

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

January 1, 2022

Patrick O'Donnell
Clerk of the Legislature
State Capitol
Lincoln, NE 68509

RE: Nebraska Health Care Funding Report

Dear Mr. O'Donnell:

The Nebraska Legislature passed LB692 into law during the 2001 legislative session. This legislation provided for an annual \$50 million endowment for health care programs through the principal and investment income of the tobacco settlement fund and the Medicaid intergovernmental transfer (IGT) fund. Currently, this endowment has increased to \$63.1 million annually for DHHS. The purpose of this endowment was to create an ongoing funding mechanism for health care in Nebraska.

Nebraska Revised Statutes 71-7606 requires the Department of Health and Human Services to provide an annual report to the Legislature and the Governor detailing the use of funds appropriated under the Nebraska Health Care Funding Act and the outcomes achieved from such use.

The following report fulfills that statutory mandate for FY2021. We appreciate the opportunity to share with the Governor and the Legislature the important work done as a result of this law.

Sincerely,

A handwritten signature in cursive script that reads "Dannette R. Smith".

Dannette R. Smith
Chief Executive Officer
Nebraska Department of Health and Human Services

2021 LB 692 Report: Table on Appropriations, Uses and Outcomes

DHHS Divisions	Program	FY21 Appropriations	Use Sections are from LB 294 (2019)	Outcomes
	Program 033			
Division of Public Health	Administration	\$13,688	Sec 92- \$13,688 regulatory support for emergency care providers licensing	Used for base costs for licensing individual providers of emergency medical services. Base costs include expenses such as salaries, postage, e-commerce, equipment, and communications. Under this program there are 1,543 paramedics, 28 Advanced Emergency Medical Technicians (AEMT), 41 Emergency Medical Technician I (EMT-I), 5,498 Emergency Medical Technician (EMT) and 349 Emergency Medical Responders (EMR) that are licensed.
	Smoking Cessation	\$6,000	Sec 92 - \$6,000 cost related to implementation of smoking cessation.	Used to enhance the Nebraska Tobacco Quit line, provided through Tobacco Free Nebraska. In 2020, 3,336 people called the Quit Line and 2,975 registered for services.
	Parkinson's Disease Registry	\$26,000	Sec. 92 - Parkinson's Disease Registry	<p>DHHS Office of Health Statistics uses these funds to collect, validate, and update the Parkinson's Disease Registry to monitor the incidence and mortality of Parkinson's Disease (PD) in Nebraska. Approximately 17,000 cases have been documented since the inception of the Registry. These funds are also used to process and complete data requests, collaborate with facilities and providers to report this critical data to the state Registry, and promote the use of the registry data in finding potential causes and innovative treatments for this devastating disease.</p> <ul style="list-style-type: none"> • Design of a Parkinson's Registry Electronic data platform is complete. The Registry team is working close with state Providers and facilities to report cases electronically. Providers will be able to input data directly into the system, upload their files, or set up electronic data exchange. • Collaboration continues to establish standard data requirements for PD with the Centers for Disease Control and Prevention (CDC), the Council of State Territorial Epidemiologists (CSTE), other States and the Michael J. Fox Foundation. • The Registry team works closely with the PD Advisory team to limit reporting to only the most critical data elements and remove any duplicative language or problematic data elements to ease the reporting burden. <p>Registry data is used in well water and occupational correlation studies. The Registry data is also linked to other DHHS databases such as cancer and traumatic brain injury, the state death file, and hospital discharge data for research.</p>
	Administration	\$29,680	Sec 92. Assisted Living	A new surveyor was hired to conduct surveys regarding investigations of assisted living facilities. This specific survey position helped to complete 21 routine surveys and numerous complaint surveys. During the initial wave of the COVID-19 pandemic, routine surveys were put on hold. The focus of continued surveys was to complete complaint surveys that alleged harm to residents. This restriction was put in place to help prevent further spread of COVID-19 to the assisted living facilities until vaccinations and research data was available to help us determine how to prevent the spread of COVID-19.

DHHS Divisions	Program	FY21 Appropriations	Use Sections are from LB 294 (2019)	Outcomes
	Administration	\$100,000	Sec 92 - \$100,000 each year for staffing and operating expenses.	<p>Provides technical assistance to 18 local public health departments to provide the 10 essential services.</p> <ol style="list-style-type: none"> 1. Assess and monitor population health status, factors that influence health, and community needs and assets 2. Investigate, diagnose, and address health problems and hazards affecting the population 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it 4. Strengthen, support, and mobilize communities and partnerships to improve health 5. Create, champion, and implement policies, plans, and laws that impact health 6. Utilize legal and regulatory actions designed to improve and protect the public's health 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy 8. Build and support a diverse and skilled public health workforce 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement. 10. Build and maintain a strong organizational infrastructure for public health
	Office of Health Disparities and Health Equity	\$220,000 (*\$110,000 for each office)	Sec 92 – to operate a satellite Office of Minority Health in the 2 nd and 3 rd congressional districts	Satellite office staff managed 5 Minority Health Initiative (MHI) contracts, providing oversight and guidance to contractors to reduce diabetes rates among racial and ethnic minority populations Nebraska's first and third Congressional Districts. The MHI program promotes community and clinical linkages to lower diabetes hemoglobin A1C (HbA1C) rates for minority populations through referral systems that use bidirectional linkages, such as Community Health Workers.
Division of Children & Family Services	Nebraska Lifespan Respite Services Program	\$404,643	Sec 92 - Respite Care Program in service areas.	<p>The program builds upon the existing infrastructure of the Nebraska Respite Network to provide respite services across the state. The Nebraska Respite Network is a statewide system that houses and coordinates information regarding respite resources. The network recruits respite providers, offers training for providers and consumers, provides information and referrals regarding respite resources and services, markets availability and need for respite, and matches families with appropriate respite providers. Additionally, the Nebraska Respite Network extends the reach of the Lifespan Respite program by further implementing statutory requirements, developing and expanding access to resources, and enhancing partnerships in local committees within communities through the state.</p> <p>The Respite Coordinators make necessary referrals when clients are eligible for other programs that provide respite.</p>

DHHS Divisions	Program	FY21 Appropriations	Use Sections are from LB 294 (2019)	Outcomes
Medicaid and long Term Care	Aging	\$321,182	Sec 92 – Aging and Disability Resource Center	Funds are used to support the Aging and Disability Resource Centers (ADRC) in Nebraska.
Developmental Disabilities	Developmental Disabilities Admin	\$43,570	LB 570A Sec 3	Funds are used to pay for a portion of the contract for the Technical Assistance Collaborative (TAC) for activities related to the Olmstead Plan. Nebraska's Olmstead Plan is a framework designed to provide a solid structure for a flexible plan to ensure that laws, regulations, and future planning are consistent with the principles of the Olmstead decision.
	Total Program 033	\$1,164,763		
	Program 250			
Facilities	Juvenile Service Operations	\$1,000,000	Sec 101 - Mental Health services to juvenile offenders under section 43-407.	<p><u>YRTC - Kearney</u></p> <ul style="list-style-type: none"> • \$926,754 used for salaries/benefits for Clinical Program Director, 10 Licensed and Provisional Mental Health Practitioners and Supervisor, and 6 Living Unit/Case Manager Supervisors • Female youth from YRTC-Geneva were transferred to YRTC-Kearney on August 19, 2019 with both Geneva and Kearney staff providing services to these youth after that date. Female youth were transferred to YRTC-Hastings in April and May, 2021. The data provided below includes services to both male and female youth. • Mental Health Services: <ul style="list-style-type: none"> ○ An average of 54 youth were provided with mental health therapy services each month ○ 5 male youth were admitted to the Juvenile Chemical Dependency Program at Whitehall for long term chemical dependency treatment upon recommendation from YRTC-K. ○ An average of 25 youth were provided with substance abuse treatment services each month. ○ 82% of youth admitted to YRTC-K had substance use issues significant enough to warrant substance use treatment. ○ LMHPs provide substance abuse treatment using the Adolescent Community Reinforcement Approach (A-CRA), a top evidence-based juvenile substance abuse treatment program. One therapist is a trained A-CRA supervisor, allowing him to train and certify new clinicians and provide ongoing supervision. ○ 72 hours of contractual psychiatric services were provided to the female youth this year by Boys Town National Research Hospital. ○ 92 hours of contractual psychiatric services were provided to the male youth by Boys Town National Research Hospital. ○ Mental health medication management was provided by the YRTC-K contracted doctors for an average of 12 youth each month. • Case Managers made 3,136 contacts with parents and 3,015 contacts with Juvenile Service Officers, Family Permanency Specialists, and Probation Officers.
	Total Program 250	\$1,000,000		

DHHS Divisions	Program	FY21 Appropriations	Use Sections are from LB 294 (2019)	Outcomes
	Program 038			
Division of Behavioral Health	Mental Health and Substance Abuse	\$2,599,660 \$6,500,000	Sec 93 - Behavioral Health providers. Sec 93 - to be distributed to Six Regions based on a formula.	These funds support payment rates to community behavioral health providers for treatment and recovery services. The Division of Behavioral Health has been able to maintain the rate increase established in original LB692. Rates vary by servicetypes. The Department of Behavioral Health and the Regions contract with providers for service and support networks. Continued services to consumers in communities (non-state hospital based).
		\$1,500,000	Sec. 97 - Emergency protective custody.	Crisis Center/hospitals reimbursed for days of service related to Emergency Protected Custody.
	Total Program 038	\$10,599,660		
	Program 347			
Division of Children and Family Services	Nebraska Lifespan Respite Services Program – Respite Subsidy	\$810,000	Sec. 99 - Aid in carrying out the NE Lifespan Respite Service payments to caregivers to purchase services.	<p>The Lifespan Respite Services Program provides funding for eligible unpaid primary family caregivers, hereinafter “caregivers”, to purchase respite services. The Program is authorized by Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 68-1520 through 68-1528. Respite is a service designed to give caregivers a break from the demands of providing ongoing care for recipients with special needs unable to care for themselves without regard to age, type of special needs, or other status. The program continues to focus efforts to increase utilization of the subsidy and continue to meet the needs of Nebraskans throughout their lifespan.</p> <p>Numbers and Expenditures In FY 2021, 60% of the total cases that applied for respite services were under the age of 19 years old. The Lifespan Respite Subsidy program received applications for 506 total individuals throughout the fiscal year. This was a slight decrease from FY 2020, as 620 applications were received in the prior fiscal year. At the end of the fiscal year, there were 272 open cases of individuals utilizing respite services. The program provides \$125 per participant, per month for respite services. Additionally, a care recipient or their caregiver may contact DHHS to request additional services utilizing exceptional circumstance funding (crisis respite). With the provision of respite funding, the basic intent is to:</p> <ul style="list-style-type: none"> ▪ Prevent or postpone out-of-home placements or care at public expense; ▪ Reduce family and caregiver stress; ▪ Enhance the family and the caregiver’s coping abilities; ▪ Strengthen the family and the caregiver’s ability to meet the demands of caring for family members; and ▪ Reduce the risk of abuse or neglect of children, the elderly, and other vulnerable individuals. <p>The Lifespan Respite Subsidy program utilized \$468,531 of the allocated funds to provide services to the eligible cases. There is evidence of an increase in the level of need of respite clients resulting in a higher amount of additional assistance through the exceptional circumstances. In FY21, \$112,930.72 of the total utilized funds was used for exceptional circumstances. This is an increase from FY20, where \$109,308.05 of the total utilized funds was used for exceptional circumstances.</p>
	Total Program 347	\$810,000		

DHHS Divisions	Program	FY21 Appropriations	Use Sections are from LB 294 (2019)	Outcomes
	Program 348			
Division of Medicaid and Long-Term Care	Medical Assistance	\$4,765,896	Sec 100 - Continuation of the behavioral health provider rate increase and behavior health provider rate increase for managed care, inpatient and residential treatment.	The Division of Medicaid and Long-Term Care provided 4% rate increase to behavioral health providers in FY21.
	Smoking Cessation	\$450,000	Sec 100 - State Plan Amendment covering tobacco use cessation in compliance to Title XIX of federal Social Security Act smoking cessation.	Provides funding for clients to receive medication and up to four counseling sessions to support up to two quit attempts per year.
	Total Program 348	\$5,215,896		
	Program 344			
Division of Medicaid and Long-Term Care	Child Health Insurance	\$6,835,700	Sec 98 - CHIP	Provides health care to Nebraskans under the Children's Health Insurance Program.
	Total Program 344	\$6,835,700		
	Program 514			
Division of Public Health	Health Aid	\$200,000	Sec 108 - Poison Control – UNMC	This funding is a sub-award administered by UNMC to provide 24 hour telephone access to the Nebraska Regional Poison Center.
	Total Program 514	\$200,000		
	Program 424			
Division of Developmental Disabilities	Developmental Disability Act	\$5,000,000	Sec 106 - State Aid/Services to Developmentally Disabled on waiting list.	Continued provision of developmental disability services to participants. In SFY21, the Division was able to fund an additional 363 participant's needs on the comprehensive waiver per funding priorities in Neb. Rev. Stat. 83-1216.
	Total Program 424	\$5,000,000		

DHHS Divisions	Program	FY21 Appropriations	Use Sections are from LB 294 (2019)	Outcomes
Division of Public Health	Program 502 Local Public Health	\$5,605,000	Sec 107 - Aid to local public health departments.	Local public health provide the three core functions of public health w hich include assessment, policy development and assurance of 10 essential services. <ol style="list-style-type: none"> 1. Assess and monitor population health status, factors that influence health, and community needs and assets 2. Investigate, diagnose, and address health problems and hazards affecting the population 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it 4. Strengthen, support, and mobilize communities and partnerships to improve health 5. Create, champion, and implement policies, plans, and law s that impact health 6. Utilize legal and regulatory actions designed to improve and protect the public's health 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy 8. Build and support a diverse and skilled public health w orkforce 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement 10. Build and maintain a strong organizational infrastructure for public health
Division of Public Health	Federally Qualified Health Centers	\$1,349,000	Sec 107 - to be equally distributed among federally qualified health centers in the second congressional district for the purpose of implementing a minority health initiative.	Funding is equally distributed among Charles Drew Community and One World community health centers funded through Federal Program 330, Public Law 104-299, of the federal health centers Consolidation Act of 1996. <p><u>Outcomes for Charles Drew include:</u></p> <ul style="list-style-type: none"> • Diabetes: 33% of diabetic patients had a HbA 1c less than 9%. • Breast Cancer: 33% of w omen 51-73 years of age received a mammogram to screen for breast cancer. • Cervical Cancer: 28% of w omen 23-64 years of age were screened for cervical cancer. • Cardiovascular: 14% of patients w ere diagnosed w ith hypertension; 33% of cardiovascular patients brought their hypertension under control (BP less than 140/90). • Prenatal: The percentage of women initiating their prenatal care during the first trimester increased to 84%. • Obesity: 76% of patients 3-16 w ith Body Mass Index (BMI) percentile documentation received w eight assessment and counseling for nutrition and physical activity; 44% of adult patients received w eight screening and follow -up.

DHHS Divisions	Program	FY21 Appropriations	Use Sections are from LB 294 (2019)	Outcomes
				<p>Outcomes for One World include:</p> <ul style="list-style-type: none"> • 92.6% of adult patients screened and counseled for tobacco use in 2020. This is well above the Healthy People 2020 target of 68.6%. • 2,789 patients had hypertension in 2020; 68% were able to obtain control of their disease. • 75% of [3,759] patients with diabetes had HbA1c results less than or equal to 0.9% (over 76% were minorities). • 84% of [1,560] prenatal patients began their care in the first trimester; only 7.3% of all babies born were low birth weight. • 84% of patients (aged 3 to 17) with a documented Body Mass Index (BMI) percentile received counseling; 70% of patients (aged 18+) with a BMI percentile had follow-up plan. • 1,845 minority patients diagnosed with diabetes achieved A1C results below <9%.
Division of Public Health	Minority Health Services	\$1,526,000	Sec 107 - for minority health services to be distributed to counties having a minority population equal to or exceeding 5% of the total population in the 1 st and 3 rd congressional districts.	<p>Six organizations were provided funding through the Minority Health Initiative (MHI) program for FY 2020. The MHI program goal was to reduce diabetes rates among racial and ethnic minority populations diagnosed with diabetes in Nebraska's first and third Congressional Districts. MHI-funded entities worked to promote community and clinical linkages to lower diabetes hemoglobin A1C (HbA1C) rates for minority populations through referral systems that used bidirectional linkages that included a Community Health Worker.</p> <p>Across all projects, 987 individuals were served, 99 individuals reduced HbA1C rates, 668 individuals received health education, 501 individuals received case management services, and 1,140 supports for social determinants of health were provided.</p>
Division of Public Health	Federally Qualified Health Centers	\$750,000	Sec 111 - to be distributed proportionally to federally qualified health centers based on the previous fiscal year's number of uninsured clients as reported on the Uniform Data System Report.	Funds are used to help provide health care services to the uninsured as Community Health Centers serve all people regardless of ability to pay. In the previous year 48,197 people without insurance were served by the seven Community Health Centers.
	Total Program 502	\$9,230,000		
	Program 571			
Division of Medicaid and Long Term Care	Program 571	\$613,912	Sec. 110	This funding supports the Aging and Disability Resource Centers (ADRC).
	Total Program 571	\$613,912		

DHHS Divisions	Program	FY21 Appropriations	Use Sections are from LB 294 (2019)	Outcomes
	Program 623			
Division of Public Health	623 Biomedical Research	\$15,000,000	Sec 118 - Biomedical Research	A contract and sub-award for biomedical research were awarded to the Board of Regents on behalf of the University of Nebraska Medical Center and the University of Nebraska Lincoln in the amount of \$10,247,664; and to the Creighton University, Father Flanagan's Boys Home, Boys Town National research Hospital, and the Creighton University – Boys Town Healthcare Foundation in the amount of \$3,752,336. \$1 million per year, reallocated from the cigarette tax revenue, will also be allocated to these entities specifically for biomedical research.
	Total Program 623	\$15,000,000		
	Program 22030			
Division of Public Health	Tobacco Prevention	\$2,570,000	Sec 90 - Tobacco Prevention and Control	Funding is used for tobacco prevention, reducing exposure to secondhand smoke, addressing tobacco-related health disparities and helping people quit tobacco. Program areas include the Nebraska Tobacco Quit line, an educational media component. Also program surveillance and evaluation, youth prevention efforts, and sub grants to nine areas for tobacco prevention and control work.
	Total Program 030	\$2,570,000		
	Program 354			
Division of Children & Family Services	Child Welfare Aid	\$2,734,444	Sec 102 - Child welfare	Funds are used to pay for direct services provided to children and families involved in the child welfare system. Providers are contracted to provide direct services to children and families and are reimbursed utilizing these funds. Services include, but are not limited to, out-of-home care; parenting time; transportation; family support; rent; and utilities.
	Total Program 354	\$2,734,444		
	Program 621			
Division of Public Health	Stem Cell Research	\$450,000	Sec 111 - Stem Cell Research	Five research grants were awarded. Two grants awarded to Creighton University: one for \$110,000 and one for \$95,750. Two grants awarded to the University of Nebraska Medical Center: one for \$110,000 and one for \$95,750. Once grant awarded to UN-L for \$25,000. The remaining \$13,500 will be used to support administrative costs of the program.
	Total Program 621	\$450,000		
Total DHHS		\$61,424,375		

DHHS Divisions	Program	FY21 Appropriations	Use Sections are from LB 294 (2019)	Outcomes
Other Agencies	Legislative Council	\$75,000	Sec. 10, Legislative Council	
	Attorney General	\$595,807	Sec 39 - Attorney General. Enforcement of tobacco settlement agreement (LB327)	Administered by Attorney General.
	Department of Revenue	\$316,482 \$250,000	Sec 69 - Department of Revenue. Audit and enforce provisions of the tobacco Master Settlement Agreement. (LB327) Sec 76 - Department of Revenue Gambler Assistance (LB327)	Administered by the Department of Revenue.
	Children's Commission	\$179,779	LB 600 Sec. 4(7)	
	Telecomm Relay System	\$300,000	LB 641 Sec. 2	
Total Other Agencies		\$1,718,726		
Undistributed		(\$2,491,443)	Note: negative value indicates obligation in excess of statutory transfer	
Grand Total		\$63,141,443	FY19 Statutory Transfer (71-7611 and 77-2602) was \$62,850,000	