

STATE OF NEVADA

Performance Audit

Department of Veterans Services

2021



Legislative Auditor
Carson City, Nevada

Audit Highlights



Highlights of performance audit report on the Department of Veterans Services issued on May 14, 2021.

Legislative Auditor report # LA22-07.

Background

The Department of Veterans Services (Department) was established in 1943. The mission of the Department is to provide vital and efficient service to and advocate on behalf of veterans, their dependents and survivors; and provide its community and partners the opportunity to contribute in these endeavors. To fulfill its mission, the Department assists veterans with obtaining federal benefits, providing skilled nursing care, providing burial support at the state veterans cemeteries, and helping veterans successfully integrate into Nevada communities. In February 2021, the Department reported over 240,000 veterans residing in Nevada.

The Department administered nine budget accounts, with \$52 million in revenues and \$42 million in expenditures during fiscal year 2020. The Department is primarily funded through resident fees for skilled nursing facilities and General Fund appropriations.

The Department's headquarters are located in Reno, with an administrative office in Las Vegas. The Department also has advocacy offices to assist veterans in Carson City, Elko, Fallon, Las Vegas, Pahrump, and Reno. As of June 30, 2020, the Department had 247 authorized positions, of which 232 were filled.

Purpose of Audit

The purpose of the audit was to determine whether the SNSVH has adequate processes over assisting residents with Medicaid enrollment and other matters, ensuring financial information is reviewed upon admission, and obtaining timely bed holds. This audit included a review of resident accounts during fiscal year 2020 and prior periods for some activities.

Audit Recommendations

This audit report contains five recommendations to improve processes over assisting residents with Medicaid enrollment, ensuring financial information is reviewed upon resident admission, and completing forms timely.

The Department accepted the five recommendations.

Recommendation Status

The Department's 60-day plan for corrective action is due on August 10, 2021. In addition, the 6-month report on the status of audit recommendations is due on February 10, 2022.

Department of Veterans Services

Summary

The Department can provide more assistance to Southern Nevada State Veterans Home (SNSVH) residents. Specifically, the home needs a formalized process for helping with timely enrollment into Medicaid. Untimely enrollment can result in less revenue for the Department and unnecessary debt for disadvantaged veterans. Additionally, a review of potential residents' financial capability prior to admission is needed to ensure residents are able to pay for their care at the home. Admitting residents without adequately considering how services will be reimbursed can affect home operations. Furthermore, the home's bed hold process could be more consistent to ensure a resident can return to his or her room upon return from a hospital visit. Ensuring a resident's space at the home is secure is important for facility compliance with federal regulations and residents' peace of mind.

Key Findings

The Department does not have an established, formalized process for assisting residents with enrollment into Medicaid. As a result, some residents who could have been enrolled into Medicaid were not and applications for others were delayed. Since Medicaid covers a portion of the veterans' cost for room and board, untimely enrollment can result in less revenue for the Department and unnecessary debt for disadvantaged veterans. (page 7)

In certain instances, the home did not help residents maximize use of public assistance programs. Our testing also found some residents did not submit applications timely, resulting in delayed enrollment and unpaid room and board charges. For some residents, it took over 140 days to submit an application for Medicaid enrollment. Three residents who may have qualified for Medicaid at some point during their stay at the home were not enrolled into the program and had over \$81,000 remaining due upon discharge. (page 8)

Adequate review of potential residents' financial capability is not occurring prior to SNSVH admission, which may lead to residents not being able to pay for their care at the home. Admission guidelines require a verified payment source from potential residents. Our review identified 7 of 26 residents did not have a comprehensive review prior to being admitted to the home. By performing financial reviews of potential residents, SNSVH can reduce potential hardships for residents unable to pay for their care by identifying available assistance programs. Our review of outstanding resident accounts as of June 2020 identified a balance of over \$83,000 in accounts that were 120 days past due for residents without evidence of a comprehensive financial review upon admission. (page 9)

Policies, procedures, or guidelines are not available for financial reviewers to evaluate a potential resident's ability to pay for uninsured care at the home. Staff indicated guidelines for financial review did not exist. Even though staff obtained financial documentation, including bank statements and tax returns, an evaluation of the resident's ability to pay was not performed. (page 9)

The Department's process for holding a resident's bed when they temporarily leave the home could be more consistent. When a resident is transferred out to a hospital, a bed hold form should be completed. We found bed hold forms are not always obtained timely for SNSVH resident transfers. We tested 24 of 152 residents who were transferred to a hospital in fiscal year 2020. We found 3 of the 24 residents did not receive a bed hold authorization form when transferred, and another 9 were untimely. (page 10)

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This report contains the findings, conclusions, and recommendations from our performance audit of the Department of Veterans Services. This audit was conducted pursuant to the ongoing program of the Legislative Auditor as authorized by the Legislative Commission. The purpose of legislative audits is to improve state government by providing the Legislature, state officials, and Nevada citizens with independent and reliable information about the operations of state agencies, programs, activities, and functions.

This report includes five recommendations to improve processes over assisting residents with Medicaid enrollment, ensuring financial information is reviewed upon resident admission, and completing forms timely. We are available to discuss these recommendations or any other items in the report with any legislative committees, individual legislators, or other state officials.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Daniel Crossman", with a long horizontal flourish extending to the right.

Daniel L. Crossman, CPA
Legislative Auditor

May 10, 2021
Carson City, Nevada

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Introduction

Background

The Department of Veterans Services (Department) was established in 1943. The mission of the Department is to provide vital and efficient service to and advocate on behalf of veterans, their dependents and survivors; and provide its community and partners the opportunity to contribute in these endeavors. To fulfill its mission, the Department assists veterans with obtaining federal benefits, providing skilled nursing care, providing burial support at the state veterans cemeteries, and helping veterans successfully integrate into Nevada communities. In February 2021, the Department reported over 240,000 veterans residing in Nevada.

The Department's programs include:

- Community Engagement: Provides support to veterans' community councils; wellness, employment, and education outreach events; manages virtual outreach through Nevada VetNet; and provides outreach to at-risk and underserved veterans.
- Nevada State Veterans Homes: Provides medical care and skilled nursing services for veterans and eligible family members. The Southern Nevada State Veterans Home (SNSVH) is a 180-bed facility located in Boulder City, Nevada. The Northern Nevada State Veterans Home (NNSVH) is a 96-bed facility located in Sparks, Nevada.
- Veterans Advocacy and Support Team (VAST): The VAST program assists veterans, service members, and their families in obtaining services, compensation, and government benefits from the U.S. Department of Veterans Affairs (VA).

- Veterans Memorial Cemeteries: The Veterans Memorial Cemeteries provide services to honor veterans, eligible family members, and Gold Star Parents, whose child was killed during active duty, with dignified burial and final resting places. The Department maintains and cares for 120 acres of burial grounds located in Boulder City and Fernley, Nevada.

Budget and Staffing

The Department administered nine budget accounts, with \$52 million in revenues and \$42 million in expenditures during fiscal year 2020. The Department is primarily funded through resident fees for skilled nursing facilities and General Fund appropriations. Exhibit 1 shows the Department's fiscal year 2020 revenues and expenditures.

**Revenues and Expenditures
Fiscal Year 2020**
Exhibit 1

Revenues	Department	SNSVH	NNSVH	Gift Accounts	Totals
Veterans Affairs	\$ -	\$11,077,093	\$ 3,352,567	\$ -	\$14,429,660
Federal Funds	70,711	1,177,467	10,115,056	-	11,363,234
Beginning Cash	-	5,266,731	909,984	1,264,285	7,441,000
Medicaid	-	5,504,278	-	-	5,504,278
Private Pay	-	4,288,916	-	-	4,288,916
State Appropriations	2,359,585	-	334,727	-	2,694,312
Transfers	449,778	-	1,157,547	-	1,607,325
Cemetery	1,564,479	-	-	-	1,564,479
Other Revenues ⁽¹⁾	2,907	366,514	-	1,039,934	1,409,355
Medicare	-	1,222,971	-	-	1,222,971
Hospice	-	497,325	-	-	497,325
Total Revenues	\$4,447,460	\$29,401,295	\$15,869,881	\$2,304,219	\$52,022,855
Expenditures					
Personnel	\$3,420,380	\$13,937,165	\$ 318,557	\$ -	\$17,676,102
Operating, Equipment and Maintenance ⁽²⁾	101,134	6,126,910	4,625,649	-	10,853,693
Reserve for Reversion ⁽³⁾	80,184	-	10,115,550	-	10,195,734
Other Costs ⁽⁴⁾	432,134	1,170,133	128,592	1,033,812	2,764,671
Cemetery	378,980	-	-	87,540	466,520
State Cost Allocations and Assessments	30,461	234,475	-	-	264,936
Total Expenditures	\$4,443,273	\$21,468,683	\$15,188,348	\$1,121,352	\$42,221,656
Differences	\$ 4,187	\$ 7,932,612	\$ 681,533	\$1,182,867	\$ 9,801,199
Less: Reversions to General Fund	(4,187)	-	(681,533)	-	(685,720)
Balance Forwards to Fiscal Year 2021	\$ -	\$ 7,932,612	\$ -	\$1,182,867	\$ 9,115,479

Source: State accounting system.

⁽¹⁾ Other revenues include fees and charges, gifts and donations, insurance recoveries, and interest.

⁽²⁾ Operating costs for NNSVH includes \$4.6 million in contract fees to a third-party management company.

⁽³⁾ Funds primarily relating to the reversion of General Fund monies for the NNSVH construction.

⁽⁴⁾ Other costs include travel and transfers.

The Department's headquarters is located in Reno, with an administrative office in Las Vegas. The Department also has VAST offices to assist veterans in Carson City, Elko, Fallon, Las Vegas, Pahrump, and Reno. The Department had 247 authorized positions, of which 232 were filled as of June 30, 2020.

Southern Nevada State Veterans Home

The Southern Nevada State Veterans Home (SNSVH) provides 24-hour skilled nursing care to eligible veterans, spouses of veterans, and Gold Star Parents. Veterans must comprise 75% of the home's residents. A contracted third-party provides consulting and billing services for the SNSVH. Exhibit 2 provides resident census information for the SNSVH in fiscal year 2020.

SNSVH Resident Census Information Exhibit 2 Fiscal Year 2020

Type	Number of Residents⁽¹⁾
Admissions	215
Discharges	263
Average Length of Stay: 241 Days	

Source: Department records.

⁽¹⁾ Totals include established residents who transfer in or out of the home due to necessity to receive medical care elsewhere.

The SNSVH is certified by the VA, Medicaid, and Medicare. Fees for the SNSVH generally come from the following sources:

- **U.S. Department of Veterans Affairs:** The VA pays a per diem rate of \$109.73 for all veterans at the home. In addition, the VA also pays 100% of the room and board cost for veterans who have a military service-related disability rating of at least 70%.
- **Medicaid:** Medicaid is a joint federal-state assistance program that provides health coverage for certain people with limited income. To qualify, residents must be institutionalized at least 30 days and meet income and asset limitations. Medicaid residents are generally required to pay a portion of room and board fees based on their monthly income.
- **Medicare:** When residents have a qualifying stay, they are generally eligible to receive Medicare benefits for a limited time. The maximum benefit period is 100 days. Medicare covers 100% of the costs up to day 20, and then a co-payment is required for the remaining days up to 100.

- Private Pay: Residents not eligible for any other available program are required to pay for services provided.

Northern Nevada State Veterans Home

NNSVH had its grand opening on October 3, 2019. The NNSVH provides 24-hour skilled nursing care to eligible veterans, spouses of veterans, and Gold Star Parents. The NNSVH is operated by a contracted management company and is overseen by the Department. Exhibit 3 provides resident census information for the NNSVH in fiscal year 2020.

NNSVH Resident Census Information Fiscal Year 2020

Exhibit 3

Type	Number of Residents⁽¹⁾
Admissions	151
Discharges	88
Average Length of Stay: 52 Days	

Source: Department records.

⁽¹⁾ Totals include established residents who transfer in or out of the home due to necessity to receive medical care elsewhere.

Scope and Objective

The scope of our audit included a review of resident accounts during fiscal year 2020 and prior periods for some activities. Our audit objective was to:

- Determine whether the SNSVH has adequate processes over assisting residents with Medicaid enrollment and other matters, ensuring financial information is reviewed upon admission, and obtaining timely bed holds.

This audit is part of the ongoing program of the Legislative Auditor as authorized by the Legislative Commission and was made pursuant to the provisions of NRS 218G.010 to 218G.350. The Legislative Auditor conducts audits as part of the Legislature's oversight responsibility for public programs. The purpose of legislative audits is to improve state government by providing the Legislature, state officials, and Nevada citizens with independent and reliable information about the operations of state agencies, programs, activities, and functions.

Oversight of Certain Southern Nevada State Veterans Home Processes Can Be Enhanced

The Department can provide more assistance to Southern Nevada State Veterans Home (SNSVH) residents. Specifically, the home needs a formalized process for helping with timely enrollment into Medicaid. Untimely enrollment can result in less revenue for the Department and unnecessary debt for disadvantaged veterans. Additionally, a review of potential residents' financial capability prior to admission is needed to ensure residents are able to pay for their care at the home. Admitting residents without adequately considering how services will be reimbursed can affect home operations. Furthermore, the home's bed hold process could be more consistent to ensure a resident can return to his or her room upon return from a hospital visit. Ensuring a resident's space at the home is secure is important for facility compliance with federal regulations and residents' peace of mind.

Better Assistance With Medicaid Enrollment Can Ease Burdens on Residents

The Department does not have an established, formalized process for assisting residents with enrollment into Medicaid. As a result, some residents who could have been enrolled into Medicaid were not and applications for others were delayed. Since Medicaid covers a portion of the veterans' cost for room and board, untimely enrollment can result in less revenue for the Department and unnecessary debt for disadvantaged veterans.

In the past, admissions to the home were mainly based on meeting clinical requirements without much consideration regarding resident financial resources, as discussed later in this report. While the home often recognized whether prospective residents would likely qualify for Medicaid upon admission, assistance with the enrollment process was not consistent among residents. Furthermore, the Department did not always identify

longer-term residents who could qualify for Medicaid after their initial admission into the home.

In certain instances, the home did not help residents maximize use of public assistance programs. Our testing also found some residents did not submit applications timely, resulting in delayed enrollment and unpaid room and board charges. For some residents, it took over 140 days to submit an application for Medicaid enrollment. Three residents who may have qualified for Medicaid at some point during their stay at the home were not enrolled into the program and had over \$81,000 remaining due upon discharge.

Medicaid is a significant revenue source for the home, accounting for about 19% of revenue in fiscal year 2020. Residents can submit applications for Medicaid coverage after 30 days of residing at the home, if they meet income and financial resource requirements. If a resident qualifies, Medicaid covers room and board charges 3 months prior to the application date, making timely submittal of an application essential for ensuring coverage extends as far back as possible.

The home cannot guarantee Medicaid eligibility or coverage, but it can identify and recommend financial assistance when account payments begin to fall behind. While enrollment in Medicaid is the responsibility of the resident and their family or caregivers, it is in the interest of the home to assist with the process. The Department can provide residents with support and assistance including:

- Notifying residents of the Medicaid program;
- Finalizing the Medicaid application;
- Obtaining and submitting required financial documents; and
- Responding to correspondence from the program.

While the home does provide some assistance to residents regarding Medicaid enrollment, it does not have policies and procedures in place to guide staff with the process. A formalized

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Over Ability to
Pay Prior to
Admission Not
Adequate**

process could include establishing follow-up timelines and communicating with veterans and designated financial representatives to obtain required financial information.

Adequate review of potential residents' financial capability is not occurring prior to SNSVH admission, which may lead to residents not being able to pay for their care at the home. Admission guidelines require a verified payment source from potential residents. Our review identified 7 of 26 residents did not have a comprehensive review prior to being admitted to the home.

Policies, procedures, or guidelines are not available for financial reviewers to evaluate a potential resident's ability to pay for uninsured care at the home. Staff indicated guidelines for financial review did not exist. Even though staff obtained financial documentation, including bank statements and tax returns, an evaluation of the resident's ability to pay was not performed.

Admitting residents without considering how services will be reimbursed can result in reduced revenue for the Department and affect home operations. Furthermore, if residents do not have the means to pay for care or they are not enrolled in other programs, veterans may be burdened with debt because a financial analysis was not performed. The Department explained that in September 2020, a process was instituted whereby the contracted third-party billing company will perform some financial analysis. However, the home should monitor and review these analyses prior to admission for adherence to Department guidelines once those are developed.

There are multiple payer options available for residents to be approved for admittance to the home. By performing financial reviews of potential residents, SNSVH can identify available programs that assist with payment, which can reduce potential hardships for residents unable to pay. Our review of outstanding resident accounts as of June 2020 identified a balance of over \$83,000 in accounts that were 120 days past due for residents without evidence of a comprehensive financial review upon admission.

Forms to Hold Rooms Should Be Completed

The SNSVH provides fee-based care, and the ability to pay should be verified as a condition of admission to the home. NRS 353A.020 also requires each agency to develop written procedures to carry out a system of internal account and administrative controls. This includes a system of practices to be followed in the performance of duties and the function of the agency. Specific written guidance from Department management will ensure financial reviews are consistent and adequate for determining a resident's ability to pay for care.

The Department's process for holding a resident's bed when they temporarily leave the home could be more consistent. When a resident is transferred out to a hospital, a bed hold form should be completed. We found bed hold forms are not always obtained timely for SNSVH resident transfers.

We tested 24 of 152 residents who were transferred to a hospital in fiscal year 2020. We found 3 of the 24 residents did not receive a bed hold authorization form when transferred, and another 9 were untimely.

If a resident leaves the home, provisions should be made to ensure the resident is able to return to his or her room. A Bed Hold Notification Agreement must be provided to the resident or resident's representative and completed prior to the transfer. Nevada Revised Statutes and federal guidelines require bed hold forms be obtained in a timely manner.

Staff do not always know when forms should be obtained and electronically filed. Forms to hold a resident's room were not always completed because bed hold forms are a separate paper document, and completed by different personnel. Other transfer activities are completed in the healthcare electronic records system. If paper forms do not get into the resident's electronic file, it could result in a loss of residency at the facility. Our review found forms were not always uploaded into the system timely. In one instance, the form was not placed in the electronic file until 7 months after the transfer.

Skilled nursing facilities that receive revenue from federal programs must comply with many requirements to obtain certification. Ensuring a resident's space at the home is secure is important for facility compliance with federal regulations and residents' peace of mind.

Recommendations

1. Develop a process and policies to assist residents with timely enrollment into Medicaid.
2. Develop guidelines and checklists for determining a resident's financial ability to pay for services prior to admission.
3. Monitor contractor financial reviews of residents' financial capability to ensure adherence to Department guidelines and checklists.
4. Monitor resident transfer-out reports and follow up on any missing bed hold forms.
5. Consider making the bed hold form an electronic form prepared during a transfer out in the electronic records database.

Appendix A

Audit Methodology

To gain an understanding of the Department of Veterans Services (Department), we interviewed staff, reviewed state laws, regulations, and policies and procedures significant to the Department's operations. We also reviewed financial information, prior audit reports, budgets, legislative committee minutes, and other information describing the agency's activities. Furthermore, we documented and assessed the Department's controls related to the Southern Nevada State Veterans Home (SNSVH) Medicaid enrollment, financial reviews of admission, bed holds, and resident assessments.

Our audit included a review of the Department's internal controls significant to our audit objective. Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved. Internal control comprises the plans, methods, policies, and procedures used to fulfill the mission, strategic plan, goals, and objectives of the entity. The scope of our work on controls related to the SNSVH Medicaid enrollment, financial reviews of admission, bed holds, and resident assessments included the following:

- Establishing structure, responsibility and authority, and demonstrating competence (Control Environment);
- Design and implementation of control activities through policy (Control Activities); and
- Performance of monitoring activities (Monitoring).

Deficiencies and related recommendations to strengthen the Department's internal control systems are discussed in the body of this report. The design, implementation, and ongoing

compliance with internal controls is the responsibility of agency management.

To assess the reliability and reasonableness of data stored in the SNSVH healthcare electronic records system, we first verified the completeness of lists obtained by selecting a nonstatistical random sample of 25 fiscal year 2020 transactions from the state accounting system to trace to the SNSVH system. To verify accuracy, we haphazardly selected another 25 fiscal year 2020 transactions from the SNSVH system by alternating selection from each of the four payer sources and traced to the state accounting system. We reviewed the 50 transactions selected to determine reasonableness by checking for duplicates, data entry errors, data that did not match, and illogical information. We determined the data stored in the SNSVH system to be sufficiently complete and reliable for the audit's purposes.

To evaluate whether residents were enrolled in Medicaid, we first obtained accounts receivable reports as of June 30, 2020, for current and discharged residents. We then judgmentally selected the 16 largest Medicaid balances that were over 120 days past due from a population of 295 current accounts. We also judgmentally selected the top 20 largest Medicaid debt balances that were over 120 days past due from a population of 187 discharged accounts.

For the 36 resident accounts selected, we reviewed billing information to determine changes in billing entities. We reviewed resident account data, including admission information, account history notes, billing statements, and Medicaid enrollment dates. We requested and reviewed documentation prepared by SNSVH to identify assistance and follow-up provided by staff to residents with enrollment into Medicaid. We also assessed controls over hospice company contractors. We held discussions with the SNSVH billing contractor and Department contract monitor, examined June 2020 hospice company invoices, and reviewed hospice company contracts for compliance. To verify the accuracy of billing invoices, we compared billed data to information in the SNSVH system.

To determine if residents had financial review, approval, and a verified payer source prior to admission into the SNSVH, we reviewed resident approval forms. To further understand the financial review process, we held discussions with management and staff.

To evaluate the adequacy of controls related to bed holds, we obtained a transfer-out report for state fiscal year 2020 and judgmentally selected two transferred residents from each month. Total transfers for the year equaled 152. We reviewed resident files in the SNSVH system to determine if bed hold forms were filled out in accordance with applicable policies, federal regulations, and state statutes. We also reviewed billings during this time for accuracy and appropriateness.

During the audit, we identified minor internal control deficiencies that were not significant to the audit objective but warranted the attention of Department officials. On April 28, 2021, we issued a letter to the Department communicating the internal control deficiencies we did not include in this report. Those internal control deficiencies related to hospice billings.

We used nonstatistical audit sampling for our audit work, which was the most appropriate and cost-effective method for concluding on our audit objective. Based on our professional judgment and review of authoritative sampling guidance, we believe that nonstatistical sampling provided sufficient, appropriate audit evidence to support the conclusions in our report. We did not project the results of our testing because judgmental sample selections may not be representative of the entire population.

Our audit work was conducted from August 2019 to December 2020. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

In accordance with NRS 218G.230, we furnished a copy of our preliminary report to the Director of the Department of Veterans Services. On April 28, 2021, we met with agency officials to discuss the results of the audit and requested a written response to the preliminary report. That response is contained in Appendix B, which begins on page 16.

Contributors to this report included:

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Appendix B

Response From the Department of Veterans Services

STEVE SISOLAK
Governor



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May 10, 2021

Daniel L. Crossman, CPA, Legislative Auditor
Legislative Council Bureau
401 S. Carson Street
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Mr. Crossman,

The Department of Veterans Services (NDVS) thanks the Nevada Legislative Counsel Bureau Audit Division's staff for their time and assistance over the past year and four months to conduct an audit of the Southern Nevada State Veterans Home's (SNSVH) processes over assisting residents with Medicaid enrollment, ensuring financial information is reviewed upon resident admission, and obtaining timely bed hold forms. The Department always appreciates the opportunity to receive feedback to improve process and enhance efficiencies. The following are the Department's response to your audit recommendations:

Recommendation #1

Develop a process and policies to assist residents with timely enrollment into Medicaid.

Response

NDVS accepts this recommendation. NDVS will review all existing practices for assisting residents obtain Medicaid benefits and determine if the recommendation is a process improvement or an update to the Work Performance Standards (WPS) of the Social Work positions that are responsible for assisting the residents obtain Medicaid benefits. Once the determination has been made, NDVS will formalize the process into a written process or update the WPS to reflect the current practice.

Anticipated Implementation Date

NDVS will formalize policy or update WPS by August 2021.

Recommendation #2

Develop guidelines and checklists for determining a resident's financial ability to pay for services prior to admission.

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Response

NDVS accepts this recommendation. NDVS will formalize the admission review process into a written process and create a checklist to document the approvals through each section of the admission review.

Anticipated Implementation Date

NDVS will update the admission review process, to include adding a financial review approval section and checklist to the admission review to determine a resident's financial ability to pay for services and implement this checklist by May 2021.

Recommendation #3

Monitor contract financial reviews of residents' capability to ensure adherence to Department guidelines and checklists.

Response

NDVS accepts this recommendation. NDVS will add a section for financial review to the admission review process and checklist to ensure that the approval of financials is documented.

Anticipated Implementation Date

NDVS will add financial review approval section to the admission review checklist and implement checklist by May 2021.

Recommendation #4

Monitor resident transfer-out reports and follow up on any missing bed hold forms.

Response

NDVS accepts this recommendation. NDVS will formalize the monitoring resident transfers in and out of the facility process into a written process and update the bed hold form to ensure it is capturing all necessary information required.

Anticipated Implementation Date

NDVS will write the transfers in and out of the facility process, update the bed hold form, and implement updated bed hold form by August 2021.

Recommendation #5

Consider making the bed hold form an electronic form prepared during a transfer out in the electronic records database.

Response

NDVS accepts this recommendation. NDVS will research the compatibility of the bed hold form into SNSVH's electronic health records system (Point Click Care).

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Anticipated Implementation Date

NDVS will conduct the research on the electronic bed hold form by August 2021.

If you have any questions or need any additional information, please contact me at (775) 825-9750 or garlanda@veterans.nv.gov.

Sincerely,



Amy L. Garland
Deputy Director of Healthcare Services
Department of Veterans Services

Cc: Katherine Miller, Director, Department of Veterans Services

"Serving Nevada's Heroes"

Department of Veterans Services' Response to Audit Recommendations

<u>Recommendations</u>	<u>Accepted</u>	<u>Rejected</u>
1. Develop a process and policies to assist residents with timely enrollment into Medicaid	<u> X </u>	<u> </u>
2. Develop guidelines and checklists for determining a resident's financial ability to pay for services prior to admission	<u> X </u>	<u> </u>
3. Monitor contractor financial reviews of residents' financial capability to ensure adherence to Department guidelines and checklists.....	<u> X </u>	<u> </u>
4. Monitor resident transfer-out reports and follow up on any missing bed hold forms.....	<u> X </u>	<u> </u>
5. Consider making the bed hold form an electronic form prepared during a transfer out in the electronic records database	<u> X </u>	<u> </u>
TOTALS	<u> 5 </u>	<u> </u>