

Committee in session at 7:30 a.m. Senator Floyd R. Lamb was in the Chair.

PRESENT: Senator Floyd R. Lamb, Chairman (absent during part of voting)
Senator James I. Gibson, Vice Chairman
Senator Eugene V. Echols
Senator Norman D. Glaser
Senator Thomas R.C. Wilson (absent during part of voting)
Senator Lawrence E. Jacobsen
Senator Clifford E. McCorkle (absent during part of voting)

ABSENT: None

OTHERS: Ronald W. Sparks, Chief Fiscal Analyst
PRESENT: Eugene Pieretti, Deputy Fiscal Analyst
Howard Barrett, Budget Director
William Hancock, Secretary-Manager, Public Works Board
John Meder, Administrator, State Parks Division
Richard Baker, Deputy, Public Works Board
Ed Fike, lobbyist, Nevada Development Authority
Dr. Richard Bentinck, Chief, Bureau of Maternal and Children's Health Services, Health Division
Ron Lang, Management Analyst, Bureau of Maternal and Children's Health Services, Health Division
John Richardson, Assistant Administrator, State Parks
Jim Joyce, lobbyist, Las Vegas
Cy Ryan, United Press
John Rice, Associated Press

REGARDING CHANGES IN:

BUREAU OF MATERNAL AND CHILDREN'S HEALTH SERVICES - Page 262

Dr. Richard Bentinck, Chief, Bureau of Maternal and Children's Health Services, requested that the budget be changed to reflect additional staffing requirements for Crippled Children's Services. He said his agency has submitted these changes through the Budget Office and Dr. DiSibio's office, and both of those offices concurred with the change. (See Attachment A for complete testimony.) Dr. Bentinck submitted a report describing the needed changes (see Attachment B).

Mr. Barrett stated that the Budget Office supports these recommendations.

CHANGES IN CAPITAL IMPROVEMENTS BUDGETS PROPOSED BY PUBLIC WORKS BOARD

Bill Hancock, Secretary Manager, State Public Works Board, reviewed possible reductions in capital improvements (See Catalogue No. 28.1 NV, 1919, 79-23, 1979 and budget pages 801 and budget pages 801 and following)

79-1 Mr Hancock said the closed circuit television in the existing women's prison could be taken out of the budget, reducing it by \$24,200.

79-2 Mr. Hancock said installing a chain link fence, not replacing 3 windows, and reduction in height of courtyard wall would lower costs by \$39,400.

79-6 Mr. Hancock said the inspection figure was wrong and the cost of the project can be reduced by \$7,000.

79-10 Mr. Hancock said \$3,000 is for a sprinkler/irrigation system which may not be necessary; this budget can be reduced by \$3,000.

79-12 Mr. Hancock said economies on type of construction would reduce this cost by about \$50,000.

79-18 Mr. Hancock said unit costs can be reduced realizing a savings of \$59,600.

79-20 Mr. Hancock said if this is planned to meet their needs over a ten-year period instead of 20 years; and deleted the scale, the project can be reduced by \$646,600.

2017

79-21 Mr. Hancock said partitions can be extended to the ceilings solving the floor problem. This project would be reduced by \$35,000 which was to be used to reduce the noise in the existing flooring.

79-23 Mr. Hancock said instead of putting an overlay on the road it could be patched and sealed, reducing this cost by \$75,000.

79-25 Mr. Hancock said, according to the School of Mines testimony to the Ways and Means Committee, they do not need the ROTC facility in this building. He said if it were eliminated from the project, \$850,000 could be deducted.

79-27 Mr. Hancock said if this project were built on community college land, the land acquisition fund of \$66,400 could be taken out of this project.

79-31 Mr. Hancock said there has been an offer from a private individual to supply a minimum of \$638,000 in furnishings. He said it is also possible to appropriate the design funds for this budget for \$687,700 and consider the construction funds in 1981.

Senator Gibson said this project is on a 4-year construction schedule and he thinks the project can first be funded for design and the construction can be funded in the next legislative session. He said after the design has been completed, the costs of the building will be more specific. Senator Gibson remarked that he has also heard that private pledges may provide \$1,000,000.

Senator Lamb asked if the Committee is in agreement with this plan. The Committee agreed.

79-35 Mr. Hancock said with the authorization of the pavilion in this area there will be plenty of parking without the 600-car parking lot. Also, the final estimate on the library is lower than budgeted. This budget could be reduced by \$355,000.

79-40 Mr. Hancock said the road could be patched and sealed, saving \$25,000.

79-42 Mr. Hancock said if the Humanities Building is approved, they can deduct the inflation mark-up they had on this project by \$300,000.

77-49 Mr. Hancock said, based on a revised budget presented by Father Caviglia, this project can be reduced by \$373,000.

Mr. Hancock said the sum total of all these reductions, excluding the fine arts construction, is \$3,547,200.

Regarding 79-18, Senator Jacobsen asked what effect the reduction would have on the building. Mr. Hancock answered that the design will have less flexibility. He said it may restrict the vocational program somewhat.

Senator McCorkle asked, if this building is now designed as a warehouse, why is there only a \$59,600 reduction. Mr. Hancock said this building is still not just a warehouse; the cost is \$43 per square foot.

Senator McCorkle asked how much better is this building than a warehouse. Mr. Hancock said the building has larger electrical and mechanical capability, and better heating and ventilation than a warehouse.

79-1 Senator Jacobsen moved to approve this project with a reduction of \$24,200.

Seconded by Senator Gibson.

Motion carried.

79-2 Senator Glaser moved to approve this project with a reduction of \$39,400.

2018

(79-2 budget action continued)

Seconded by Senator McCorkle.

Senator Echols voted no.

Motion carried.

79-3 Senator Gibson moved that this project be approved.

Seconded by Senator Jacobsen.

Motion carried.

79-4 Senator Glaser moved that this project be approved at \$215,000.

Seconded by Senator Gibson.

Motion carried.

79-5 Senator Glaser moved to approve this project.

Seconded by Senator Gibson.

Motion carried.

79-6 Senator Wilson moved that this project be approved with a reduction of \$7,000.

Seconded by Senator Jacobsen.

Motion carried.

79-7 Budget held.

79-8 Senator Jacobsen moved to approve this project.

Seconded by Senator Gibson.

Senator McCorkle moved that this budget be reduced by 10 percent.

Senator McCorkle explained that he would like to reduce the cost of the building by \$7 per square foot. He said contractors feel costs of State buildings are too high. He said if the buildings are bid lower now, they can be designed to fit the lower figure. Once buildings have been designed it is too late to lower costs very much. Mr. Hancock disagreed; he said the legislature would not like the building that would be built at the lower cost.

Seconded by Senator Echols.

Senator Wilson asked Mr. Hancock if he considers alternate design schemes when projecting costs of a project. Mr. Hancock said when budgets are put together the Board reviews different kinds of costs. He said when the Board has over-estimated they revert the excess to the General Fund.

Senator McCorkle mentioned that the Kinkead Building was redesigned and costs were reduced from \$49 a foot to \$29 a foot. Mr. Hancock said the Kinkead Building is an unusual example and he explained the circumstances involved in the construction of this building.

Senator Lamb called for a vote on Senator McCorkle's motion.

Senators Lamb, Gibson, Jacobsen, Wilson, and Glaser voted no.

Motion did not carry.

2219

(79-8 budget action continued)

Senator Gibson called for a vote on the original motion.

Senators Echols and McCorkle voted no.

Motion carried.

Senator Lamb absent.

79-9 Senator Jacobsen moved that this project be approved.

Seconded by Senator Glaser.

Motion carried.

Senator Lamb absent.

79-10 Senator Glaser moved to approved this project with a reduction of \$3,000.

Seconded by Senator Echols.

Motion carried.

79-11 Senator Gibson moved that this project be approved at \$79,122.

Seconded by Senator Echols.

Motion carried.

79-12 Senator Echols moved to approve this project with a reduction of \$50,000.

Seconded by Senator Jacobsen.

Senator Gibson asked Mr. Hancock how he made this reduction. Mr. Hancock answered that they compared this project to 4 or 5 other projects; this project looked as if it had been bid high.

Motion carried.

79-13 Senator Gibson moved that this project be approved.

Seconded by Senator Jacobsen.

Motion carried.

79-14 Senator Gibson moved that this project be approved.

Seconded by Senator Jacobsen.

Senator McCorkle voted no.

Motion carried.

79-15 Senator Glaser moved that this project be approved.

Seconded by Senator Jacobsen.

Senator McCorkle voted no.

Motion carried.

79-16 Senator Gibson moved that this project be approved.

Seconded by Senator Jacobsen.

Motion carried.

2020

79-17 Mr. Hancock said there is a bill related to this project.

Budget held.

79-18 Senator Jacobsen moved that this project be approved with a reduction of \$59,600.

Seconded by Senator Gibson.

Senator McCorkle voted no.

Motion carried.

79-19 Senator Jacobsen moved that this project be approved.

Seconded by Senator Glaser.

Motion carried.

79-20 Senator Glaser moved that this project be approved with a reduction of \$646,600.

Seconded by Senator Gibson.

Senator McCorkle voted no.

Motion carried.

79-21 Senator Jacobsen moved that this project be approved with a reduction of \$35,000.

Seconded by Senator Glaser.

Motion carried.

79-22 Senator Glaser moved that this project be approved.

Seconded by Senator Echols.

Motion carried.

79-23 Senator Glaser moved that this project be approved with a reduction of \$75,000.

Seconded by Senator Jacobsen.

Motion carried.

79-24 Senator McCorkle said (using figures obtained from Charles Moody to Herman Westfall of the University) that faculty offices were figured at 130 square feet each. He questioned whether this space is too large or too small for an office. He said there is a second size faculty office at 160 square feet. He wondered why some offices are 160 and some 130 square feet. Mr. Hancock said the normal private office space is about 120 square feet, but 225 square feet is also allowed for department head staff. Senator McCorkle said the larger offices are not all for department heads.

Senator McCorkle said the approval of the budget should not be based on hierarchy, but on efficiency of building space. Mr. Hancock said some offices may contain business equipment.

Senator McCorkle asked why all movie screens in classrooms are motor driven. Mr. Hancock replied that these screens are very large and difficult to handle. Senator McCorkle questioned why screens are so big in 60-seat classrooms. He asked why old 35 millimeter screens could not be used.

Senator McCorkle questioned the use of telephones in classrooms. Mr. Hancock said these are used to obtain computer information.

2021

(79-24 budget action continued)

Senator McCorkle questioned the necessity of student union and student meeting rooms. Senator McCorkle said he suspects that many state buildings are designed at the request of department heads. He said he would expect Mr. Hancock to screen those requests to take out unnecessary frills. Mr. Hancock said he does this; the project is continually reviewed through its various stages.

Senator McCorkle asked what the Public Works Board reversion is to the General Fund. Mr. Hancock said about 1-1/4 percent. Senator McCorkle said that is what he expected. It shows building costs meet the amounts they are initially budgeted for.

Senator Wilson suggested that perhaps Interim Finance review the final cost effectiveness of a design when the design is completed.

Senator McCorkle questioned the size of the facility due to recent reductions in enrollment. Mr. Hancock said according to the University's figures these two colleges have increased about a third from 1973 to 1978.

Senator Jacobsen pointed out that the narrative states the building will meet only half the need, not all of it.

Senator Gibson commented that this is just about the largest project the legislature has ever funded. Mr. Hancock said he does not object to bringing in the final plans.

Budget held.

79-25 Senator Glaser moved that this project be approved with a reduction of \$850,000.

Seconded by Senator Gibson.

Senator Gibson asked if the reduced amount will require the military department to stay where they are presently. Mr. Hancock said they could stay where they are for awhile.

Motion carried.

79-26 Mr. Hancock said this project is not recommended by the Governor.

79-28 Senator Gibson moved that this project be approved.

Seconded by Senator Jacobsen.

Senator McCorkle voted no.

Motion carried.

79-29 Senator Jacobsen moved that this project be approved.

Seconded by Senator Gibson.

Senator McCorkle voted no.

Motion carried.

79-30 Senator Glaser moved that this project be approved.

Seconded by Senator Wilson.

Motion carried.

79-31 Senator Gibson moved that the amount of \$687,700 for the design of this project be funded with the understanding that the complete project would be presented to the next legislature for funding of the construction.

Seconded by Senator Jacobsen.

Motion carried.

(Committee Minutes)

2022

79-32 Senator Jacobsen moved that this project be approved.
Seconded by Senator Gibson.
Motion carried.

Mr. Hancock remarked that the auditors requested a fireproof vault for tape storage which is not included in this project.

Senator Echols moved to add the auditors' request, in the amount of \$15,700, to the above project.

Seconded by Senator Glaser.

Motion carried.

79-33 Senator Glaser moved that this project be approved.
Seconded by Senator Gibson.
Motion carried.

79-34 Mr. Sparks said a grant has been received. Mr. Hancock said the project can be reduced by \$57,000.

Senator Glaser moved that this project be approved with a reduction of \$57,000.

Seconded by Senator Jacobsen.

Senator McCorkle voted no.

Motion carried.

79-35 Senator Glaser moved that this project be approved with a reduction of \$355,000.
Seconded by Senator Gibson.

Motion carried.

79-36 Senator Jacobsen moved that this project be approved.
Seconded by Senator Glaser.
Motion carried.

79-37 Senator Glaser moved that this project be approved.
Seconded by Senator Jacobsen.
Motion carried.

79-38 Senator Glaser moved that this project be approved.
Seconded by Senator Gibson.
Motion carried.

79-38A Mr. Hancock said this allocation is for 2 individual buildings, which house about 16 in-patients each; he said 1 unit is for adolescents, and 1 is for a security unit.

Senator Glaser moved that this project be approved.

Seconded by Senator Jacobsen.

Motion carried.

2023

79-39 Senator Gibson moved that this project be approved.

Seconded by Senator Jacobsen.

Motion carried.

79-40 Senator Gibson moved that this project be approved with a reduction of \$25,000.

Seconded by Senator Echols.

Motion carried.

79-41 Senator Jacobsen moved that this project be approved.

Seconded by Senator Glaser.

Senator McCorkle voted no.

Motion carried.

79-42 Senator Glaser moved that this project be approved with a reduction of \$300,000.

Seconded by Senator Wilson.

Senator Echols voted no.

Motion carried.

79-43 Budget held.

77-49 Senator Gibson moved that this project be approved with a reduction of \$373,000.

Senator McCorkle suggested taking out this project since it is the last one, and the adolescent facility has been added to the budget. Senator Gibson said the Committee has just taken out \$14,000,000.

Seconded by Senator Jacobsen.

Senator McCorkle voted no.

Motion carried.

DEPARTMENT OF ECONOMIC DEVELOPMENT - Page 110

Ed Fike, representing the Nevada Development Authority, said they had recommended previously that this budget be increased to \$1,300,000 for the biennium which is about \$445,000 increase for the biennium over the previous biennium.

Senator Gibson asked about the bill of last session which gave money to small counties for tourism. Mr. Fike said one inequity was that it divided \$100,000 between Clark and Washoe Counties on a population basis; added to this inequity, Washoe did not even request their monies due to growth in their area. He said they seem to have the same attitude this biennium. Mr. Fike said he does not like being tied into funding on a population basis. He said there are soft spots in the Clark County economy, and they would like to address these needs.

Senator Glaser asked if the money were put in this budget, how would Mr. Fike propose that it be used. Mr. Fike said he would consider its use being specified by legislative intent and working with the Department of Economic Development. He said it would be all right if matching funds were required.

Senator Gibson said it is difficult to put legislative intent for one agency in the General Appropriations Act.

Senator Wilson asked how should the money be distributed, with regard to policy, not mechanics of distribution. Mr. Fike said a

(Dept. of Economic Development - budget action continued)

bill would be fine with them.

Jim Joyce, lobbyist, Las Vegas, reported the Assembly's action with regard to this matter. He said people involved in commerce in communities are reporting that goals for their segments have been too modest; they feel they can make more money than that. He said that people are coming to them on a voluntary basis to contribute money; local participation is good right now.

Senator Gibson remarked that Mr. Fike is requesting the allocation in the budget to be increased, with \$300,000 for special distribution. He asked what the remaining amount of the increase is for. Mr. Fike said they hoped to make the Department of Economic Development more competitive with what other states the size of Nevada are doing. Mr. Fike said it is not a viable part of state government right now.

Senator Lamb asked if Mr. Fike wanted more money in the budget plus the allocation in the bill. Mr. Fike said yes, toward that end.

PARK IMPROVEMENT PROGRAM - Page 811

John Meder, Administrator, State Parks Division, submitted a list of park improvement priorities (see Attachment C). He said no reductions were made in projects, answering a query from Senator Lamb.

Senator Gibson asked what criteria was used to determine priorities. Mr. Meder said they considered the gasoline shortage and placed areas located near urban areas at a higher priority than those located far from where most people live.

John Richardson, Assistant Park Administrator, described each of the following projects.

#1 - Washoe Lake Senator Gibson moved that this project be approved.

Seconded by Senator Wilson.

Motion carried.

#2 - Red Rock Senator Glaser moved that this project be approved.

Seconded by Senator Gibson.

Motion carried.

#3 - Lamb Park Senator Glaser moved that this project be approved.

Seconded by Senator Gibson.

Senator Lamb abstained.

Motion carried.

#4 - Dayton Park Senator Wilson moved that this project be approved.

Seconded by Senator Gibson.

Motion carried.

#5 - Lake Tahoe Senator Gibson moved that this project be approved.

Seconded by Senator Wilson.

Senator Jacobsen asked if this project is tied in with any Fish and Game Projects. Mr. Meder answered no.

Motion carried.

(Committee Minutes)

#6 - Seasonal Residences

Senator Gibson moved that this project be approved.

Seconded by Senator McCorkle.

Motion carried.

#7 - Valley of Fire

Senator Gibson moved that this project be approved.

Seconded by Senator Jacobsen.

Motion carried.

#8 - V & T Railroad

Senator Jacobsen moved that this project be eliminated, pending further information on the bill to reorganize the museum.

Seconded by Senator Echols.

Motion carried.

#9 - Lahontan

Senator Jacobsen moved that this project be approved.

Seconded by Senator Wilson.

Motion carried.

#10 - Kershaw-Ryan

Senator Gibson moved that this project be approved.

Seconded by Senator Jacobsen.

Motion carried.

Senator McCorkle moved to eliminate the remaining park projects.

Seconded by Senator Jacobsen.

Senator Glaser asked for the rationale for the motion. Senator McCorkle answered that if the whole budget is not going to be approved, he proposes that projects be cut at this point. He said if the budget is going to be accepted in total, there was no reason to request the Parks Division to submit a list of priorities.

Senator Wilson asked for Senator McCorkle's rationale with respect to the budget. Senator McCorkle said figures from yesterday show that the legislature is overbudgeted; figures this morning show they are back on schedule.

Senator Gibson said he may agree with Senator McCorkle's rationale, but would like to look at them (the projects) one at a time.

Senator Lamb called for a vote on Senator McCorkle's motion.

Senators Lamb, Glaser, Echols and Wilson voted no.

Motion did not carry.

#11 - Fort Churchill Senator Glaser said he feels this project has a higher priority than the previous one because Fort Churchill needs to be protected. Mr. Meder said that there is \$20,000 in this project for interpretative overload which could be foregone.

(#11 Fort Churchill - budget action continued)

Senator Gibson moved that this project be approved to the extent of matching to obtain the federal funds (\$61,452).

Seconded by Senator Glaser.

Motion carried.

Senators Wilson and McCorkle absent.

Senator Jacobsen asked if honor camps could be used to assist in the stabilization. Mr. Meder said they can be used somewhat.

#12 - Beaver Dam Senator Lamb suggested that the honor camp could be extensively used for this project.

Senator Jacobsen moved that this project be approved for materials and technical requirements only.

Seconded by Senator Glaser.

Motion carried.

Senators Wilson and McCorkle absent.

#13 - Berlin-Ichthyosaur Mr. Meder mentioned that this site is about 3 hours from an urban center.

Senator Gibson moved that this project be eliminated.

Seconded by Senator Echols.

Motion carried.

Senator Wilson absent.

#14 - Lahontan Master Plan Mr. Meder said they could get along without this master plan.

Senator Gibson moved that this project be eliminated.

Seconded by Senator Echols.

Motion carried.

Senator Wilson absent.

Consultant Contract Costs Mr. Meder mentioned that these figures will be revised and submitted to the Finance Committee.

Meeting adjourned at 9:50 a.m.

Respectfully submitted,


Carolyn Y. Mann, Secretary

APPROVED:


Floyd R. Lamb, Chairman

INTRODUCTION

ATTACHMENT A

This presentation relates to the Maternal and Child Health Budget, number 3222, found on page 262 of the Executive Budget. This presentation is to request that the budget being finalized by the Legislature be changed to reflect additional staffing requirements for Crippled Children's Services. No additional funds are being requested. The reasons for this change are as follows:

1. Prior to my association a year ago with the Health Division as Chief of the Bureau of Children's Health Services, a contract had been negotiated with Nevada Blue Shield to act as fiscal agent for the CCS Program. This was an effort to solve the delay in claims payment problem that had been recognized as a major threat to program integrity. On March 5, 1979, Nevada Blue Shield served notice that they were terminating their contract as of June 30, 1979.
2. Since my association with the Division a year ago, I have been analyzing the CCS Program, delineating problem areas and attempting to establish procedures that could solve those many problems within the existing system and existing contractual arrangements with Nevada Blue Shield.
3. It required almost a year's experience working within the established system and with Nevada Blue Shield to reach the definitive conclusion that Nevada Blue Shield could not perform the claims review and payment procedure without assuming full case management responsibilities. Nevada Blue Shield estimates that a ^{limited} case management system sufficient to perform the claims review and payment functions and under their auspices would more than double

their contracted cost from the present \$36,000 per year to well over \$75,000.

4. Even should Nevada Blue Shield expand their management capabilities, this would not eliminate the problem. As the State Agency is required to maintain case records, determine client medical and administrative eligibility and to monitor the services as to medical necessity, appropriateness and quality, at least partial duplication of staff, staff functions and records would persist as a necessity.

5. When the 1980-1981 budget was initially prepared, a definitive conclusion as to the unworkability of the current system and the hard data to back up that conclusion was not yet available. It was not until late January of this year that it could be concluded that the program was unmanageable under the existing system and that the Case Management concept with the State Agency playing the major role was the only cost-effective means of competently managing this complex program without duplication of management functions.

WHAT IS PROPOSED

It is proposed that the State CCS Program be organized along a Case Management (or Case Manager) concept. Prior to the contract with Nevada Blue Shield, the program was continually 1½ to 2 years behind in claims payment--with resultant profound provider unrest. No monitoring was taking place as to the necessity, appropriateness or quality of care received;

no assurance was possible that children under the program were receiving all the services they required, if the same services were rendered, billed or paid repetitively and, of equally serious import, the program was paying billed charges for in-patient (hospital) care which is not in conformance with the regulations requiring comparability to Title XVIII (Medicare) allowances.

The State Agency, with a limited staff of only four persons at that time contracted with Nevada Blue Shield in an effort to solve the only problem that was recognized at that time--the long delay in claims payment.

Evaluation of the contract performance in relation to program parameters over the past year disclosed that there were many more than just one problem and much more trouble than just delay in claims payment. The problems identified were many. For example, by regulation and by statute, medical services must be pre-authorized and each/medical professional services must be accompanied by a report describing those services. Professional review of these reports is an important element in judging the necessity and appropriateness to the eligible condition of the service rendered as well as of its quality. The program must withhold claims payment until these authorization and review activities have been accomplished. The lack of good management capability, partially due to lack of staff and partially due to lack of the case management capability, contributed to the long delays in claims payment that persisted even under Nevada Blue Shield's semi-automated system. No one was singly knowledgeable about any one client's record and needs--all management and professional components of the individual's needs and care were fragmented. The

integration and coordination of all aspects of care and its management that are necessary, not just to fiscal responsibility, but also to the modern, holistic approach to the diagnosis, treatment, and habilitation or rehabilitation of the crippled child, can be accomplished under the proposed case management system. In my opinion, this can only benefit the child, the provider of services, and the program.

The Case Management concept we are proposing is not new and unproved. California has been using a similar system successfully in their CCS Program for the past ten years. Dr. Carr, the State Health Officer, attended the National Public Health Association meeting last week and the subject of Case Management systems was discussed as a major agenda item. HEW is concerned over the lack of case management by all states-- it just appears that for once, we in Nevada were thinking a bit ahead in the Crippled Children's Program.

I am asking for three additional ~~Case Management~~ positions for Case Managers and one position for a Senior Account Clerk. Funding is to be within the current recommended budget--no additional funds are requested.

I have put together a package which gives the more important requirements of the program and these are available for your review.

- Attachment 1- Outlines the Program Parameters
- Attachment 2- Proposed Budget Changes within the Governor's recommended budget
- Attachment 3- Organizational Chart
- Attachment 4- Job Descriptions
- Attachment 5- Services Peculiar to CCS
- Attachment 6- Advantages of Case Management System

Attachment B

- Tab 1 - Outline of the CCS program parameters
- Tab 2 - Proposed Budget changes within the Governor's recommended Budget and back-up.
- Tab 3 - Organizational Chart
- Tab 4 - Job Descriptions
- Tab 5 - Services peculiar to CCS
- Tab 6 - Advantages of Case Management

PROGRAM PARAMETERS

I. Age 0-21

Actually can begin with conception (amniocentesis, genetic counseling, etc.)

II. Services

1. Clark and Washoe County Clinics

- a. Orthopedic
- b. Heart
- c. R.F.
- d. Cleft Palate
- e. Anticipate Metabolic, Cystic Fibrosis Clinics.

2. Intensive Care Services

3. Physicians and other fee-for-service health practitioners:

Office visits - diagnostic & therapeutic
Hospitalization - diagnostic & treatment fees
Surgery
Laboratory
X-ray
Physiotherapy
Psychiatric/psychological
Speech pathology
Audiology
Dental
Prosthetics - hearing aids, braces, special shoes, casting,
Prosthetics, limbs, eyes, etc.
Orthodontia

4. Transport Services - ground ambulance
air ambulance
Emergency air transport teams

5. Hospitalization

6. Highly specialized out-of-state diagnostic and treatment facilities
(UC San Diego, UCSF, Burn Center, etc.)

III. Medical Eligibility - It is important to understand that medical eligibility is predicated upon the existence of one or more medical conditions that constitute an organic disease or defect which is amenable to cure or amelioration by appropriate treatment and which, untreated, may hinder the achievement of normal growth and development. CCS can pay, wholly or partially, the costs of care that are directly related to the eligible diagnostic condition but not for the care of non-eligible conditions or illness the client may develop.

IV. Administrative Eligibility:

1. Diagnostic Services

- a. Free, except for third party payors, to all regardless of economic status.
- b. A presumptive diagnosis that is medically eligible.

2. Treatment Services

- a. Available to those who would not otherwise receive it because they are from low-means families or for other reasons beyond their control.
- b. Third party payors a primary resource.
- c. Cost sharing arrangements.
- d. Applicable only to conditons that are medically eligible and offer a reasonable possibility of cure or amelioration.

BUDGET #3222

Category	Descriptions	79/80 Gov. Rec.	Rec. Change	79/80 Revised Total	80/81 Gov. Rec.	Rec. Change	80/81 Revised Total
01	Salaries	515,249	+ 42,483	557,732	525,712	+ 47,667	573,379
	Industrial Insurance	6,906	569	7,475	8,101	734	8,835
	Retirement	41,220	3,399	44,619	42,057	3,813	45,870
	Per Assessment	4,637	382	5,019	4,731	429	5,160
	Group Insurance	21,384	2,420	23,804	26,532	3,000	29,532
	Payroll Assessment	1,030	85	1,115	1,051	95	1,146
	Unemployment Comp.	2,061	170	2,231	2,103	191	2,294
	Longevity	666	0	666	1,666	0	1,666
	Total	593,153	+ 49,508	642,661	611,953	+ 55,929	667,882
12	Medical Care	2,308,164	(31,508)	2,276,656	2,532,180	(35,929)	2,496,251
	Blue Shield Contract	36,000	(18,000)	18,000	40,000	(20,000)	20,000
	Total	2,344,164	(49,508)	2,294,656	2,572,180	(55,929)	2,516,251

New Positions Being Requested

			79/80	80/81
CCS Medical Mgt. Specialist	3	(28.1)*	33,495	38,280
Senior Account Clerk	1	(23.1)	8,988	9,387
Retirement			3,399	3,813
Industrial Insurance			569	734
Group Insurance			2,420	3,000
Personnel Assessment			382	429
Payroll Assessment			85	95
Unemp. Compensation			170	191
Total Salary/Fringe			+49,508	+ 55,929

*CCS Medical Management Specialist will be a two level position. First level (28.1) is proposed as a trainee position with progression to level 1 (Grade 30.1) after one year of successful performance at the trainee level.

ATTACHMENT 1

2035

EXHIBIT B

CCS CASE MANAGEMENT

EX HIBIT B

1. Source of Funding

Funds will have to come from those identified for direct medical services. This would be Category 12, Budget #3222. There are no extra funds available. The administrative costs using FY 78 medical expenditures as a base would be approximately 10.7 percent. By comparison, the State of California CCS administration for their northern counties serving a population slightly larger than Nevada is 16 percent.

2. Use of Nevada Blue Shield, Aetna or similar agency.

The Bureau plans to continue to use an agency such as NBS or Aetna for the purpose of printing checks with remittance advice and procedure codes (based on input from CCS), preparation of reports (see attached sheet) plus participate in their audit of hospital charges throughout the State to assure that CCS payments do not exceed Title XVIII (MEDICARE) limitations. Federal law mandates that charges paid for inpatient be audited cost and not exceed Title XVIII limitations. The State Agency does not have the capability to perform the annual audits nor the mechanism to recapture funds if overpayment has been made or make reimbursement to hospital if payments have been less than the allowable.

3. Case Manager Load

The State Agency is basing staffing requirements on workload patterns used in the California CCS the past ten years. They have a criteria of 550-600 cases per case manager and consider 600 to be excessive. Not knowing how much activity is required for each individual case in Nevada, we initially plan to staff based on one case manager per 900 active cases.

Active cases in Bureau*	3,650
Current staff available for CM	2
Cases per current staff member	1,825
Proposed case mgt. staff	4
Cases per proposed staff member	900

*Based on count of those with activity the past 12 months.

4. Accounting Workload

Currently the CCS staff has one account clerk. Prior to entering into NBS contract this individual had responsibility for coding and paying all claims. The State Agency was approximately 1½ to 2 years in arrears. With Nevada Blue Shield cancelling their contract, another individual is required. The accountant, on the average codes & pays one medical claim every 30 minutes. By having case managers review medical claims, identify non-allowable costs and perform the medical coding, it is planned to have the accountants process one bill every 15 minutes on the average. A random sample of one month indicates 1,354 medical claims were received--an average of 58.8 per work day. Two accountants processing at the rate of one claim every 15 minutes can process a total of 60 per day. (4 per hour for 7.5 hours per day).

5. Changes in existing Work Performance Standards

Existing work performance standards on two positions (Management Assistant II and Administrative Aide I) will have to be revised to reflect the responsibilities of case management. This is more extensive than the current responsibilities. Work Performance Standards will be revised to become effective not later than July 1, 1979.

6. Upgrades

Two currently authorized positions (Management Assistant III, Grade 27; and Administrative Aide, Grade 21) would have to be upgraded to make all case managers positions consistently equal.

7. The current staff will have to compete along with any other potential eligible candidates if experience indicates a new series is required. It is anticipated that certain current staff members would not qualify for a higher position. The immediate impact is that any employee may request an upgrade. As previously mentioned it is hoped to delay this type of action until experience is gained.

CCS COMPUTER GENERATED REPORTS**

EX HIBIT B

1. Recipient master listing.
2. Activity summary by patient.
3. Other paid summary (Carrier and amount paid).
4. Provider profile (Billed vs amount paid).
5. Patient profile (Amount billed vs paid).
6. Analysis by medical condition (ICDA, new cases, old cases, hospital patient days, M.D. visits, cost per patient).
7. Federal Report (ICDA, sex, age groupings, conditions; served).***
8. Financial Analysis (Payments and revenues by hospital, revenues show SAMI, insurance, family share).
9. Provider master listing (List of medical providers who agree to participate and accept CCS mandates).
10. Expenditures and participants by county.

**Nevada Blue Shield computer is programmed to capture this data.

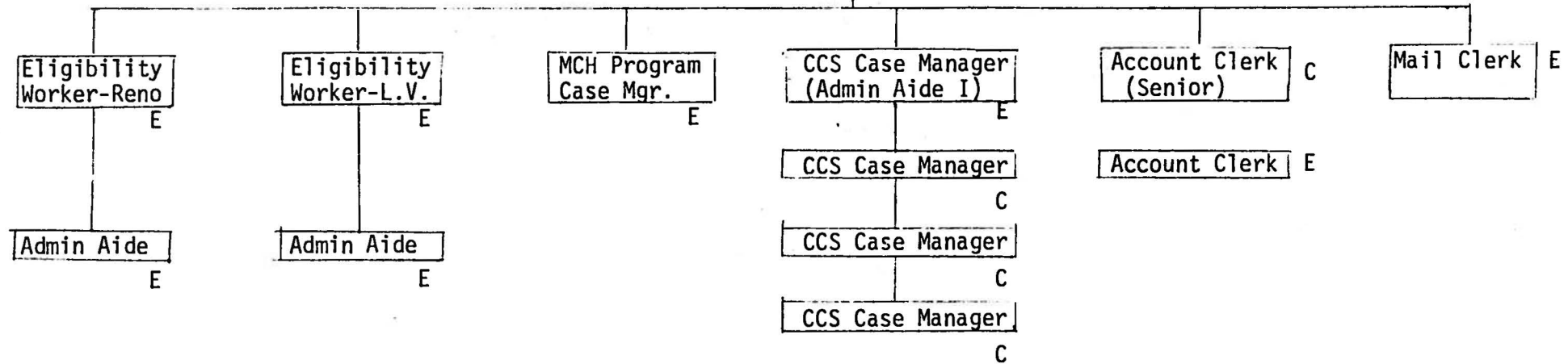
***This provides data to the mandatory National Public Health Reporting System which is a basis for determining funding and used by HEW in congressional hearings for budget preparation.

CHIEF, BUREAU OF
CHILDREN'S HEALTH SERVICES

MCH SERVICES

CRIPPLED CHILDREN'S
SERVICES

CCS CASE MANAGER SUPERVISOR
(Management Ass't. III) E



E - Existing Positions

C - Proposed Contract Positions

COPYS—
Green—Personnel
Yellow—Budget
White—Agency
White—Agency
White—Employee

BUDGET #3222

STATE OF NEVADA—NPD-19

3336

WORK PERFORMANCE STANDARDS • POSITION DESCRIPTION WORKSHEET

Page 1-5
Trainer

38, 39

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Name.....Pos. Control No. 40,.....

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

Current Class... New Positions.....

Dept./Div. DHR, Health, MCSH, CCS.....

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
Compliance with NRS 442 and HEW, Title V regulations; Section 1615 of SSA as amended by PL 94-566.	.	Under close supervision learns to process:	
I. Case Management	25%	1. New Applications a. Review for completeness, administrative correctness, duplication. b. Determine if presumptive eligible condition exists in accordance with state policies. c. Medical coding, use of ICDA-9. d. Estimate cost of care. e. Determine sharing; check to determine third party liability, e.g., SAMI, CHAMPUS, private insurance, court action, etc. f. Check for provider agreement, send to provider if necessary, maintain tickler file. g. Issue authorization to appropriate physician or hospital. h. Set up chart. i. Coordinate arrangement of appointments. j. Assure that all necessary services are obtained in an appropriate manner.	1. No more than ten isolated errors for A-K every 100 cases processed. No more than six validated complaints from providers or patients over a six month period.

Medical Management Specialist Trainer
4. 28

This Work Performance Standard/Position Description Worksheet, jointly agreed upon by (employee).....and supervisor..... will be used as criteria for evaluating performance and/or position classification. It is further understood that these assignments may be modified with concurrence of the employee, the immediate supervisor and the appointing authority.

.....
Employee Signature Date

[Signature] MD 4/20/25
Supervisor's Signature Date

[Signature] 4/20/25
Appointing Authority's Signature Date

3041

EN 11811 B

COPYS—
 Green—Personnel
 Yellow—Budget
 White—Agency
 White—Agency
 White—Employee

WORK PERFORMANCE STANDARDS © POSITION DESCRIPTION WORKSHEET

Page 2 of 5
 Tricee

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
 TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Name.....Pos. Control No.....

Current Class.....

Dept./Div.....

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

—USE THIS PORTION FOR RECLASSIFICATION ONLY—

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
	25%	k. Check for possible SSI eligibility. 2. Updated Applications a. Review for completeness, administrative correctness. b. Review & list all medical eligible conditions for coding; code. c. Review diagnostic evaluations, reports & other medical records & determine if medical eligible condition still exists. d. Determine sharing; check to see if SAMI eligible, other third party. e. Estimate cost of care. f. File. g. Authorizations.	2. No more than ten isolated errors for A-G every 100 cases processed. No more than six validated complaints from providers or patients over a six month period.
	50%	3. On-Going Active Cases a. Review authorization request for service. b. Request, assure receipt, file, review of medical reports. c. Determine if service requested is already covered by a prior authorization which is still in force.	3.1 No more than ten isolated errors for A-P every 100 cases processed. No more than six validated complaints from providers or patients over a six month period.

This Work Performance Standard/Position Description Worksheet, jointly agreed upon by (employee).....and supervisor..... will be used as criteria for evaluating performance and/or position classification. It is further understood that these assignments may be modified with concurrence of the employee, the immediate supervisor and the appointing authority.

.....
 Employee Signature Date

R. R. [Signature] 4/20/77
 Supervisor's Signature Date

Joe [Signature] 4/20/77
 Appointing Authority's Signature Date

2842

EXHIBIT B

COPIES—
 Green—Personnel
 Yellow—Budget
 White—Agency
 White—Agency
 White—Employee

WORK PERFORMANCE STANDARDS © POSITION DESCRIPTION WORKSHEET

Page 3 of 5
T. [unclear]

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Name.....Pos. Control No.....

Current Class.....

Dept./Div.....

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
		d. Review diagnostic evaluations, reports & other medical records & determine if medical condition still exists. e. Determine if for medical eligible condition. f. If necessary, issue authorization for hospitalization, physical specialist, medical equipment & other equipment & other para-medical services; otherwise inform provider that the service requested already covered under a prior authorization which can be used for billing purposes. g. Monitor hospital stays. h. Refer questionable cases to the supervisor or Bureau Chief. i. Distribute appropriate case materials to providers, county programs, PHN's or other appropriate agencies. j. Arrange for PHN & Social Work involvement if necessary. k. Serve as liaison between authorized physician, hospital, family & CCS office.	

SEE PAGE POSITION FOR THE ASSIGNMENT DUTY

This Work Performance Standard/Position Description Worksheet, jointly agreed upon by (employee).....and supervisor..... will be used as criteria for evaluating performance and/or position classification. It is further understood that these assignments may be modified with concurrence of the employee, the immediate supervisor and the appointing authority.

Employee Signature

Date

Supervisor's Signature

Date

Appointing Authority's Signature

Date

R. [unclear] M.D. 4/20/79

[Signature] 4/20/79

EXHIBIT B

2043

WORK PERFORMANCE STANDARDS © POSITION DESCRIPTION WORKSHEET

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
 TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Name.....Pos. Control No.....

Current Class.....

Dept./Div.....

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
		1. Act as liaison between provider & CCS on questions regarding payment. m. Maintain date file for receipt of needed information or actions required to complete action on authorizations or medical claims. n. Record all actions on narrative sheet. o. Close case when appropriate. p. Initial processing of claims & assemble data for final review, CRVS coding & payment by: 1. Determining if services provided were authorized. 2. Check name on bill to make sure it is in right chart. 3. Assembling (or requesting if missing) all necessary medical reports, claims with CRVS numbers, insurance payment information, discharge summaries, blood gas reports, etc., to support the claim. In the event of radiology, pathology, wheel-chairs, prescriptions, braces, etc., need to check prescription copy by physician to	

This Work Performance Standard/Position Description Worksheet, jointly agreed upon by (employee)..... and supervisor..... will be used as criteria for evaluating performance and/or position classification. It is further understood that these assignments may be modified with concurrence of the employee, the immediate supervisor and the appointing authority.

.....
 Employee Signature Date Supervisor's Signature Date Appointing Authority's Signature Date

2044

EXHIBIT D

Green—Personnel
 Yellow—Budget
 White—Agency
 White—Employee

WORK PERFORMANCE STANDARDS • POSITION DESCRIPTION WORKSHEET

*Page 5-5
Finance*

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Name.....Pos. Control No.....

Current Class.....

Dept./Div.....

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

—USE THIS PORTION FOR RECLASSIFICATION ONLY—

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
		verify services requested and billed. 4. Assure that ICDA codable Dx on bill or as submitted is identical to definitive ICDA code for CCS eligible condition(s). 5. Assure that services billed are consistent, necessary and appropriate to CCS eligible condition. 6. Check service date on bill to see if it is in the active time frame of the CCS application. 7. Check to see if child also on SAMI, verify SAMI eligibility, if eligible send the claim back to provider with instructions. 8. Assure claim has not already been paid. 9. Make sure bill is complete and not just "balance due". 10. Code definitive diagnosis per ICDA-9. q. Recognize that a particular procedure/service is not necessary or appropriate to the medical eligible condition.	q. Trainee is capable of recognizing potential problem areas with no more than a ten percent error rate and bringing problem areas to attention of supervisor.

This Work Performance Standard/Position Description Worksheet, jointly agreed upon by (employee).....and supervisor..... will be used as criteria for evaluating performance and/or position classification. It is further understood that these assignments may be modified with concurrence of the employee, the immediate supervisor and the appointing authority.

2045

.....
Employee Signature Date

F. Brubaker MD 4/20/79
Supervisor's Signature Date

[Signature] 4/20/79
Appointing Authority's Signature Date

EXHIBIT B

BUDGET # 3222

STATE OF NEVADA—NPD-19

3336

Page 1-4
Level 1

COPYS—
Green—Personnel
Yellow—Budget
White—Agency
White—Agency
White—Employee

WORK PERFORMANCE STANDARDS • POSITION DESCRIPTION WORKSHEET

38, 39

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Name.....Pos. Control No. 40.....

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

Current Class New Positions

Dept./Div. DHR, Health, MCSH, CCS

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
<p>Compliance with NRS 442 and HEW Title V regulations; Section 1615 of SSA as amended by PL 94-566.</p> <p>1. Case Management</p> <p><i>Medical Management Specialist 1.30</i></p>	25%	<p>At the journeyman level under general supervision:</p> <ol style="list-style-type: none"> 1. New applications <ol style="list-style-type: none"> a. Review for completeness, administrative correctness, duplication b. Determine if presumptive eligible condition exists in accordance with state policies. c. Medical coding, use of ICDA-9. d. Estimate cost of care. e. Determine sharing; check to determine third party liability, e.g., SAMI, CHAMPUS, private insurance, court action, etc. f. Check for provider agreement, send to provider if necessary, maintain tickler file. g. Issue authorization to appropriate physician or hospital. h. Set up chart. i. Coordinate arrangement of appointments. j. Assure that all necessary services are obtained in an appropriate manner. 	<p>1 No more than 5 isolated errors for every 100 cases processed.</p> <p>A-K No more than six validated complaints from providers or patients over a six month period.</p>

2046

EXHIBIT B

COPIES—
 Green—Personnel
 Yellow—Budget
 White—Agency
 White—Agency
 White—Employee

WORK PERFORMANCE STANDARDS • POSITION DESCRIPTION WORKSHEET

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
 TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Name.....Pos. Control No.....
 Current Class.....
 Dept./Div.....

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
	25%	k. Check for possible SSI eligibility. 2. Updated Applications a. Review for completeness, administrative correctness. b. Review & list all medical eligible conditions for coding; code. c. Review diagnostic evaluations, reports & other medical records & determine if medical eligible condition still exists. d. Determine sharing; check to see if SAMI eligible, other third party. e. Estimate cost of care. f. File. g. Authorizations.	2 No more than five isolated errors A-G for every 100 cases processed. No more than 6 validated complaints by providers/patients over 12 month period.
	50%	3. On-Going Active Cases a. Review authorization request for service. b. Request, assure receipt, file, review of medical reports.	3 No more than five isolated errors for A-P every 100 cases processed. No more than 6 validated complaints by provider/patients over 12 mo. period.

This Work Performance Standard/Position Description Worksheet, jointly agreed upon by (employee).....and supervisor..... will be used as criteria for evaluating performance and/or position classification. It is further understood that these assignments may be modified with concurrence of the employee, the immediate supervisor and the appointing authority.

Robert M. MD 4/20

Janet Cohen 4/20/19

EX HIC B L

Personnel
 Budget
 Agency
 Agency
 Employee

WORK PERFORMANCE STANDARDS • POSITION DESCRIPTION WORKSHEET

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
 TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Name.....Pos. Control No.....

Current Class.....

Dept./Div.....

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
		<ul style="list-style-type: none"> c. Determine if service requested is already covered by a prior authorization which is still in force. d. Review diagnostic evaluations, reports & other medical records & determine if medical condition still exists. e. Determine if for medical eligible condition. f. If necessary, issue authorization for hospitalization, physical specialist, medical equipment & other equipment & other paramedical services; otherwise inform provider that the service requested already covered under a prior authorization which can be used for billing purposes. g. Monitor hospital stays. h. Refer questionable cases to the supervisor or Bureau Chief. i. Distribute appropriate case materials to providers, county programs, PHNs or other appropriate agencies. j. Arrange for PHN & Social Work involvement if necessary. 	

EXHIBIT B

This Work Performance Standard/Position Description Worksheet, jointly agreed upon by (employee).....and supervisor..... will be used as criteria for evaluating performance and/or position classification. It is further understood that these assignments may be modified with concurrence of the employee, the immediate supervisor and appointing authority.

R. Marshall MD 4/20

Dee Cole 4/24

8048

COPYS—
 Green—Personnel
 Yellow—Budget
 White—Agency
 White—Agency
 White—Employee

STATE OF NEVADA—NPD-19

3336

Page 4-6
 Sub 1

WORK PERFORMANCE STANDARDS • POSITION DESCRIPTION WORKSHEET

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
 TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Name.....Pos. Control No.....

Current Class.....

Dept./Div.....

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
		k. Serve as liaison between authorized physician, hospital, family & CCS office. l. Act as liaison between provider & CCS on questions regarding payment. m. Maintain date file for receipt of needed information or actions required to complete action on authorizations or medical claims. n. Record all actions on narrative sheet. o. Close case when appropriate. p. Initial processing of claims & assemble data for final review, CRVS coding & payment by: <ol style="list-style-type: none"> 1. Determining if services provided were authorized. 2. Check name on bill to make sure it is in right chart. 3. Assembling (or requesting if missing) all necessary medical reports, claims with CRVS numbers, insurance payment information, discharge summaries, blood gas reports, etc., to support the claim. In the event of radiology, pathology, wheel- 	

THIS PORTION FOR BFCI REGISTRATION ONLY

EX H.B. 118

This Work Performance Standard/Position Description Worksheet, jointly agreed upon by (employee).....and supervisor..... will be used as criteria for evaluating performance and/or position classification. It is further understood that these assignments may be modified with concurrence of the employee, the immediate supervisor and the appointing authority.

2049

M. J. ...

COPYS—
 Green—Personnel
 Yellow—Budget
 White—Agency
 White—Agency
 White—Employee

WORK PERFORMANCE STANDARDS • POSITION DESCRIPTION WORKSHEET

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
 TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Name.....Pos. Control No.....

Current Class.....

Dept./Div.....

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
		chairs, prescriptions, braces, etc., need to check prescriptions copy by physician to verify services requested and billed. 4. Assure that ICDA codable Dx on bill or as submitted is identical to definitive ICDA code for CCS eligible condition(s). 5. Assure that services billed are consistent, necessary and appropriate to CCS eligible condition. 6. Check service date on bill to see if it is in the active time frame of the CCS application. 7. Check to see if child also on SAMI, verify SAMI eligibility, if eligible send the claim back to provider with instructions. 8. Assure claim has not already been paid. 9. Make sure bill is complete and not just "balance due". 10. Code definitive diagnosis per ICDA-9.	

This Work Performance Standard/Position Description Worksheet, jointly agreed upon by (employee).....and supervisor..... will be used as criteria for evaluating performance and/or position classification. It is further understood that these assignments may be modified with concurrence of the employee, the immediate supervisor and the appointing authority.

.....
 Employee Signature Date

[Signature] 4/20
 Supervisor's Signature Date

[Signature] 4/20/9
 Appointing Authority's Signature Date

2050

EXHIBIT B

COPYS—
 Green—Personnel
 Yellow—Budget
 White—Agency
 White—Agency
 White—Employee

047
 Page 6-6
 Level 1

WORK PERFORMANCE STANDARDS • POSITION DESCRIPTION WORKSHEET

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
 TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Name.....Pos. Control No.....

Current Class.....

Dept./Div.....

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
		q. Recognize that a particular procedure service is not necessary or appropriate to the medical eligible condition.	q. At level 1 case manager is capable of making an unassisted determination 95% of time that a medical procedure is appropriate/nonappropriate as relates to the eligible condition.

This Work Performance Standard/Position Description Worksheet, jointly agreed upon by (employee).....and supervisor..... will be used as criteria for evaluating performance and/or position classification. It is further understood that these assignments may be modified with concurrence of the employee, the immediate supervisor and the appointing authority.

Employee Signature

Date

Supervisor's Signature

Date

Appointing Authority's Signature

Date

0051

EXHIBIT B

Personnel
Yellow—Budget
White—Agency
White—Employee

WORK PERFORMANCE STANDARDS • POSITION DESCRIPTION WORKSHEET

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Name..... Pos. Control No. 41

Current Class. New Position

Dept./Div. DHR, Health, MCSH, CCS

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
Compliance with Federal and State Guidelines which regulate services to CCS.		<p>1.1 At the Journeyman level has Statewide responsibility for CCS payment process which involves:</p> <ul style="list-style-type: none"> a. Detailed review of medical hospital & professional claims to identify & determine the allowable charges. b. Process provider bills for payment by determining the amount of payment to be made through analysis of billing claims and use of Relative Value Scales. c. Provides apyment information on input document & submits to supervisor as required. <p>1.2 At journeyman level has statewide responsibility for CCS payment quality controls which include:</p> <ul style="list-style-type: none"> a: Resolves with the medical provider differences of actual payment versus billed charges. 	<p>1.1 Process, on an average, one medical claim every 15 minutes. No more than five validated payment errors for every 200 bills processed. (Error rate not to exceed 2½ percent</p> <p>A-C</p> <p>1.2 No more than one valid complaint per six month period from providers concerning performance of senior account clerk by providers</p> <p>A-C</p>

In Account Clerk In 23

This Work Performance Standard/Position Description Worksheet, jointly agreed upon by (employee).....and supervisor..... will be used as criteria for evaluating performance and/or position classification. It is further understood that these assignments may be modified with concurrence of the employee, the immediate supervisor and the appointing authority.

Employee Signature: *[Signature]* Date: *[Date]*
 Supervisor's Signature: *[Signature]* Date: *[Date]*

2052

EXHIBIT B

YS—
 Personnel
 Budget
 Agency
 White—Agency
 White—Employee

BUDGET # 3222

STATE OF NEVADA—NPD-19

0-17

page 2
 WORK PERFORMANCE STANDARDS • POSITION DESCRIPTION WORKSHEET

POSITION DESCRIPTION/WORK PERFORMANCE STANDARDS
 TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Describe fully the work performed. Make the description so plain that anyone reading it will understand exactly what is done. Show by using hours, days, or percentage, the amount of time spent on each part of the job. Indicate guides and policies followed for each duty listed. Identify the most complex and/or difficult and/or responsible portion of work. List any special equipment used on the job. Be sure to indicate what parts of your work are supervised; by whom; and for what purpose. Whom do you supervise? USE ADDITIONAL SHEETS AS NECESSARY.

Name.....Pos. Control No.....

Current Class.....New position.....

Dept./Div.....DHR., Health., MCSH., CCS.....

PRINCIPAL ASSIGNMENTS (What duties are performed)	TIME	SPECIFICS OF ASSIGNMENT (Who, when, where, and how)	PERFORMANCE STANDARDS (What degree of timeliness, manner of performance, quality and quantity)
		b. Adjudicates fee schedules. c. Provides in conjunction with case managers technical assistance to clients, providers, eligibility workers and PHN's. 2. Responsible for training, supervision and providing technical assistance to Account Clerk in areas of: a. Processing of provider claims b. Use and interpretation of Relative Value Scale	2 Submit to supervisor information A-Bregarding CAII evaluation of work upon request. Error rate of account clerk which are attributable to lack of training, supervision and monitoring by Senior Account Clerk do not exceed 2% of total bills paid.

This Work Performance Standard/Position Description Worksheet, jointly agreed upon by (employee).....and supervisor..... will be used as criteria for evaluating performance and/or position classification. It is further understood that these assignments may be modified with concurrence of the employee, the immediate supervisor and the appointing authority.

Employee Signature

Date

Supervisor's Signature

Date

Appointing Authority's Signature

Date

2053

EXHIBIT 2

PROCEDURAL REQUIREMENTS AND SERVICES PECULIAR TO CRIPPLED CHILDREN PROGRAM

- a. Prior authorization of medical services.
- b. Sharing of costs by parents.
- c. Clinics staffed by contract physicians and other professionals.
- d. Discriminate between diagnostic and treatment services.
- e. More stringent provider requirements (must be board eligible or certified).
- f. Required to supply case management.
- g. Title XIX (SAMI) is required to refer joint eligibles to CCS for case management.
- h. Integration and inter-referral between CCS and SSI/DCP for case management.
- i. Medical coverage limited to a specified medically eligible condition.
- j. Extensive need for professional judgemental decision making.
- k. Extensive manual prepayment and postpayment claims review.
- l. Need for medical reports for eligibility determination, claims review and payment, monitoring and case management.

ADVANTAGES OF CASE MANAGEMENT CONCEPT

- a. Ability to develop and integrate Individual Treatment (services) Plan (ITP).
- b. Assure service only for medical eligible conditions and for services that are necessary and appropriate to that condition.
- c. Case manager would be familiar with clinic services (which do not require prior authorization). NBS does not receive this data. Central Office coordinates clinics with District Health Departments.
- d. Would be able to track presumptive eligibility for diagnostic services to assure obtaining of records of final diagnosis to determine eligibility for treatment.
- e. Would be able to track child's treatment to assure providers authorized actually performed services and if performed assure necessary backup obtained for claims payment.
- f. Improve provider relations--face to face visits with high density providers.
- g. Familiarity with child's problem and family status. Ability to case manage (refer to other sources of care services).
- h. Constant check of SAMI cross-over potential. Assure CCS/SAMI cross-over patients are authorized through both agencies.

PARK IMPROVEMENT PROGRAM
1979 - 1981

ATTACHMENT C

<u>PARK</u>	<u>FEDERAL</u>	<u>FEDERAL CUMULATIVE</u>	<u>STATE</u>	<u>TOTAL</u>	<u>GENERAL FUND CUMULATIVE</u>
Washoe Lake	\$199,921	\$ 199,921	\$199,921	\$399,842	\$ 199,921
Red Rock	164,500	364,421	164,500	329,000	364,421
Floyd Lamb	167,194	531,615	167,194	334,388	531,615
Dayton	80,364	611,979	80,364	160,728	611,979
Lake Tahoe	195,630	807,609	195,630	391,257	807,609
Seasonal Residence	NM		82,600	82,600	890,209
Valley of Fire	NM		68,067	68,067	958,276
V&T	NM		49,400	49,400	1,007,676
Lahontan	NM		140,030	140,030	1,147,706
Kershaw-Ryan	35,462	843,071	35,462	70,923	1,183,168
Fort Churchill	61,452	904,523	83,452	144,904	1,266,620
Beaver Dam	26,865	931,388	26,865	53,730	1,293,485
Berlin-Ichthyosaur	45,290	976,678	45,290	90,580	1,338,775
Lahontan Master Plan	NM		23,500	23,500	1,362,275
Consultant	118,725	1,095,403	137,725	256,450	1,500,000

Priority list was established on gas availability