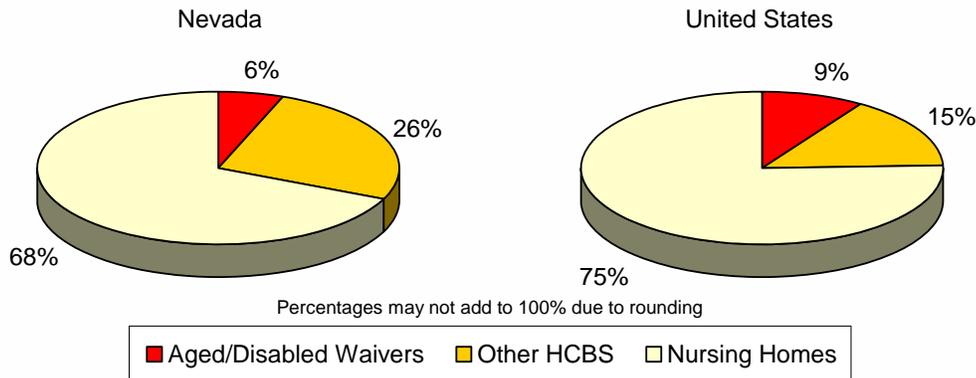


State Long-Term Care Reform in
NEVADA

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in Nevada and the U.S., 2006



Compared to the U.S. average, Nevada allocates a greater percentage (32 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to home and community-based services (HCBS). In FY 2006, Nevada spent 6 percent on waiver services and 26 percent on personal care services (PCS).

Type of Service	Medicaid Participants ¹			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	1,857	4,416	+2,559	\$15	\$69	+\$54
Nursing Homes	3,821	4,504	+683	\$92	\$150	+\$58

Recent Medicaid trends indicate that Nevada has made significant progress in increasing access to HCBS for Medicaid participants. In 1999, more participants received nursing home services than received HCBS, but by 2004, participants receiving HCBS nearly equaled participants in nursing homes. In fact, between 1999 and 2004, the number of participants receiving HCBS more than doubled. From FY 2001 to FY 2006, the increase in Medicaid spending on nursing homes was slightly greater than the increase in spending for HCBS. However, in general, a state can serve more people per dollar spent on HCBS than it can per dollar spent on nursing homes.

¹ This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/development disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants' type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the *Tables* tab at the end of the full report *A Balancing Act: State Long-Term Care Reform (#2008-10)*.

The state also operates the Community Home-Based Initiatives Program (CHIP), which is funded by both Medicaid and state funds. In 2007, the number of Medicaid-funded participants totaled 1,251, and another 170 persons were supported through state general revenues.

Major Initiative

Since July 2003, Nevada's Department of Health and Human Services has been leading a 10-year planning process to develop a "Strategic Plan for Seniors." A Senior Services Strategic Plan Accountability Committee releases annual summaries of achievements and recommendations.

"Community Home-Based Initiatives" (CHIP)

The Community Home-Based Initiatives Medicaid waiver was expanded recently to eliminate 333 people who were on a waiting list for services.

Another effort underway since 2005 is an Inter-Agency Senior Issues Task Force in which 30 state agencies participate. At a "Senior Solutions" Policymakers Summit in June 2006, which 140 community leaders and government policy makers attended, the task force reported on a number of recommendations, including expanding the CHIP waiver program to eliminate waiting lists, providing family and volunteer caregivers with stipends for providing personal care services, and expanding respite and support groups. Funds appropriated in the state budget enacted in 2007 will increase caseloads for the CHIP program.

Other Developments

Money Follows the Person (MFP). Nevada was awarded a \$750,000 MFP federal grant in 2003, which it has used to help transition 160 persons from nursing homes to community settings. State officials also have used the MFP grant to create a global budget to ensure that programs, policies, and the financing structure for LTC do not hinder the transition efforts for individuals who desire to live in the community.

Aging and Disability Resource Center (ADRC). The state also received a \$250,000 ADRC grant in 2005. ADRCs provide citizen-centered, "one-stop" entry points into the LTC system for older people and individuals with disabilities. These centers provide information, referrals, and counseling on LTC services as well as eligibility screening.

Affordable Assisted Living. The Silver Sky Assisted Living facility opened in Las Vegas in August 2006. The facility is the first of its kind in the United States in that it uses tax credit financing, donated public land, and Medicaid service reimbursement to provide affordable assisted living to older persons with low incomes. The rent payments in 2008 range between \$359 and \$718 a month for one person and \$431 and \$862 for two persons. The monthly rent is based on income eligibility provisions that change annually. In 2008, the maximum income was \$26,820 for one person and \$30,660 for two persons. Residents are charged separately for rent and services they receive at the facility. Medicaid covers personal care services. State officials said Silver Sky would serve as a model for other such assisted living developments throughout the state.