

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

December 31, 2024

The Honorable Jim Pillen
Governor of Nebraska
P.O. Box 94848
Lincoln, NE 68509

Mr. Brandon Metzler
Clerk of the Legislature
P.O. Box 94604
Lincoln, NE 68509

Subject: Nebraska Health Care Funding Act Report

Dear Governor Pillen and Mr. Metzler:

Attached please find the Nebraska Health Care Funding Act Report for State Fiscal Year 2024, pursuant to Neb. Rev. Stat. § 71-7606.

Sincerely,

A handwritten signature in black ink, appearing to read "John Meals".

John Meals
Chief Financial Officer

Attachment

Department of Health & Human Services

Nebraska Health Care Funding Act Report

December 2024

Neb. Rev. Stat. § 71-7606

Use of Appropriated Funds

Illustrated below are the Health Care Cash Fund appropriations, expenditures, and the committed funds at the end of the FY2024. Note expenditures are not always indicative of the use of funds as some services are rendered in one fiscal year and paid in the following year.

Program Number & Description	Appropriation	Expenditures	Committed
Prog 030 Tobacco Prevention Programs NEW JUUL funds added	\$ 3,652,146	\$ 1,577,342	\$ 2,074,804
Prog 033 Community Health Operations	\$ 100,000	\$ 73,804	\$ 26,196
Prog 033 Lifespan Respite Services Program Administration	\$ 404,643	\$ 215,989	\$ 188,654
Prog 033 Medicaid Smoking Cessation Program Administration	\$ 6,000	\$ -	\$ 6,000
Prog 033 Minority Health Satellite Offices	\$ 220,000	\$ 120,956	\$ 99,044
Prog 033 Out of Hospital Emergency Care Providers Licensing	\$ 13,688	\$ 13,688	\$ -
Prog 033 Parkinson's Disease Registry	\$ 26,000	\$ 20,220	\$ 5,780
Prog 038 Community Based Mental Health Services	\$ 6,500,000	\$ 6,500,000	\$ 0
Prog 038 Emergency Protective Custody Mental Health Care	\$ 1,500,000	\$ 1,443,182	\$ 56,818
Prog 250 Mental Health Services for Juvenile Offenders	\$ 1,000,000	\$ 844,748	\$ 155,252
Prog 344 Children's Health Insurance	\$ 6,835,700	\$ 6,266,058	\$ 569,642
Prog 347 Lifespan Respite Services Program Aid	\$ 810,000	\$ 281,589	\$ 528,411
Prog 348 Tobacco Use Cessation Coverage	\$ 450,000	\$ -	\$ 450,000
Prog 424 Developmental Disability Aid	\$ 5,000,000	\$ 5,000,000	\$ -
Prog 502 Community Health Centers Uninsured	\$ 750,000	\$ 746,652	\$ 3,348
Prog 502 Local Public Health Departments	\$ 5,605,000	\$ 5,605,000	\$ -
Prog 502 Minority Public Health Services	\$ 2,875,000	\$ 2,194,241	\$ 680,759
Prog 514 Brain Injury Trust Fund	\$ 500,000	\$ 500,000	\$ -
Prog 514 Nebraska Cancer Network NEW	\$ 500,000	\$ 500,000	\$ -
Prog 514 Pediatric Cancer NEW	\$ 2,700,000	\$ 2,700,000	\$ -
Prog 514 Perinatal Quality Improvement Collaborative	\$ 130,000	\$ 107,215	\$ 22,785
Prog 514 Poison Control Center	\$ 200,000	\$ 200,000	\$ -
Prog 621 Stem Cell Research Program	\$ 450,000	\$ 439,718	\$ 10,282
Prog 623 Biomedical Research	\$ 15,000,000	\$ 13,015,929	\$ 1,984,071
Agency 03 Legislative Council	\$ 75,000	\$ 46,455	\$ 3,871
Agency 11 Attorney General	\$ 595,807	\$ 595,807	\$ -
Agency 16 DOR Tobacco Settlement Agreement Administration	\$ 329,808	\$ 307,754	\$ 10,594
Agency 16 DOR Compulsive Gamblers Assistance	\$ 250,000	\$ 250,000	\$ -
Agency 70 Foster Care Review Office	\$ 200,784	\$ 163,423	\$ 2,000
	\$ 56,679,576	\$ 49,729,771	\$ 6,878,310

Associated Outcomes for DHHS Programs

Prog 030 Tobacco Prevention & Control

Funding is used for tobacco prevention, reducing exposure to secondhand smoke, addressing tobacco-related health disparities, and helping people quit tobacco. Program areas include the Nebraska Tobacco Quitline, an educational media component, as well as program surveillance and evaluation, youth prevention efforts, and sub-grants to nine areas for tobacco prevention and control work. In SFY 2024, 1,524 individuals registered with the Nebraska Tobacco Quitline with 2,510 coaching sessions provided by the Quitline.

Prog 033 Administration

Community Health Operations

Please see Prog 502 Local Public Health Departments for outcome details.

Lifespan Respite Services Program

Please see Prog 347 Lifespan Respite Services Program Aid for outcome details.

Minority Health Satellite Offices

Please see Prog 502 Minority Public Health Services for outcome details.

Out of Hospital Emergency Care Providers Licensing

This funding is used for base costs for licensing individual providers of emergency medical services assisting in removing a barrier to licensing, many of whom are volunteers. Base costs include expenses such as salaries, postage, e-commerce, equipment, and communications. During the most recent fiscal year, there were 1,691 paramedics, 70 Advanced Emergency Medical Technicians (AEMT), 36 Emergency Medical Technicians I (EMT-I), 6,243 Emergency Medical Technicians (EMT), 360 Emergency Medical Responders (EMR), 316 EMS Instructors, 314 EMS Basic Life Support Services, 122 Advanced Life Support Services, and 19 EMS Training Agencies licensed.

Parkinson's Disease Registry

DHHS Office of Health Statistics uses these funds, in addition to other supplemental dollars, to collect, validate, and update the Parkinson's Disease Registry to monitor the incidence and mortality of Parkinson's Disease (PD) in Nebraska. Approximately 17,700 cases have been reported since the inception of the Registry. When this funding or supplemental funding is available, these funds are also applied to process and complete data requests, collaborate with facilities and providers to report this data to the state Registry for Parkinson's Disease research.

- Design of a Parkinson's Registry Electronic data platform is complete. The Registry team is working closely with state Providers and facilities to report cases electronically.

- Collaboration continues to establish standard data requirements for PD with the Centers for Disease Control and Prevention (CDC), the Council of State Territorial Epidemiologists (CSTE), other States, and the Michael J. Fox Foundation.
- The Registry team works closely with the PD Advisory team to limit reporting to only the most critical data elements and remove any duplicative language or problematic data elements to ease the reporting burden.

Registry data is available for well water and occupational correlation studies. The Registry data can also be linked to other DHHS databases such as cancer and traumatic brain injury, the state death file, and hospital discharge data for research.

Prog 038 Behavioral Health Aid

Community-Based Mental Health Services & Emergency Protective Custody Mental Health Care

The DHHS Division of Behavioral Health (DBH) uses HCCF funds to reimburse behavioral health providers for community-based treatment and emergency protective custody services. DBH and the Regional Behavioral Health Authorities (RBHAs) contract with service providers to distribute these funds. The funds expended, number of individuals served, and number of units delivered are outlined below:

DIVISION OF BEHAVIORAL HEALTH						
Services	Emergency Protective Custody Funding	MH Community Based Funds	Substance Use Disorder (SUD)		Number of Units	Number of Consumers
			Community Based Funds	Grand Total		
24 Hour Crisis Line - MH - Adult		128,495.42		128,495.42	3608	1017
Acute Inpatient Hospitalization - Adult	754,676.66	87,256.36		841,933.02	1771	336
Assertive Community Treatment - Adult		18,324.97		18,324.97	13934	55
Mental Health Assessment - Adult		78,530.94		78,530.94	1122	1092
Substance Use Disorder Assessment - Adult			180,920.03	180,920.03	2085	1994
Client Assistance Program - Adult		8,957.92		8,957.92	365	129
Community Support - Adult		30,689.25		30,689.25	6152	431
Community Support - Substance Use Disorder- Adult			6,181.76	6,181.76	546	79
Crisis Response - Adult		514,137.22		514,137.22	10561	1551
Crisis Stabilization - Adult		113,769.32		113,769.32	194	46
Day Rehabilitation - Adult		9,655.71		9,655.71	4331	87
Day Support - Adult		597,738.99		597,738.99	28953	393
Day Treatment - Adult		3,132.45		3,132.45	93	6
Dual Disorder Residential - Adult		15,000.00		15,000.00	785	15
Emergency Community Support - Adult		668,838.56		668,838.56	89235	1906
Emergency Protective Custody - Adult	25,000.00	421,256.28		446,256.28	3786	311
Emergency Protective Custody - Adult - Inpatient	691,208.36	2,201.95		693,410.31	648	197
Emergency Protective Custody - Substance Use Disorder - Adult			369,451.36	369,451.36	984	135
Halfway House - Substance Use Disorder - Adult			9,395.10	9,395.10	10533	129
Hospital Diversion Less than 24 hours - Adult		145,530.22		145,530.22	5334	259
Hospital Diversion Over 24 hours - Adult		106,263.88		106,263.88	773	110
Inpatient Post Commitment Treatment Days - Adult		20,000.00		20,000.00	568	19
Intensive Community Services - MH - Adult		359,215.00		359,215.00	1590	300
Intensive Outpatient / Adult - Substance Use Disorder- Adult			150,021.86	150,021.86	14376	306
Intermediate Residential - Substance Use Disorder - Adult			1,030.55	1,030.55	394	6
Medication Management - Adult		165,379.96		165,379.96	11092	2248
Medication Aide- Adult		20,000.00		20,000.00	0	0
Mental Health Respite - Adult		641,902.32		641,902.32	10628	395
Mental Health Respite - Substance Use Disorder - Adult			257,938.03	257,938.03	2450	403
Outpatient Psychotherapy - Adult		666,087.99		666,087.99	19377	1928
Outpatient Psychotherapy - Substance Use Disorder - Adult			209,518.26	209,518.26	9278	1077
Peer Support - Adult		59.40		59.40	13573	209
Recovery Support - Adult		82,545.89		82,545.89	367595	871
Recovery Support - Substance Use Disorder Adult			50,000.00	50,000.00	5240	181
Short Term Residential - Substance Use Disorder - Adult			84,228.59	84,228.59	8344	375
SSI/SSDI Outreach Access and Recovery - Adult		25,000.00		25,000.00	4386	410
SSI/SSDI Outreach Access and Recovery - Substance Use Disorder - Adult			10,000.00	10,000.00	2014	45
Supported Employment - Adult		45,000.00		45,000.00	1851	2090
Supported Housing - Adult			14,101.61	14,101.61	273	73
Therapeutic Community - Substance Use Disorder Adult			182,242.73	182,242.73	2582	38
Grand Total	1,470,885.02	4,974,970.00	1,525,029.88	7,970,884.90	632681	20627
Amount Not Spent	29,114.98		0.12			
Total	1,500,000.00	4,974,970.00	1,525,030.00	8,000,000.00		

Prog 250 Mental Health Services for Juvenile Offenders

The DHHS Office of Juvenile Services uses these funds to support clinical program staff at all three of the Youth Rehabilitation and Treatment Centers (YRTC). According to facility data, 75% of youth admitted to the YRTC-Kearney and 92% of the youth at YRTC-Hastings had substance use issues warranting treatment. Outcomes for the YRTC clinical programs include:

- An average of 86 youth received mental health therapy services each month.
- 17 youth transitioned to the YRTC-Lincoln for specialized stabilization and treatment of disruptive behavior or acute mental health needs.
- All youth at YRTC-Hastings and YRTC-Lincoln had substance abuse assessments upon intake.
- An average of 45 youth were provided with substance abuse treatment services each month.
- An average of 18 male youth were provided psychiatric telehealth services by Boys Town National Research Hospital each month.
- All youth at YRTC-Hastings participated in weekly psycho/educational recovery groups related to substance use issues.
- Mental health medication management was provided by an APRN for an average of 37 youths each month.
- Case managers and unit managers made 10,939 contacts with parents and 14,320 contacts with Children and Family Services Specialists and Probation Officers.

Prog 344 Children’s Health Insurance

The objectives of the Children's Health Insurance Program (CHIP) are to provide access to medical care for uninsured, low-income children. The program aims to reimburse providers and managed care organizations (MCOs) for medical assistance effectively addressing the health care and related needs of eligible recipients towards the best outcomes in a fiscally responsible manner. During State Fiscal Year 2024 (SFY24), Nebraska Medicaid provided Medicaid coverage to an average of 37,784 CHIP recipients monthly.

Prog 347 Lifespan Respite Services Program

The Lifespan Respite Services Program provides funding for eligible unpaid primary family caregivers, hereinafter “caregivers”, to purchase respite services. In FY24, 588 client cases were reviewed and managed. This was an increase from 467 in FY23. At the end of the fiscal year, there were 233 open active cases of individuals utilizing respite services. This is an increase of 17 program participants with open active cases from FY23.

Living Arrangement	Number of Clients
Adult Living with Child	*
Adult Living Alone	*
Adult Living with Relative	91
Adult Living with Spouse	7
Adult Living with Unrelated Adult	9

Living Arrangement	Number of Clients
Child Living with Adoptive Parent(s)	26
Child Living with Bio Parent(s)	295
Child Living with Grandparent(s)	20
Child Living with a Relative	9
Child Living with Unrelated Adult	10
Elderly Living Alone	10
Elderly Living with Relative	40
Elderly Living with Spouse	71

* All values between 1-5 are masked to protect privacy.

The program provides \$125 per month per eligible participant for the purchase of respite services. Additionally, the program participant or their caregiver may submit an Exceptional Circumstance or Exceptional Need Application to request an additional monthly subsidy utilizing exceptional circumstance funding (crisis respite). The maximum exceptional circumstance funding per client is \$1,000 per 12-month eligibility period. With the provision of respite funding, the basic intent is to:

- Prevent or postpone out-of-home placement or care at public expense.
- Reduce family and caregiver stress.
- Enhance the family and the caregiver’s coping abilities.
- Strengthen the family and the caregiver’s ability to meet the demands of caring for family members; and
- Reduce the risk of abuse or neglect of children, the elderly, and other vulnerable individuals.

The Lifespan Respite Services program utilized \$280,486 of the allocated funds to provide services to open eligible cases in FY24. There is evidence of an increase in the level of need of respite clients resulting in a higher amount of additional assistance through exceptional circumstances applications submitted to the program. In FY24, \$74,428 of the total utilized funds was used for exceptional circumstance respite services.

Prog 424 Developmental Disability Aid

DHHS utilizes this funding to provide developmental disability services to participants. These services include a range of residential, day service, and vocational supports which are utilized along with Medicaid to support individuals in their homes and community and avoid institutionalization.

In SFY23, the Division supported five individuals on Developmental Disability Aid. This funding is specifically used for those individuals for who do not meet Intermediate Care Facility for persons with Intellectual & Developmental Disabilities Level of Care criteria for an 1915(c) HCBS waiver or for individuals which were determined not eligible for services under Nebraska Revised Statute § 83-1205 but for which the Division of Developmental Disabilities was ordered to provide services under the Developmental Disabilities Court-Ordered Custody Act (Neb. Rev. Stat. §§ 71-1101 through 71-1134).

Prog 502 Public Health Aid

Community Health Centers Uninsured

Funds are used to help provide health care services to the uninsured as Community Health Centers serve all people regardless of ability to pay. During calendar year 2023, federal data shows 38,807 people without insurance were served by the seven Community Health Centers.¹

Local Public Health Departments

The Department provides technical assistance to all 19 Local Health Departments (LHDs) to help improve essential services to the Nebraskans. The funding for the technical assistance for 18 of the 19 LHDs comes from the Health Care Cash Fund. The LHD in Congressional District 2 has a different funding source. The essential services funded by the Health Care Cash Fund for the 18 LHDs include:

1. Assess and monitor population health status, factors influencing health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors influencing it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws impacting health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system enabling equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

Minority Public Health Services

Similar to technical assistance funding, 18 LHDs departments were provided funding through the Health Care Cash Fund for the Minority Health Initiative (MHI) program for FY2024. The goals of the MHI initiative were to assess, co-plan, and implement programs and services with and for minority communities to improve health outcomes during the state FY24. Through partnerships with eighteen LHDs, they utilized MHI funding to develop and implement programming protecting and supporting the health and well-being of all Nebraskans through home visiting programs, car seat safety training, primary care linkages, and diabetes and obesity prevention programs.

¹ This data is only reported by the federal government on a calendar year basis.

Prog 514 State Health Aid

Brain Injury Trust Fund

The Brain Injury Assistance Program is administered through a contract with the University of Nebraska Medical Center and aids individuals with a brain injury by paying for contracts with outside sources specializing in brain injury. The outside sources operate, at a minimum, statewide to work to secure and develop community-based services; provide support groups and access to pertinent information, medical resources, and service referrals for individuals with a brain injury; and educate professionals who work with individuals with a brain injury. The program allowed more than 350 people with a brain injury to receive resource facilitation services, which resulted in more than 367 referrals and resources provided to clients across Nebraska.

Nebraska Cancer Network

The Department contracted with the University of Nebraska Medical Center to distribute funds to a nonprofit organization located in Nebraska which provides cancer screening, prevention, support, and education for all ninety-three counties in the state.

Pediatric Cancer

These funds were distributed to the University of Nebraska Medical center to conduct research on pediatric cancer. The activities include infrastructure support, completion of individual research projects, identifying the impact of novel compounds on tumor-bearing mice on a lab-by-lab basis, the Begin Nebraska Grown project, which is a pediatric cancer longitudinal cohort enrolling 4000 newborns and their families as early as the first trimester of pregnancy through delivery, and a request for applications for high-impact small proposals throughout the year for investigators to produce preliminary data or support of submission of NIH research proposals. The project is entitled Nebraska Next Generation Chemistry Center to Target Fusion Oncoproteins for Pediatric Cancer.

Poison Control Center

This funding is a sub-award administered by UNMC to provide 24-hour telephone access to the Nebraska Regional Poison Center. In SFY24, the Nebraska Regional Poison Center received 13,348 calls. Management of these cases required making and receiving 22,445 follow-up calls, for a total of 35,793 calls.

Prog 621 Stem Cell Research Program

Five research grants were awarded. Two grants were awarded to Creighton University: one for \$110,000 and one for \$95,750. Two grants were awarded to the University of Nebraska Medical Center: one for \$110,000 and one for \$95,750. One grant was awarded to the University of Nebraska-Lincoln for \$25,000. The remaining \$13,500 will be used to support the administrative costs of the program.

Consistent with Neb. Rev. Stat. § 71-7606(3), no funds appropriated or distributed under the Nebraska Health Care Funding Act are used for “abortion, abortion counseling, referral for abortion, or research or activity of any kind involving the use of human fetal tissue obtained in connection with the performance of an induced abortion or involving the use of human embryonic stem cells or for the purpose of obtaining other funding for such use.” The Request for Applications (RFA) document notifies prospective applicants about a funding opportunity includes language outlining the prohibition of awarding grant funds for research using human embryonic stem cells, and subsequent signed agreements reference both the statutory language in the Health Care Funding Act and the RFA.

Projects for SFY 24 included:

- Iqbal Ahmad, PhD (University of Nebraska Medical Center): Stem Cell Modeling of Non-Cell Autonomous Neurodegeneration: received \$110,000 for one year
- Chi Zhang, PhD (University of Nebraska Medical Center): Theranostic roles of miR-210 in glioma stem cells: received \$90,000 for one year
- Jingwei Xie, PhD (University of Nebraska Medical Center): dECM Decorated Scaffolds for Bone Regeneration: received \$85,000 for one year
- Brian North, PhD (Creighton University): Intestinal Stem Cell Maintenance by BubR1: received \$75,000 for one year
- Qiuming Yao, PhD (University of Nebraska-Lincoln): Decipher Grammar in Cell Differentiation Language: received \$76,500 for one year

Prog 623 Biomedical Research

A contract and sub-award for biomedical research were awarded to the Board of Regents on behalf of the University of Nebraska Medical Center for \$11,230,259 and to the Creighton University, Father Flanagan’s Boys Home, Boys Town National Research Hospital, and the Creighton University – Boys Town Healthcare Foundation in the amount of \$3,769,741. One million dollars per year, reallocated from the cigarette tax revenue, will also be allocated to these entities specifically for biomedical research. Research activities include research related to deafness and communication disorders, drug abuse and addiction research programs, and biomedical research programs.