

Section 9817 American Rescue Plan Act

Home and Community Based Services

Spending Plan Narrative- Quarter 3 of Federal Fiscal Year 2023

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Executive Summary

Ensuring that Nevadans have access to health care has always been a priority for Nevada. Since the Affordable Care Act (ACA) granted the opportunity to expand Medicaid coverage to newly eligible adults, enrollment in Nevada Medicaid increased 109% from 2013 to 2020. With the economic downturn associated with the COVID-19 pandemic, Nevada's economy suffered tremendously, and the Medicaid caseload has significantly increased over the past year. As of November 2021, the Medicaid caseload was 861,111; one in four Nevadans are now covered by Medicaid.

Nevada's health care system felt the impact of the COVID-19 surge and capacity challenges, including in hospitals and long-term care facilities. Prior to the pandemic, Nevada recognized the need to promote and support the development of Home and Community Based Services (HCBS); challenges associated with the pandemic further demonstrated the essential role HCBS plays in the state's health care system and care continuum.

During the 2021 general legislative session, Nevada lawmakers solidified the importance of American Rescue Plan Act (ARPA) efforts by recognizing in Nevada statute the following priorities:

1. Increasing access to health care and community-based services
2. Supporting disadvantaged communities
3. Strengthening Nevada's workforce, supporting small businesses and revitalizing the State's economy
4. Investing in infrastructure
5. Modernizing and enhancing state government services

Nevada's history, as well as present day priorities, serve as the foundation for DHCFPs mission and strategic plans.

This Initial Spending Plan responds to the challenges Nevada faced as a result of the unforeseen global pandemic coupled with the long-standing goal to improve HCBS for Nevadans. The initiatives contained in this spending plan will help Nevada accomplish several of the activities outlined in Section 9817 of ARPA and are described in more detail throughout this plan.

HCBS Landscape in Nevada

Like most states, Nevada is not immune to the impacts of the aging tsunami or the need to ensure that persons with disabilities have access to services of their choice in the most integrated setting possible. In addition to strengthening HCBS, over the past several years, Medicaid has increased efforts to address the social determinants of health (SDOH) and the initiatives proposed here will further advance those efforts.

While the physical landscape of Nevada is sharply divided in regions of urban versus rural, the shortage of healthcare workers is felt across the state. All 17 counties in Nevada have some type of health care shortage designation. For the workforce that is available in Nevada, the Guinn Center published a report in September 2020 profiling the personal care aide (PCA) workforce in Nevada as women (80%), aged between 45-64 (50%), persons of color (35%) who are also frequently uninsured (20%).

Stakeholder Input

On June 4, 2021, the Division held a Public Listening Session to solicit input from recipients, family members, caregivers, providers, direct service workers, advocacy organizations, and other stakeholders regarding priorities and initiatives to improve Nevada's HCBS programs. 91 individuals attended the listening session and offered direct testimony or written recommendations. The following is a compilation of stakeholder recommendations for the Division:

Caregiver Support

- Offer family caregivers training, education, mental health counseling and legal consultation
- Increase respite services and eliminate waitlists
- Pay providers to train unpaid family caregivers
- Identify at risk family caregivers to prevent burnout

HCBS Workforce

- Allow spouses or parent of minors to be eligible as a paid caregiver
- Offer one-time hazard payment for front-line workers
- Increase hourly wages directly paid to direct service workforce
- Monetary hiring incentives and retention bonuses for home care workers
- Eliminate out of pocket purchase for Personal Protective Equipment (PPE)

Medicaid Rates

- Adult Day Care - 50% increase
- Home Health services - 10% increase
- Intellectual and Developmental Disability Services - 19.6% increase
- Adjust rates to align with pending minimum wage increases
- Establish tiered rates for improved personal care services (PCS) quality and rural rate differential to reduce service gaps

Services for Elderly and Disabled Individuals

- Establish a Program for All Inclusive Care for the Elderly (PACE) in Nevada
- Vehicle modifications and home modifications including medical monitoring technologies
- Increase hours for Adult Day Care and Adult Day Health Care beyond current limitations
- Expand individualized services to reduce congregate settings

The 2021 Legislative priorities and the aforementioned recommendations received from stakeholders served as the foundation for the initiatives prioritized for the increased Federal Medical Assistance Percentage (FMAP) opportunity.

HCBS Initiatives

The enhanced FMAP offered through ARPA is an unprecedented opportunity to strengthen HCBS. As outlined in SMDL# 21-003, there are many HCBS Medicaid authorities available for the temporary increased FMAP. Nevada will be proposing initiatives for the following authorities:

- Home Health Care
- Personal Care Services
- Private Duty Nursing
- Section 1915(c)
- Section 1915(i)
- Program of All-Inclusive Care for the Elderly (PACE)

Stakeholder feedback informed the identification of priorities across and the Division has categorized APRA initiatives into four primary areas:

- Strengthening the HCBS Workforce
- Enhancing HCBS Reimbursement Rates
- Expanding HCBS Services
- Providing Infrastructure Support for HCBS Programs

I. STRENGTHENING THE HCBS WORKFORCE

The proposals outlined in this category align with SMDL# 21-003 activities of

- Specialized Payments
- Workforce Recruitment

Direct Supplemental Payments to Home Care Workers

The magnitude of COVID-19 is still being felt and most directly to the direct care staff that serve Nevada's vulnerable populations through PCS' and waiver services. One of the overarching responses received from stakeholders was associated with the challenges experienced by workers who contracted COVID-19 themselves, and with the added and unexpected expense of having to pay out of pocket for protective equipment. The quality of health care is directly correlated to the quality of the health care workforce. Moreover, there would be no Medicaid programs without the workforce to serve Medicaid recipients.

Nevada is grateful for the opportunities afforded through this ARPA funding to positively impact the Medicaid workforce that weathered a pandemic of a lifetime and remains committed to service. This proposal is a one-time supplemental payment of \$500 issued to currently employed home care staff, such as personal care attendants and supportive living arrangement caregivers, and another \$500 retention bonus for remaining as a Medicaid home care worker for an identified six-month period.

Q2 FFY 2022 Update: Nevada is currently identifying the infrastructure needed to determine eligible homecare workers, establish stakeholder engagement, create a program for providers to apply for the supplemental payments and establishing quality assurance measures post-release of funding.

Q3 FFY 2022 Update: Nevada created a voluntary application for providers whose employees render the identified services. On the application each provider must attest to pass on the \$500 payment to eligible home care workers. Applications were open on December 13, 2021, and accepted through January 14, 2022. Legislative approval is needed to move forward with this initiative. This item will be considered at the February 2022 Interim Finance Committee (IFC) meeting. Issuance of the supplemental payment to providers is expected to be rendered by March of 2022.

Q1 FFY 2023 Update: Nevada created a voluntary application for providers whose employees render the identified services. On the application each provider must attest to pass on the \$500 payment to eligible home care workers. Applications were open on December 13, 2021, and accepted through January 14, 2022. The majority of the supplemental payments for applications received were issued in March 2022 with a few additional payments being made after March 2022 due to reconciliation of applications received.

Q3 FFY 2023 Update: Nevada created a voluntary application for providers whose employees render the identified services. On the application each provider must attest to pass on the \$500 payment to eligible home care workers. Applications were open on October 1, 2022, and accepted through November 16, 2022. The majority of the supplemental payments for applications received were issued in December 2022 with a few additional payments being made after January 2023 due to reconciliation of applications received.

II. ENHANCEMENTS TO HCBS REIMBURSEMENT RATES

The proposals outlined in this category align with SMDL# 21-003 activity of Payment Rates.

Supplemental Payments Equivalent to Alignment of Rates to Minimum Wage Standards

Health care is one of the many industries that benefit from a standard minimum wage. The Division has identified certain HCBS' that currently have a Medicaid reimbursement rate below the minimum wage in Nevada. Because of the minimum wage mandate, providers struggle with meeting this requirement due to the reimbursement received by Medicaid, which was compounded by the impact of COVID-19. This proposal would raise certain rates that are below the minimum standard wage to be equivalent, if not slightly higher.

Q2 FFY 2022 Update: Nevada is pending a response from CMS whether Access to Health Care Monitoring is impacted by rate increases or supplemental payments. The response will determine the appropriate path sought to implement this measure. Consideration is also being given to the impact of the various authorities these services are under for updates to state plan, Appendix K and pre-print requirements.

Q3 FFY 2022 Update: Nevada has revised this initiative to be a supplemental payment instead of a rate increase. The state has submitted a Disaster State Plan Amendment (SPA) (22-0003) for supplemental payments related to Self Help/Peer Services-Individual and Group, Adult Day Health Care and a Behavioral Health. Legislative approval is needed to move forward with this initiative. This item will be considered at the February 2022 IFC meeting. Nevada also intends to submit a budget request to continue this initiative.

Q1 FFY 2023 Update: In March 2022, all impacted providers were issued a supplemental payment and a final payment will be issued in August 2022

Q3 FFY 2023 Update: No additional updates as this project has been completed.

Supplemental Payments to Restore Waiver Provider Cuts

During the pandemic, Nevada's budget was severely impacted by a drastic reduction in gaming revenue during several months of shutdown. As a result of these budgetary challenges, legislation was passed and approved

during the summer of 2020 that reduced many Medicaid reimbursement rates by six percent. Fortunately, economic conditions improved and these rate reductions were subsequently restored during the 2021 Legislative Session. Because cuts were implemented to two of Nevada's 1915(c) HCBS Waivers prior to the restored rates being enacted, HCBS providers for those two waivers received lower reimbursements. This initiative would ensure the HCBS providers are not unduly impacted. This supplemental payment would be specific to HCBS providers impacted by the six percent cut from December 1, 2020, through June 30, 2021.

Q2 FFY 2022 Update: Nevada is pending a response from CMS whether Access to Health Care Monitoring is impacted by rate increases or supplemental payments. The response will determine the appropriate path sought to implement this measure.

Q3 FFY 2022 Update: Legislative approval is needed to move forward with this initiative. This item will be considered at the February 2022 IFC meeting.

Q1 FFY 2023 Update: The initiative has been completed. All impacted HCBS providers were issued one supplemental payment in March of 2022.

Q3 FFY 2023 Update: No additional updates as this project has been completed.

Supplemental Payments HCBS Providers

In addition to supports for home care workers, the other predominate feedback from stakeholders centered around current Medicaid reimbursement rates and the associated challenges for providers to recruit and retain a qualified workforce. Because of the unique opportunity presented through the ARPA FMAP increase and the devastating impact COVID-19 had within the health care industry, this initiative would temporarily provide a bonus payment to the following providers of service by the specified percent increase from the current reimbursement rate:

- Home Health Care (15%)
- Personal Care (15% and a Rural Rate Differential of 14%)
- Adult Day and Adult Day Health Care (15%)
- IDD Waiver Services (26.9%)

Q2 FFY 2022 Update: Nevada is pending a response from CMS whether Access to Health Care Monitoring is impacted by rate increases or supplemental payments. The response will determine the appropriate path sought to implement this measure. Consideration is also being given to the impact of the various authorities these services are under for updates to state plan, Appendix K and pre-print requirements.

Q3 FFY 2022 Update: Legislative approval is needed to move forward with this initiative. This item will be considered at the February 2022 IFC meeting.

Q1 FFY 2023 Update: The first round of supplemental payments were issued in March of 2022 from April 1, 2021 through February 28, 2022. The next quarterly payments from March 1, 2022 through June 30, 2022 will be paid in August 2022.

Q3 FFY 2023 Update: The next round of supplemental payments are scheduled to be issued January 2023 for the period of October 2022-December 2022.

EXPANSION OF HCBS SERVICES

The proposals outlined in this category align with SMDL# 21-003 activities of

- New and/or Additional HCBS
- Assistive Technology and Other Supports for Persons with Disabilities

- Support for Individuals with HCBS Needs and Their Caregivers

Enhancement of Environmental Adaptations Services

Environmental Adaptations is one service among an array of services within Nevada's 1915(c) HCBS Waiver for Persons with Physical Disabilities. As part of the environmental adaptations, a provider will include an assessment cost to determine the supplies and labor of the job. This assessment cost is in addition to the supply and labor costs. Because this service has a maximum limit of \$3,230 per calendar year, the inclusion of the assessment cost reduces the amount of available services for recipients. This proposal would create a separate assessment cost for Environmental Adaptations to ensure HCBS recipients receive maximum services and providers have the ability to properly identify needed adaptations.

Q2 FFY 2022 Update: Analysis is currently being conducted to confirm fiscal impact and revisions to the Appendix K to add the additional service.

Q3 FFY 2022 Update: Legislative approval is needed to move forward with this initiative. This item will be considered at the April 2022 IFC meeting and an Appendix K is being drafted.

Q1 FFY 2023 Update: This expanded service has been implemented effective July 1, 2022 and will be available through March 31, 2024.

Q3 FFY 2023 Update: The project is ongoing and utilization is being monitored.

Establishment of a PACE Program in Nevada

Nevada has had a long-time interest in establishing a PACE program. In 2009, a legislative bill granted authority to establish a program; however, because of the Great Recession no funding was appropriated to pursue or implement this initiative. Over the years Nevada continued to face challenges in finding dedicated resources to implement PACE. With the onset of COVID-19 and the resulting need for intensive care management for the frail elderly, there has been renewed interest in identifying funding to begin PACE in Nevada. The ARPA enhanced FMAP would provide the opportunity to establish a program.

Q2 FFY 2022 Update: Analysis is currently being conducted to confirm fiscal impact and identifying internal infrastructure needed to establish a PACE program in Nevada such as staffing levels and actuarial involvement.

Q3 FFY 2022 Update: Analysis is currently being conducted to confirm fiscal impact. A needs assessment will take place to identify internal infrastructure needed to establish a PACE program in Nevada including staffing levels and actuarial involvement.

Q1 FFY 2023 Update: A needs assessment will take place to identify internal infrastructure needed to establish a PACE program in Nevada including staffing levels and actuarial involvement. The Division is currently working with a vendor to establish an implementation date for the needs-assessment.

Q3 FFY 2023 Update: The Division continues to work through contract negotiations although anticipates activities beginning within a few weeks.

Expansion of Home Delivered Meals for HCBS Frail Elderly Waiver

As one of Maslow's hierarchy of needs, a social determinant of health and the high rates of food insecurity among seniors, the impact of COVID-19 has accelerated the need to expand Home Delivered Meals (HDM) to homebound seniors. While there is limited HDM funding through the Older Americans Act, Nevada Medicaid only offers Home Delivered Meals through its 1915(c) HCBS Waiver for Persons with Disabilities. Therefore, this

initiative seeks to add Home Delivered Meals as a new waiver service to the 1915(c) HCBS Waiver for Frail Elderly.

Q2 FFY 2022 Update: Analysis is currently being conducted to confirm fiscal impact and revisions to Appendix K to add the additional service.

Q3 FFY 2022 Update: Legislative approval is needed to move forward with this initiative. This item will be considered at the April 2022 IFC meeting and an Appendix K amendment is being drafted.

Q1 FFY 2023 Update: This expanded service has been implemented effective July 1, 2022 and will be available through March 31, 2024.

Q3 FFY 2023 Update: The project is ongoing and utilization is being monitored.

Expansion of Medicaid Dental Benefits for Adults Diagnosed with Intellectual and Developmental Disabilities (ID/DD)

Oral health has a direct impact on a patient's overall health and quality of life. Individuals with ID/DD often have specific challenges during treatment such as the need for behavioral modifications. Additionally, many dental providers lack the training necessary to comfortably treat adult patients with special healthcare needs. This initiative would create a dental capitation plan for adults with ID/DD including education, oral health promotion, and innovative outreach.

Q2 FFY 2022 Update: This initiative was questioned in the Partial Approval letter; after responding to CMS' questions this one was approved. Currently in the planning process for implementation.

Q3 FFY 2022 Update: The Division is working with ADSD (1915(c) operating Agency) to identify necessary steps to add this initiative to the Appendix K and subsequently the waiver.

Q1 FFY 2023 Update: The Division is working with CMS on a draft Appendix K approval and is seeking legislative authority at the next Interim Finance meeting in October 2022.

Q3 FFY 2023 Update: The anticipated target date for the implementation of this service is January 2023. Additionally, the division is working with the consulting vendor in facilitating education, training and outreach to Medicaid dental providers and ID/DD participants.

III. INFRASTRUCTURE SUPPORT FOR HCBS PROGRAMS

The proposals outlined in this category align with SMDL# 21-003 activities of

- Quality Improvement Activities
- Developing Cross-System Partnerships
- Expanding Provider Capacity

Creation of a Senior Policy Advisor for Aging Services

By 2040, there will be more than one in five Nevadans who will be a senior. Within Medicaid the Dual Eligible population represents almost ten percent of the Medicaid population. The services targeted to seniors are varied and span across several divisions within DHHS. This initiative would establish a Senior Policy Advisor to coordinate programs across the divisions. Additionally, this position would focus on efforts to improve HCBS program including quality assurance and collaboration with the Division on the implementation of PACE.

Q2 FFY 2022 Update: Coordination efforts are being made with Nevada's Area Agency on Aging to establish recruitment for the position.

Q3 FFY 2022 Update: Coordination efforts are being made with Nevada's Area Agency on Aging to establish recruitment for the position. Legislative approval is needed to move forward with this initiative. This item will be considered at the April 2022 IFC meeting.

Q1 FFY 2023 Update: This position has been created and an incumbent hired.

Q3 FFY 2023 Update: No additional updates as this project has been completed.

MMIS Enhancements for County Match Program

Nevada has a county and state partnership for county residents who meet certain income thresholds and need HCBS'. Depending on the county in which the recipient resides, the county pays the non-federal share of medical expenditures that would otherwise be paid entirely by a county. Currently, the process to reconcile County Match participants is a manual process. This project would create specific aid codes for the County Match program to ensure that counties are billed appropriately for their residents.

Q2 FFY 2022 Update: Because this project requires enhancements to MMIS, a scope of work will be obtained from Nevada's fiscal agent to determine the fiscal impact and hours required to implement the system updates.

Q3 FFY 2022 Update: Because this project requires enhancements to MMIS, a scope of work is being obtained from Nevada's fiscal agent to determine the fiscal impact and hours required to implement the system updates.

Q1 FFY 2023 Update: Nevada's fiscal agent has prioritized this system update and is currently allocating available hours and resources to begin work.

Q3 FFY 2023 Update: Meetings have begun with Division of Welfare and Supportive Services (DWSS) technical staff, Division of Health Care Financing and Policy (DHCFP) and Nevada's fiscal agent Gainwell to work through the requirements of this project. DHCFP's initial ask is to receive new Medicaid aid codes to identify this population. However the level of effort would be high on the DWSS side, who is responsible for determining eligibility, and who will need to modify their eligibility system NOMADS. These initial meetings are to collaboratively discuss all possible solutions on both the DWSS and DHCFP side and hopefully find a solution suitable to both agencies.

Procurement of HCBS Incident Detection System

Almost equally important to the rendering of HCBS programs is quality assurance oversight and management of serious occurrences involving the HCBS population, who are often among the state's most vulnerable populations. As required by 1915 HCBS program, Nevada has measures in place to monitor the assurances and sub-assurances of Waiver and State Plan options; however, improvements can always be made to strengthen prevention efforts for serious incidents. The initiative proposes a new technological system to manage serious occurrence incidents of HCBS participants.

Q2 FFY 2022 Update: Because the current system is housed with Nevada's Area Agency on Aging, meetings will be held to coordinate next steps for procurement of a new system.

Q3 FFY 2022 Update: Because the current system is housed with Nevada's Area Agency on Aging, meetings are being held to coordinate next steps for procurement of a new system.

Q1 FFY 2023 Update: Due to the resources required to procure a new incident management system, it has been determined that ARPA funding will be used to update Nevada's current incident management system rather than procure a new system.

Q3 FFY 2023 Update: This project will no longer be implemented since aspects of incident detection are being included in a separate case management database; therefore, this project is being removed from the ARPA initiatives.

Study to Improve Care Delivery for Aged, Blind and Disabled Populations

The Aged, Blind and Disabled (ABD) population represents 13% of Nevada Medicaid recipients. As with the Dual Eligible population, recipients within the ABD category are often among the highest utilizers of services. Nevada has previously evaluated whether the ABD population would benefit from being in a managed care model. Most recently Nevada had an 1115 Demonstration waiver offering case management targeted to high-cost, high-need recipients. With the continued increase in this population, Nevada would like to utilize the enhanced FMAP to conduct a study to assess various service delivery options for the ABD population.

Q2 FFY 2022 Update: This initiative was questioned in the Partial Approval letter; after responding to CMS' questions this one was approved. Currently in working on the contractual process to initiate the study.

Q3 FFY 2022 Update: This initiative was questioned in the Partial Approval letter; after submitting responses to CMS this was approved. Nevada is now in the planning process to determine the appropriate contractual process to initiate the study.

Q1 FFY 2023 Update: This study will now be combined with the "Study on Development of Value Based Payment Model for HCBS" since this target population often receives services which have value-based options. The Division is contracting with a vendor to conduct this study and is currently in the process of determining the activities and timelines.

Q3 FFY 2023 Update: The Division continues to work through contract negotiations although anticipates activities beginning within a few weeks.

Studies to Evaluate HCBS Rates and Methodology

The majority of HCBS rate methodologies stem from an extensive 2002 rate study. Within the last two years, a comprehensive rate study was conducted for Nevada's 1915(c) HCBS Waiver for ID/DD. The study reviewed service definitions, billing requirements, conducted provider surveys, researched benchmark data to support rate models and developed proposed rate models. Because of the success of this study, and the long overdue need, this initiative would conduct a similar rate study for the 1915(c) HCBS Waivers for Frail Elderly and Persons with Physical Disabilities as well as for the 1915(i) HCBS State Plan option.

Q2 FFY 2022 Update: This initiative was questioned in the Partial Approval letter; after responding to CMS' questions this one was approved. Currently in working on the contractual process to initiate the study.

Q3 FFY 2022 Update: This initiative was questioned in the Partial Approval letter; after submitting responses to CMS this was approved. Legislative approval is needed to move forward with this initiative. This item will be considered at the April 2022 IFC meeting.

Q1 FFY 2023 Update: The rate study was updated to include State Plan Personal Care services to the scope of the study. A request for proposal was issued for this rate study and currently the RFP Committee is reviewing questions received by RFP applicants.

Q3 FFY 2023 Update: Myers and Stauffer was selected as the vendor from the RFP applicants. The kickoff meeting with DHCFP and Myers and Staffer was on January 10, 2023. Stakeholder engagement, cost survey development design, and data collection period will occur during this quarter.

Study on Development of Value Based Payment Model for HCBS

One of Nevada's goals is to support recipients in the most integrated setting while ensuring that quality of care is still met. Quality of care can be derived from a variety of mechanisms which are not inherent in a fee-for-service (FFS) delivery model. With long-term services being one of the drivers of spending in the Medicaid budget, and the recommendations from the Millbank Memorial Fund report on "Bundling, Benchmarking, and Beyond: Paying for Value in Home-and Community-Based Services", Nevada would like to conduct a study to assess the feasibility of developing and implementing value-based payment long-term services and support (LTSS) models.

Q2 FFY 2022 Update: This initiative was questioned in the Partial Approval letter; after responding to CMS' questions this one was approved. Currently in working state financial and contractual approval processes to initiate the study.

Q3 FFY 2022 Update: This initiative was questioned in the Partial Approval letter; after submitting responses to CMS, this was approved. Nevada is in the planning process for this initiative.

Q1 FFY 2023 Update: This study will now be combined with the "Study to Improve Care Delivery for Aged, Blind and Disabled Populations". The Division is contracting with a vendor to conduct this study and is currently in the process of determining the activities and timelines.

Q3 FFY 2023 Update: The Division continues to work through contract negotiations although anticipates activities beginning within a few weeks.

Support for ARPA Implementation

Due to the added complexities of the ARPA FMAP funding and the immediate need for implementation, this proposal seeks to hire three contractual management analyst positions to support the operations of the multiple supplemental payments to HCBS Providers and applicable reporting requirements.

Q2 FFY 2022 Update: The Division will be meeting internally on next steps in the process, including fiscal and Human Resources related processes to develop positions.

Q3 FFY 2022 Update: The Division is working towards Legislative approval in order to move forward with this initiative. This item will be considered at the April 2022 IFC meeting.

Q1 FFY 2023 Update: The Division received legislative approval and is currently in the hiring process for this position.

Q3 FFY 2023 Update: At this time one position is filled and another one is in the recruitment process.

Support for Implementation of Self-Directed Program

In June 2021, Nevada was authorized by the legislature to expand self-direction services for Attendant Care services within the 1915(c) HCBS Waiver for Persons with Physical Disabilities. The expansion is specific to the implementation of a Financial Management Service (FMS) in order to offer budget authority self-direction to eligible recipients. This request is to obtain contractual staff to assist in the procurement of the FMS, amending the waiver application, updating policy and oversight of MMIS system requirements.

Q2 FFY 2022 Update: The Division will be meeting internally on next steps in the process, including fiscal and Human Resources related processes to develop positions.

Q3 FFY 2022 Update: The Division is working towards Legislative approval in order to move forward with this initiative. This item will be considered at the April 2022 IFC meeting.

Q1 FFY 2023 Update: The Division received legislative approval and is currently in the hiring process for this position.

Q3 FFY 2023 Update: While the Division has been actively working with a staffing agency on the recruitment, there have been challenges to finding a candidate who can meet the minimum qualifications. The recruitment will remain ongoing.

Technical Guidance on Making Evidence-Based Medical and Drug Policy Decisions

Nevada recognizes the benefits to being part of collaboratives that specifically focus on evidence-based policy and outcomes. To improve Medicaid policy decision-making, Nevada is interested in joining the Medicaid Evidence-Based Decisions Project, the Drug Effectiveness Review Project and the State Medicaid Alternative Reimbursement and Purchasing Test for high-cost drugs.

Q2 FFY 2022 Update: This initiative was questioned in the Partial Approval letter; after responding to CMS' questions this one was approved. Currently in working on the contractual process to initiate the study.

Q3 FFY 2022 Update: This initiative was questioned in the Partial Approval letter; after submitting responses to CMS, this was approved. Legislative approval is also needed to move forward with this initiative. This item will be considered at the April 2022 IFC meeting.

Q1 FFY 2023 Update: The Division is developing the contract to join the collaborative.

Q3 FFY 2023 Update: The Division has joined the contract and the Division's new medical director is participating in the collaborative.

Technology System for Katie Beckett Eligibility Option

Under the 1982 Tax Equity and Fiscal Responsibility Act, Nevada enacted the Katie Beckett Eligibility Option targeted to disabled children under the age of 19 who qualify for an institutional level of care but who, with HCBS supports, can remain in a community setting. Effective January 1, 2022, the Division will implement a cost sharing method to allow a premium collection under the Katie Beckett program to maintain cost neutrality. The premium collection efforts will require a procurement of a unique billing system.

Q2 FFY 2022 Update: This initiative was questioned in the Partial Approval letter; therefore, Nevada is finalizing information needed to submit to CMS in order to obtain a Final Approval for this project. If approved, the state would determine the appropriate contractual process to obtain a technology vendor.

Q3 FFY 2022 Update: This initiative was questioned in the Partial Approval letter; after submitting responses to CMS, this was approved. The state is now in the planning process to determine the appropriate contractual process to obtain a technology vendor.

Q1 FFY 2023 Update: The Division is working with its Fiscal Agent to develop a scope of work for the system requirements.

Q3 FFY 2023 Update: This project is currently pending legislative approval which is expected to be received at the end of January 2023.

Children's Behavioral Health Technical Assistance

Nevada is proposing to procure a consultant to research and recommend strategies to develop and/or improve home and community-based options for youth and families either in state custody or served by state resources such as Medicaid for behavioral health needs. This will include an in-depth behavioral health environmental scan to review and analyze providers and facilities across the state and their related capacity to treat youth with complex emotional and behavioral needs.

The initial evaluation is anticipated to lead to comprehensive findings with state-specific recommendations that have been informed by stakeholder feedback. Additionally, the consultant will provide technical assistance to implement recommendations to improve care and service access. The exact federal authority is not known at this time but may include a SPA, 1915c, 1115 demonstration waiver, or 1915i. The goal for Nevada is to create a state-specific community-based model to serve children with mental health/behavioral health/psychiatric needs enrolled in Nevada Medicaid and/or in the custody of DHHS, local county agencies, or the Division of Juvenile Justice or at risk for entry into these systems.

It is expected that the consultant's recommendations will range from policy updates, data collection methods, service delivery models, and alternative payment methodologies to larger systemic redesign efforts. Opportunities for recipients, providers, stakeholders, and community-based training, services, and facilities will also be identified. The state aims to develop innovative ways to engage the family system in treatment to support the youth's behavioral health needs throughout the continuum of care.

Fiscal Impact: \$1,000,000

Enhancement: One-time

Q1 FFY 2023 Update: The Division has finalized the scope of work for the contracted vendor supporting this project, Health Management Associates. Initial work has begun with identifying data elements to review to begin work on a gaps analysis around current children's mental health services.

Q3 FFY 2023 Update: In September 2022 Health Management Associates (HMA) along with the Division conducted a Statewide Children's Behavioral Health Summit to collaborate with stakeholders on the unique needs in Nevada in comparison to other states that are navigating through behavioral health system obstacles. The Division is currently in the process of gathering analytical data, to assist in informing decisions and integrating justification for development of a Request for Information to access information for a children's special needs plan, that may most effectively address the most critical concerns. HMA and the Division are also in development of a white paper, to provide an overview to legislators and the public, on the systematic problems and possible resolutions for future budgetary considerations.

MMIS Enhancements for Alcohol, Drug and Gambling Counselors Provider Type

Nevada is proposing to make MMIS enhancements to allow for the creation of an Alcohol, Drug and Gambling Counselors Provider Type. Nevada currently certifies and/or licenses alcohol and drug counselors through the Nevada State Board of Examiners for Alcohol, Drug and Gambling Counselors. These providers are currently providing services through groups in a specialty within an existing provider type (Special Clinics – Substance Abuse Agency Model). However, Nevada is not able to get accurate data of what services are being provided due to these providers not being enrolled directly. Nevada cannot drill down accurate data until these providers are enrolled and billing for services rendered. By changing the enrollment from Special Clinics to a new provider type, the state would be able to accurately provide data that details which services are being rendered by these specific providers.

Fiscal Impact: \$50,000

Enhancement: One-time

Q1 FFY 2023 Update: The Division is currently working with its Fiscal Agent on finalizing a scope of work for the creation of the new substance use treatment provider type and proposed individual specialties. The Division is also working on finalizing the Advanced Planning Document (APD) to submit to CMS for approval to secure 90/10 funding support through CMS.

Q3 FFY 2023 Update: CMS has approved the Advanced Planning Document (APD) to support the MMIS enhancement to develop a new Substance Use Treatment Provider Type and specialties to allow for substance use treatment providers to enroll individually as Medicaid providers. The timeline for system production implementation for this new provider type and specialties is targeted for 11/20/2023 with final project target closure date will be 1/17/2024.

EVV Enhancement and Audits

The 21st Century Cures Act requires all states to implement and use an Electronic Visit Verification (EVV) system for Medicaid PCS by January 1, 2020, and for home health services by January 1, 2023.

Validation of the program relies on quarterly reporting of five Key Performance Indicators (KPI) and third-party security audits to maintain certification and eligibility for the enhanced federal funding for the operation and maintenance of the system. These metrics support the outcome statements and are used to track the performance of the system over time. The cost for two, annual third-party audits for SFY 22 and SFY 23 total \$110,000. Additionally, there is a one-time cost to program the current EVV system to add the fourth Managed Care Organization (MCO) that is contracted with the Division effective January 1, 2022. The one-time cost to add the additional Managed Care Organization is \$190,800.

Fiscal Impact: \$300,800

Enhancement: One-time

Q1 FFY 2023 Update: All the activities within this initiative have been completed.

Q3 FFY 2023 Update: No additional updates as this project has been completed.