

**Bill Draft Requests Related to Health & Human Services
as of November 22, 2010 (BDR list ends at No. 592)**

Child Welfare & Care

| | | |
|---------|---|-----------|
| 38--3 | Senator Cegavske Makes various changes concerning the protection of children. | 6/6/2009 |
| 116 | Assemblywoman Mastroluca Revises provisions relating to the termination of parental rights. | 6/21/2010 |
| 38--196 | Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705) Establishes provisions relating to assistance for certain guardians. | 7/27/2010 |
| 11--197 | Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705) Revises provisions relating to adoption. | 7/27/2010 |
| 38--198 | Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705) Revises provisions relating to the care of certain children during | 7/27/2010 |
| 38--199 | Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705) Revises provisions relating to the release of certain records of children in the custody of an agency which provides child welfare services. | 7/27/2010 |
| 38--201 | Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705) Revises provisions relating to background checks of certain persons who work with children. | 7/27/2010 |
| 38--242 | Henderson, City of Revises definition of "child care facility" to exclude programs provided by local governments for school age children from certain licensing | 8/18/2010 |
| 38--246 | Assemblywoman Leslie Revises provisions governing the confidentiality of certain reports of child welfare agencies. | 8/23/2010 |
| 356 | Assemblywoman Mastroluca Revises provisions relating to child welfare. | 9/1/2010 |
| 364 | Senator Cegavske Makes various changes concerning child welfare. | 9/1/2010 |

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|---------|---|-----------|
| 11--459 | Child and Family Services, Division of-Health and Human Services Clarifies the entity responsible for notifying a potential adoptive parent of the availability of adoption assistance during a private adoption. | 9/1/2010 |
| 511 | Assemblyman Munford Enacts provisions to protect young children from being left unattended in motor vehicles. | 9/2/2010 |
| 589 | Assemblywoman Mastroluca Revises provisions governing the delivery of a newborn child to a provider of emergency services. | 11/8/2010 |
| 590 | Assemblywoman Mastroluca Revises provisions governing the payment of child support. | 11/9/2010 |

Health Care Quality & Safety

| | | |
|---------|---|-----------|
| 14 | Assemblywoman Leslie Revises provisions relating to the regulation of medical assistants. | 9/24/2009 |
| 40--15 | Assemblywoman Leslie Revises provisions concerning the reporting of sentinel events. | 9/24/2009 |
| 16 | Senator Cegavske Makes various changes concerning medical assistants. | 10/2/2009 |
| 189 | Legislative Committee on Health Care (NRS 439B.200) Prescribes provisions relating to medical assistants. | 7/27/2010 |
| 40--193 | Legislative Committee on Health Care (NRS 439B.200) Revises provisions relating to reports of sentinel events and related | 7/27/2010 |
| 40--261 | Senator Breeden Makes various changes relating to sentinel events occurring in medical | 8/29/2010 |
| 40--443 | Health and Human Services, Department of-Director's Office Creates the Electronic Health Records Act and authorizes the creation, maintenance and use of electronic health records. | 9/1/2010 |
| 517 | Assemblyman Ocegüera Requires providers of health care to follow a safety checklist. | 9/2/2010 |
| 40--518 | Senate Committee on Health and Education Establishes provisions relating to safe injection practices. | 9/2/2010 |

Health Care Facilities

- | | | |
|---------|--|-----------|
| 40--155 | Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs (NRS 218E.750) Requires training of persons who work in certain facilities. | 6/24/2010 |
| 40--158 | Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs (NRS 218E.750) Revises provisions relating to facilities. | 6/24/2010 |
| 40--159 | Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs (NRS 218E.750) Requires routine inspections of certain facilities. | 6/24/2010 |
| 40--192 | Legislative Committee on Health Care (NRS 439B.200) Establishes provisions governing payment for provision of certain services and care and reports relating to those services and care. | 7/27/2010 |
| 40--343 | Clark County Revises the authority of a board of hospital trustees of a public hospital with respect to the organization of staff and compensation of hospital advisory board members. | 8/31/2010 |
| 40--344 | Clark County Requires approval for the establishment or expansion of certain health facility programs in larger counties. | 8/31/2010 |
| 40--345 | Clark County Revises the funding mechanism for University Medical Center. | 8/31/2010 |
| 38--444 | Health Care Financing and Policy, Division of Health and Human Services Clarifies the statute regarding the State's ability to adjust rates paid to nursing facilities. | 9/1/2010 |
| 40--445 | Health Division-Health and Human Services Revises provisions relating to the licensure of health facilities. | 9/1/2010 |
| 40--559 | Assemblyman Segerblom (Originally requested by Assemblyman Revises provisions governing reporting requirements for certain hospitals. | 11/1/2010 |

Obesity & Wellness for Children

| | | |
|---------|---|-----------|
| 38--24 | Senator Wiener Requires persons who operate childcare facilities to complete continuing education relating to childhood obesity, nutrition and physical activity. | 11/6/2009 |
| R--71 | Senator Wiener SCR: Urges support for providing programs of fitness and wellness in | 3/29/2010 |
| 112 | Senator Wiener Authorizes the Health Division to facilitate and encourage the development of comprehensive health centers in public schools. | 6/17/2010 |
| 143 | Assemblyman Bobzien Provides for the standardization of sexuality education curricula. | 6/29/2010 |
| 40--352 | Senate Committee on Health and Education Revises provisions relating to newborn screenings. | 9/1/2010 |
| 521 | Senator Copening SCR: Encourages nutritional health of children. | 8/29/2010 |

Mental Health

| | | |
|---------|---|-----------|
| 39--95 | Assemblyman Horne Provides for civil commitment of sexually dangerous persons. | 5/17/2010 |
| 39--273 | Assemblyman Stewart Authorizes courts to admit persons suffering from mental illness to outpatient treatment under certain circumstances. | 8/30/2010 |
| 39--336 | Clark County Children's Mental Health Consortium Revises provisions governing mental health consortia. | 8/31/2010 |
| 39--448 | Mental Health and Developmental Services, Division of Health and Human Services Moves from statute to regulation the definition of the consumers of services from the Division of Mental Health and Developmental Services of the Department of Health and Human Services. | 9/1/2010 |
| 14--449 | Mental Health and Developmental Services, Division of Health and Human Services Eliminates some examinations required for commitment to and release from a facility of the Division of Mental Health and Developmental Services of the Department of Health and Human Services. | 9/1/2010 |

Assorted Health Care

| | | |
|---------|---|------------|
| 26 | Assemblyman Ohrenschall Revises provisions relating to health care. | 11/13/2009 |
| 36--56 | Senator Care Enacts the Uniform Emergency Volunteer Health Care Practitioners Act. | 2/27/2010 |
| R--62 | Assemblywoman Parnell AJR: Urges Congress to limit the number of pharmaceutical advertisements that may be aired on television. | 3/4/2010 |
| 69 | Senator Raggio Enacts the Freedom of Choice in Health Care Act. | 3/24/2010 |
| 96 | Assemblyman Munford Revises provisions relating to funding for substance abuse services. | 5/24/2010 |
| 106 | Senator Wiener Requires certain health care licensing boards to communicate with each other under certain circumstances. | 6/9/2010 |
| 40--138 | Senator Parks Revises provisions governing the treatment and control of sexually transmitted diseases. | 6/29/2010 |
| 179 | Assembly Committee on Health and Human Services Revises provisions governing the Office for Consumer Health Assistance. | 7/16/2010 |
| 40--190 | Legislative Committee on Health Care (NRS 439B.200) Revises provisions relating to controlled substances. | 7/27/2010 |
| 234 | Senator Schneider Revises provisions governing prescription drugs. | 8/13/2010 |
| 260 | Assemblywoman Woodbury Makes various changes relating to autism. | 8/26/2010 |
| 38--282 | Nevada Association of Counties Makes various changes concerning the Fund for Hospital Care to Indigent Persons. | 8/30/2010 |
| 305 | Assemblyman Horne Revises provisions relating to medical liens. | 8/31/2010 |
| 40--349 | Assemblyman Stewart Provides for the issuance of a certificate of birth resulting in stillbirth. | 9/1/2010 |

| | | |
|---------|--|------------|
| 40--368 | Senator Parks Authorizes reorganization of public health function of district health departments in larger counties. | 9/1/2010 |
| 372 | Assemblyman Goedhart Enacts the Freedom of Choice in Health Care Act. | 9/1/2010 |
| 379 | Assemblyman Denis Requires certain health care providers to receive training concerning prescription drug abuse. | 9/1/2010 |
| 40--446 | Health Division-Health and Human Services Makes various changes to the provisions relating to vital statistics. | 9/1/2010 |
| 40--447 | Health Division-Health and Human Services Revises provisions to provide consistency with national educational standards for emergency medical service providers. | 9/1/2010 |
| 546 | Assemblyman Carpenter Bans the use, possession and sale of certain synthetic substances which are similar to marijuana. | 10/15/2010 |
| 563 | Assemblyman Joe Hardy *CR: Recognizes the month of November as Leukemia Awareness | 11/1/2010 |
| 40--564 | Senate Committee on Health and Education Revises provisions relating to food establishments. | 11/1/2010 |

Helping People --



**NEVADA DEPARTMENT OF HEALTH
AND HUMAN SERVICES**

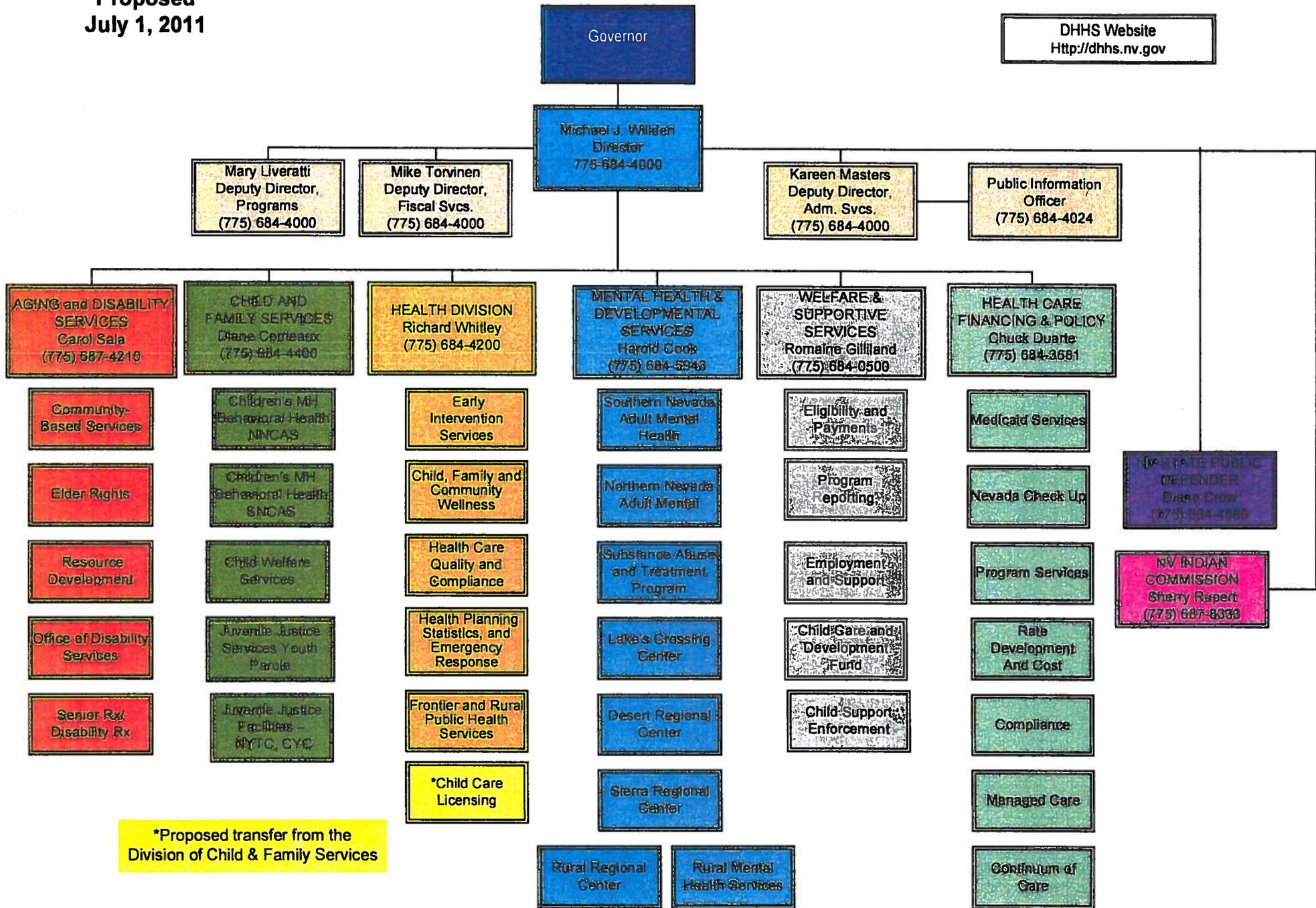
it's who we are and what we do

***DHHS PRESENTATION TO
NEW LEGISLATORS
NOVEMBER 30, 2010***

Proposed
July 1, 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DHHS Website
[Http://dhhs.nv.gov](http://dhhs.nv.gov)



*Proposed transfer from the
Division of Child & Family Services

RESOURCE WEBSITES

Nevada Department of Health & Human Services (DHHS)

Includes links to DHHS Divisions

<http://www.dhhs.nv.gov/>

DHHS Nassir Notes

Quick Facts: DHHS

<http://www.dhhs.nv.gov/QuickFacts/DHSS-QuickFacts.pdf>

U.S. Department of Health & Human Services

Health Care Reform website

<http://www.healthcare.gov/>

Henry J. Kaiser Family Foundation

Health Reform Source

<http://healthreform.kff.org/>

Nevada Department of Business & Industry

Division of Insurance—Health Care Reform website

<http://doi.state.nv.us/healthreform.aspx>

Governor's Office for Consumer Health Assistance (GOVCHA)

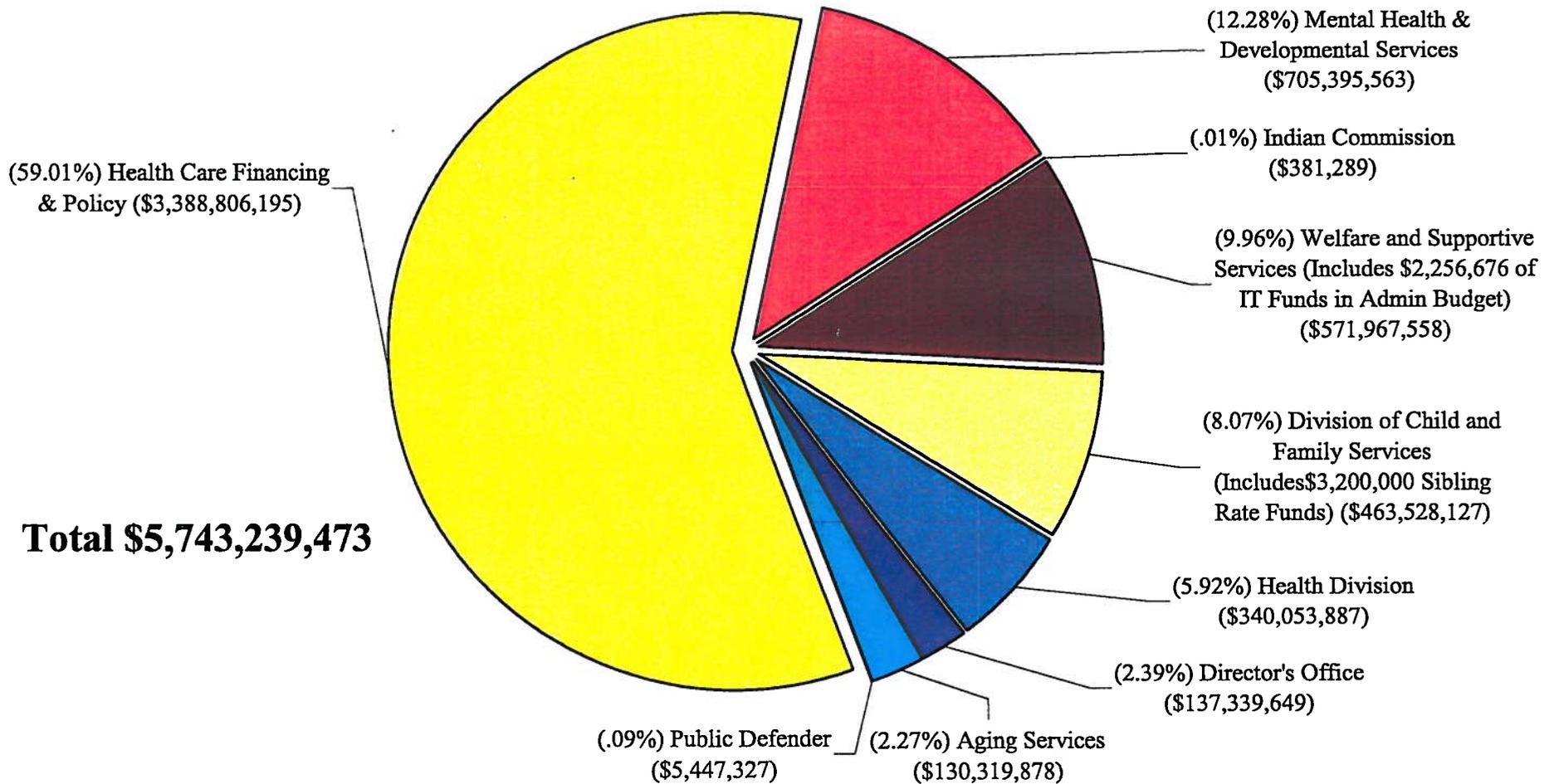
<http://govcha.state.nv.us/>

Nevada 2-1-1

Health and Human Services Resource & Referral line

<http://www.nevada211.org/>

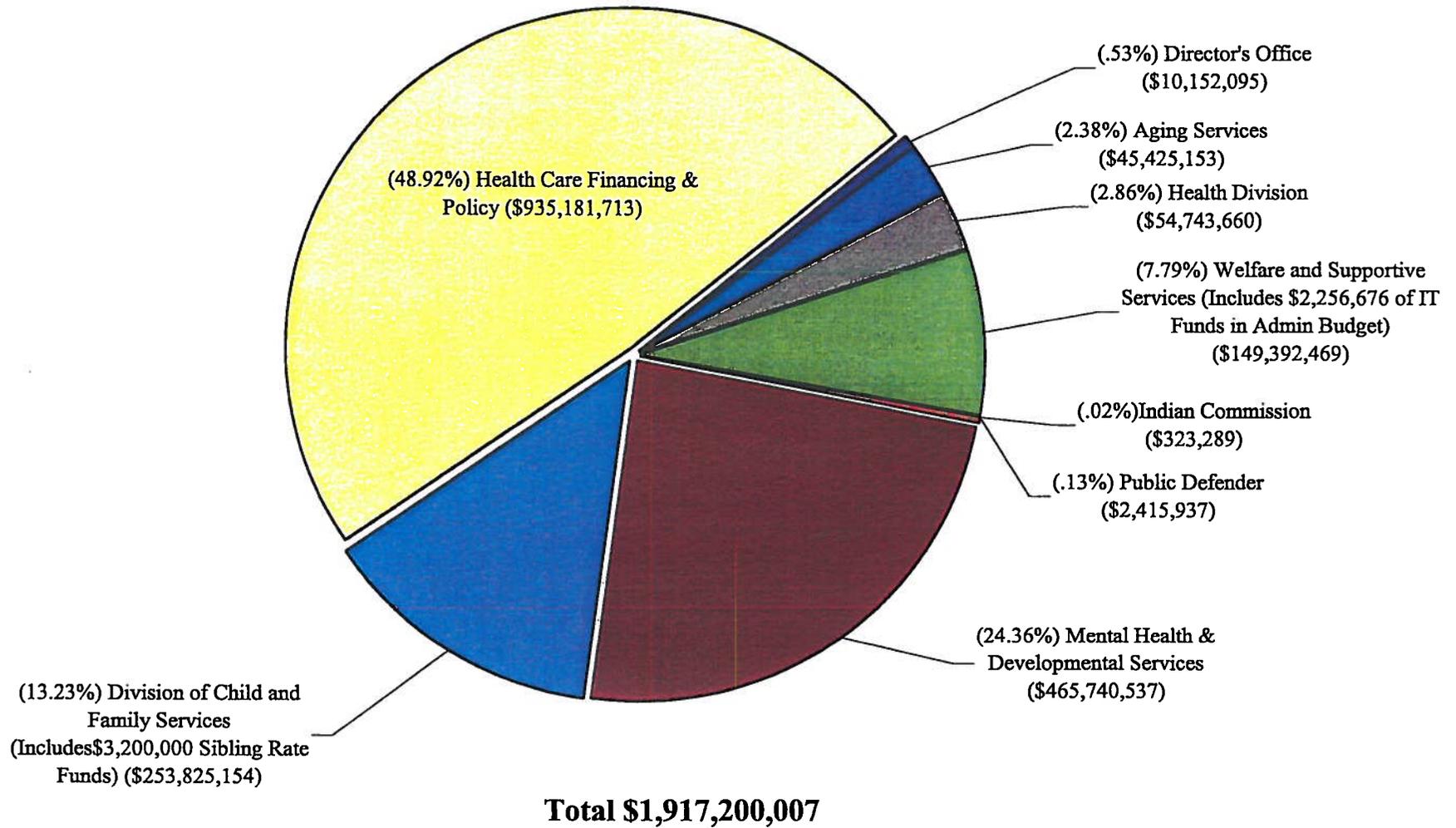
Department of Health and Human Services Leg Approved Revenues By Division 2010-2011 Biennium



Department of Health and Human Services

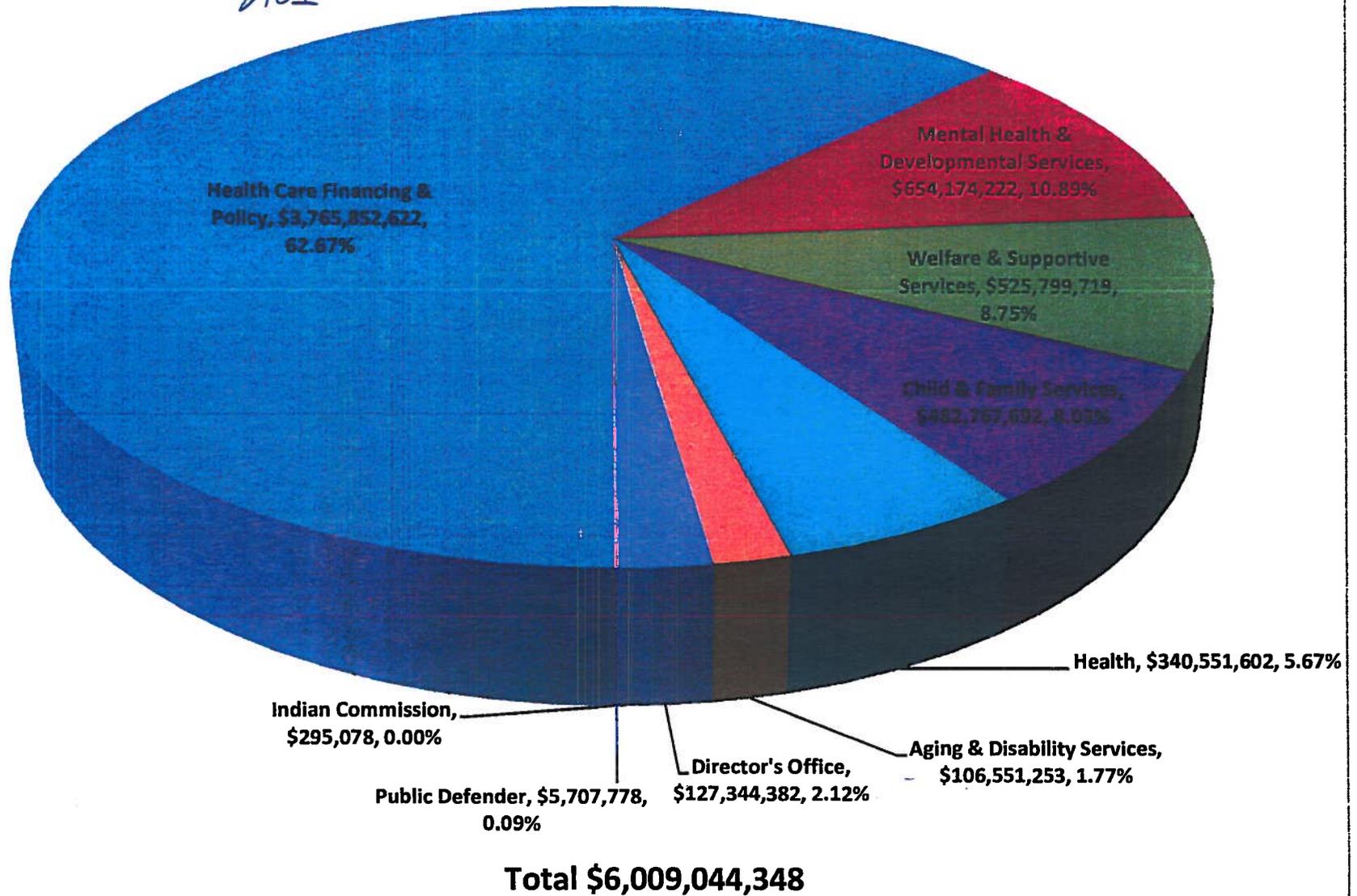
Leg Approved General Funds By Division

2010-2011 Biennium



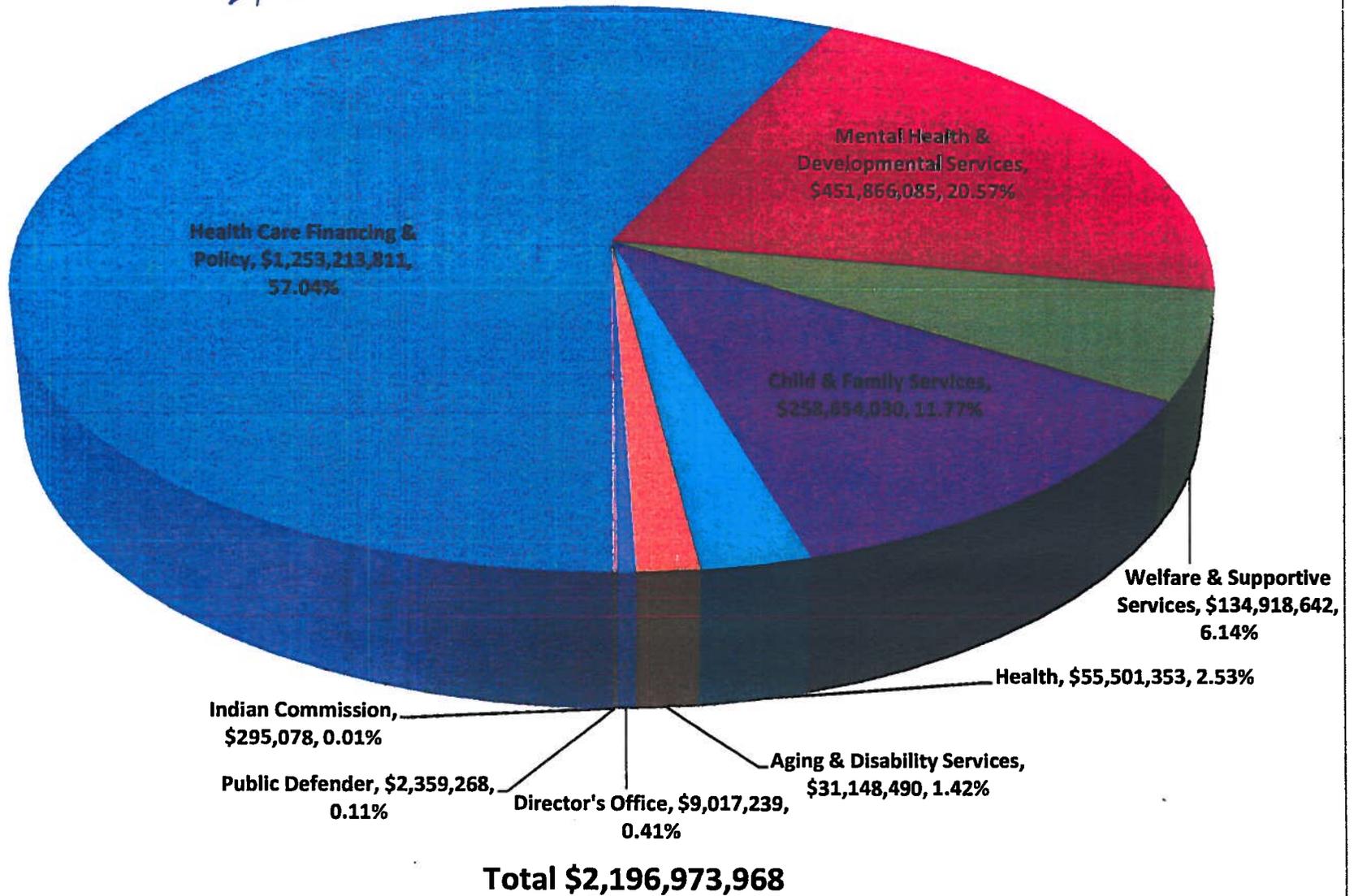
Department of Health & Human Services Agency Request Revenues by Division 2012-2013 Biennium

A01



Department of Health & Human Services Agency Request General Funds By Division 2012-2013 Biennium

AOL



| Department of Health and Human Services Budget Accounts: By Divisions | | | | Fiscal Year 2012 | | | | Fiscal Year 2013 | | | |
|---|-------|------|-------------------------------------|------------------|-------------|-------------|---------------|------------------|---------------|-------------|---------------|
| | | | | General Fund | Federal | Other | Total | General Fund | Federal | Other | Total |
| Agency Code 400 STATE PUBLIC DEFENDER | | | | | | | | | | | |
| 1 | PD | 1400 | ADMINISTRATION | 1,177,539 | - | 1,666,830 | 2,844,369 | 1,181,729 | - | 1,681,680 | 2,863,409 |
| Public Defender Biennial Total | | | | | | | | | | | 5,707,778 |
| Agency Code 400 INDIAN COMMISSION | | | | | | | | | | | |
| 1 | IC | 2600 | ADMINISTRATION | 146,799 | - | - | 146,799 | 148,279 | - | - | 148,279 |
| Indian Commission Biennial Total | | | | | | | | | | | 295,078 |
| Agency Code 400 DIRECTOR'S OFFICE | | | | | | | | | | | |
| 1 | DHHS | 3150 | ADMINISTRATION | 1,436,702 | 3,181,441 | 534,197 | 5,152,340 | 1,436,721 | 1,850,544 | 541,438 | 3,828,703 |
| 2 | DHHS | 3185 | GRANTS MANAGEMENT UNIT | 3,077,403 | 18,576,988 | 3,426,818 | 25,081,209 | 3,066,413 | 18,593,576 | 7,140,456 | 28,800,445 |
| 3 | DHHS | 3200 | PREV/TREATMENT OF PROBLEM GAMBLING | - | - | - | - | - | - | - | - |
| 4 | DHHS | 3201 | CHILDREN'S TRUST FUND | - | - | 535,622 | 535,622 | - | - | 551,822 | 551,822 |
| 5 | DHHS | 3244 | INDIGENT SUPPLEMENTAL ACCOUNT | - | - | 26,954,924 | 26,954,924 | - | - | 26,954,924 | 26,954,924 |
| 6 | DHHS | 3261 | HEALTHY NV FUND ADMIN | - | - | 2,895,544 | 2,895,544 | - | - | 6,588,849 | 6,588,849 |
| Director's Office Total | | | | 4,514,105 | 21,758,429 | 34,347,105 | 60,619,639 | 4,503,134 | 20,444,120 | 41,777,489 | 66,724,743 |
| Director's Office Biennial Total | | | | | | | | 9,017,239 | | | 127,344,382 |
| Agency Code 402 DIVISION OF AGING SERVICES | | | | | | | | | | | |
| 1 | DAS | 2383 | SENIOR CITIZEN PROPERTY TAX REBATE | - | - | - | - | - | - | - | - |
| 2 | DAS | 3140 | SENIOR INDEPENDENT LIVING - TOBACCO | - | - | 3,826,379 | 3,826,379 | - | - | 5,435,808 | 5,435,808 |
| 3 | DAS | 3146 | SENIOR SERVICES PROGRAM | - | - | - | - | - | - | - | - |
| 4 | DAS | 3151 | OLDER AMERICANS ACT | 4,162,625 | 11,254,225 | 2,934,826 | 18,351,676 | 4,200,418 | 11,000,474 | 2,942,394 | 18,143,286 |
| 5 | DAS | 3154 | DEVELOPMENTAL DISABILITIES | 161,066 | 487,907 | - | 648,973 | 161,066 | 487,907 | - | 648,973 |
| 6 | DAS | 3156 | SENIOR RX & DISABILITY RX | 48,635 | - | 4,832,660 | 4,881,295 | 50,166 | - | 6,903,575 | 6,953,741 |
| 6 | DAS | 3252 | HOMEMAKERS/EPS | - | - | - | - | - | - | - | - |
| 7 | DAS | 3288 | OFFICE OF COMMUNITY BASED SERVICES | 11,009,059 | 496,223 | 8,188,481 | 19,693,763 | 11,355,455 | 427,399 | 8,239,582 | 20,022,436 |
| 8 | DAS | 3276 | IDEA PART C COMPLIANCE | - | 3,967,845 | 1,500 | 3,969,345 | - | 3,974,078 | 1,500 | 3,975,578 |
| Aging Services Total | | | | 15,381,385 | 16,206,200 | 19,783,846 | 51,371,431 | 15,767,105 | 15,889,858 | 23,522,859 | 55,179,822 |
| Aging Services Biennial Total | | | | | | | | 31,148,490 | | | 108,551,253 |
| Agency Code 403 DIVISION OF HEALTH CARE FINANCING AND POLICY | | | | | | | | | | | |
| 1 | DHCFP | 3155 | HIFA HOLDING ACCOUNT | 100,519 | - | 100,519 | 201,038 | - | - | - | - |
| 2 | DHCFP | 3157 | INTERGOVERNMENTAL TRANSFER PROGRAM | - | - | 83,714,921 | 83,714,921 | - | - | 83,907,480 | 83,907,480 |
| 3 | DHCFP | 3158 | ADMINISTRATION | 20,130,331 | 101,090,181 | 3,300,835 | 124,521,347 | 21,069,381 | 105,320,299 | 3,186,204 | 129,575,884 |
| 4 | DHCFP | 3160 | INCREASED QUALITY OF NURSING CARE | - | - | 29,179,617 | 29,179,617 | - | - | 30,460,392 | 30,460,392 |
| 5 | DHCFP | 3178 | NEVADA CHECK - UP | 10,085,529 | 22,159,789 | 1,715,344 | 33,960,662 | 10,539,784 | 23,485,105 | 1,739,153 | 35,764,022 |
| 6 | DHCFP | 3243 | MEDICAID PROGRAMS | 599,789,325 | 829,159,678 | 139,705,341 | 1,568,654,344 | 591,498,962 | 911,994,408 | 141,824,366 | 1,645,317,736 |
| 7 | DHCFP | 3247 | HIFA MEDICAL | - | 399,960 | 195,219 | 595,179 | - | - | - | - |
| DHCFP Total | | | | 630,105,704 | 952,809,608 | 257,911,796 | 1,840,827,108 | 623,108,107 | 1,040,799,812 | 261,117,595 | 1,925,025,514 |
| DHCFP Biennial Total | | | | | | | | 1,253,213,811 | | | 3,765,852,622 |

| Department of Health and Human Services Budget Accounts: By Divisions | | | Fiscal Year 2012 | | | | Fiscal Year 2013 | | | | |
|---|---|------|--|----------------------------------|-------------|------------|------------------|-------------|-------------|------------|-------------|
| | | | General Fund | Federal | Other | Total | General Fund | Federal | Other | Total | |
| Agency Code 400 | HEALTH DIVISION | | | | | | | | | | |
| 1 | HEALTH | 3101 | RAD HEALTH | - | 315,765 | 2,509,957 | 2,825,722 | - | 315,791 | 2,409,458 | 2,725,249 |
| 2 | HEALTH | 3152 | RADIOACTIVE HAZARDOUS WASTE | - | - | 229,231 | 229,231 | - | - | 220,711 | 220,711 |
| 3 | HEALTH | 3153 | CANCER CONTROL REGISTRY | - | 814,784 | 95,974 | 910,758 | - | 814,784 | 90,769 | 905,553 |
| 4 | HEALTH | 3180 | VITAL STATISTICS | - | 239,912 | 1,052,077 | 1,291,989 | - | 245,450 | 1,072,913 | 1,318,363 |
| 5 | HEALTH | 3194 | CONSUMER HEALTH PROTECTION | 403 | - | 2,007,486 | 2,007,889 | 403 | - | 2,002,453 | 2,002,856 |
| 6 | HEALTH | 3202 | SETTLEMENT FUNDS | Not in Executive Budget | - | - | - | - | - | - | - |
| 7 | HEALTH | 3204 | OFFICE OF MINORITY HEALTH | - | 130,806 | - | 130,806 | - | 130,806 | - | 130,806 |
| 8 | HEALTH | 3208 | EARLY INTERVENTION SERVICES | 20,303,590 | 163,917 | 4,280,784 | 24,748,291 | 21,108,088 | 163,848 | 4,288,643 | 25,560,579 |
| 9 | HEALTH | 3210 | HEALTH DIVISION GIFTS | Not in Executive Budget | - | - | - | - | - | - | - |
| 10 | HEALTH | 3212 | PUBLIC HEALTH TOBACCO FUND | - | - | - | - | - | - | - | - |
| 11 | HEALTH | 3213 | IMMUNIZATIONS | 752,214 | 3,227,697 | 1,571,543 | 5,551,454 | 752,497 | 2,899,332 | 1,571,543 | 5,223,372 |
| 12 | HEALTH | 3214 | WIC | - | 48,032,241 | 16,519,233 | 64,551,474 | - | 48,032,241 | 17,147,581 | 65,179,822 |
| 13 | HEALTH | 3215 | SEXUALLY TRANS DISEASE | 2,092,659 | 11,306,852 | 1,261,701 | 14,661,212 | 2,092,661 | 11,306,810 | 1,261,701 | 14,661,172 |
| 14 | HEALTH | 3216 | HEALTH FACILITIES LICENSE | - | 2,200,022 | 8,086,301 | 10,286,323 | - | 2,117,996 | 8,176,529 | 10,294,525 |
| 15 | HEALTH | 3217 | HEALTH FACILITIES - ADMIN. PENALTY | Not in Executive Budget | - | - | - | - | - | - | - |
| 16 | HEALTH | 3218 | HEALTH ALERT NETWORK | - | 14,445,507 | - | 14,445,507 | - | 14,445,427 | - | 14,445,427 |
| 17 | HEALTH | 3219 | BIostatistics and Epidemiology | 1,243,996 | 3,001,274 | 557,352 | 4,802,622 | 1,245,864 | 3,004,856 | 572,925 | 4,823,645 |
| 18 | HEALTH | 3220 | COMMUNICABLE DISEASE CONTROL | 4 | 5,389,153 | 13,628 | 5,402,785 | 4 | 5,028,926 | - | 5,028,930 |
| 19 | HEALTH | 3222 | MATERNAL - CHILD HEALTH | 901,231 | 3,854,042 | 2,493,774 | 7,249,047 | 901,231 | 3,854,042 | 2,380,165 | 7,135,438 |
| 20 | HEALTH | 3223 | HEALTH ADMIN | 636,284 | - | 4,438,622 | 5,074,906 | 636,156 | - | 4,428,970 | 5,065,126 |
| 21 | HEALTH | 3224 | COMMUNITY HEALTH SERVICES | 617,361 | 645,000 | 2,632,394 | 3,894,755 | 617,361 | 645,000 | 2,628,292 | 3,890,653 |
| 22 | HEALTH | 3225 | HEALTH DIVISION SPECIAL APPROPRIATIONS | Not in Executive Budget | - | - | - | - | - | - | - |
| 23 | HEALTH | 3235 | EMERGENCY MEDICAL SERVICE | 801,523 | 130,000 | 388,685 | 1,320,208 | 797,823 | 130,000 | 69,171 | 996,994 |
| 24 | HEALTH | 4547 | MARIJUANA HEALTH REGISTRY | - | - | 907,224 | 907,224 | - | - | 650,178 | 650,178 |
| 25 | HEALTH | 9408 | HEALTH DIVISION | Not in Executive Budget | - | - | - | - | - | - | - |
| | | | Health Total | 27,349,265 | 93,896,972 | 49,045,966 | 170,292,203 | 28,152,088 | 93,135,309 | 48,972,002 | 170,259,399 |
| | | | Health Biennial Total | | | | | 55,501,353 | | | 340,551,602 |
| Agency Code 407 | DIVISION OF WELFARE & SUPPORTIVE SERVICES | | | | | | | | | | |
| 1 | WELF | 3228 | WELFARE ADMINISTRATION | 8,170,985 | 17,923,603 | 2,792,588 | 28,887,176 | 8,581,815 | 18,796,452 | 2,906,052 | 30,284,319 |
| 2 | WELF | 3230 | TANF | 24,565,852 | 22,354,791 | - | 46,920,643 | 24,565,852 | 22,789,117 | - | 47,334,969 |
| 3 | WELF | 3232 | ASSISTANCE TO AGED & BLIND | 7,244,914 | - | - | 7,244,914 | 7,533,867 | - | - | 7,533,867 |
| 4 | WELF | 3233 | FIELD SERVICES | 24,246,533 | 34,231,722 | 12,049,044 | 70,527,299 | 24,847,982 | 35,119,267 | 12,355,252 | 72,322,501 |
| 5 | WELF | 3238 | CHILD SUPPORT ENFORCEMENT | - | 8,304,760 | 6,391,704 | 14,696,464 | - | 8,732,281 | 6,947,469 | 15,679,750 |
| 6 | WELF | 3239 | CHILD SUPPORT FEDERAL REIMBURSEMENT | - | 33,297,485 | 97,459 | 33,394,944 | - | 36,517,063 | 28,041 | 36,545,104 |
| 7 | WELF | 3267 | CHILD CARE | 2,580,421 | 35,511,866 | - | 38,092,307 | 2,580,421 | 36,799,608 | - | 39,380,029 |
| 8 | WELF | 3290 | WELFARE GIFT FUND | Not included in Executive Budget | - | - | - | - | - | - | - |
| 9 | WELF | 4882 | LIHEAP | - | 9,513,748 | 8,972,960 | 18,486,708 | - | 9,513,750 | 8,954,975 | 18,468,725 |
| 10 | WELF | 6028 | COLLECTION & DISTRIBUTION ACCOUNT (PASS THROUGH) | - | - | - | - | - | - | - | - |
| 11 | WELF | 6031 | UNIVERSAL ENERGY (PASS THROUGH) | - | - | - | - | - | - | - | - |
| | | | Welfare Total | 66,808,705 | 161,137,995 | 30,303,755 | 258,250,455 | 68,109,937 | 168,247,538 | 31,191,789 | 267,549,264 |
| | | | Welfare Biennial Total | | | | | 134,918,642 | | | 525,799,719 |

| Department of Health and Human Services Budget Accounts: By Divisions | | | | Fiscal Year 2012 | | | | Fiscal Year 2013 | | | | |
|---|-----------------|--|---|---------------------------|---------------|-------------|---------------|------------------|---------------|-------------|---------------|---|
| | | | | General Fund | Federal | Other | Total | General Fund | Federal | Other | Total | |
| | Agency Code 498 | DIVISION OF MENTAL HEALTH & DEVELOPMENTAL SERVICES | | | | | | | | | | |
| 1 | MHDS | 3169 | FOOD SERVICE - SOUTH | Not In Executive Budget | - | - | - | - | - | - | - | - |
| 2 | MHDS | 3161 | SNAMHS | 77,054,041 | 6,964,638 | 5,430,500 | 89,449,179 | 78,698,398 | 6,965,929 | 5,514,567 | 91,178,894 | |
| 3 | MHDS | 3162 | NNAMHS | 26,938,226 | 2,081,682 | 3,267,753 | 32,287,661 | 28,024,473 | 2,081,682 | 3,329,469 | 33,435,624 | |
| 4 | MHDS | 3164 | MENTAL HEALTH INFORMATION SYSTEMS | 1,460,995 | 132,941 | 251,229 | 1,845,165 | 1,489,782 | 132,941 | 254,292 | 1,877,015 | |
| 5 | MHDS | 3188 | DS HOME CARE (FPP) | 2,638,570 | - | - | 2,638,570 | 2,756,006 | - | - | 2,756,006 | |
| 6 | MHDS | 3167 | DS RURAL | 9,843,507 | - | 5,098,503 | 14,942,010 | 9,816,943 | - | 5,167,173 | 14,984,116 | |
| 7 | MHDS | 3188 | ADMINISTRATION | 2,590,740 | 4,224,736 | 1,087,703 | 7,903,179 | 2,619,828 | 4,225,579 | 1,092,462 | 7,937,869 | |
| 8 | MHDS | 3170 | BUREAU OF ALCOHOL & DRUG ABUSE | 9,159,487 | 13,898,580 | 651,175 | 23,709,242 | 9,159,486 | 13,898,580 | 652,578 | 23,710,644 | |
| 9 | MHDS | 3172 | SNAMHS GIFT FUND | Not In Executive Budget | - | - | - | - | - | - | - | - |
| 10 | MHDS | 3255 | TAX ON LIQUOR PROGRAM | - | - | 957,521 | 957,521 | - | - | 957,521 | 957,521 | |
| 11 | MHDS | 3279 | SNMRS (DRC) | 52,547,514 | - | 38,949,404 | 91,496,918 | 56,499,424 | - | 41,975,814 | 98,475,238 | |
| 12 | MHDS | 3280 | NNMRS (SRC) | 20,797,668 | - | 14,295,322 | 35,092,990 | 21,118,581 | - | 14,684,723 | 35,803,304 | |
| 13 | MHDS | 3287 | HOSPITAL GIFT FUND | Not In Executive Budget | - | - | - | - | - | - | - | - |
| 14 | MHDS | 3288 | NNMRS GIFT FUND | Not In Executive Budget | - | - | - | - | - | - | - | - |
| 15 | MHDS | 3297 | DESERT REGIONAL CENTER GIFT FUND | Not In Executive Budget | - | - | - | - | - | - | - | - |
| 16 | MHDS | 3645 | LAKES CROSSING (FACILITY FOR MENTAL OFFENDER) | 8,831,701 | - | 251,644 | 9,083,345 | 8,916,060 | - | 251,644 | 9,167,704 | |
| 17 | MHDS | 3648 | RURAL CLINICS | 10,432,544 | 352,086 | 1,436,749 | 12,221,379 | 10,472,111 | 350,688 | 1,440,329 | 12,263,128 | |
| | | | MHDS Total | 222,294,993 | 27,654,663 | 1,436,749 | 321,627,159 | 229,571,092 | 27,655,399 | 75,320,572 | 332,547,063 | |
| | | | MHDS Biennial Total | | | | | 451,866,085 | | | 654,174,222 | |
| | Agency Code 499 | DIVISION OF CHILD AND FAMILY SERVICES | | | | | | | | | | |
| 1 | DCFS | 1383 | PROBATION SUBSIDIES (JUVENILE JUSTICE) | 1,398,039 | 1,614,287 | 4,987 | 3,017,313 | 1,407,363 | 1,613,704 | 4,987 | 3,026,054 | |
| 2 | DCFS | 3141 | WASHOE COUNTY INTEGRATION | 15,250,834 | 14,107,434 | 2,890,491 | 32,248,759 | 15,875,906 | 14,681,036 | 2,909,597 | 33,466,539 | |
| 3 | DCFS | 3142 | CLARK COUNTY INTEGRATION | 49,225,056 | 35,882,060 | 3,664,247 | 88,771,363 | 52,194,555 | 38,455,254 | 3,664,247 | 94,314,056 | |
| 4 | DCFS | 3143 | UNITY/SACWIS | 3,280,558 | 2,807,485 | 262,141 | 6,350,184 | 4,422,176 | 3,942,216 | 287,166 | 8,631,558 | |
| 5 | DCFS | 3145 | ADMINISTRATION | 5,606,035 | 11,116,862 | 1,221,054 | 17,943,951 | 5,690,400 | 11,118,010 | 1,223,667 | 18,032,077 | |
| 6 | DCFS | 3147 | YOUTH ALTERNATIVE PLACEMENT | 1,381,033 | - | 1,997,618 | 3,378,651 | 1,381,033 | - | 1,997,618 | 3,378,651 | |
| 7 | DCFS | 3148 | JUVENILE CORRECTIONAL FACILITY | 1,491,384 | - | - | 1,491,384 | 1,492,915 | - | - | 1,492,915 | |
| 8 | DCFS | 3149 | CHILD CARE SERVICES | 100 | - | 1,580,519 | 1,580,619 | 100 | - | 1,620,103 | 1,620,203 | |
| 9 | DCFS | 3179 | CALIENTE YOUTH CENTER | 8,592,750 | - | 248,184 | 8,840,934 | 8,612,365 | - | 248,184 | 8,860,549 | |
| 10 | DCFS | 3181 | VICTIMS OF DOMESTIC VIOLENCE | - | - | 3,746,549 | 3,746,549 | - | - | 3,746,549 | 3,746,549 | |
| 11 | DCFS | 3229 | YOUTH COMMUNITY SERVICES | 8,589,700 | 5,812,598 | 2,357,978 | 16,760,276 | 8,996,990 | 6,042,585 | 2,357,978 | 17,397,563 | |
| 12 | DCFS | 3242 | CHILD WELFARE TRUST | - | - | 327,271 | 327,271 | - | - | 327,271 | 327,271 | |
| 13 | DCFS | 3250 | TRANSITION FROM FOSTER CARE | - | - | 1,111,734 | 1,111,734 | - | - | 1,125,525 | 1,125,525 | |
| 14 | DCFS | 3251 | CHILD DEATH REVIEWS | - | - | 120,564 | 120,564 | - | - | 120,564 | 120,564 | |
| 15 | DCFS | 3259 | NV. YOUTH TRAINING CTR. | 9,536,010 | - | 569,106 | 10,105,116 | 9,714,683 | - | 569,106 | 10,283,789 | |
| 16 | DCFS | 3263 | YOUTH PAROLE | 6,332,790 | - | 45,540 | 6,378,330 | 6,392,169 | - | 45,540 | 6,437,709 | |
| 17 | DCFS | 3277 | NYTC - FARM | Not In Executive Budget | - | - | - | - | - | - | - | - |
| 18 | DCFS | 3278 | WRAPAROUND IN NEVADA | Transfer to BA3281 & 3646 | - | - | - | - | - | - | - | - |
| 19 | DCFS | 3281 | NNCAS | 3,630,345 | - | 4,416,419 | 8,046,764 | 3,769,346 | 39 | 4,483,532 | 8,252,917 | |
| 20 | DCFS | 3285 | CBS WASHOE GIFT FUND | Not In Executive Budget | - | - | - | - | - | - | - | - |
| 21 | DCFS | 3292 | HENRY WOODS CHRISTMAS FUND | Not In Executive Budget | - | - | - | - | - | - | - | - |
| 22 | DCFS | 3293 | NV. CHILDREN'S GIFT FUND | Not In Executive Budget | - | - | - | - | - | - | - | - |
| 23 | DCFS | 3295 | CALIENTE YOUTH CENTER GIFT FUND | Not In Executive Budget | - | - | - | - | - | - | - | - |
| 24 | DCFS | 3296 | YOUTH TRAINING CENTER GIFT FUND | Not In Executive Budget | - | - | - | - | - | - | - | - |
| 25 | DCFS | 3646 | SNCAS | 12,090,107 | - | 13,676,672 | 25,766,779 | 12,299,288 | - | 13,967,374 | 26,266,662 | |
| | | | DCFS Total | 126,404,741 | 71,340,726 | 13,676,672 | 235,986,541 | 132,249,289 | 75,852,854 | 13,967,374 | 246,781,151 | |
| | | | DCFS Biennial Total | | | | | 258,654,030 | | | 482,767,692 | |
| 101 | | | Department of Health and Human Services Total | 1,094,183,236 | 1,344,804,593 | 393,059,298 | 2,941,965,704 | 1,102,790,760 | 1,442,024,890 | 483,583,986 | 3,067,078,644 | |
| | | | Biennial Total | | | | | 2,198,973,996 | 2,786,829,483 | 876,643,284 | 6,009,044,348 | |



FEDERAL FUNDS INFORMATION FOR STATES
444 NORTH CAPITOL STREET, NW
SUITE 642
WASHINGTON, DC 20001
www.ffis.org

Issue Brief 10-38, September 24, 2010

Final FY 2012 FMAPs

Trinity Tomsic • 202-624-8577 • ttomsic@ffis.org

Summary

On September 20, 2010, the Bureau of Economic Analysis (BEA) released state personal income data for 2009 and revised data for prior years. This release permits the calculation of final federal fiscal year (FY) 2012 federal Medicaid matching rates (Federal Medical Assistance Percentage—FMAP). Based on the new data, 16 states will receive increased FMAPs in FY 2012 and 21 will see decreases.

Total personal income in the United States changed by an average of -1.7% in 2009. The annual percentage change ranged from -5.0% in Nevada to +2.0% in West Virginia. In fact, only four states and the District of Columbia saw an increase in total personal income in 2009. Per capita personal income fell by -2.6% nationally.

For complete four-page article, see Federal Funds Information for States.
(Subscription Required)
<http://www.ffis.org/node/2171>

Document on file at the Research Library.
library@lcb.state.nv.us

FMAP (MEDICAID)

* FMAP History & projections, pre-ARRA

FFY07 = 53.93%
 FFY08 = 52.64 %
 FFY 09 = 50.00%
 FFY 10 = 50.16%
 FFY 11 = 51.61%

* ARRA FMAP Effective 10/1/08 thru 12/31/10 = 63.93%

* ARRA FMAP Step-down Jan - March 2011 = 61.10%
 April - June 2011 = 59.22%

* FMAP difference State FY 11 = \$88.5 million Special Session Est.
 = 63.3 million Step-down Est.
 \$25.2 million difference

* SFY 12 FMAP
QTR

| | <u>Used in</u> <u>Agency Request Budget</u> | <u>Used in</u> <u>Gov Rec. Budget</u> |
|--------------|--|--|
| July - Sept. | 51.61% | 51.61% |
| Oct. - Dec. | 53.66% | 56.20% |
| Jan. - Mar. | 53.66% | 56.20% |
| April - June | <u>53.66%</u> | <u>56.20%</u> |
| Blended | 53.15% | 55.05% |

* SFY 13 FMAP
QTR

| | <u>Used in</u> <u>Agency Request Budget</u> | <u>Used in</u> <u>Gov Rec. Budget</u> |
|--------------|--|--|
| July - Sept. | 53.66% | 56.20% |
| Oct. - Dec. | 53.66% | 58.14% |
| Jan. - Mar. | 53.66% | 58.14% |
| April - June | <u>53.66%</u> | <u>58.14%</u> |
| Blended | 53.66% | 57.655% |

* Federal funding (FMAP) Loss

ARRA FMAP (63.93%) vs Agency Request (53.15% or 53.66%)
 = \$191.4 million in FY12
 = \$150.0 million in FY13
 \$341.4 million in biennium

* Gov Rec add backs using FFIS new FMAP Projections

= \$62.2 million in FY 12
 = \$63.1 million in FY 13
 \$125.3 million total

* Net impact of ARRA FMAP Expenditures

= SFY12 \$129.2 million
 = SFY13 \$86.9 million
 \$216.1 million

FMAP Calculation

1. For each state, they calculate the square of the three year average per capita personal income. (For the FFY2013 FMAP, we would take the average of 2008, 2009, and 2010.)
2. They do the same thing for the US.
3. Find the ratio of (1) and (2) from above.
4. Multiply the number from (3) by 45%.
5. The state's FMAP is 1 - (4), but it cannot be below 50% or above 83%.

Per Capita Personal Income

| | 2008 | 2009 | 2010 | Average | Avg. Sq. | Ratio |
|--|--------|--------|--------|---------|---------------|---------------|
| Nevada | 40,076 | 37,691 | 38,481 | 38,749 | 1,501,509,325 | 93.03% |
| United States | 40,673 | 39,626 | 40,225 | 40,175 | 1,614,010,959 | |
| <i>US per capita personal income is from Moody's Economy.com. NV is computed personal income per capita based on Moody's total personal income for Nevada and Demographer's Population projection.</i> | | | | | | Ratio * 45% |
| | | | | | | 41.86% |
| | | | | | | FMAP |
| | | | | | | 58.14% |

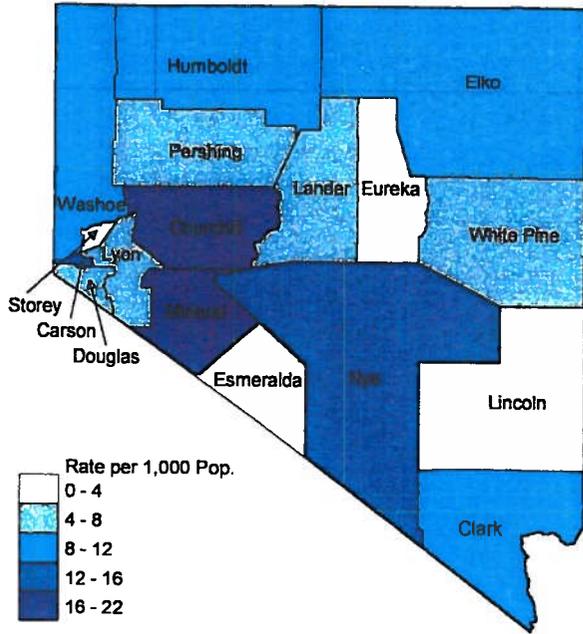
Enhanced FMAP

The Children's Health Insurance Program (CHIP) uses an enhanced FMAP. The match is calculated by reducing each state's Medicaid share by 30%. The minimum rate is 65.00

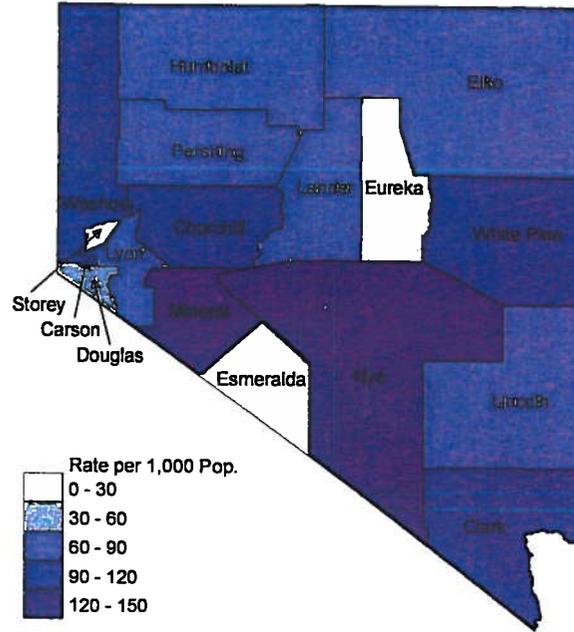
| | |
|----------------------|---------------|
| State Share | 41.86% |
| Reduced by 30% | 29.30% |
| Enhanced FMAP | 70.70% |

PROGRAM PARTICIPATION RATES BY COUNTY OR REGION

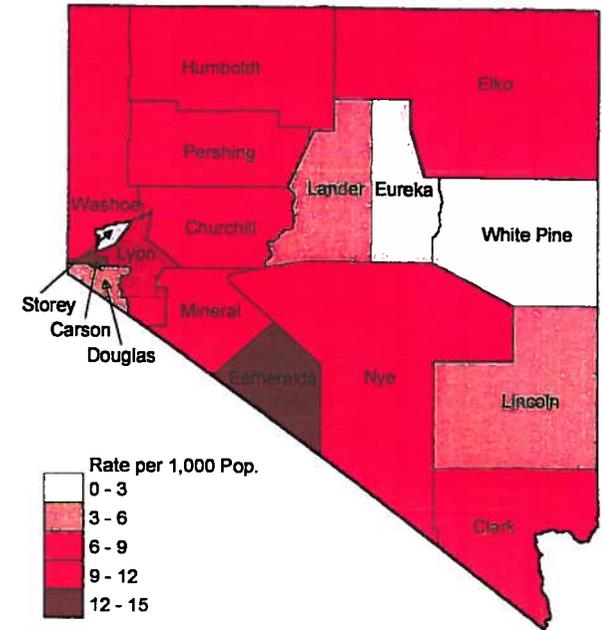
Total TANF Cash Participation Rate - July 2010



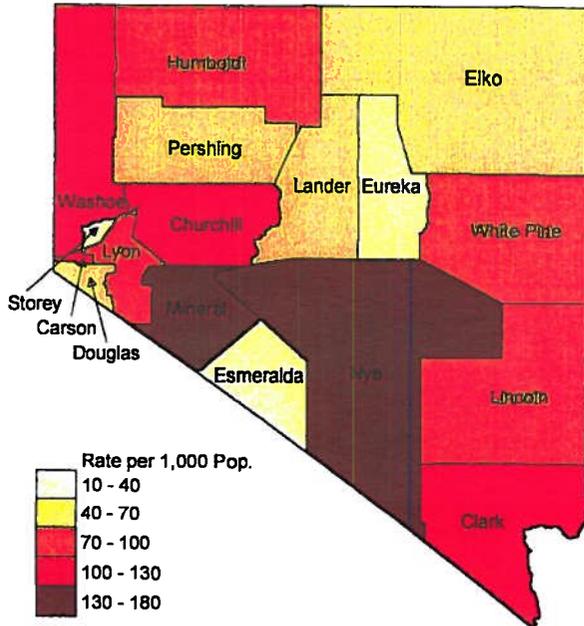
Total Medicaid Participation Rate - July 2010



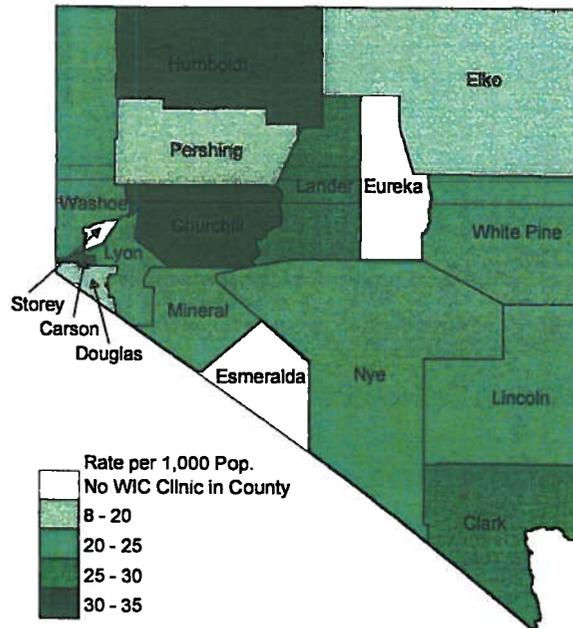
NV CheckUp Participation Rate - July 2010



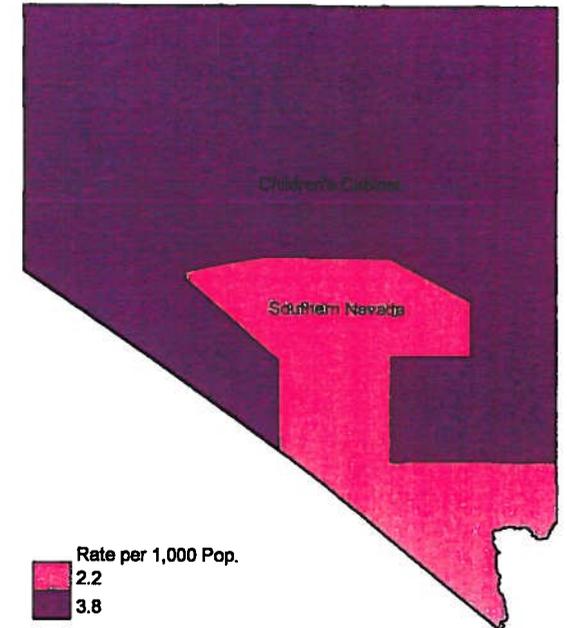
SNAP Participation Rate - June 2010



WIC Participation Rate - June 2010

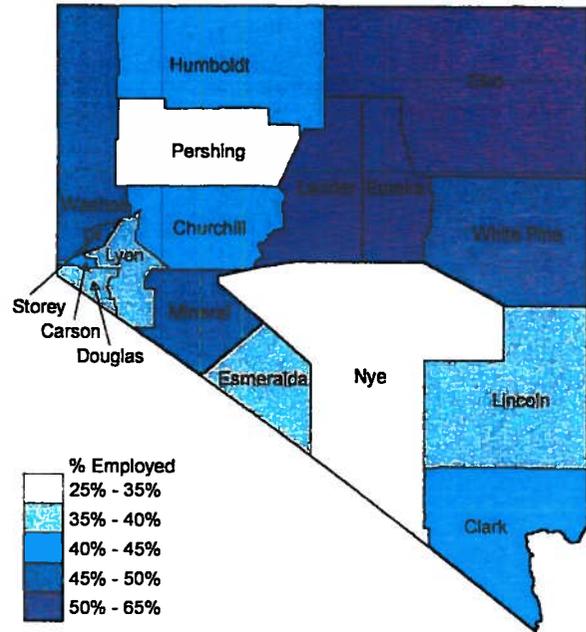


Childcare Participation Rate - June 2010

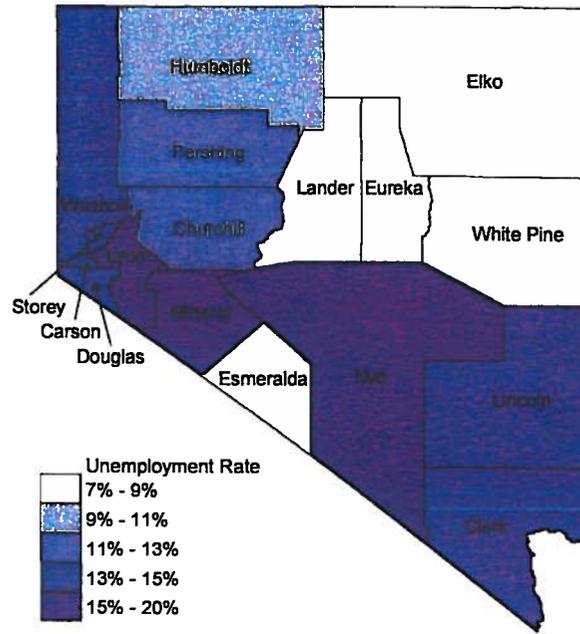


SOCIOECONOMIC INDICATORS BY COUNTY – DETR & US CENSUS BUREAU

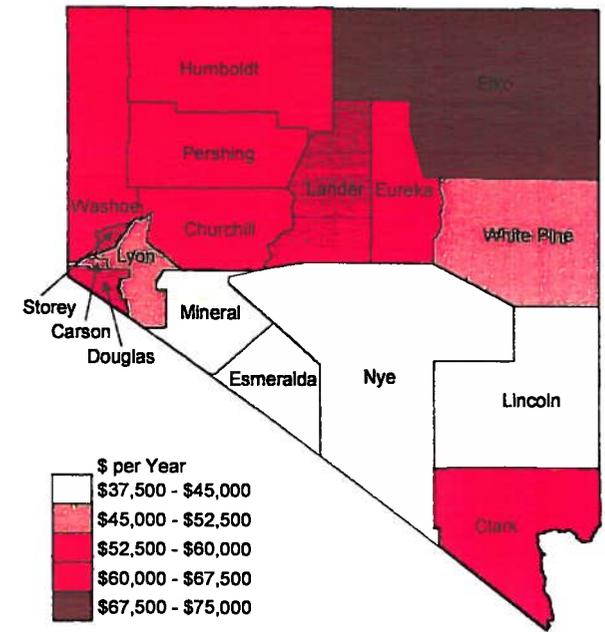
Ratio of Employment to Population - July 2010



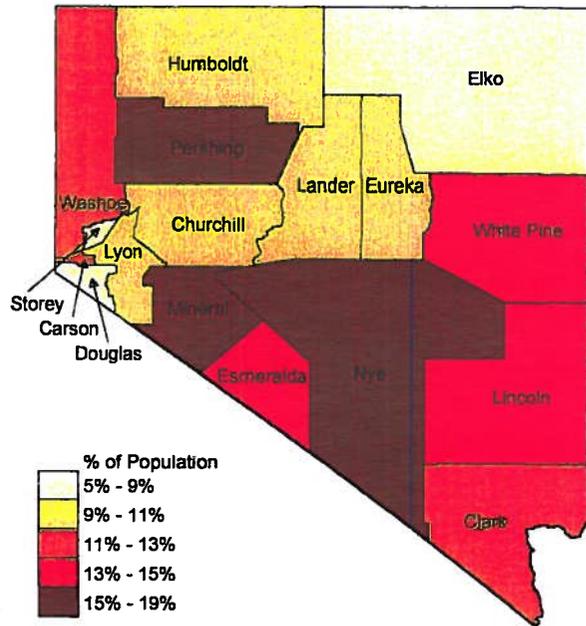
Unemployment Rate - July 2010



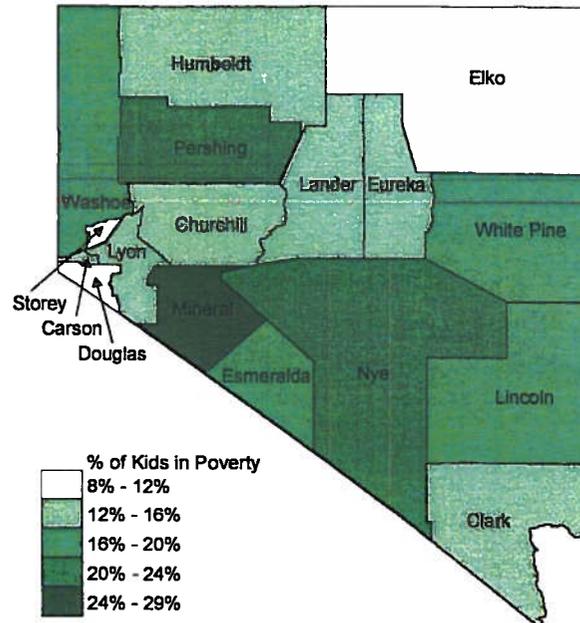
Median Household Income - 2008



Persons below Poverty - 2008

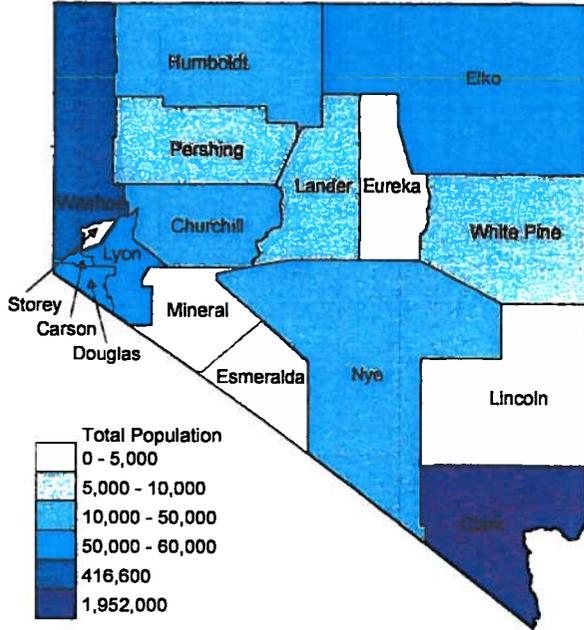


Child Poverty - 2008

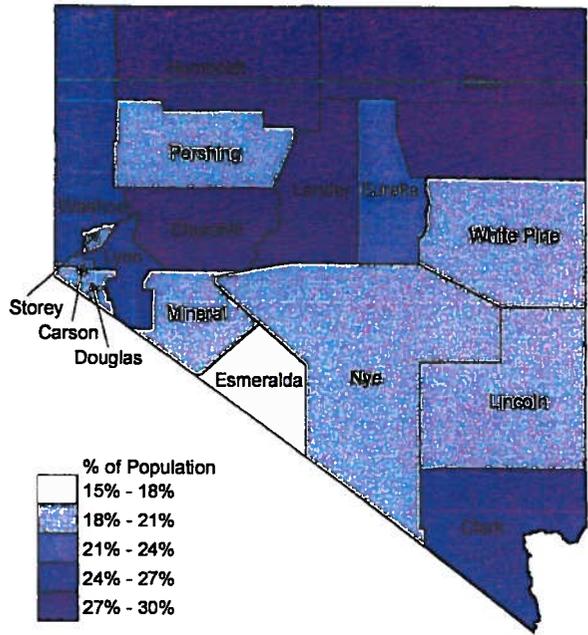


DEMOGRAPHIC INDICATORS BY COUNTY – US CENSUS BUREAU

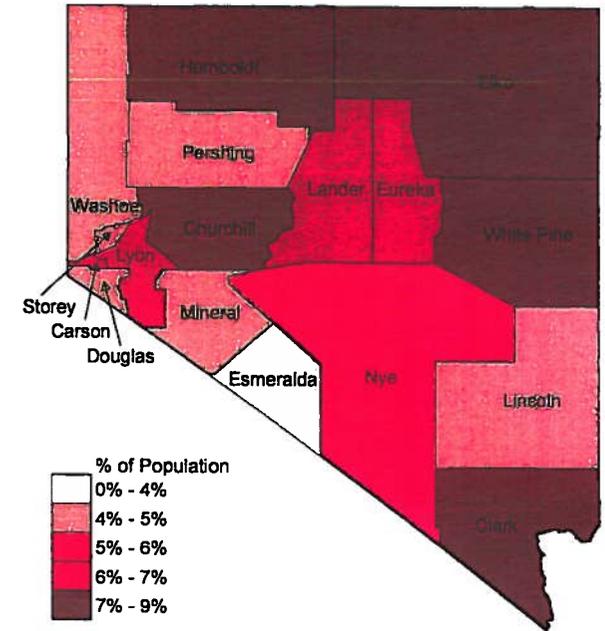
Total Population - 2008



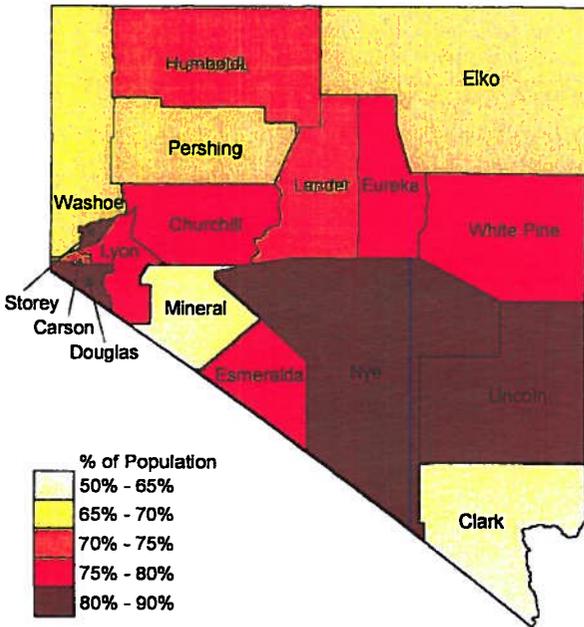
Persons under 18 Years - 2008



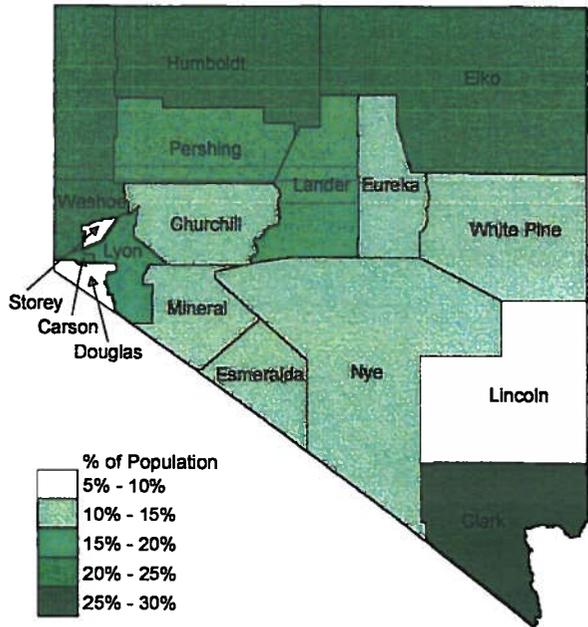
Persons under 5 Years - 2008



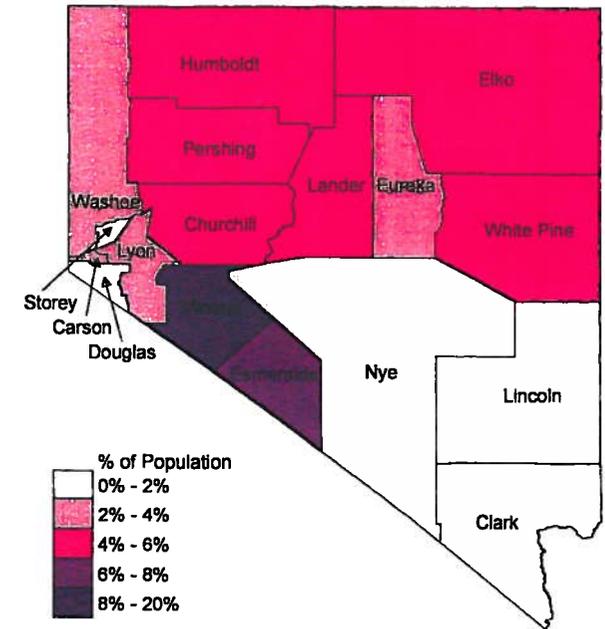
White Persons not Hispanic - 2008



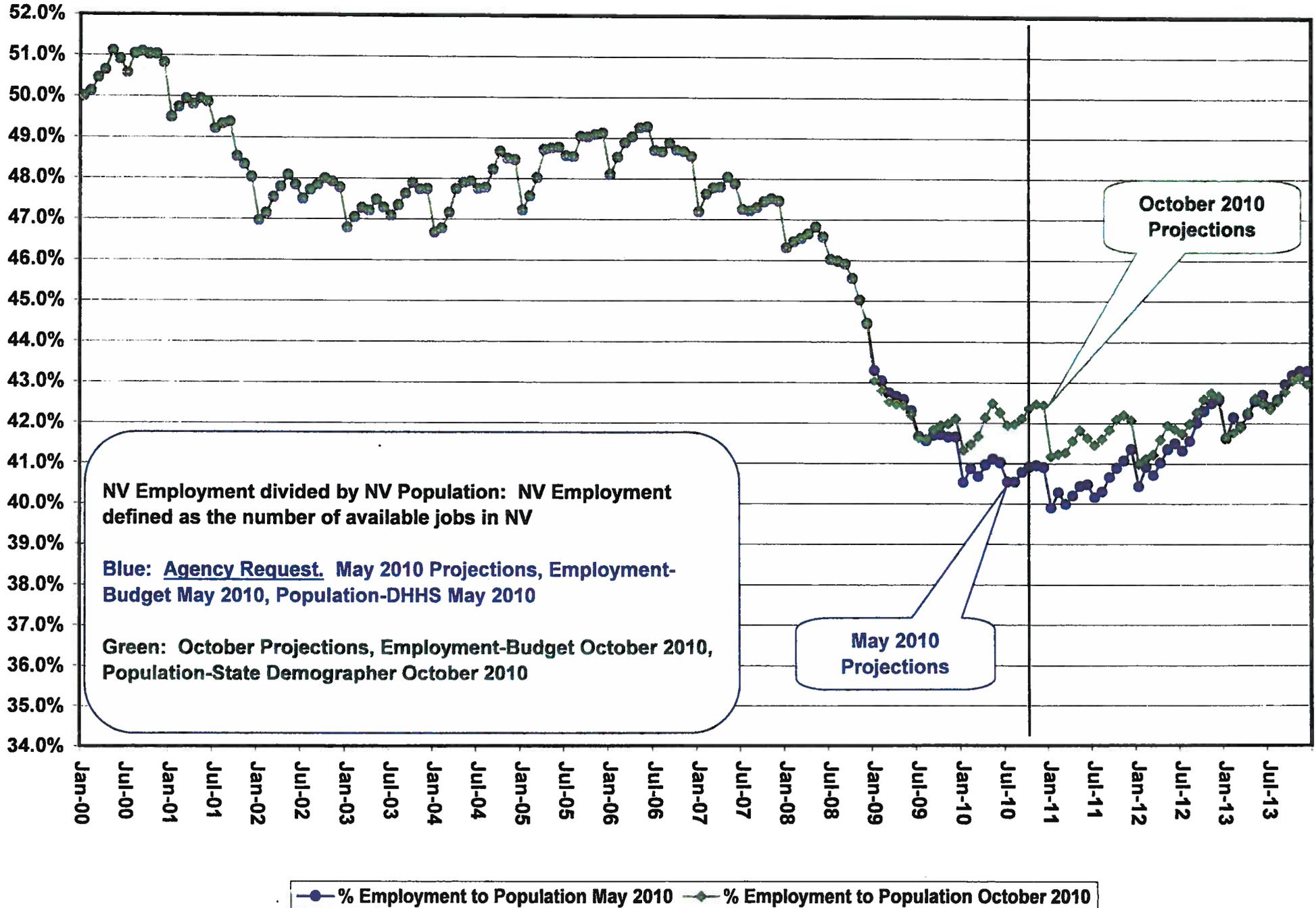
Persons of Hispanic Origin - 2008



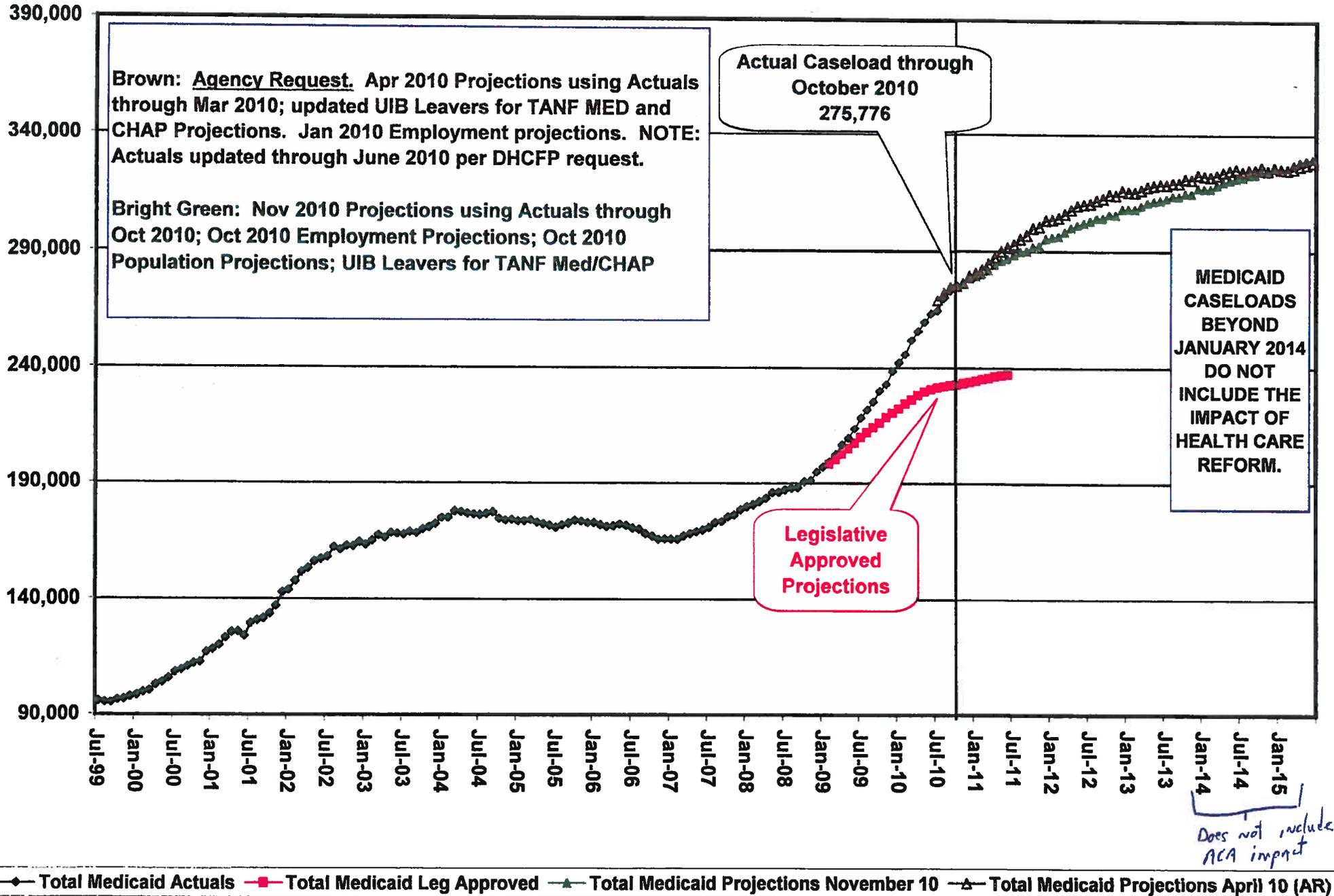
Native American Persons - 2008



% Employment to Population



Total Medicaid with Retro Projections Using DWSS waiver numbers



Brown: Agency Request. Apr 2010 Projections using Actuals through Mar 2010; updated UIB Leavers for TANF MED and CHAP Projections. Jan 2010 Employment projections. NOTE: Actuals updated through June 2010 per DHCFP request.

Bright Green: Nov 2010 Projections using Actuals through Oct 2010; Oct 2010 Employment Projections; Oct 2010 Population Projections; UIB Leavers for TANF Med/CHAP

MEDICAID CASELOADS BEYOND JANUARY 2014 DO NOT INCLUDE THE IMPACT OF HEALTH CARE REFORM.

Legislative Approved Projections

Does not include ACA impact

TOTAL MEDICAID W/DWSS HCBW

| TOTAL MEDICAID with RETRO | | | |
|---------------------------|-----------------------|---------|--|
| | FY 08-09 Leg Approved | Actuals | |
| Jul-07 | 167,962 | 171,634 | |
| Aug-07 | 168,572 | 174,488 | |
| Sep-07 | 168,802 | 174,383 | |
| Oct-07 | 169,338 | 176,498 | |
| Nov-07 | 169,693 | 177,632 | |
| Dec-07 | 170,300 | 179,926 | |
| Jan-08 | 170,817 | 180,983 | |
| Feb-08 | 171,132 | 182,274 | |
| Mar-08 | 171,469 | 183,526 | |
| Apr-08 | 171,625 | 185,251 | |
| May-08 | 171,908 | 189,010 | |
| Jun-08 | 172,123 | 188,832 | |
| Jul-08 | 172,568 | 187,170 | |
| Aug-08 | 173,026 | 187,844 | |
| Sep-08 | 173,225 | 188,082 | |
| Oct-08 | 173,627 | 190,696 | |
| Nov-08 | 173,844 | 191,141 | |
| Dec-08 | 174,325 | 194,876 | |
| Jan-09 | 174,722 | 197,042 | |
| Feb-09 | 174,920 | 199,264 | |
| Mar-09 | 175,148 | 202,321 | |
| Apr-09 | 175,203 | 206,523 | |
| May-09 | 175,392 | 209,401 | |
| Jun-09 | 175,521 | 213,444 | |

| TOTAL MEDICAID with RETRO | | | |
|---------------------------|---------|--|---|
| | Actuals | FY 10-11 Leg Approved Projections (February 2009 Caseload) | Current Month's Projection (November 2010 Projections using October 2010 Actuals) |
| Jul-09 | 218,134 | 209,499 | |
| Aug-09 | 221,716 | 211,579 | |
| Sep-09 | 225,198 | 213,815 | |
| Oct-09 | 229,969 | 215,798 | |
| Nov-09 | 232,944 | 218,235 | |
| Dec-09 | 238,588 | 220,072 | |
| Jan-10 | 242,324 | 222,012 | |
| Feb-10 | 245,957 | 224,160 | |
| Mar-10 | 252,080 | 225,855 | |
| Apr-10 | 255,971 | 227,859 | |
| May-10 | 259,886 | 229,456 | |
| Jun-10 | 263,568 | 230,408 | |
| Jul-10 | 265,019 | 231,210 | |
| Aug-10 | 270,178 | 231,702 | |
| Sep-10 | 273,556 | 232,221 | |
| Oct-10 | 275,777 | 232,479 | |
| Nov-10 | | 233,240 | 276,733 |
| Dec-10 | | 233,710 | 278,421 |
| Jan-11 | | 234,282 | 279,489 |
| Feb-11 | | 235,068 | 280,317 |
| Mar-11 | | 235,533 | 281,986 |
| Apr-11 | | 236,314 | 284,247 |
| May-11 | | 236,678 | 285,839 |
| Jun-11 | | 237,020 | 286,804 |

| TOTAL MEDICAID with RETRO | | | |
|---------------------------|---------|-----------------------------------|---|
| | Actuals | FY 12-13 Leg Approved Projections | Current Month's Projection (November 2010 Projections using October 2010 Actuals) |
| Jul-11 | | | 288,366 |
| Aug-11 | | | 289,798 |
| Sep-11 | | | 290,066 |
| Oct-11 | | | 291,766 |
| Nov-11 | | | 292,295 |
| Dec-11 | | | 295,214 |
| Jan-12 | | | 295,758 |
| Feb-12 | | | 296,176 |
| Mar-12 | | | 298,091 |
| Apr-12 | | | 299,846 |
| May-12 | | | 300,922 |
| Jun-12 | | | 301,707 |
| Jul-12 | | | 302,703 |
| Aug-12 | | | 303,879 |
| Sep-12 | | | 303,874 |
| Oct-12 | | | 305,427 |
| Nov-12 | | | 305,217 |
| Dec-12 | | | 307,698 |
| Jan-13 | | | 307,760 |
| Feb-13 | | | 307,663 |
| Mar-13 | | | 309,072 |
| Apr-13 | | | 310,337 |
| May-13 | | | 311,025 |
| Jun-13 | | | 311,415 |

| TOTAL MEDICAID with RETRO | | | |
|---------------------------|---------|-----------------------------------|---|
| | Actuals | FY 14-15 Leg Approved Projections | Current Month's Projection (November 2010 Projections using October 2010 Actuals) |
| Jul-13 | | | 312,141 |
| Aug-13 | | | 313,191 |
| Sep-13 | | | 312,968 |
| Oct-13 | | | 314,362 |
| Nov-13 | | | 314,198 |
| Dec-13 | | | 316,650 |
| Jan-14 | | | 316,285 |
| Feb-14 | | | 316,312 |
| Mar-14 | | | 317,859 |
| Apr-14 | | | 319,140 |
| May-14 | | | 320,014 |
| Jun-14 | | | 320,658 |
| Jul-14 | | | 321,266 |
| Aug-14 | | | 322,343 |
| Sep-14 | | | 322,285 |
| Oct-14 | | | 323,845 |
| Nov-14 | | | 323,602 |
| Dec-14 | | | 325,919 |
| Jan-15 | | | 325,489 |
| Feb-15 | | | 325,358 |
| Mar-15 | | | 326,816 |
| Apr-15 | | | 328,050 |
| May-15 | | | 328,851 |
| Jun-15 | | | 329,329 |

Bolded Numbers equal actuals

Total Medicaid Recipient Projections with Retro DWSS HCBW Data

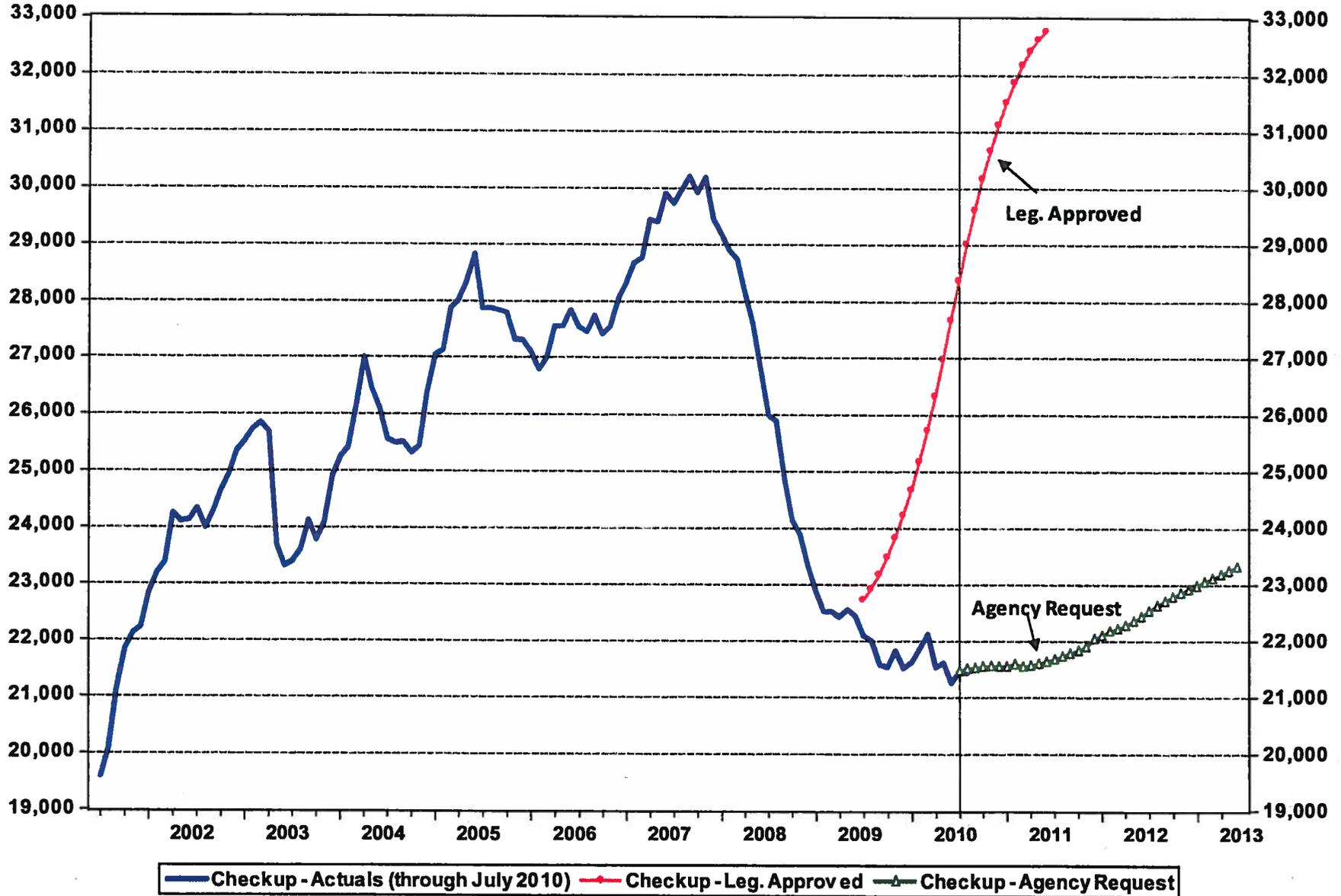
| Medicaid Eligible Recipient Category | October 2010 | % of Total Medicaid | % of TANF Med Recips | June 2013 | % of Total Medicaid | % of TANF Med Recips | June 2015 | % of Total Medicaid | % of TANF Med Recips |
|--------------------------------------|----------------|---------------------|----------------------|----------------|---------------------|----------------------|----------------|---------------------|----------------------|
| TANF Med Recips (no retro)* | 125,082 | 45% | | 134,805 | 43% | | 138,134 | 42% | |
| <i>TANF Cash</i> | 32,274 | | 26% | 29,952 | | 22% | 27,140 | | 20% |
| <i>Non-TANF Cash</i> | 92,808 | | 74% | 104,853 | | 78% | 110,994 | | 80% |
| CHAP | 77,661 | 28% | | 93,773 | 30% | | 101,664 | 31% | |
| Aged | 10,302 | 4% | | 11,338 | 4% | | 11,637 | 4% | |
| Blind | 338 | 0% | | 337 | 0% | | 337 | 0% | |
| Disabled | 29,190 | 11% | | 33,004 | 11% | | 36,191 | 11% | |
| HCBW | 3,943 | 1% | | 4,245 | 1% | | 4,460 | 1% | |
| QMB | 10,397 | 4% | | 13,082 | 4% | | 14,893 | 5% | |
| SLMB | 9,107 | 3% | | 10,688 | 3% | | 11,663 | 4% | |
| HIWA | 11 | 0% | | 11 | 0% | | 11 | 0% | |
| County Match | 1,296 | 0% | | 1,236 | 0% | | 1,215 | 0% | |
| Child Welfare | 8,449 | 3% | | 8,897 | 3% | | 9,124 | 3% | |
| Total Medicaid Recipients | 275,776 | 100.00% | | 311,416 | 100.00% | | 329,329 | 100.00% | |

*TANF MED includes the following aid codes: AM (TANF Related Medicaid), AO (Aged Out of Foster Care), EM4 (Emergency Med), MCB (Cervical/Breast Cancer), PM (Post Medical), SN (Sneede vs. Kizer), TR (Transitional Medical), OBRA Babies (Can be any TANF Med aid code followed by "5").

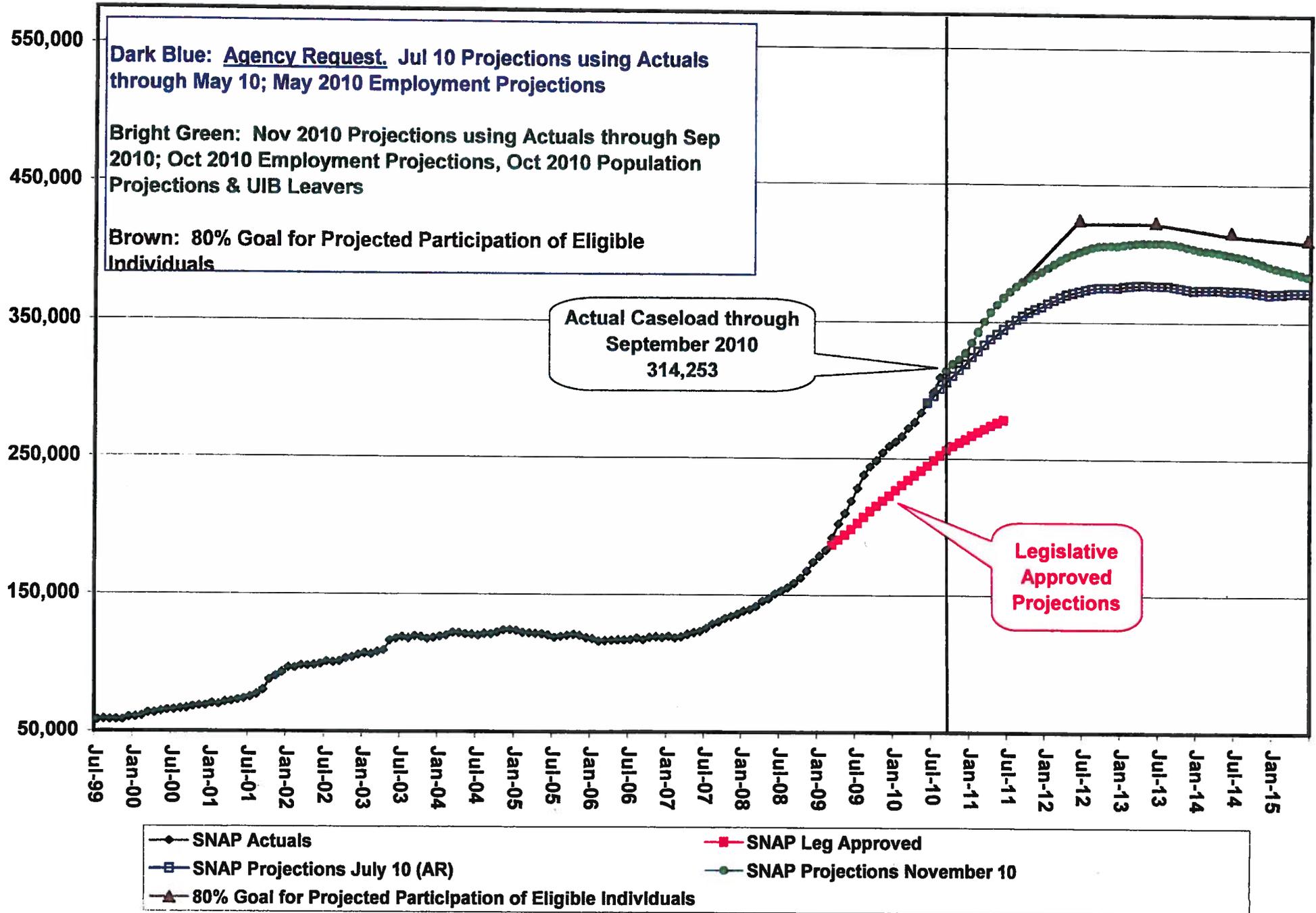
Source: 15 November 2010 DWSS Caseload Projections Packet

↑
Does not include
Health Care Reform
impact

Nevada Checkup



SNAP Projections



SNAP

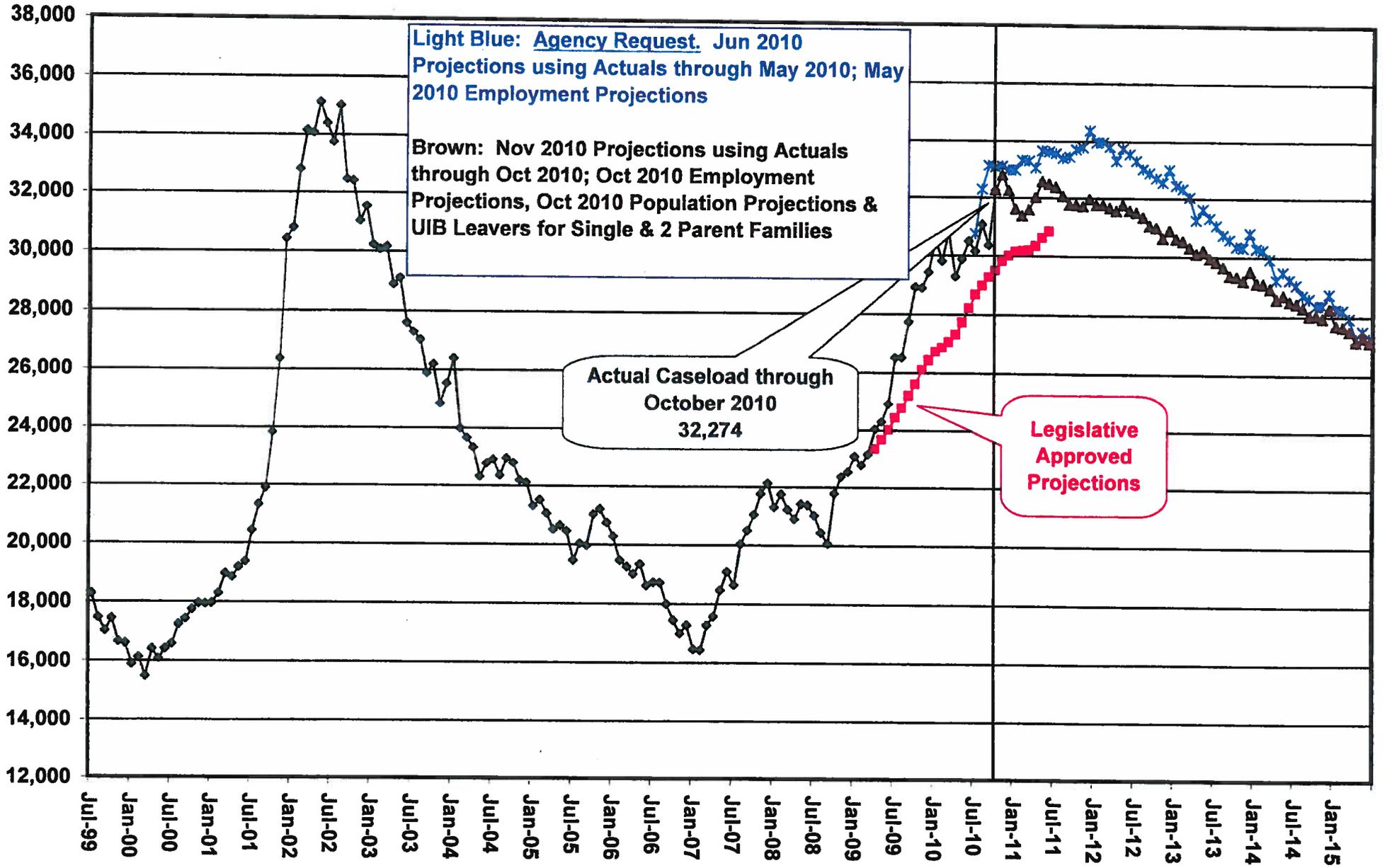
| SNAP | | | |
|---------|-----------------------------------|--|--|
| | FY 10-11 Leg Approved Projections | Current Month's Projection (November 2010 based on September 2010 actuals) | 80% Goal for Projected Additional Eligible SNAP Part Persons November 10 |
| Actuals | | | |
| Jul-09 | 228,524 | 202,690 | |
| Aug-09 | 238,115 | 207,132 | |
| Sep-09 | 244,110 | 211,429 | |
| Oct-09 | 248,437 | 215,267 | |
| Nov-09 | 254,376 | 219,049 | |
| Dec-09 | 259,196 | 222,701 | |
| Jan-10 | 262,500 | 226,745 | |
| Feb-10 | 266,276 | 230,629 | |
| Mar-10 | 272,425 | 234,230 | |
| Apr-10 | 276,523 | 237,794 | |
| May-10 | 283,523 | 241,130 | |
| Jun-10 | 290,842 | 244,574 | |
| Jul-10 | 299,168 | 248,470 | |
| Aug-10 | 309,586 | 252,278 | |
| Sep-10 | 314,253 | 255,891 | |
| Oct-10 | | 258,867 | 319,197 |
| Nov-10 | | 261,516 | 322,716 |
| Dec-10 | | 263,886 | 327,472 |
| Jan-11 | | 266,757 | 335,024 |
| Feb-11 | | 269,287 | 342,850 |
| Mar-11 | | 271,571 | 350,340 |
| Apr-11 | | 273,901 | 356,942 |
| May-11 | | 275,961 | 362,600 |
| Jun-11 | | 278,182 | 367,474 |

| SNAP | | | |
|---------|-----------------------------------|--|--|
| | FY 12-13 Leg Approved Projections | Current Month's Projection (November 2010 based on September 2010 actuals) | 80% Goal for Projected Additional Eligible SNAP Part Persons November 10 |
| Actuals | | | |
| Jul-11 | | 371,899 | 424,173 |
| Aug-11 | | 375,844 | 424,173 |
| Sep-11 | | 379,254 | 424,173 |
| Oct-11 | | 382,052 | 424,173 |
| Nov-11 | | 384,307 | 424,173 |
| Dec-11 | | 386,361 | 424,173 |
| Jan-12 | | 389,190 | 424,173 |
| Feb-12 | | 391,863 | 424,173 |
| Mar-12 | | 394,578 | 424,173 |
| Apr-12 | | 396,896 | 424,173 |
| May-12 | | 398,906 | 424,173 |
| Jun-12 | | 400,711 | 424,173 |
| Jul-12 | | 402,422 | 422,512 |
| Aug-12 | | 403,786 | 422,512 |
| Sep-12 | | 404,721 | 422,512 |
| Oct-12 | | 405,172 | 422,512 |
| Nov-12 | | 405,214 | 422,512 |
| Dec-12 | | 405,083 | 422,512 |
| Jan-13 | | 405,792 | 422,512 |
| Feb-13 | | 406,317 | 422,512 |
| Mar-13 | | 406,927 | 422,512 |
| Apr-13 | | 407,196 | 422,512 |
| May-13 | | 407,233 | 422,512 |
| Jun-13 | | 407,159 | 422,512 |

| SNAP | | | |
|---------|-----------------------------------|--|--|
| | FY 14-15 Leg Approved Projections | Current Month's Projection (November 2010 based on September 2010 actuals) | 80% Goal for Projected Additional Eligible SNAP Part Persons November 10 |
| Actuals | | | |
| Jul-13 | | 407,132 | 415,298 |
| Aug-13 | | 406,905 | 415,298 |
| Sep-13 | | 406,354 | 415,298 |
| Oct-13 | | 405,490 | 415,298 |
| Nov-13 | | 404,327 | 415,298 |
| Dec-13 | | 403,131 | 415,298 |
| Jan-14 | | 402,128 | 415,298 |
| Feb-14 | | 401,500 | 415,298 |
| Mar-14 | | 400,966 | 415,298 |
| Apr-14 | | 400,277 | 415,298 |
| May-14 | | 399,366 | 415,298 |
| Jun-14 | | 398,450 | 415,298 |
| Jul-14 | | 397,656 | 410,005 |
| Aug-14 | | 396,684 | 410,005 |
| Sep-14 | | 395,537 | 410,005 |
| Oct-14 | | 394,025 | 410,005 |
| Nov-14 | | 392,294 | 410,005 |
| Dec-14 | | 390,484 | 410,005 |
| Jan-15 | | 389,136 | 410,005 |
| Feb-15 | | 388,058 | 410,005 |
| Mar-15 | | 387,059 | 410,005 |
| Apr-15 | | 385,901 | 410,005 |
| May-15 | | 384,593 | 410,005 |
| Jun-15 | | 383,317 | 410,005 |

Bolded Numbers equal actuals

TANF Cash Projections



◆ TANF Cash Actuals
 ■ Tanf Cash Projections Leg Approved
 ✱ Tanf Cash Projections June 10 (AR)
 ▲ Tanf Cash Projections November 10

TANF CASH

| TANF CASH | | |
|-----------|-----------------------|---------|
| | FY 08-09 Leg Approved | Actuals |
| Jul-07 | 14,485 | 18,649 |
| Aug-07 | 14,667 | 20,040 |
| Sep-07 | 14,574 | 20,518 |
| Oct-07 | 14,601 | 21,062 |
| Nov-07 | 14,312 | 21,783 |
| Dec-07 | 14,133 | 22,147 |
| Jan-08 | 13,887 | 21,317 |
| Feb-08 | 13,948 | 21,769 |
| Mar-08 | 14,015 | 21,236 |
| Apr-08 | 13,990 | 20,913 |
| May-08 | 14,031 | 21,434 |
| Jun-08 | 14,039 | 21,394 |
| Jul-08 | 14,041 | 21,042 |
| Aug-08 | 14,181 | 20,455 |
| Sep-08 | 14,192 | 20,076 |
| Oct-08 | 14,307 | 21,796 |
| Nov-08 | 14,334 | 22,376 |
| Dec-08 | 14,498 | 22,548 |
| Jan-09 | 14,629 | 23,099 |
| Feb-09 | 14,669 | 22,787 |
| Mar-09 | 14,726 | 23,170 |
| Apr-09 | 14,699 | 24,055 |
| May-09 | 14,748 | 24,323 |
| Jun-09 | 14,772 | 24,942 |

| TANF CASH | | |
|-----------|-----------------------|---|
| | FY 10-11 Leg Approved | Current Month's Projection (November 2010 Projections using October 2010 Actuals) |
| Jul-09 | 26,531 | 24,453 |
| Aug-09 | 26,540 | 24,793 |
| Sep-09 | 27,762 | 25,224 |
| Oct-09 | 28,937 | 25,621 |
| Nov-09 | 28,907 | 26,117 |
| Dec-09 | 29,440 | 26,451 |
| Jan-10 | 30,578 | 26,735 |
| Feb-10 | 29,822 | 26,882 |
| Mar-10 | 30,810 | 27,070 |
| Apr-10 | 29,293 | 27,332 |
| May-10 | 29,888 | 27,745 |
| Jun-10 | 30,498 | 28,225 |
| Jul-10 | 30,160 | 28,688 |
| Aug-10 | 31,076 | 28,992 |
| Sep-10 | 30,363 | 29,279 |
| Oct-10 | 32,274 | 29,507 |
| Nov-10 | | 29,820 |
| Dec-10 | | 30,012 |
| Jan-11 | | 30,145 |
| Feb-11 | | 30,169 |
| Mar-11 | | 30,203 |
| Apr-11 | | 30,348 |
| May-11 | | 30,629 |
| Jun-11 | | 30,851 |

| TANF CASH | | |
|-----------|-----------------------|---|
| | FY 12-13 Leg Approved | Current Month's Projection (November 2010 Projections using October 2010 Actuals) |
| Jul-11 | | 32,385 |
| Aug-11 | | 32,078 |
| Sep-11 | | 31,783 |
| Oct-11 | | 31,772 |
| Nov-11 | | 31,732 |
| Dec-11 | | 31,982 |
| Jan-12 | | 31,773 |
| Feb-12 | | 31,778 |
| Mar-12 | | 31,663 |
| Apr-12 | | 31,565 |
| May-12 | | 31,772 |
| Jun-12 | | 31,582 |
| Jul-12 | | 31,507 |
| Aug-12 | | 31,345 |
| Sep-12 | | 31,059 |
| Oct-12 | | 30,989 |
| Nov-12 | | 30,625 |
| Dec-12 | | 30,893 |
| Jan-13 | | 30,614 |
| Feb-13 | | 30,522 |
| Mar-13 | | 30,315 |
| Apr-13 | | 30,104 |
| May-13 | | 30,219 |
| Jun-13 | | 29,952 |

| TANF CASH | | |
|-----------|-----------------------|---|
| | FY 14-15 Leg Approved | Current Month's Projection (November 2010 Projections using October 2010 Actuals) |
| Jul-14 | | 29,828 |
| Aug-14 | | 29,661 |
| Sep-14 | | 29,368 |
| Oct-14 | | 29,328 |
| Nov-14 | | 29,201 |
| Dec-14 | | 29,519 |
| Jan-15 | | 29,127 |
| Feb-15 | | 29,088 |
| Mar-15 | | 28,935 |
| Apr-15 | | 28,586 |
| May-15 | | 28,710 |
| Jun-15 | | 28,506 |
| Jul-15 | | 28,430 |
| Aug-15 | | 28,296 |
| Sep-15 | | 28,032 |
| Oct-15 | | 28,042 |
| Nov-15 | | 27,951 |
| Dec-15 | | 28,254 |
| Jan-16 | | 27,707 |
| Feb-16 | | 27,654 |
| Mar-16 | | 27,513 |
| Apr-16 | | 27,154 |
| May-16 | | 27,309 |
| Jun-16 | | 27,140 |

Bolded Numbers equal actuals

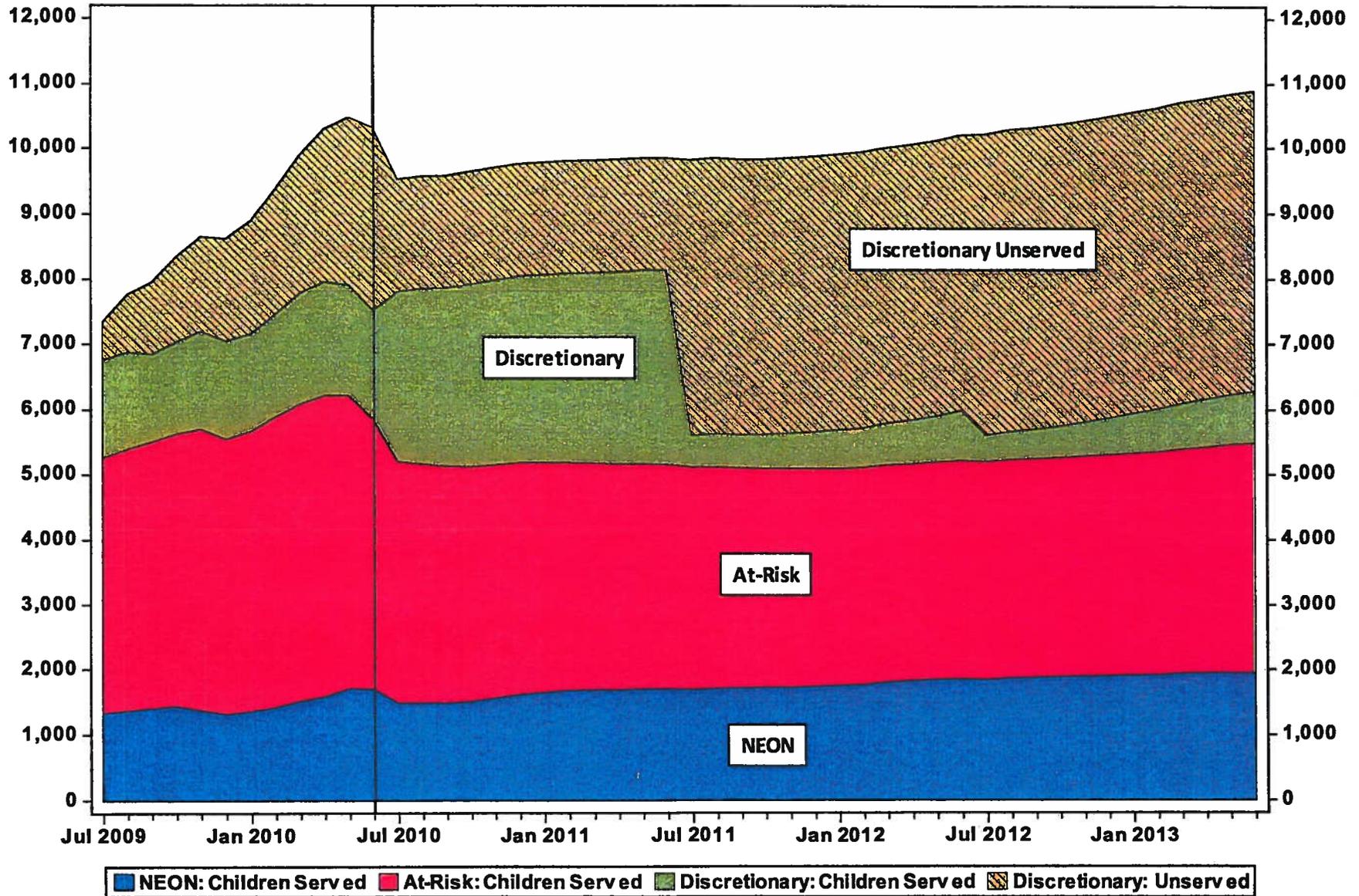
APPLICATION PROCESSING AND PENDING APPLICATIONS (LAST 6 MONTHS)

| % Application Processing Timeliness for Approved Applications | | | | | | | |
|--|------------------|----------------------|--------------|-----------------------|---------------------|-----------------------------|---|
| | TANF Cash | TANF Med/CHAP | MAABD | SNAP Expedited | SNAP Regular | SNAP Recertification | SNAP All Approved Applications (Average) |
| May-10 | 94.0% | 83.2% | 86.2% | 87.9% | 83.2% | 96.0% | 89.0% |
| Jun-10 | 98.6% | 83.8% | 90.0% | 86.9% | 82.4% | 95.4% | 88.2% |
| Jul-10 | 91.1% | 80.7% | 89.0% | 85.5% | 84.9% | 97.6% | 89.3% |
| Aug-10 | 90.4% | 84.4% | 87.8% | 84.6% | 79.7% | 97.5% | 87.3% |
| Sep-10 | 82.8% | 74.5% | 85.3% | 84.3% | 81.4% | 98.4% | 88.0% |
| Oct-10 | 90.9% | 83.9% | 87.7% | 83.4% | 80.4% | 97.6% | 87.1% |

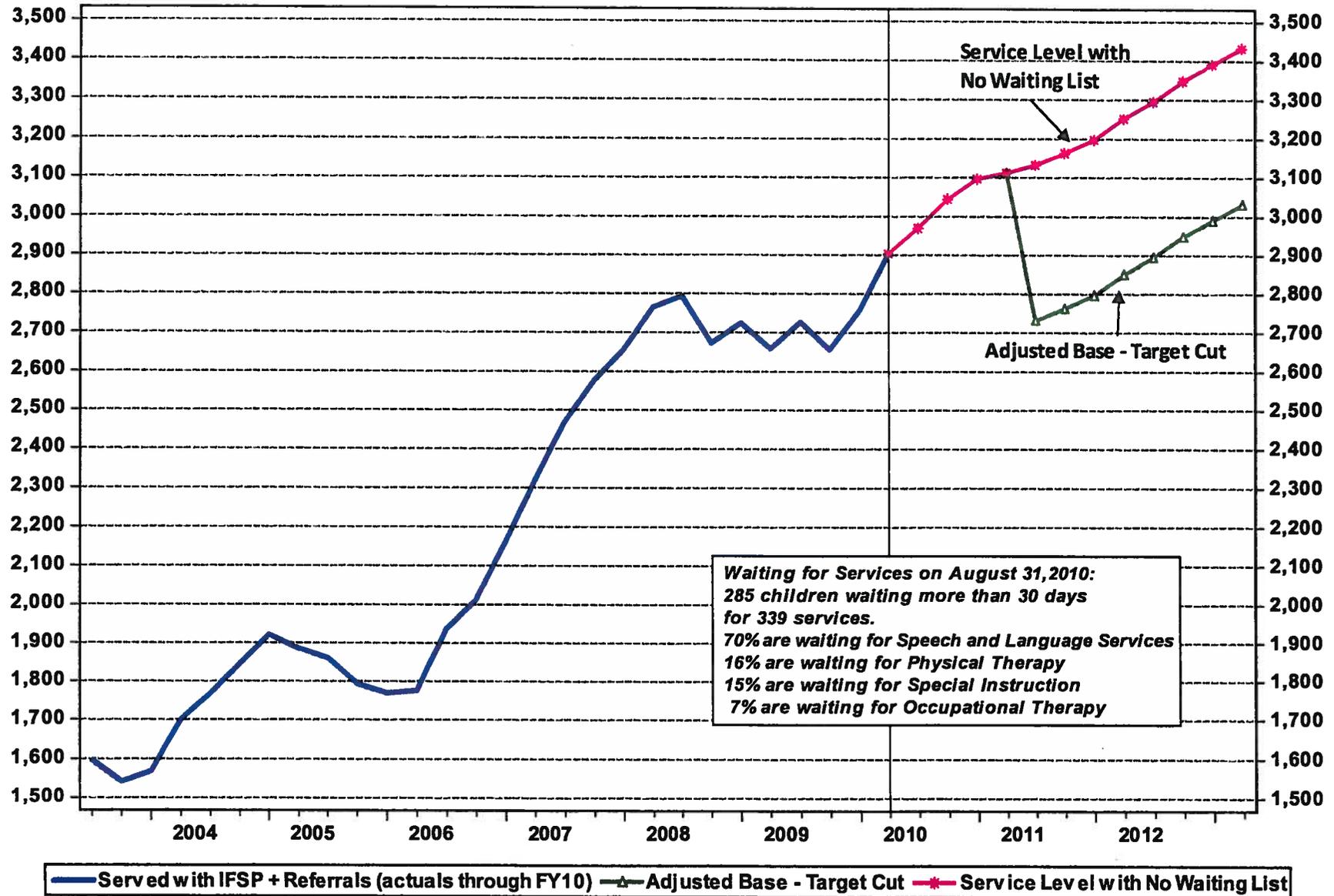
| Total Pending Applications taken from the last working day of the month | | | | |
|--|------------------|----------------------|--------------|-------------|
| | TANF Cash | TANF Med/CHAP | MAABD | SNAP |
| May-10 | 1,666 | 5,345 | 8,214 | 5,455 |
| Jun-10 | 1,993 | 5,467 | 8,566 | 5,868 |
| Jul-10 | 2,729 | 5,905 | 8,740 | 6,152 |
| Aug-10 | 2,725 | 6,249 | 8,844 | 6,411 |
| Sep-10 | 2,614 | 6,254 | 8,833 | 6,536 |
| Oct-10 | 2,568 | 5,912 | 8,696 | 6,497 |



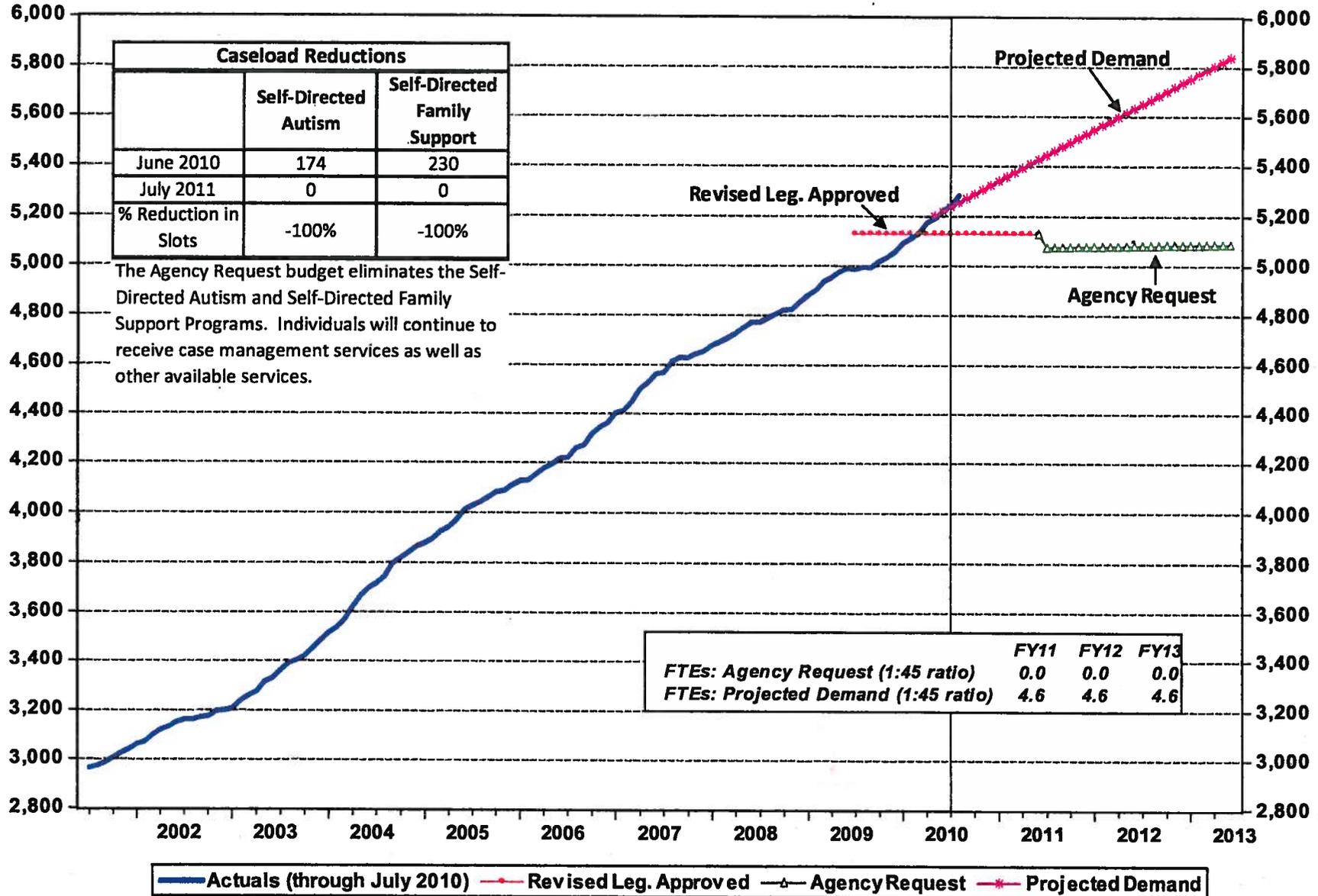
Child Care Development Fund



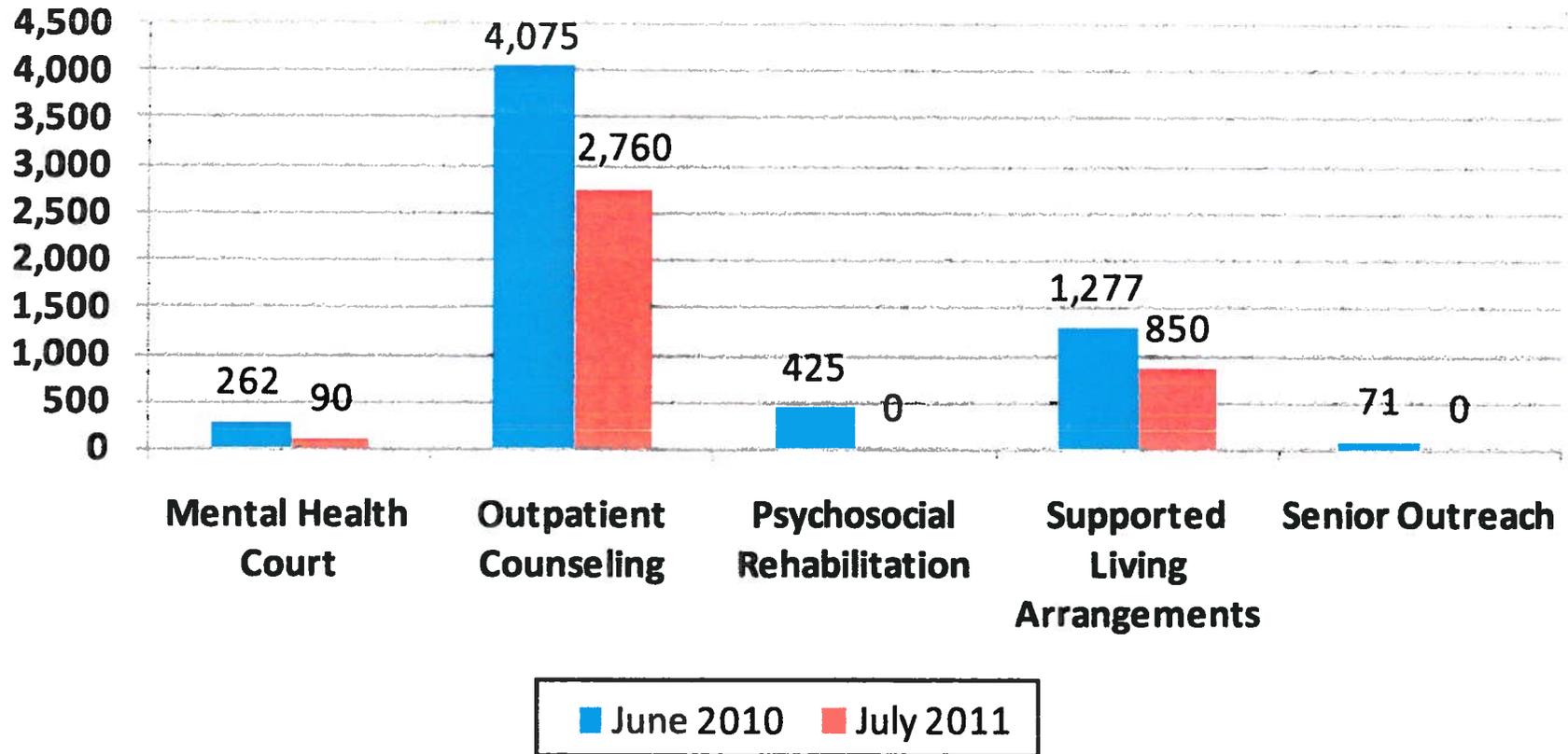
Early Intervention Services



Developmental Services Total Statewide Caseload



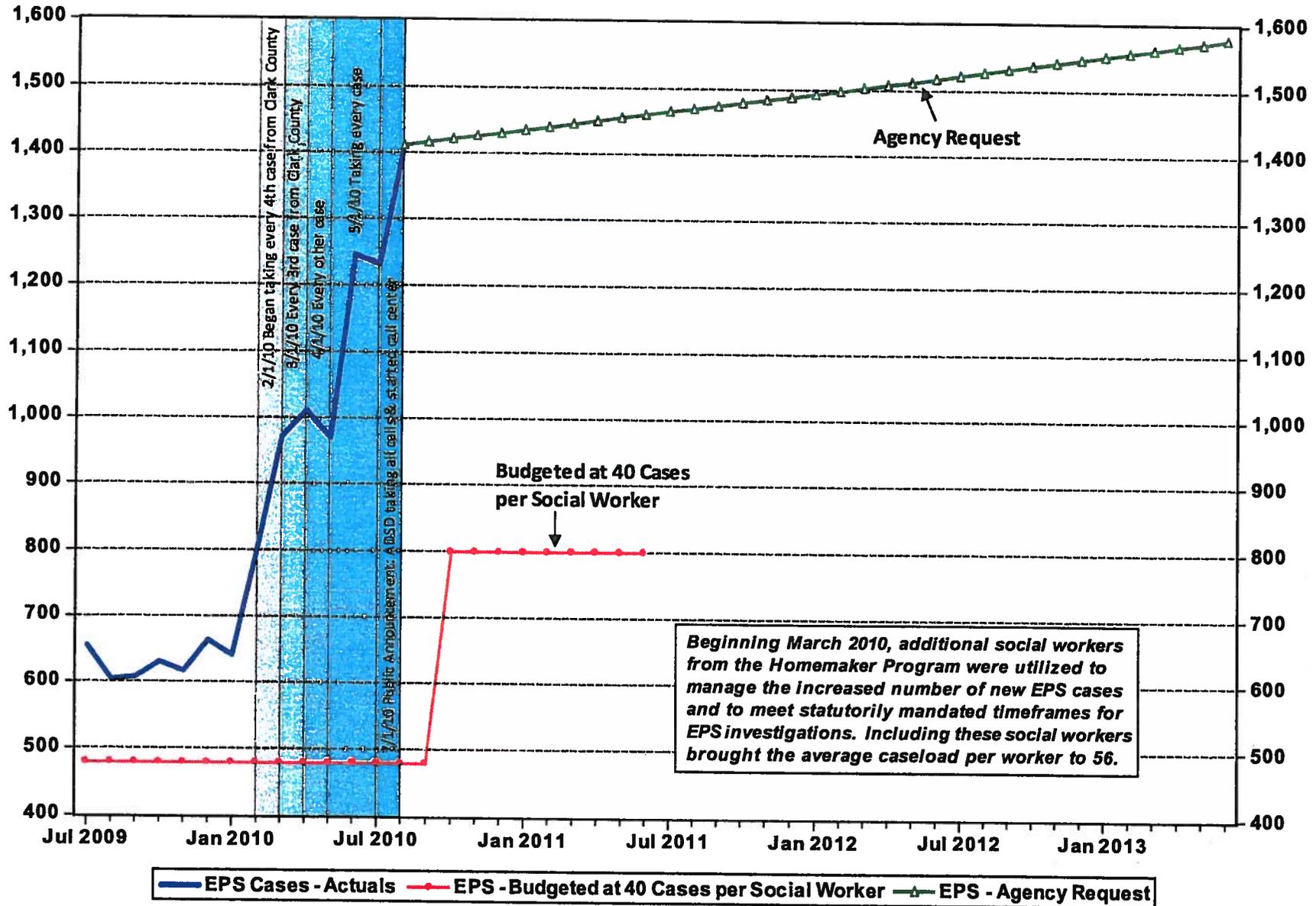
Statewide Mental Health Caseload Reductions



| | Mental Health Court | Outpatient Counseling | Psychosocial Rehabilitation | Supported Living Arrangements | Senior Outreach |
|----------------------|---------------------|-----------------------|-----------------------------|-------------------------------|-----------------|
| June 2010 | 262 | 4,075 | 425 | 1,277 | 71 |
| July 2011 | 90 | 2,760 | 0 | 850 | 0 |
| % Reduction in Slots | -66% | -32% | -100% | -33% | -100% |

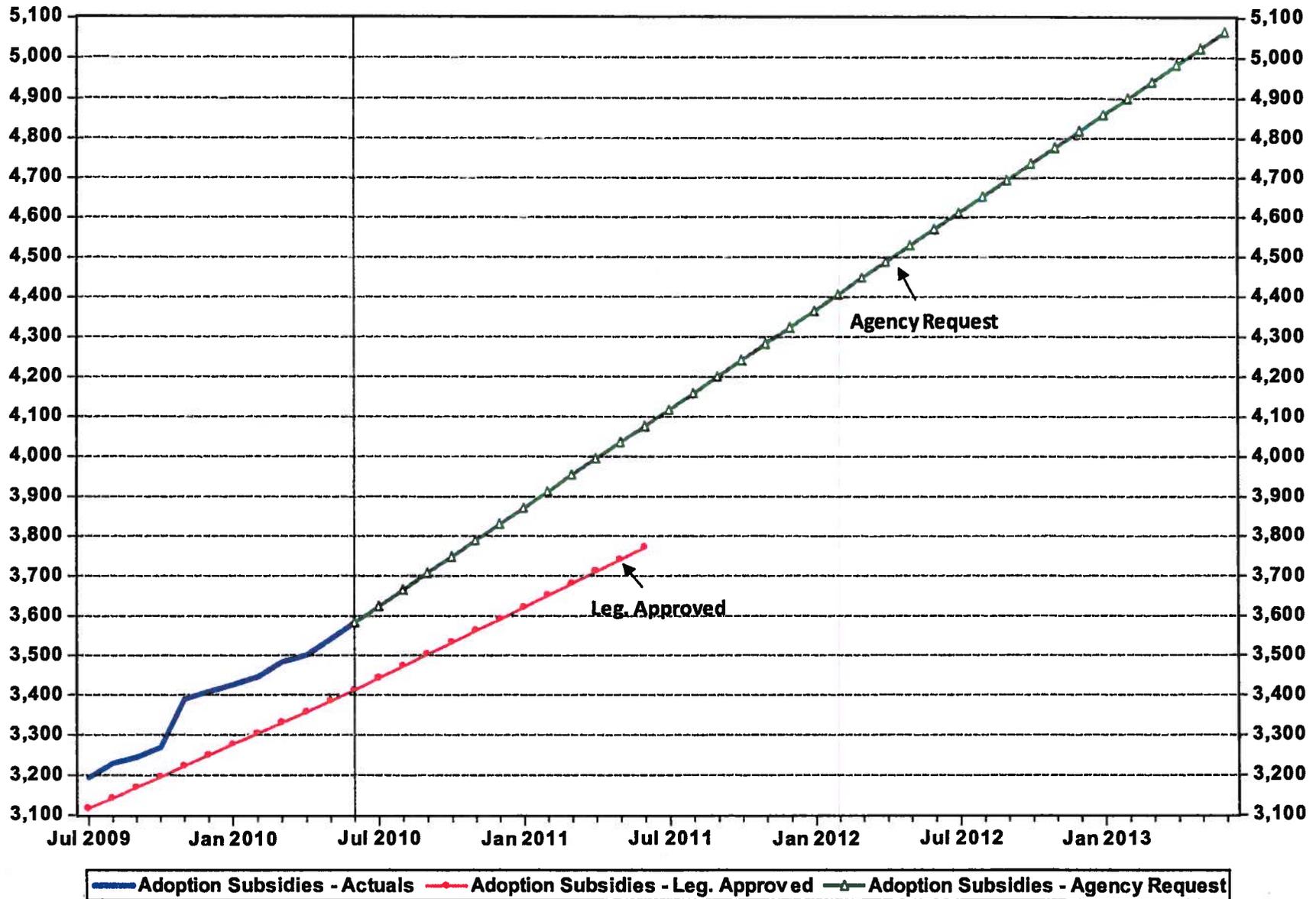
The Agency Request budget eliminates Psychosocial Rehabilitation and Senior Outreach and reduces the caseloads for Mental Health Court, Outpatient Counseling, and Supported Living Arrangements. Whenever possible, MHDS tries to meet clients' needs by placing them in other programs.

Total Statewide Elder Protective Services (EPS) Cases



Note: Total EPS Caseload includes new cases opened, cases investigated and closed, and carry-over cases from previous month.

Adoption Subsidies



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DHHS promotes the health and well-being of Nevadans through the delivery or facilitation of essential services. DHHS ensures families are strengthened, public health is protected and individuals achieve their highest level of self-sufficiency.

Organizational Structure:

The Department of Health and Human Services (DHHS) Director's Office is responsible for the management and administration of human services programs, which are operated individually by each of the seven divisions of the department. Activities of the Director's Office include coordination of departmental programs, planning, budgetary management, public information, and personnel administration.

Programs in the Director's Office include:

- Grants Management Unit
- Family Resource Centers
- Family to Family Program
- Differential Response
- Problem Gambling Program
- Head Start State Collaboration Office
- Early Childhood Comprehensive Systems
- Suicide Prevention Office
- Office of Health Information Technology
- Nevada 2-1-1

The seven divisions of DHHS are:

- Aging and Disability Services
- Child and Family Services
- Health
- Health Care Financing and Policy
- Mental Health and Developmental Services
- Welfare and Supportive Services
- Public Defender's Office

DHHS also provides administrative support to the Indian Commission.

Aging and Disability Services Division (ADSD)

ADSD develops, coordinates, and delivers a comprehensive support service system that will allow Nevada's senior citizens and persons with disabilities to lead independent, meaningful, and dignified lives.

Programs include:

- Long Term Care Ombudsmen
- Elder Protective Services
- Senior and Disability Rx Programs
- Senior Property Tax Assistance Program
- State Health Insurance Counseling and Assistance Program (SHIP)

Aging and Disability Services Division (ADSD) (cont'd)

- Senior Ride Program
- Community Advocate for Elder Rights
- Personal Assistance Services
- Medicaid Waiver Programs: Community Home based Initiatives Program (CHIP), Group Care Waiver (WEARC) and Assisted Living Waiver
- Older American Act grants
- Homemaker Program
- Community Option Program for Elders (COPE)
- Autism Treatment Assistance Program (ATAP)
- Traumatic Brain Injury Program
- Independent Living grants
- Communication assistance for deaf and hard of hearing (Relay Nevada 711)
- IDEA Part C compliance and
- Administrative support to the Governor's Council on Developmental Disabilities

Division of Child and Family Services (DCFS)

DCFS provides quality child welfare, mental health, and juvenile justice services to children and their families that enhance child safety, well-being, permanency, and community safety in Nevada.

DCFS program areas include:

- Child Welfare Services
 - Child protective services
 - Foster care
 - Adoptions
 - Clinical/intensive family services
 - Child care licensing
 - Victim assistance services
 - Child death reviews
 - Child welfare training
- Children's Mental/Behavioral Health Services
 - Outpatient clinical services
 - Intensive care coordination services
 - Community treatment homes
 - In-patient psychiatric services (Desert Willow Hospital)
- Juvenile Justice Services
 - Juvenile correction care (youth training centers)
 - Community alternative correction placements
 - Juvenile justice and delinquency prevention
 - Youth parole
- Systems Advocates
- Program Integrity and Oversight

Nevada State Health Division (NSHD)

NSHD promotes and protects the health of Nevadans and visitors through its leadership in public health matters and enforcement of laws and regulations pertaining to public health. NSHD takes such measures necessary to prevent the spread of sickness and disease.

Services include:

- Women, Infants and Children (WIC)
- Data Maintenance (Vital Statistics, cancer registry, trauma registry)
- Childhood immunization services
- Early Intervention Services
- Public health and clinical services (environmental health, community nursing)
- Maternal and Child Health (home visiting program)
- Chronic Disease Prevention
- HIV Prevention Program
- Access to quality health care
- Planning for Public Health Preparedness for emergency response
- Primary Care Office
- Injury prevention
- Regulatory and certification activities (licensing and oversight of health facilities, radioactive waste)
- Sexual Assault and Violence Prevention
- Office of Minority Health
- Medical Marijuana Registry

The Division of Health Care Financing and Policy (DHCFP)

DHCFP purchases quality, accessible, and economical health care services for eligible Nevadans; evaluates alternative methods of providing medical services through either Medicaid or Nevada Check Up; and focuses on maximizing federal funding for both. DHCFP is committed to improving access to quality health care for all residents and to restraining the growth of the cost of health care.

Programs include:

- Nevada Medicaid
 - Managed care (children and parents)
 - Fee for service (Aged, Blind and Disabled)
- Nevada Check Up
- Program Integrity

Division of Mental Health and Developmental Services (MHDS)

MHDS works in partnership with consumers, families, advocacy groups, agencies, and diverse communities to provide responsive services to people with serious mental illnesses or developmental delays. This mission includes person-centered services in the least restrictive, most inclusive environment. These services maximize each individual's degree of independence, functioning, satisfaction, and self-sufficiency while ensuring the exercise of individual rights.

Services include:

- **Mental Health**
 - Inpatient Services (Rawson Neal Hospital, Dini Townsend Hospital),
 - Forensic Inpatient Services (Lakes Crossing),
 - Outpatient Counseling,
 - Service Coordination,
 - Medication Clinic,
 - Psychosocial Rehabilitation,
 - Residential Programs,
 - Psychiatric Emergency Services,
 - Intensive Service Coordination,
 - Mental Health Court,
 - Senior Outreach,
 - Mobile Crisis, and
 - Programs for Assertive Community Treatment (PACT).
- **Developmental Services**
 - Service Coordination,
 - Family Support (respite, financial, and other assistance),
 - Job and Day Training,
 - Residential Programs, and
 - Quality Assurance.
- **Substance Abuse Prevention and Treatment Agency (SAPTA)**
 - Residential Treatment
 - Social model detoxification and civil protective custody
 - Transitional housing
 - Intensive outpatient treatment
 - Co-occurring disorders treatment
 - Opioid maintenance treatment
 - Outpatient treatment
 - Substance abuse prevention
 - Methamphetamine education and prevention.

The Nevada State Division of Welfare and Supportive Services (DWSS)

DWSS provides quality, timely, and temporary services enabling Nevada families, persons with disabilities, and older persons to achieve their highest levels of self-sufficiency.

Services include:

- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Aged and Blind Supplemental Security Income
- Child Support Enforcement
- Child Care Assistance
- Energy Assistance
- Medicaid eligibility determination
- Program Integrity

Public Defender's Office

Public Defender's Office provides representation to indigent persons in criminal cases, involuntary mental commitment cases, and juvenile courts in Carson City, Storey, Eureka, White Pine and Lincoln Counties which have not established a county public defender's office. The office also represents defendants on direct appeal from the denial of petitions for post-conviction relief, and distributes payment to counsel appointed to represent post-conviction petitioners in district court pursuant to orders for payment from the district court.

Nevada Indian Commission

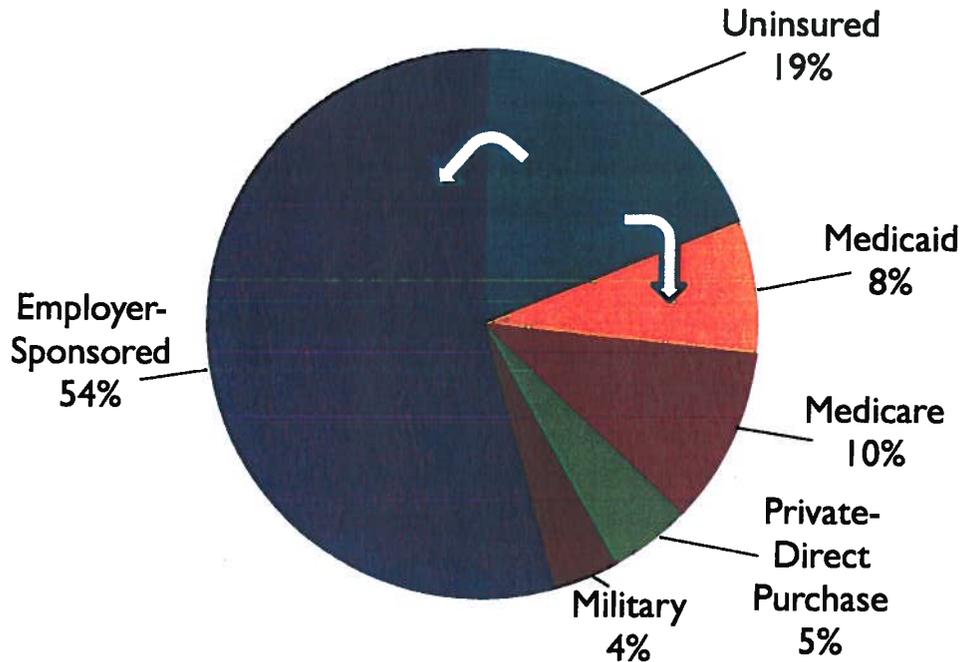
The Indian Commission ensures the well being of Native American Indian citizens throughout the state by serving as a liaison between the state and the twenty seven tribes in Nevada.

GOVCHA (proposed transfer to DHHS)

The Governor's Office of Consumer Health Assistance (GOVCHA) provides help for Nevadans with health-related concerns:

- Hospital Bills
- Provider Bills
- Prescription Needs
- Medical Benefits
- Information
- Appeals
- Insured—Uninsured
- Workers' compensation.

Health Insurance Coverage in Nevada



Source: U.S. Census Bureau, Current Population Survey, Table HIA-4, 2008

- 19% of Nevadans are uninsured. The US average is 15%. (*U.S. Census, Current Population Survey (CPS)*)
- Nevada has the highest percentage of uninsured children, 19%, compared to 10% nationwide. (*U.S. Census, CPS*)
- 8% of Nevadans receive Medicaid. The US average is 14%. (*U.S. Census, CPS*)
- In 2008, 63% of Nevada's private businesses offered health insurance to employees. The national average was 56%. (*Kaiser Family Foundation, State Health Facts*)
- In 2008, the average premium for employer-sponsored health insurance in Nevada was \$3,927 for individual coverage and \$11,487 for family coverage. This is 7%-10% below the national average. (*Kaiser Family Foundation, State Health Facts*)
- On average nationwide, the unreimbursed cost of health care for the uninsured contributes \$368 to annual individual premiums and \$1,017 to family premiums. (*Families USA, "Hidden Health Tax: Americans Pay a Premium", 2009*)
- Employees in Nevada pay a higher percent of the total premium for employer-sponsored health insurance—22% of the premium for individual coverage and 31% for family coverage compared to 20% and 28% nationwide. (*Kaiser Family Foundation, State Health Facts*)
- Nevada has the lowest Medicaid spending per capita, \$435 in FFY08 compared to the U.S. average of \$1,021. (*National Association of State Budget Officers, 2008 State Expenditure Report; U.S. Census, Annual Population Estimates*)

**Division of Health Care Financing and Policy
Health Care Reform Implementation
Several Major Provisions of the
Patient Protection and Affordable Care Act and the
Health Care Reconciliation Act of 2010
October 20, 2010**

Under the Patient Protection and Affordable Care Act of 2010 (ACA), states will collectively become the largest oversight entity of the health care marketplace in the U.S. If governors decide to take responsibility for the Health Insurance Exchange, they will become the largest overseer of health care services in their state. Estimates from the National Governor's Association are that with implementation of key provisions of the ACA, including Health Insurance Exchanges and the expansion of the Medicaid program, governors will have responsibility for between 25-50% of health services in their state.

Along with the responsibilities of running the Health Insurance Exchange and the expanded Medicaid program, there will be greater accountability for health care costs and quality in the state for two reasons. First, under the ACA, Medicaid programs will expand starting January 1, 2014 and as a result will consume a larger percentage of the state budget. Second, the populations that purchase insurance through the Health Insurance Exchange, namely individuals mandated to purchase exchange coverage, small businesses and those who will receive subsidies to purchase insurance, are all price sensitive and will likely demand more affordable coverage. This may put the state in the position of being an active purchaser of health coverage through the Exchange rather than a more passive contract facilitator. These policy issues are covered later in this document.

Key decisions associated with development and governance of the Health Insurance Exchange need to be focused on now. This will require a close working relationship between state agencies, health insurers, health care providers and consumers. Health Insurance Exchanges will involve a close interplay between the Exchange, the state Medicaid program, the Insurance Division, and the existing health insurance market. State agencies will need to be included in the governance structure of the Exchange, or at a minimum cooperate closely with the Exchange leadership.

The Exchange will also need a cost control strategy which will require broad support amongst the stakeholders. This may include defining the role of the Exchange as an active purchaser, with responsibility for negotiating rates with carriers interested in selling their products on the Exchange. This may also include provider payment reforms, which could be controversial. The governance structure for the Exchange will be critical in determining the ultimate success of the Exchange and will need to include representation from the players previously mentioned.

The following are summaries of the key sections of the ACA, as well as a description of how they may affect Nevada. These include: Health Insurance Exchanges, Medicaid Expansion, and the Eligibility Engine. More information on Health Insurance Exchanges and the Eligibility Engine

can be found in three white papers: "Section 1311 - Eligibility Engine," "Subtitle D – Health Insurance Exchanges," and "Section 1311 - PCG Report on the Eligibility Engine."

Health Insurance Exchanges

Section 1311 of the ACA requires States to establish Health Insurance Exchanges. The American Health Benefits Exchange (for individuals) and the Small Business Health Options (SHOP) Exchange (for small employers) will serve as a central point of access to select and purchase commercial health insurance for millions of individuals and hundreds of thousands of small employers. The Exchange will serve as a conduit through which individuals, and to limited extent small employers, will be able to receive premium subsidies for the purchase of commercial insurance.

By January 2014, individuals and small employers will be able to shop for insurance from a range of health plans offered through the Exchanges. Lower- and middle-income individuals earning up to four times the Federal Poverty Level (FPL) – more than \$88,000 for a family of four in calendar year 2010 – may be eligible for premium subsidies for commercial health plans. Small employers with lower-income workers that provide employer-sponsored insurance (ESI) may be eligible for premium subsidies for up to two years.

Individuals without access to employer-sponsored insurance and people who are otherwise ineligible for publicly-subsidized health coverage programs (e.g., Medicaid, CHIP), as well as small employers, may purchase insurance through the Exchange. At states' discretion, larger groups may also be eligible to purchase coverage through the Exchange starting in 2017.

Although much remains to be determined with regard to the set up of the Exchanges, state officials will need to begin planning and establishing the infrastructure and the policies required for the successful implementation of health reform and the operation of state-based Exchanges.

On September 30th, HHS announced \$49 million dollars in grants to help 48 States and the District of Columbia plan for the establishment of these health insurance Exchanges. Nevada received a \$1million dollar grant award to begin the process of determining how to create an Exchange to meet the unique needs of all Nevadans. This grant will be used to support the significant amount of work necessary to develop a detailed plan, adopt policies and procedures, and begin to assemble the infrastructure and resources needed to establish a health insurance Exchange. In addition to the initial planning grant, the federal government will be releasing a second round of grants to the states in the spring of 2011 to help pay for Exchange implementation. Over the next several months, Nevada will need to establish a business plan and budget for the establishment of an Exchange.

Another important issue is that the Exchange must be financially self-sustaining by 2015, one year after it becomes operational. Therefore, a financing mechanism will need to be established to support administration of the Exchange.

In order to meet the January 2014 effective date for the expansion of Medicaid eligibility and the availability of subsidized health insurance through the Exchange, we will develop a comprehensive plan that seeks to integrate the Exchange into existing publicly-subsidized health coverage programs and to complement commercial (primarily employer-sponsored) health insurance, through which most State residents receive their health coverage.

Key Decisions for the Exchange

How will the Exchange be Structured?

For planning purposes, it is assumed Nevada will operate its own Exchange. Consumers and employers may feel a greater sense of ownership if the Exchange represents their interests in their own State. Local accountability and oversight would be improved if the Exchange was established at a State level. Finally, negotiations with health plans may also be more effective if conducted on a local level.

Interstate exchanges will be allowed with approval of the Secretary. The ACA also requires the federal Office of Personnel Management to establish at least two multi-state qualified health plans that will operate in exchanges in each state.

Combining the SHOP Exchange as a part of the larger Exchange must be considered for risk spreading. Additionally, offering employers and individuals similar products could reduce the “churn” affect on enrollment.

Recommendation: Establish a state-wide exchange combining the SHOP Exchange and Individual Exchange only for the purposes of risk pooling, not for eligibility purposes. Future consideration may be given to participate in regional or multi-state exchanges once the rules for multi-state compacts are promulgated.

How Should the Exchange be Governed?

The Secretary of Health and Human Services must issue regulations governing the establishment and operation of Exchanges “as soon as practicable.” States will be evaluated by the Secretary by January 1, 2013 to determine if they have taken adequate steps necessary to establish an Exchange that will meet federal requirements. If a state is deemed not ready, the Secretary will establish an Exchange within the State. Key policy decisions will need to be made related to rating and plan requirements by the State many months in advance of the January 1, 2013 readiness date to allow insurance carriers sufficient time to evaluate their interest in participating in the Exchange.

The most important role of the Exchange will be to act as a health care purchaser, or perhaps as a selective contractor, for a large portion of Nevada’s residents and small businesses. While the State Medicaid agency and the Public Employee Benefit Plan function in this capacity today,

these state agencies may not have breadth and depth of experience to deal with a much larger commercial health insurance market that the Exchange will represent.

The Exchange should be established in State law. To assure it can act in time for successful implementation, the Exchange will need an appropriate level of authority to establish regulations and policies, and perform its functions across multiple agencies, including Medicaid/CHIP, the Public Employees Benefit Plan (PEBP) and the Insurance Division.

Under the ACA, the Exchange must be a State agency or non-profit entity established by the State. Functions of the Exchange may be subcontracted to an "eligible entity." An eligible entity may be the State Medicaid agency or other entity incorporated in Nevada, not affiliated with the insurance industry, but with experience in the small group and individual insurance markets.

It is important for the Exchange to have broad regulatory authority across multiple state health programs as well as the insurance industry. Governance of the Exchange needs to include the Insurance Division, Medicaid/CHIP, and the Public Employees Benefit Plan. Future consideration should also be given to include the Health Division as a part of the governance structure for the Exchange in order to facilitate its public health mission through data sharing and policy development.

While the actual structure of the Exchange is yet to be determined, it must have authority to act as the State's largest purchaser. If the decision is to not establish a separate Exchange with authority over other agencies, there will be at a minimum the need for significant coordination and cooperation between the Exchange, the Insurance Division, Medicaid and PEBP.

Recommendation: Establish a governance structure for the Exchange to include the Insurance Division, Medicaid/CHIP and PEBP.

Who Should Have Access to the Exchange?

The Exchange could be the exclusive market for small employers and individuals to obtain health insurance. An alternative is to allow markets to operate for either employers, individuals or both outside the Exchange. The existence of alternative markets creates the potential for risk segregation. Risk segregation will be reduced through the reinsurance and risk adjustment provisions of the ACA as well as the requirement for non-grandfathered plans to follow the same rating rules. This issue could also be addressed through State regulation of plans sold inside and outside of the Exchange.

Recommendation: Allow alternative markets to exist assuming they follow the rules established for qualified health plans in the Exchange. An analysis of the impact of alternative markets on risk selection to the Exchange may be needed to determine whether alternative markets should continue.

How Much Authority Should the Exchange Have Over Purchasing?

The Exchange could exist as a somewhat passive entity that accepts any plan that meets the requirements of a qualified health plan. An alternative would be for the Exchange to have significant authority to negotiate with plans and limit participation of plans based on cost, quality and other factors. In order to have an effect on cost, the Exchange would have to assert its role as an active purchaser. The impact of the Exchange as a purchaser will have an increased importance depending on the share of the market it regulates. In this case, decisions to exclude a particular plan could be a strong motivator for plans to improve quality and reduce cost. Assuming alternative markets continue to exist; decisions by the Exchange could also affect these markets.

Recommendation: Allow the Exchange sufficient authority to achieve its goals as an active purchaser for small businesses and consumers. An alternative is to establish the Exchange as a selective contracting agent that only offers plans that meet quality and cost standards established by the Exchange.

Medicaid Expansion

Section 2001 of the ACA expands Medicaid eligibility to all individuals under age 65 with incomes up to 133% of the federal poverty level (FPL) based on modified adjusted gross income. All newly eligible individuals will be guaranteed a “benchmark benefits” package. The 2009 FPL for a family of 4 was \$22,050.

A benchmark benefits package, as set forth in the Deficit Reduction Act of 2005 (DRA), allows states the option to provide certain groups of Medicaid enrollees with an alternative benefit package that may be based on one of three commercial insurance products or a benefit package approved by the Secretary of Health and Human Services. The ACA added a requirement that benchmark benefits provide “essential health benefits.” States also can provide additional benefits on top of what is required in a benchmark-equivalent plan, as long as the services are included in the benchmark plan or could be covered under “regular” Medicaid.

The exclusion of long-term care (i.e., nursing home coverage) may be the most significant difference between a benchmark benefit based on commercial health insurance and traditional Medicaid benefits.

Targeted populations are Medicaid beneficiaries who will become newly eligible in 2014 for Medicaid benefits pursuant to the ACA. However, a number of groups of people would be exempt from mandatory enrollment in benchmark coverage and must be offered the traditional, full Medicaid benefit package. These groups include: people with disabilities; dual eligibles (i.e., people enrolled in Medicare and Medicaid); medically frail; certain low-income parents; and other special groups of people (e.g., pregnant women, women who qualify for Medicaid because of breast or cervical cancer, children in foster care or receiving adoption

assistance). The current eligibility guidelines for Nevada's Children's Health Insurance Program (CHIP), called Nevada Check Up, cover children in families with incomes below the proposed Medicaid eligibility level of 133% FPL. It is likely, that some of the current CHIP eligibles will become Medicaid eligible as will some of the parents of these children.

While the federal government will cover 100 percent of the cost of coverage for the newly eligible Medicaid beneficiaries for the first three years, over time the federal share of cost will drop to 90%, with the State's share of the cost reaching 10 percent. The federal share of the cost of coverage for traditional Medicaid beneficiaries exempt from benchmark coverage will be at the regular Federal Medical Assistance Percentage (FMAP), which historically has been between 50% and 56%, leaving the State to cover the difference.

Eligibility Engine to Support Publicly-Subsidized Health Coverage Programs

The ACA requires the creation of Health Insurance Exchanges by January 2014. To that end, the Nevada Department of Health and Human Services is proposing the development and implementation of a new system, called an Eligibility Engine. This system will store all of the eligibility rules for the State's publicly-subsidized health coverage programs, including Medicaid and CHIP, in one place. It will be accessible to individuals shopping for health coverage, using a "no wrong door" approach that will allow individuals to access health insurance in a variety of ways and through multiple entry points. This will make access to health coverage simpler for consumers. In preparation for that, the Department of Welfare and Supportive Services (DWSS) and the Division of Health Care Financing and Policy (DHCFP) asked the Public Consulting Group (PCG) to conduct an initial assessment of this approach and to prepare a high-level cost estimate for developing and implementing a single Eligibility Engine in Nevada.

The proposed Eligibility Engine will determine an individual's eligibility for all publicly-subsidized health coverage programs, including Medicaid, CHIP, a Basic Health Program (which may be offered at the State's discretion) and premium subsidies for commercial health insurance purchased through the Exchange.

Based on PCG's initial assessment, the cost of developing and implementing an eligibility rules engine to serve all publicly-subsidized health coverage programs is estimated to be \$23.8 million in one-time costs and \$3.8 million in ongoing costs. At this very early phase of the development cycle the preliminary cost estimate has an approximate margin of error of +/- 25% knowing that the initial estimate will be refined during the feasibility study.

How Should the Eligibility Engine be Governed?

With the creation of the Eligibility Engine, a multi-department governance structure will need to be developed in order to provide the framework for making IT decisions and to ensure that IT organizational resources are targeted to deliver maximum business value. The IT Governance process should answer the following questions:

- How will executive direction for IT be established?
- How will standards, policies and procedures be established and enforced?
- How will decisions be made regarding department-specific and enterprise-wide initiatives (e.g., business applications)?
- How will IT initiatives be prioritized? How will IT initiatives be funded?
- How will projects be governed? Who will be responsible for projects?

Recommendation: Creating a governance structure will provide a guide as to how individuals and groups will collaborate to manage technology and help to define the basis for interaction between functions, roles, programs and people as they relate to the technology that is necessary to support the implementation of Health Care Reform.

DIVISION OF HEALTH CARE FINANCING AND POLICY

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 (ACA)
HEALTH CARE REFORM

T A B L E O F C O N T E N T S

1. Health Care Reform Summary – Overview of the key elements of Health Care Reform
2. Health Insurance Exchanges – Goals for the Health Insurance Exchange
3. Available Coverage Choices for All Americans – American Health Benefit Exchanges
4. Grants and Funding Opportunities – Background information for grants and other funding
5. Section 1002 Health Insurance Consumer Information
6. Section 1202 Payments to Primary Care Physicians
7. Sections 1311 & 1413 Establishment of the Eligibility Engine
8. Sections 1311 & 1413 Eligibility Engine Evaluation and Cost Estimate
9. Section 2001 Medicaid Coverage for the Lowest Income Populations (Benchmark Benefits)
10. Section 2101 Exceptions to Exclusions of Children of Public Employees in the CHIP Program
11. Section 2202 Hospital Presumptive Eligibility Determinations
12. Sections 2301, 2302, 2502 Improvements to Medicaid Services
13. Section 2401 Community First Choice Option
14. Section 2403 Money Follows the Person – Planning Grant
15. Section 2403 Money Follows the Person Rebalancing Demonstration Grant
16. Section 2501 Prescription Drug Rebates
17. Section 2702 Payment Adjustment for Health Care Acquired Conditions
18. Section 2703 State Option to Provide Health Homes for Enrollees with Chronic Conditions
19. Section 2704 Hospitalization Integrated Care Demonstration Project
20. Section 2705 Medicaid Global Payment System Demonstration Project
21. Section 2706 Pediatric Accountable Care Organization Demonstration Project
22. Section 3502 Community Health Teams to Support Patient-Centered Medical Home
23. Section 4108 Incentives for Prevention of Chronic Diseases in Medicaid
24. Section 5405 Grants for Medical Homes through the Primary Care Extension Program
25. Section 6201 National Background Check Program for Patient Protection
26. Sections 6401, 6402, 6502 & 6502 Provider Screening and Other Enrollment Requirements Under Medicaid and CHIP
27. Section 6411 State Agencies to Contract with a Recovery Audit Contractor (RAC)
28. Section 6507 Mandatory State Use of National Correct Coding Initiative
29. Sections 8001 & 8002 The CLASS Act

HEALTH CARE REFORM FREQUENTLY ASKED QUESTIONS

1. Health care reform will have a significant impact on the current insurance market. What are some of the major changes Nevadans can expect?

Answer:

- Beginning on July 1, 2010, the Pre-Existing Insurance Program began. This program is funded and operated by the federal government for states such as Nevada that chose not to establish a high risk pool of their own. To qualify for the pre-existing condition insurance plan, individuals must be uninsured for at least six months and have been turned down for coverage by a private insurer because of a pre-existing medical problem. This program provides immediate coverage of pre-existing conditions at premiums that are capped at the average cost of private coverage in each state's individual market. Beginning August 1, 2010, applications can be submitted online at www.pcip.gov.
- The health care reform law requires that insurers and employers that provide dependent coverage must offer coverage for adult children until their 26th birthday. This requirement becomes effective for "plan years" beginning on or after September 23, 2010.
- Eliminates lifetime limits on insurance coverage for health plan years beginning on or after September 23, 2010.
- Improves access to preventive care by eliminating any cost-sharing for preventive services covered under insurance contracts. This requirement goes into effect for health plan years beginning on or after September 23, 2010.
- Encourages employers to offer coverage by creating small business tax credits worth up to 35% of the employer's contribution to the employees' health insurance. Effective January 1, 2010.
- Requires that at least 85% of all premium dollars collected by insurance companies for large employer plans and 80% for individual and small employer plans must be spent on health care services and health care quality improvement. Insurance companies that don't meet these goals must provide rebates to consumers beginning January 1, 2011.

2. How will health care reform help seniors with prescription drug costs?

Answer:

- Seniors who reach the gap in prescription drug coverage known as the "doughnut hole" will receive a \$250 rebate beginning June 2010.
- Beginning in 2011, seniors in the "doughnut hole" coverage gap will receive a 50% discount on prescription drugs.
- The "doughnut hole" gap will be phased out until it is eliminated in 2020.

3. What are some of the impacts on the Nevada Medicaid Program (health care for families/individuals with low incomes)?

Answer:

- Beginning in 2014, expands Medicaid eligibility to everyone under 133% of the federal poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four). This includes Medicaid coverage for single, childless adults who previously were not eligible for Medicaid. States will receive 100% federal funding for the first three years to support this expanded coverage, phasing to 90% federal funding in later years.
- Restructures how eligibility is determined, requiring the use of modified adjusted gross income (MAGI) from an applicant's income tax return.
- Freezes current eligibility rules until December 31, 2013 for adults and September 30, 2019 for children.
- Increases rates paid by Medicaid for primary care services to 100% of the Medicare rate for 2013 and 2014. The increase is fully funded by the federal government.

4. What is the estimated fiscal impact on the State of Nevada to implement the health care reform legislation?

Answer:

- Nevada DHHS has estimated Health Care Reform will cost Nevada taxpayers about \$574 million in additional General Fund dollars between now and 2019.
- Added costs fall primarily into five areas:
 1. Primary care physician rate increases to 100% of the Medicare rate (Nevada currently pays less than the Medicare rate.)
 2. New eligibles being added (such as single, childless adults).
 3. The insurance mandate provisions of the health care reform legislation will drive people who are currently eligible for Medicaid, but not enrolled, to apply for and receive Medicaid coverage.
 4. Automated systems overhauls and replacements.
 5. Added administrative costs for increased enrollees.
- Enhanced Federal funding is available for some costs, but phases out over time.

5. How will people be able to find the most affordable health insurance?

Answer:

- www.HealthCare.gov launched on July 1, 2010. This web portal helps consumers determine which private insurance plans and public programs are available to them in their state.

- Beginning in 2014, an “Exchange” will be established in each state to help consumers compare plans that are certified to have met benchmarks for quality and affordability. The Exchanges will also administer the new health insurance subsidies and facilitate enrollment in private health insurance, Medicaid, and the Children’s Health Insurance Program (CHIP).



Nevada Division of Health Care Financing and Policy
Health Care Reform Projected Costs--Senate Bill

Summary

Date 3/30/2010

Health Care Reform Start Date 1/1/2014

Health Care Reform Total Cost

| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | Total |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| New Eligibles Added Medical | 88,290,676 | 183,892,049 | 254,504,706 | 247,857,741 | 239,396,293 | 225,304,681 | 1,239,246,146 |
| Physician's Rate Increase | | 17,682,173 | 17,237,419 | 16,838,015 | 16,560,926 | 16,415,000 | 84,733,534 |
| Woodwork Effect Added Medical | 64,065,094 | 81,499,411 | 103,397,695 | 137,573,148 | 171,694,804 | 198,080,252 | 756,310,406 |
| Total Medical Costs | 152,355,771 | 265,391,460 | 357,902,401 | 385,430,889 | 411,091,097 | 423,384,933 | 2,080,290,085 |
| DHCFP Admin Costs | 6,370,579 | 12,027,327 | 16,617,413 | 17,885,198 | 19,050,734 | 19,566,539 | 91,517,791 |
| DWSS Admin Costs | 8,351,833 | 17,267,877 | 24,166,362 | 25,810,300 | 27,188,492 | 27,477,290 | 130,262,153 |
| NOMADS Replacement* | 15,000,000 | 15,000,000 | 15,000,000 | 15,000,000 | 15,000,000 | - | 75,000,000 |
| Total Admin Costs | 29,722,412 | 44,295,204 | 55,783,775 | 58,695,498 | 61,239,226 | 47,043,829 | 296,779,943 |
| Total Cost Health Care Reform | 182,078,182 | 309,686,664 | 413,686,176 | 444,126,387 | 472,330,323 | 470,428,762 | 2,377,070,029 |
| Current Medicaid w Normal Growth | 1,561,026,096 | 1,572,952,979 | 1,583,801,378 | 1,600,750,979 | 1,628,325,791 | 1,665,114,746 | 9,611,971,968 |
| Total Cost of Medicaid | 1,743,104,278 | 1,882,639,643 | 1,997,487,554 | 2,044,877,366 | 2,100,656,114 | 2,135,543,509 | 11,904,308,463 |

*NOMADS replacement cost assumes that 50% of NOMADS benefits Medicaid, so the Medicaid cost is \$75,000,000. However, the cost to the state will be \$150,000,000, with SGF portion of \$75,000,000.

Health Care Reform State General Fund Cost

| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | Total |
|----------------------------------|-------------|-------------|-------------|-------------|---------------|---------------|---------------|
| New Eligibles Added Medical | - | - | - | 16,190,164 | 23,122,041 | 23,950,232 | 63,262,436 |
| Physician's Rate Increase | | 3,298,296 | 6,414,791 | 6,362,506 | 6,378,781 | 6,359,894 | 28,814,267 |
| Woodwork Effect Added Medical | 11,019,800 | 32,868,938 | 46,247,963 | 66,605,345 | 86,645,134 | 105,206,785 | 348,593,965 |
| Reform Medical SGF Costs | 11,019,800 | 32,868,938 | 46,247,963 | 82,795,509 | 109,767,175 | 129,157,016 | 440,670,668 |
| DHCFP Admin Costs | 1,194,484 | 4,510,248 | 6,231,530 | 6,706,949 | 7,144,025 | 7,337,452 | 33,124,688 |
| DWSS Admin Costs | 2,087,958 | 8,633,939 | 12,083,181 | 12,905,150 | 13,594,246 | 13,738,645 | 63,043,118 |
| NOMADS Replacement* | 7,500,000 | 7,500,000 | 7,500,000 | 7,500,000 | 7,500,000 | - | 37,500,000 |
| Reform Admin SGF Costs | 10,782,442 | 20,644,186 | 25,814,711 | 27,112,099 | 28,238,271 | 21,076,097 | 133,667,806 |
| Reform Total SGFund Cost | 21,802,242 | 53,513,124 | 72,062,674 | 109,907,608 | 138,005,446 | 150,233,113 | 574,338,474 |
| Current Medicaid w Normal Growth | 836,350,125 | 841,367,899 | 845,822,627 | 853,545,248 | 866,929,403 | 885,199,976 | 5,129,215,279 |
| Total SGF Cost of Medicaid | 858,152,367 | 894,881,023 | 917,885,301 | 963,452,857 | 1,004,934,849 | 1,035,433,089 | 5,674,739,487 |

Health Care Reform Caseload

| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|-----------------------------------|---------|---------|---------|---------|---------|---------|
| New Eligibles | 35,891 | 72,930 | 98,472 | 93,561 | 88,163 | 80,950 |
| Woodwork Effect | 5,869 | 13,410 | 22,360 | 35,490 | 47,779 | 72,621 |
| Total Added Avg Monthly Caseload | 41,759 | 86,339 | 120,832 | 129,052 | 135,942 | 153,571 |
| Medicaid w Normal Caseload Growth | 274,442 | 269,794 | 265,029 | 261,332 | 259,350 | 258,741 |
| Total Eligibles | 316,201 | 356,133 | 385,861 | 390,384 | 395,292 | 412,312 |

Department of Health & Human Services – Nassir Notes

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Nevada Department of Health & Human Services, ADSD

2.03 Elder Protective Services Program

PROGRAM

Nevada Revised Statutes mandates that Aging and Disability Services Division receive and investigate reports of abuse, neglect, exploitation and isolation of older persons, defined as 60 years or older. The Elder Protective Services (EPS) program utilizes licensed social workers to investigate elder abuse reports. Social workers provide interventions to remedy abusive, neglectful and exploitive situations. The investigation commences within three working days of the report. EPS may contact local law enforcement or emergency responders for situations needing immediate intervention. The Crisis Call Center handles after-hour calls for EPS. EPS refers cases where a crime may have been committed to law enforcement agencies for criminal investigation and possible prosecution. Self-neglect is the single largest problem reported. EPS social workers provide training to various organizations regarding elder abuse and mandated reporting laws.

ELIGIBILITY

Any older person, defined by NRS as 60 years or older, is eligible. EPS investigates elder abuse reports in all counties of Nevada in both community and long-term care settings.

ELDER PROTECTIVE SERVICES REPORTS - TOTAL QUARTERLY CASES - SFY 2007 - SFY 2010



WORKLOAD HISTORY

| | TOTAL CASES | AVG CASES PER SOCIAL WORKER | | | AVG CASES PER SOCIAL WORKER |
|------------------|--------------|-----------------------------|-------------|-------------|-----------------------------|
| SFY 08 | 8,348 | 62 | | | |
| SFY 09 | 7,735 | 56 | | | |
| <u>FYTD</u> | TOTAL CASES | AVG CASES PER SOCIAL WORKER | <u>FYTD</u> | TOTAL CASES | AVG CASES PER SOCIAL WORKER |
| Jul 09 | 655 | 55 | Jan 10 | 641 | 53 |
| Aug | 604 | 50 | Feb | 804 | 67 |
| Sep | 607 | 51 | Mar | 972 | 51 |
| Oct | 631 | 53 | Apr | 1012 | 51 |
| Nov | 617 | 51 | May | 971 | 49 |
| Dec | 664 | 55 | Jun | 1246 | 62 |
| FY 10 Tot | 9,424 | 647 | | | |
| FY 10 Avg | 785 | 54 | | | |

FUNDING STREAM

TITLE XX - Title XX funds through the Nevada Department of Health & Human Services
GENERAL FUND

WEB LINK

http://www.nvaging.net/protective_svc.htm

ANALYSIS OF

TRENDS

TOTAL CASES - Total cases represent Total New Cases Received, Total Cases Investigated and Closed and Cases Carried Over from the Previous Months. The Average Cases per Social Worker represents the Total Cases divided by the Actual number of Social Workers. Clark County's Senior Citizen's Protective Services program transitioned to ADSD beginning February 1, 2010 and ending June 30, 2010. As of July 1, 2010, ADSD assumed full responsibility for all elder abuse investigations in Clark County making ADSD and law enforcement agencies the sole responders to reports of elder abuse statewide. The number of new cases gradually increased during the transition and is expected to level off during the first quarter of FY11.

Nevada Department of Health & Human Services, DCFS

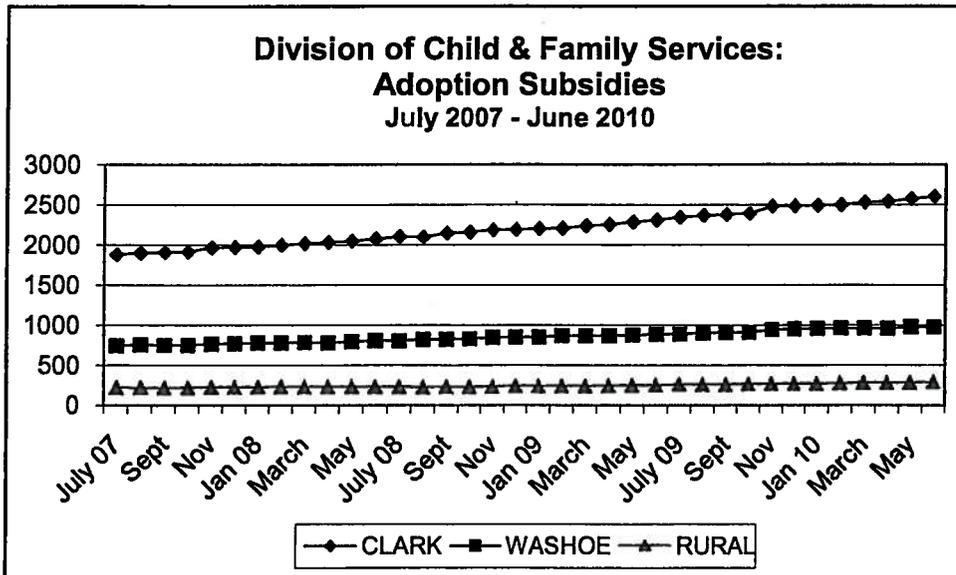
3.01 Adoption Subsidies

Program: It is the policy of the agencies providing child welfare services to provide financial, medical, and social services assistance to adoptive parents, thereby encouraging and supporting the adoption of special-needs children from foster care. A statewide collaborative policy outlines the special-needs eligibility criteria, application process, types of assistance available and the necessary elements of a subsidized adoption agreement.

Eligibility: To qualify for assistance, the child must be in the custody of an agency which provides child welfare services, or a Nevada licensed child-placing agency, and an effort must have been made to locate an appropriate adoptive home which could adopt the child without subsidy assistance. The child must also have specific factor(s) or condition(s) that make locating an adoptive placement resource difficult without recruitment, special services, or adoption assistance; such as being over the age of five, having siblings with whom they need to be placed, or having a physical, mental or behavioral condition that results in the need for treatment.

Other: All three public child welfare agencies, Clark County Department of Family Services (CCDFS); Washoe County Department of Social Services (WCSS); and the Division of Child and Family Services (DCFS) Rural Region, administer the subsidy program with state oversight and in accordance with statewide policy.

| <u>FYTD</u> | <u>Clark</u> | <u>Washoe</u> | <u>Rurals</u> | <u>Total</u> |
|---------------------|---------------|---------------|---------------|---------------|
| JUL 09 | 2,344 | 887 | 250 | 3,481 |
| Aug | 2,366 | 901 | 247 | 3,514 |
| Sep | 2,375 | 904 | 248 | 3,527 |
| Oct | 2,392 | 909 | 256 | 3,557 |
| Nov | 2,481 | 942 | 258 | 3,681 |
| Dec | 2,482 | 953 | 260 | 3,695 |
| Jan | 2,492 | 956 | 260 | 3,708 |
| Feb | 2,499 | 962 | 266 | 3,727 |
| Mar | 2,529 | 962 | 272 | 3,763 |
| Apr | 2,543 | 960 | 272 | 3,775 |
| May | 2,574 | 980 | 273 | 3,827 |
| Jun | 2,603 | 974 | 280 | 3,857 |
| FY10 Total | 29,680 | 11,290 | 3,142 | 44,112 |
| FY10 Average | 2,473 | 941 | 262 | 3,676 |



Nevada Department of Health & Human Services, DHCFP

4.02 Nevada CheckUp

Program:

Authorized under Title XXI of the Social Security Act, Nevada Check Up is the State of Nevada's Children's Health Insurance Program (SCHIP). The program provides low cost, comprehensive health care coverage to low income, uninsured children 0 through 18 years of age who are not covered by private insurance or Medicaid.

Eligibility:

--The family's gross annual income is between 100% and 200% of the Federal Poverty Level guidelines; AND

--The child is a U.S. citizen, "qualified alien" or legal resident with 5 years residency and is under age 19 on the date coverage will begin; AND

--The child must **not** be eligible for Medicaid or have health insurance within the last six months, or has recently lost insurance for reasons beyond the parents' control.

| 2009 Federal Poverty Guidelines | | | | | |
|---------------------------------|----------|----------|-------------|----------|----------|
| Family Size | 100% | 200% | Family Size | 100% | 200% |
| 1 | \$10,830 | \$21,660 | 6 | \$29,530 | \$59,060 |
| 2 | \$14,570 | \$29,140 | 7 | \$33,270 | \$66,540 |
| 3 | \$18,310 | \$36,620 | 8 | \$37,010 | \$74,020 |
| 4 | \$22,050 | \$44,100 | 9 | \$40,750 | \$81,500 |
| 5 | \$25,790 | \$51,580 | 10 | \$44,490 | \$88,980 |

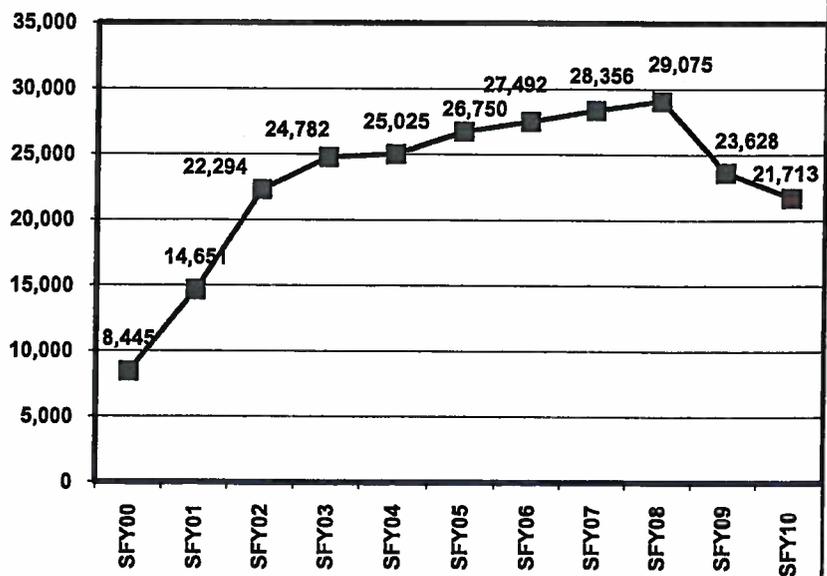
Workload History:

FY 09: Avg Cases: 23,628
 SFY 09 Tot Expend: \$35,108,489
 SFY 10: Avg Cases: 21,713
 SFY 10 Tot Expend*: \$30,687,012

SFY 10

| | |
|--------------|---------|
| Jul-09 | 22,101 |
| Aug-09 | 21,999 |
| Sep-09 | 21,576 |
| Oct-09 | 21,534 |
| Nov-09 | 21,823 |
| Dec-09 | 21,515 |
| Jan-10 | 21,623 |
| Feb-10 | 21,858 |
| Mar-10 | 22,125 |
| Apr-10 | 21,537 |
| May-10 | 21,612 |
| Jun-10 | 21,255 |
| FY10 Total | 260,558 |
| FY10 Average | 21,713 |

Division of Health Care Financing and Policy:
 Nevada Check Up
 Caseload FY00 - FY10 Annual Monthly Average



Website:

<http://nevadacheckup.nv.gov/enrollmentstats.asp>

Nevada Department of Health & Human Services, DWSS

5.10 Supplemental Nutrition Assistance Program (SNAP)

Program:

The purpose of SNAP is to raise the nutritional level among low income households whose limited food purchasing power contributes to hunger and malnutrition among members of these households. Application requests may be made verbally, in writing, in person or through another individual. A responsible adult household member knowledgeable of the households circumstances may apply and be interviewed. The date of application is the date the application is received in the Division of Welfare and Supportive Services office.

Eligibility:

The household's gross income must be less than or equal to 130% of poverty; the household's net income must be less than or equal to 100% of poverty to be eligible. Households in which all members are elderly or disabled have no gross income test. The resource limit for all households except those with elderly or disabled members is \$2,000; households with elderly or disabled members have a resource limit of \$3,000 (exceptions: one vehicle, home, household goods and personal items).

Other: Need Standard

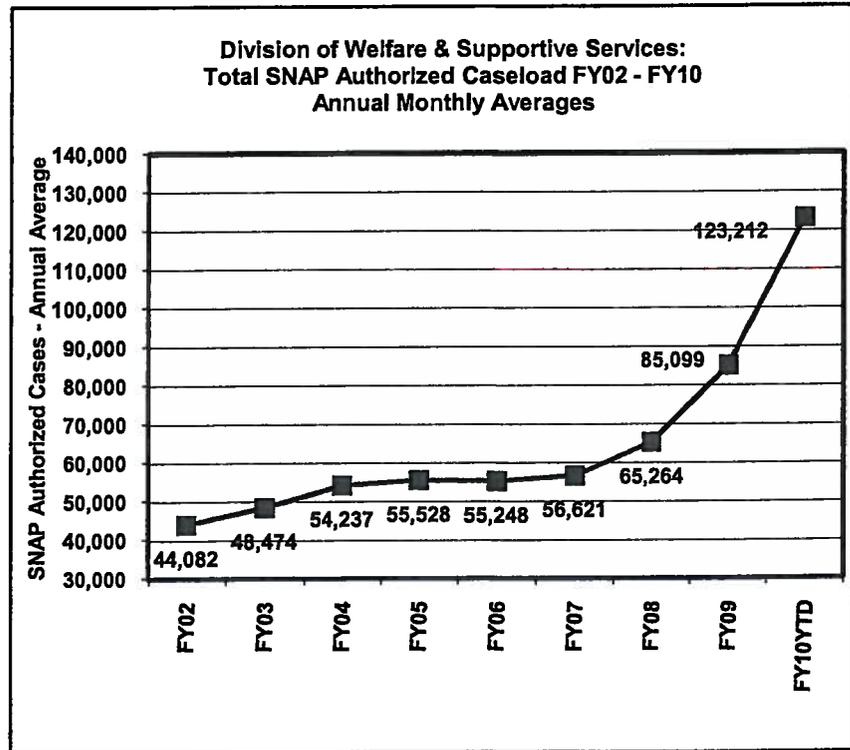
| Household | 200% of Poverty | 130% of Poverty | 100% of Poverty | Maximum Allotment |
|-----------|-----------------|-----------------|-----------------|-------------------|
| 1 | \$1,733 | \$1,127 | \$867 | \$176 |
| 2 | \$2,333 | \$1,517 | \$1,167 | \$323 |
| 3 | \$2,933 | \$1,907 | \$1,467 | \$463 |
| 4 | \$3,533 | \$2,297 | \$1,767 | \$588 |
| 5 | \$4,133 | \$2,687 | \$2,067 | \$698 |
| 6 | \$4,733 | \$3,077 | \$2,367 | \$838 |
| 7 | \$5,333 | \$3,467 | \$2,667 | \$926 |
| 8 | \$5,933 | \$3,857 | \$2,967 | \$1,058 |

Workload History:

FY 08: Avg Cases: 65,264
 FY 08 TotExpend: \$157,984,295
 FY 08 Tot#Apps: 178,404
 FY 09: Avg Cases: 85,099
 FY 09 TotExpend: \$241,986,318
 FY 09 Tot#Apps: 249,027

FYTD

Jul 09 108,324
 Aug 112,621
 Sep 115,366
 Oct 118,079
 Nov 120,343
 Dec 122,157
 Jan 10 124,203
 Feb 125,821
 Mar 128,664
 Apr 131,262
 May 134,180
 Jun 137,528
 FY10 Tot 1,478,548
 FY10 Avg 123,212



Comments:

The Food Stamp Program was renamed "Supplemental Nutrition Assistance Program" (SNAP) in October 2008. The SNAP caseload has increased substantially since the start of the recession in December 2007 because of the high unemployment experienced in Nevada. A change in SNAP regulations effective 3/15/2009 made many households categorically eligible based on receiving a benefit which meets Purposes 3 and 4 for TANF and having a gross income limit of 200% of poverty. There is no further income or resource test.

Nevada Department of Health & Human Services, Health Division

6.09 Women, Infants, and Children (WIC) Supplemental Food Program

Program:

The Special Supplemental Food Program for Women, Infants, and Children, commonly known as WIC, is a 100% federally funded program that provides nutritious foods to supplement the diets of limited income pregnant, postpartum and breastfeeding women, infants, and children under age 5 who have been determined to be at nutritional risk. At WIC participants get access to good healthy foods, advice on good nutrition, health screening, information on health care services like immunizations, prenatal care, and family planning, and information about other family support services available in their community.

Eligibility:

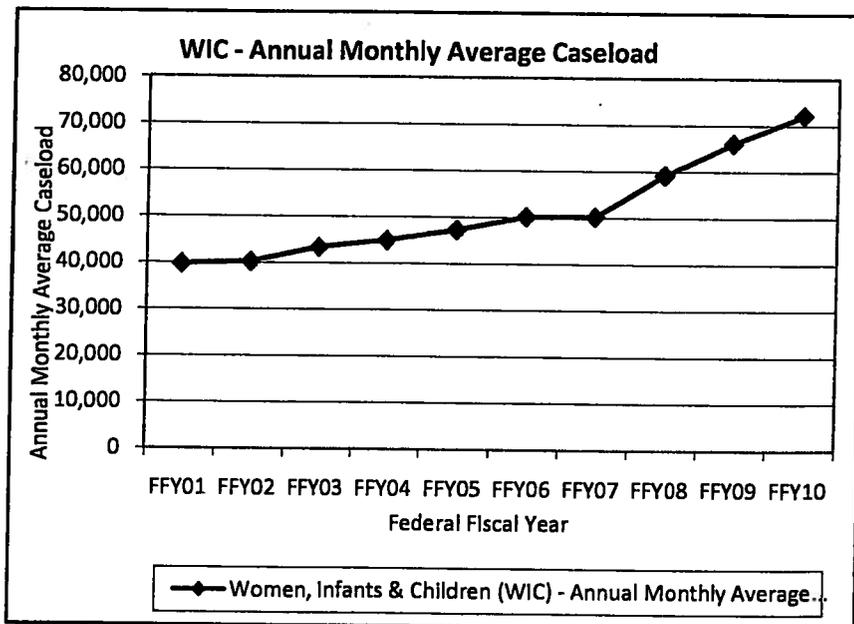
Applicant must be (1) an infant or child under five years of age, (2) a pregnant woman, (3) a postpartum woman (up to 6 months after giving birth), or (4) a breastfeeding woman (up to the breastfed infants first birthday). Must be a Nevada resident and physically live in Nevada at the time of application. Must be at or below 185% of the federal poverty level. Last, but not least, the applicant must be at nutritional risk as determined by a Competent Professional Authority (CPA) at the WIC clinic.

Workload History:

| Federal Fiscal Year | Total Expenditures | Average Caseload |
|---------------------|--------------------|------------------|
| FFY07 | 9,363,868 | 50,232 |
| FFY08 | 9,570,882 | 59,252 |
| FFY09 | 9,887,570 | 66,098 |
| FFY10 | 9,020,822 | 72,156 |

Caseload FFYTD:

| Month | Caseload |
|----------------------|----------------|
| Oct-09 | 70,614 |
| Nov-09 | 70,882 |
| Dec-09 | 70,899 |
| Jan-10 | 71,588 |
| Feb-10 | 72,002 |
| Mar-10 | 73,279 |
| Apr-10 | 73,297 |
| May-10 | 73,451 |
| Jun-10 | 73,392 |
| Jul-10 | |
| Aug-10 | |
| Sep-10 | |
| FFY10 Total | 649,404 |
| FFY10 Average | 72,156 |



Comments:

As one of the fastest growing states in the country, Nevada has experienced a WIC participation growth of 25% from FFY06 to FFY09. Further, food funding for the WIC program for the same period has increased 28%, from a total of \$30,267,513 in FFY06 to \$41,935,901 in FFY09.

The WIC program has completed its initiative through a contract with JP Morgan for the automation of the issuance of all WIC Benefits using Electronic Benefits Transfer (EBT). All participants can now use their new EBT card at any of WIC's 220 authorized grocery stores.

Website:

<http://health.nv.gov/WIC.htm>

Nevada Department of Health & Human Services, MHDS

7.01 Mental Health Services

Program:

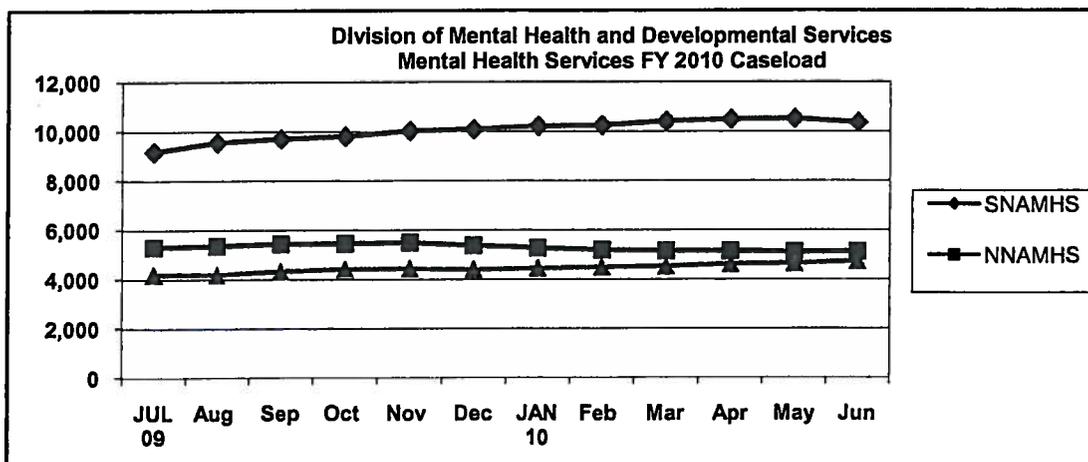
Key programs at both Southern and Northern Nevada Adult Mental Health Services includes: Inpatient Services, Observation Unit, Outpatient Counseling, Service Coordination, Medication Clinic, Psychosocial Rehabilitation, Residential Programs, Psychiatric Emergency Services, Mental Health Court, Senior Outreach, Mobile Crisis, Programs for Assertive Community Treatment (PACT), Outpatient Co-Occurring Treatment and Consumer Programs. Rural Clinics Provides most of the same services, not including Inpatient or Observation services. Rural Clinics services are available in most counties throughout Nevada.

Eligibility

Inpatient services are primarily offered to stabilize individuals who are acutely ill and are a danger to self and or others per NRS. Consumers with Severe Mental Illness (SMI) are given priority for Outpatient services by all three mental health agencies. All agencies serve primarily indigent clients. All clients are required to provide financial information to establish eligibility. Clients may be required to pay a portion of the cost of their services based upon income.

| FYTD | SNAMHS* | NNAMHS* | RURAL | Total | Waitlist | Waitlist | Waitlist | Served + |
|-----------------|----------------|---------------|---------------|----------------|-----------|--------------|--------------|----------------|
| | | | CLINICS | | SNAMHS | NNAMHS | RC | Waitlist Total |
| JUL 09 | 9,183 | 5,311 | 4,191 | 18,685 | 13 | 235 | 631 | 19,564 |
| Aug | 9,558 | 5,352 | 4,191 | 19,101 | 14 | 248 | 654 | 20,017 |
| Sep | 9,701 | 5,431 | 4,320 | 19,452 | 9 | 180 | 593 | 20,234 |
| Oct | 9,799 | 5,450 | 4,404 | 19,653 | 8 | 177 | 559 | 20,397 |
| Nov | 10,024 | 5,488 | 4,427 | 19,939 | 2 | 164 | 552 | 20,657 |
| Dec | 10,083 | 5,368 | 4,387 | 19,838 | 2 | 133 | 593 | 20,566 |
| JAN 10 | 10,208 | 5,271 | 4,439 | 19,918 | 2 | 232 | 573 | 20,725 |
| Feb | 10,240 | 5,184 | 4,484 | 19,908 | 1 | 266 | 532 | 20,707 |
| Mar | 10,407 | 5,148 | 4,525 | 20,080 | 0 | 289 | 574 | 20,943 |
| Apr | 10,491 | 5,151 | 4,614 | 20,256 | 0 | 331 | 597 | 21,184 |
| May | 10,514 | 5,110 | 4,643 | 20,267 | 0 | 363 | 580 | 21,210 |
| Jun | 10,360 | 5,122 | 4,731 | 20,213 | 0 | 416 | 543 | 21,172 |
| FY10 Tot | 120,568 | 63,386 | 53,356 | 237,310 | 51 | 3,034 | 6,981 | 247,376 |
| FY10 Avg | 10,047 | 5,282 | 4,446 | 19,776 | 4 | 253 | 582 | 20,615 |

*SNAMHS = Southern Nevada Adult Mental Health; NNAMHS = Northern Nevada Adult Mental Health
 Cumulative count of major outpatient services (PSR, MC, SC+ISC, Res, OC) resulting in duplicated counts.
 Data collection has changed effective July 1, 2007 and July 1, 2008 - EOM w/ 150 day filter.



Comments:

Despite the reduction in resources, the number of people receiving services has been maintained by reorganizing some processes to increase efficiency.

Website:

http://mhds.nv.gov/index.php?option=com_content&task=view&id=23&Itemid=53

Nevada Department of Health and Human Services: 2011 BDRs (revised November 23, 2010)

| BDR# | Division | NRS | Description | Impact | Budget Acct., Dec. Unit |
|---------------------|------------|--|---|--|-------------------------|
| POLICY BILLS | | | | | |
| 443 | DO HITBRTF | | Health Information Technology: Creates the Electronic Health Records Act, establishes provisions regarding Health Information Exchange, establishes provisions for health record repositories/banks, and establishes provisions relating to personal health information privacy for electronic health records. | Authorizes the creation, maintenance and use of electronic health records. Removes legal and policy barriers to enable health information exchange. Safeguards personal health information. Establishes HIE governance structure. Safeguards privacy of personal health information. | |
| 459 | DCFS | NRS 127.186 | Adoption Assistance: Amends NRS 127.186 to clarify the entity that is responsible to notify a potential adoptive parent of the availability of adoption assistance. Child welfare agencies are responsible for notifying proposed adoptive parents of the availability of financial assistance only when the child is in the custody of the agency. In private adoptions, the private child placing agency would be responsible for notification. | Prospective adoptive parents are better informed and future requests for retro-active adoption subsidies may be prevented. | |
| 444 | DHCFP | NRS 422.3785 | Nursing Facility Rates: Clarifies the statute's meaning by confirming the State's authority in establishing reimbursement rates. | Removes ambiguity in current statute that could be interpreted as restricting the State's ability to adjust rates. | BA 3243, E-650 |
| 447 | HEALTH | NRS 450B NAC 450B | Emergency Services: 1) Updates nomenclature and educational standards, 2) Corrects inconsistencies in statutory language pertaining to licensing of nurses serving as ambulance attendants, and 3) Increases population based standards from 400,000 to 1,000,000. | Provides consistency with national standards and allows for continued reciprocity with other states. Updates practices to national standards. | |
| 446 | HEALTH | NRS 440 NAC 440 | Vital Statistics: Modernizes vital statistics system, including electronic record handling, increased security of records and changes in familial relationships that have occurred over the last few decades. | Ensures state's vital statistics laws allow for the easy incorporation of national technological advances in records and information management. Will allow Nevada to make use of emerging technology that will continue to impact the vital statistics system within NV and nationally without having to further revise NRS. | |
| 445 | HEALTH | NRS 449.210 NRS 449.2496 NRS 449.0045 NRS 449.050 | Revisions for Health Facilities Licensing: Cost recovery for enforcement (charge for the actual cost of enforcement of all licensure activities, including unlicensed facilities, unless funded by CMS or is an initial or renewal process fee), impose administrative sanctions on HIRCs ("home for individual residential care"), and adult day care fees (collect fees from facilities that the Division is required to inspect every 18 months). | Alleviates the burden on facilities that do not have enforcement actions by only charging them for the initial or annual relicensure activity. Applies administrative sanctions as opposed to initiating a court proceeding against unlicensed residential facilities for groups. Equalizes adult day care centers with other facilities that do pay fees. | |
| 448 | MHDS | NRS 433.044 | Client Definition/Eligibility: Allows client to be defined in regulation rather than statute in order to update and respond to current nomenclature, current needs of the community and current resources. | Allows division to define through regulation the clinical criteria for services as well as the non-clinical criteria such as residency status and income eligibility. | |
| 449 | MHDS | NRS 178.425 | Lake's Crossing Evaluations: Decreases number of evaluations to be completed at Lake's Crossing for screening and referral to one and decreases evaluations to two when restoration to competency is completed. | Streamlines process, reduces the number of hours needed for evaluations, and reduces costs. | |

Nevada Department of Health and Human Services: 2011 BDRs (revised November 23, 2010)

| BDR# | Division | NRS | Description | Impact | Budget Acct., Dec. Unit |
|---------------------------------------|-----------------|--|--|--|-----------------------------------|
| BUDGET BILLS PER BUDGET OFFICE | | | | | |
| | ADSD | NRS 427A.595 NRS 427A.741 NRS 427A.793 | <u>Eliminate Senior Property Tax Program:</u> This activity was given a low priority in POGS. In FY2010 16,272 rebate checks at an average amount of \$335/check were sent to eligible seniors. | \$5,659,127 in FY2012 and \$5,657,314 in FY2013 can be moved to more essential services. | BA 2363, E-600 |
| | DCFS | NRS 433 NRS 433B NAC 433 NAC433B | <u>Children's Behavioral Health:</u> Expands the authority of the MHDS Commission as set forth in NRS 433 over public and private providers of children's behavioral health. Reconstitutes the NV Children's Behavioral Health Consortium to establish a child/adolescent behavioral health policy board to recommend policies covering public and private behavioral health services. Establishes DCFS as children's behavioral health authority with duties to set standards, conduct quality assurance; develop and monitor contracts; provides financial oversight and performance monitoring to include the power to adopt regulations. (Recommendation of children's mental health strategic plan) | Establishes a clear system for children's behavioral services with authority to oversee services across public and private sectors to improve quality of services. DCFS to propose a reallocation of resources to cover the costs created by this BDR. | BA 3646, E-909; BA 3145, E-909 |
| | DCFS | NRS 432A | <u>Child Care Facility Licensure:</u> Moves authority for the Bureau of Services for Child Care from DCFS to the Health Division. | Consolidation and consistency under a single division. The Health Division has authority to license the majority of facilities under the Bureau of Health Care Quality and Compliance. | BA 3149, agency code change |
| | DHCFP | NRS 422.2366 | <u>MER:</u> Allows DHCFP, Medicaid Estate Recovery Unit, subpoena power for recovery purposes. | May increase recovered payments to Medicaid and/or the Children's Health Insurance Program. | BA 3243, E-328 |
| | DHCFP | NRS 422.4025 | <u>PDL:</u> Eliminates the expiration (sunset provision) of SB4 of the 76th Special Session related to atypical and typical anti-psychotic medication, anti-convulsants, and anti-diabetic medications. | Allows Division to continue to have PDL include specified medications; to allow one failure of specified medications; to prefer all new specific medications since June 30, 2010; and to allow all grandfathering of coverage for specified medications. | BA 3243, E-327 |
| | DHCFP | NRS 422.2705 | <u>Transportation Services:</u> Allows division to retain regulatory authority over contract vendors of transportation services when services are included in policy while enabling the DHCFP to create program service policies that reflect the best interest of the State. | Allows Division to eliminate certain transportation services from Medicaid or Children's Health Insurance Program, if in the best interest of the State. | BA 3178, E-652 |
| | Public Defender | NRS 7.155 | <u>Post Conviction Claims:</u> Provisions for timely progress billings (45 days following end of FY) to help avoid stale claims. Claims must be paid using State Administrative Manual guidelines with regard to travel, per diem, etc. Billable hours must be reasonable and exclude items such as mealtime, standby, etc. | Reduces number of stale claims and improve billing practices. | |
| | HEALTH | NRS 440 | <u>Vital Statistics:</u> Revises language regarding vital records fees and fines. | Includes language to increase penalties for unlawful acts. | BA 3190, E-601 and E-681 |

Taking Care of Those in Need

The Role of County Indigent Services in Nevada

Nancy McLane
Director, Clark County Social Service
Chair, County Social Service Administrators of Nevada

County Assistance Programs

- Services are provided pursuant to NRS 428
 - Aid and relief to the indigent (safety net)
- County programs do not duplicate Medicaid
- Counties are the payers of last resort

County Indigent Services Mandate (NRS 428.010)

"...every county shall provide care, support and relief to the poor, indigent, incompetent and incapacitated...when those persons are not supported or relieved by relatives or guardians, or by their own means, or by state hospitals, or other state, federal or private institutions or agencies."

Safety Net Programs

- The services everyone hopes they will never need
- For many residents, the need for our services is one paycheck or catastrophic illness away



Who is Served by Counties?

- Indigent residents of the county not eligible for other programs
 - Categorically ineligible
 - Ineligible due to income/asset guidelines
 - Ineligible due to rule/criteria changes
- "Typical" client is a childless adult under age 65 or a senior who doesn't qualify for Medicaid
- The people we serve are not assisted by anyone else
 - If we didn't serve them, no one would

County Indigent Services

- Programs are customized to meet each county's needs and available revenue
- Focus is on mandated services
- Grant funds are pursued by individual counties to provide additional services appropriate for their population

Mandated Services

- County Commissions are required to develop programs and establish eligibility criteria
 - Payment for emergency medical care and medically necessary care
 - Financial assistance
 - Transportation to county of residence
 - Nursing (home) care
 - Burial/cremation

Continuum of Services (Examples From 30,000 Feet)

| ■Federal | ■State | ■Counties |
|---------------------------|--|-------------------------------------|
| ■Medicare | ■Medicaid (state share except for Match program) | ■Indigent medical care |
| ■Medicaid (federal share) | ■TANF (state share) | ■Medicaid Match (non-federal share) |
| ■TANF (federal share) | ■Mental Health and Substance Abuse Treatment | ■Emergency financial assistance |
| ■SSI/SSD | ■Special Populations | ■Special Populations |

Clark County Examples

- Big numbers
- Proportionally similar to other counties
 - Demand
 - Impacts

The Changing Face of Clients in Clark County

- | | |
|--|---|
| <ul style="list-style-type: none">■ <u>Then</u>■ Socially unemployable<ul style="list-style-type: none">■ Medical, mental health or substance abuse issues■ Often had repeated contact with assistance programs<ul style="list-style-type: none">■ Chronic conditions■ Typical clients were middle-aged or older | <ul style="list-style-type: none">■ <u>Now</u>■ Many have work history; laid off<ul style="list-style-type: none">■ Exhausted UIB & COBRA benefits■ Many have never needed help before<ul style="list-style-type: none">■ Embarrassed and lost■ Growing number are under age 25<ul style="list-style-type: none">■ Pushed out of job market |
|--|---|

Economic Climate

- | | |
|---|--|
| <ul style="list-style-type: none"> ■ December 2008 ■ Unemployment 7.6% ■ Highest foreclosure rate in the U.S. ■ More than 30% of our residents are uninsured ■ 30% increase in applicants for assistance who complete initial screening (1st Q) ■ 66% of sheltered homeless received CCSS assistance (4650 households) ■ Tax revenues are down | <ul style="list-style-type: none"> ■ July 2009 ■ Unemployment 12.3% ■ Most distressed state in the U.S. ■ More than 30% of our residents remain uninsured ■ 60% increase in applicants for assistance who complete initial screening (4th Q) ■ Funding for CCSS housing assistance won't meet projected need. Policy changes necessary. ■ Tax revenues remain down. |
|---|--|

Economic Climate

- | | |
|--|---|
| <ul style="list-style-type: none"> ■ November 2010 ■ Unemployment 14%+ ■ Thousands exhausting extended unemployment benefits and COBRA ■ Foreclosures continue ■ Property tax revenue down again (residential) ■ CCSS has cut budget and staffing 25% in two years ■ Reduced medical reimbursement rates | <ul style="list-style-type: none"> ■ 2011 ■ Some economic recovery? ■ Unemployment expected to remain high <ul style="list-style-type: none"> ■ Government layoffs ■ Property tax revenue expected to drop again (commercial) ■ CCSS expects significant budget cuts ■ Eligibility changes and possible program cuts being developed |
|--|---|

Strain on the System

- Increased demand
 - Economic climate and exhausted benefits
- Legislative and regulatory changes
 - TANF and Medicaid cuts
 - County mandate to provide aid and relief
 - The cost of homelessness and ER usage
 - Gap assistance
 - Medicaid cuts
 - Reimbursement rates
 - Institutionalized clients
 - Program caps/program elimination

Weathering the Storm

- We're in this together
- Decisions made at any level of the continuum of services have impacts on the other levels
- The way this crisis is handled will set the stage for years to come.

To Consider...

- How can we strengthen relationships?
- How can information be shared to allow us to better manage potential impacts and reduce costs?
- How can we better address shared issues?

Questions and Comments

