, ADMINISTRATIVE RESERVES TOTALING \$113.2 MILLION, AND PROGRAM RESERVES TOTALING \$162.2 MILLION, CONTINGENT UPON PASSAGE AND APPROVAL OF S.B. 435 OR OTHER ENABLING LEGISLATION; WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY; AND THE ISSUANCE OF AN LOI DIRECTING THE DHCFP TO SUBMIT SEMIANNUAL REPORTS TO THE IFC DETAILING THE IMPLEMENTATION STATUS OF THE PROGRAM, THE AMOUNT OF PRIVATE HOSPITAL PROVIDER TAX ASSESSED AND COLLECTED, AND TOTAL SUPPLEMENTAL AND DIRECTED PAYMENTS MADE TO EACH HOSPITAL ENTITY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED. (SENATOR CANNIZZARO WAS EXCUSED FOR THE VOTE.)

\* \* \* \* \*

MR. KUCERA:

Pages 155 and 156 of [Exhibit C](#) focus on B/A 101-3160. The Increased Quality of Nursing Care budget requires the DHCFP to establish a provider tax program encompassing all freestanding long-term care facilities. The DHCFP obtained a federal waiver in 2011 for the uniformity requirement of the tax. This allows the Program to set two tax rates not to exceed 6 percent of net revenues from patient services per quarter, with nursing facilities with a Medicaid occupancy rate greater than 65 percent paying a lower rate.

HHS-HCF&P - Increased Quality of Nursing Care — Budget Page  
DHHS-DHCFP-36 (Volume II)  
Budget Account 101-3160

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 99

There are no Major Closing Issues. The Other Closing Item involves decision units M-200 and M-201 in B/A 101-3160 related to the nursing facility provider tax supplemental payments and includes updated FMAP rates.

M-200 Demographics/Caseload Changes — Page DHHS-DHCFP-36  
M-201 Demographics/Caseload Changes — Page DHHS-DHCFP-37

Fiscal staff notes the projected provider tax revenue is \$43.1 million in FY 2023-2024 and \$43.6 million in FY 2024-2025. This would support supplemental payments totaling \$112.9 million in FY 2023-2024 and \$110 million in FY 2024-2025.

An alternative motion recommended by the Chair would add \$9.3 million from the federal share to B/A 101-3160 based on a review of the FMAP rate applied to this program to drawdown federal funds. The DHCFP noted an opportunity to review the current FMAP rate which is about 60 percent for reimbursement includes the newly eligible population reimbursed at a 90/10 split. The group of newly eligible 90/10 split individuals residing in nursing homes would allow the State to drawdown additional federal funds for redistribution either in the form of increased supplemental payments, reduced provider tax and/or an increase to the daily rate for these provider types through the standard Medicaid reimbursement process.

The alternative motion asks if the Subcommittees wish to recommend the approval of \$86.7 million in provider tax revenue to support \$222.9 million in supplemental payments to nursing facilities over the 2023-2025 biennium as recommended by the Governor and provide Fiscal staff with authority to make technical adjustments as necessary. The Subcommittees may wish to recommend approval to the full committees to direct the DHCFP to seek federal approval, if necessary, to adjust the FMAP rate associated with the nursing facility provider tax to account for those in the newly eligible population, and to include \$9.3 million in increased federal share in the budget to support nursing facility providers in each year of the 2023-2025 biennium, with authority for Fiscal staff to make corresponding technical adjustments to B/A 101-3243, and to recommend issuing an LOI directing the DHCFP to provide a status report to the IFC by August 1, 2024, detailing the progress

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 100

made in increasing the associated FMAP rate and nursing facility provider net benefit.

CHAIR NGUYEN:

Please note, when we refer to the 10 percent rate increase for nursing facility providers, this would potentially amount to an additional 5 percent raise as well.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE IN B/A 101-3160 \$86.7 MILLION IN PROVIDER TAX REVENUE TO SUPPORT \$222.9 MILLION IN SUPPLEMENTAL PAYMENTS TO NURSING FACILITIES OVER THE 2023-2025 BIENNIUM AS RECOMMENDED BY THE GOVERNOR WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY; TO DIRECT THE DHCFP TO SEEK FEDERAL APPROVAL, IF NECESSARY, TO ADJUST THE FMAP RATE ASSOCIATED WITH THE NURSING FACILITY PROVIDER TAX TO ACCOUNT FOR THOSE IN THE NEWLY ELIGIBLE POPULATION; TO INCLUDE \$9.3 MILLION IN INCREASED FEDERAL SHARE IN THE BUDGET TO SUPPORT NURSING FACILITY PROVIDERS IN EACH YEAR OF THE 2023-2025 BIENNIUM WITH AUTHORITY FOR FISCAL STAFF TO MAKE CORRESPONDING TECHNICAL ADJUSTMENTS TO B/A 101-3243, AND TO ISSUE AN LOI DIRECTING THE DHCFP TO PROVIDE A STATUS REPORT TO THE IFC BY AUGUST 1, 2024, DETAILING THE PROGRESS MADE IN INCREASING THE ASSOCIATED FMAP RATE AND NURSING FACILITY PROVIDER NET BENEFIT.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MR. KUCERA:

Indigent Hospital Care, B/A 628-3244, is on pages 157 through 159 of [Exhibit C](#). It includes a Governor recommended transfer of \$95.6 million to

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 101

DHCFP to support the State share of the Medicaid Indigent Accident Fund UPL of \$52.4 million and support for a portion of the counties' responsibility to pay the nonfederal share of Medicaid expenditures for certain Indigent individuals in decision units M-200 and M-201.

HHS-DO - Indigent Hospital Care — Budget Page DHHS-DIRECTOR-46  
(Volume II)  
Budget Account 628-3244

M-200 Demographics/Caseload Changes — Page DHHS-DIRECTOR-47  
M-201 Demographics/Caseload Changes — Page DHHS-DIRECTOR-48

Following the hearing on March 2, 2023, the Department noted the Board of Trustees of the Fund for Hospital Care for Indigent Persons has yet to meet in 2023, but the revenue and expenditure figures as recommended by the Governor would be recommended for approval at the next the meeting. Therefore, no technical adjustments are recommended.

Do the Subcommittees wish to recommend approval of \$146.3 million over the 2023-2025 biennium, including support for the State share of the Medicaid Indigent Accident Fund UPL supplemental payment program totaling \$52.4 million and support for a portion of the counties' responsibility to pay the nonfederal share of Medicaid expenditures for certain indigent individuals in the amount of \$41 million, and provide staff with authority to make technical adjustments as necessary?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE B/A 628-3244 DECISION UNITS M-200 AND M-201 TO FUND \$146.3 MILLION OVER THE 2023-2025 BIENNIUM FOR THE STATE SHARE OF THE MEDICAID INDIGENT ACCIDENT FUND UPL SUPPLEMENTAL PAYMENT PROGRAM TOTALING \$52.4 MILLION AND SUPPORT FOR A PORTION OF THE COUNTIES' RESPONSIBILITY TO PAY THE NONFEDERAL SHARE OF MEDICAID EXPENDITURES FOR CERTAIN INDIGENT INDIVIDUALS IN THE AMOUNT OF \$41 MILLION; WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 102

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MR. KUCERA:

The UPL Holding Account, B/A 101-3260, begins on page 161 of [Exhibit C](#). The account was established in the 2013-2015 biennium through the approval of A.B. No. 507 of the 77th Session, known as the 2013 Appropriations Act, and reauthorized in subsequent biennia. The Governor recommends continuing funding the UPL Holding Account in the 2023-2025 biennium with transfers from DHHS budgets totaling \$10.4 million in each year of the biennium.

HHS-DO - UPL Holding Account — Budget Page DHHS-DIRECTOR-49  
(Volume II)  
Budget Account 101-3260

After adjustments including FMAP updates, projected transfers to the DHCFF total \$7.9 million in FY 2023-2024 and \$8.2 million in FY 2024-2025. General Fund reversions are projected to equal \$1.6 million in FY 2023-2024 and \$1.4 million in FY 2024-2025. The Healthy Nevada Fund reversions are projected to total \$930,522 in FY 2023-2024 and \$816,718 in FY 2024-2025.

The decision is at the bottom of page 162 of [Exhibit C](#). Do the Subcommittees wish to recommend approval of continuing the UPL Holding Account in the 2023-2025 biennium to support Medicaid supplemental payments as recommended by the Governor with the noted technical adjustments?

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE CONTINUING THE UPHOLDING ACCOUNT B/A 101-3260 IN THE 2023-2025 BIENNIUM TO SUPPORT MEDICAID SUPPLEMENTAL PAYMENTS AS RECOMMENDED BY THE GOVERNOR WITH THE NOTED TECHNICAL ADJUSTMENTS.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 103

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

MR. KUCERA:

The Other Closing Item at the top of page 163 of [Exhibit C](#) is the renewal of statutory authority for the UPL Holding Account. The Agency requested updated language, different than the Governor's recommendation, to include clarification relating to balance forward revenue which appears reasonable to Fiscal staff.

Fiscal staff recommends the Other Closing Item be closed as recommended by the Governor with the noted changes and requests authority to make technical adjustments as necessary.

ASSEMBLYWOMAN GORELOW MOVED TO RECOMMEND TO THE FULL COMMITTEES TO APPROVE CONTINUING B/A 101-3260, THE UPL HOLDING ACCOUNT, IN THE 2023-2025 BIENNIUM TO SUPPORT MEDICAID SUPPLEMENTAL PAYMENTS AS RECOMMENDED BY THE GOVERNOR WITH UPDATED LANGUAGE RELATING TO BALANCE FORWARD REVENUE, WITH THE NOTED TECHNICAL ADJUSTMENTS WITH AUTHORITY FOR FISCAL STAFF TO MAKE TECHNICAL ADJUSTMENTS AS NECESSARY.

SENATOR DONDERO LOOP SECONDED THE MOTION.

ASSEMBLY: THE MOTION CARRIED UNANIMOUSLY.

SENATE: THE MOTION CARRIED UNANIMOUSLY.

\* \* \* \* \*

CHAIR NGUYEN:

We will now move on to public comment.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 104

MARY PIERCZYNSKI (State of Nevada Association of Providers):

State of Nevada Association of Providers (SNAP) members provide services to about 80 percent of those with IDD in Nevada. We want to thank the Governor for his recommendations in the Executive Budget, and the Committee members that have worked so hard. We would also like to thank the DHHS headed by Richard Whitley and Dena Schmidt, our administrator, who works with our group. Where would the people with disabilities in Nevada be without everyone working together?

AMY HENLEY (Clinical Programs Specialist, NeuroRestorative4Kids):

My 40-year nursing career has focused on pediatrics, neonatal intensive care unit (NICU) and pediatric intensive care unit (PICU). For the last 8 years, I have been privileged to work with NeuroRestorative4Kids in southern Nevada and the Reno area. I serve as the clinical programs specialist and am passionate about quality care for children.

I want to thank you for supporting pediatric SNF. They provide essential care to Nevada's most vulnerable children. We offer an exclusive pediatric program, different from a traditional SNF. Our facilities care for medically complex and fragile children in a safe, noninstitutional environment. It is a home-like setting focusing on their high acuity medical, emotional, developmental, educational and social well-being. We partner with acute hospitals, community medical and nursing providers, DHHS Division of Child and Family Services, schools, and families to support our patient population in Nevada.

Without our facilities, these children could, and sometimes do if we are at capacity, remain in the acute hospitals' NICUs and PICUs. This costs between \$1,800 and \$2,000 per day. Providing care in our environment, with our individualized experience in all areas of their care, positively impacts our State's children and families. It is far more cost effective than remaining in acute care and does not require disrupting families with out-of-state care.

We are grateful to be included in the 10 percent increase. There are 120 beds throughout Nevada, of which NeuroRestorative4Kids makes up the majority share. Your support, and this rate increase, will help ensure we can continue to provide these critical services for pediatric patients in an unpredictable, and increasingly expensive post-pandemic healthcare landscape suffering from



Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 105

staffing and supply chain shortages, as well as increasingly complex, specialized, and expensive technology and medications.

SHAWN ROWLES (Medical Director, NeuroRestorative4Kids):

I am a proud Nevadan, born and raised in Las Vegas. I attended Las Vegas High School, the University of Nevada, Las Vegas, for undergrad and the University of Nevada School of Medicine. I completed my pediatric residency in Las Vegas where I continue to practice as a pediatrician. I am also the medical director for NeuroRestorative4Kids.

We take care of over 50 kids, from as young as two weeks up to age 21, in 2 different buildings. What makes us different from adult SNFs is the scope and breadth of the patients that we take care of. We take care of kids who can walk and talk to those devastated and immobile. We take care of kids who can breathe on their own to those on ventilators who have breathing tubes. We take care of kids needing rehab or intravenous therapy (IV) antibiotics for complicated infections for a short time, to those that have been there for years. We take care of kids with family members who visit on a daily basis to those devastated by child abuse and who do not have a family, so we become their family.

For example, I took care of a newborn during my residency at UMC Children's Hospital. He had complications that necessitated the removal of most of his intestines and left him with absorptive problems, requiring IV nutrition. When he was discharged home, his care was too complicated for his mom to manage. Because no pediatric SNF existed in Las Vegas, he was sent to Arizona. Once a program was up and running, we were able to repatriate him, as well as some other patients, from Arizona and reunite him with his family so they could visit him.

He is now 15 and has been under my care for six years at NeuroRestorative. He is autistic and needs a one-to-one sitter. Without the undivided attention, he will pull out his feeding tube or his central line allowing him to get nutrition. He goes to school at our facility through Homebound Services. He will graduate from the eighth grade, and we are happy to take him to his graduation. Without the additional help and the resources provided by the State, we would not be able

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 106

to give him the care he needs. We appreciate all the support the Legislature provides, and the additional increase proposed by the Governor.

JONATHAN NORMAN (Advocacy, Outreach and Policy Director, Nevada Coalition of Legal Service Providers):

The ABA therapy rates are critical for our kids and for kids in foster care. As Senator Seevers Gansert said, a lot of work has been done on that. I am glad we did not take a step back this Session and kept moving forward. As a Children's Attorneys Project attorney for about five years, I represented four kids at NeuroRestorative4Kids.

Foster kids are placed there when they have complicated medical needs. One of the kids I had was unable to move. He could squeeze your hand and move his eyes, but he had a feeding tube and was on a ventilator. The work they did every day was to make his life as good as possible. When we were able to connect him with his father, who had not known he existed, their team was critical in helping transport him to Florida. I am happy there is a rate increase so they can keep doing the work they do.

DORA MARTINEZ (Nevada Disability Peer Action Coalition):

My members would like to thank you for increasing and maintaining the services for people with disabilities and the elderly. As a blind person, when the weather is bad, I cannot take public transit with my dog. Instead, we take paratransit, which is a door-to-door service. Lately, we have been on the same bus with a person who is in a group home. He suffers from IDD and has been wearing the same clothes for the last five days. I cannot see, but I can smell, and he does not smell good.

I was wondering if there are people who drop in on these group homes to check on the people with IDD. Some of the providers and drivers who go door-to-door are upset. They do not want to lose their jobs, so they do not report it. They tell me, these kids have been wearing the same clothes for the last seven days. They do not pay them, but when they knock on the door, the person who takes care of them is sitting on the couch watching TV. These people are not being fed, and when they come aboard, they are hungry. I wish the people who oversee those places would make sure basic hygiene is taken care of. They do not brush their teeth and are not bathing.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 107

MOLLY HALLIGAN (Nevada Association for Behavior Analysis):

I want to thank the Committee for working so hard to figure out how to protect the ABA rates. As a collective for many countless people, we have been working on this for the better part of two decades to ensure we can increase access to services in Nevada. We still have much work to do, but the commensurate rate will help significantly.

Remainder of page intentionally left blank; signature page to follow.

Senate Committee on Finance  
Assembly Committee on Ways and Means  
Subcommittees on Human Services  
May 8, 2023  
Page 108

CHAIR NGUYEN:

I will close today's budget hearings. This meeting is adjourned at 11:31 a.m.

RESPECTFULLY SUBMITTED:

---

Michelle Friedlander,  
Committee Secretary

APPROVED BY:

---

Senator Rochelle T. Nguyen, Chair

DATE: \_\_\_\_\_

---

Assemblywoman Michelle Gorelow, Chair

DATE: \_\_\_\_\_

<b>EXHIBIT SUMMARY</b>				
<b>Bill</b>	<b>Exhibit Letter</b>	<b>Introduced on Minute Report Page No.</b>	<b>Witness / Entity</b>	<b>Description</b>
	A	1		Agenda
	B	1		Attendance Roster
	C	2	Kimbra Ellsworth and John Kucera, Program Analysts	Human Services Joint Subcommittee Closing Packet #7
	D	58	John Kucera, Program Analyst	Budget Amendment A231523158
	E	58	John Kucera, Program Analyst	Budget Amendment A231113158
	F	58	John Kucera, Program Analyst	Budget Amendment A231483158
	G	78	John Kucera, Program Analyst	Budget Amendment A231593243
	H	94	John Kucera, Program Analyst	Budget Amendment A231513177