Nassir Notes

Quick Facts – DHHS

November 2013

State of Nevada
Department of Health and Human Services
http://dhhs.nv.gov

Helping People –
It's who we are and what we do

Brian Sandoval
Governor

Michael J. Willden
Director

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TABLE OF CONTENTS

Director's Office

Aging and Disability Services Division

Division of Child and Family Services

Division of Health Care Financing and Policy

Division of Welfare and Support Services

Division of Public and Behavioral Health

Public Defender

Nevada Data and Key Comparisons

Organizational Chart

NRS Chapters for Statutory Authority by Division

Phone Numbers of Key Personnel

Index

1.01 2-1-1 Partnership

Program: Established by Executive Order in February 2006, the Nevada 2-1-1 Partnership was created to implement a multi-tiered response and information plan in the state of Nevada. 2-1-1 is an easy to remember telephone number that, where available, connects people with important community services and volunteer opportunities. Available information on essential health and human services includes: basic human services, physical and mental health resources, employment support services, programs for children, youth and families, support for seniors and persons with disabilities, volunteer opportunities and donations and support for community crisis and disaster recovery.

Hours of Service: 2-1-1 is currently available 24 hours per day, seven days per week. Service is provided by Help of Southern Nevada and Crisis Call Center in Northern Nevada.

Partnership Members:

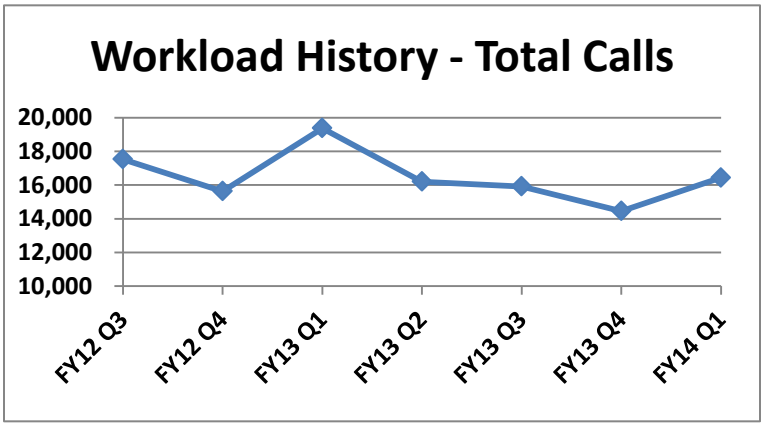
Crisis Call Center
Family TIES of Nevada
HELP of Southern Nevada
Governor's Consumer Health Advocate
Nevada Dept. of Administration
Nevada Dept. of Health and Human Services
Nevada Dept. of Information and Technology
Nevada Disability Advocacy and Law Center
Nevada Division for Aging and Disability Services
Nevada Public Health Foundation
State of Nevada Legislature
United Way of Northern Nevada and the Sierra
United Way of Southern Nevada
Volunteer Center of Southern Nevada
Washoe County Chronic Disease Coalition
Washoe County Health District
Washoe County Senior Services

Workload History:

FY12 Q3 Total Calls	17,529[1]
FY12 Q4 Total Calls	15,629
FY13 Q1 Total Calls	19,370
FY13 Q2 Total Calls	16,197
FY13 Q3 Total Calls	15,912
FY13 Q4 Total Calls	14,459
FY14 Q1 Total Calls	16,443

FY14 Q1 Workload:

July Total Calls	5,260
August Total Calls	5,921
September Total Calls	5,262



[1] Nevada 2-1-1 was activated as part of the disaster response for the Washoe Drive Fire. Over 1,900 calls were handled for this disaster on January 19th, 2012. Disaster response calls are included in the call volume above.

Comments: Fluctuation in call volume due to outreach campaigns and media generated coverage. FY09 growth impacted by economic recession. FY 10 data have been revised to remove "phantom calls" (hang-ups, static, child playing, etc.) from the total number of calls. FY13 call volume impacted by economic change that necessitated a reduction in operator hours.

Website: http://Nevada211.org

1.02 Office of Consumer Health Assistance

Program: Established by the Nevada Legislature in 1999, GovCHA is a vital point of contact for healthcare consumers and providers in Nevada. The GovCHA mission is to provide the opportunity for all Nevadans to access information regarding patient rights and responsibilities, and to advocate for and educate consumers and injured workers concerning their rights and responsibilities under various health care plans and policies. This education and advocacy is provided to those who have insurance through an employer, managed care, individual health policies, ERISA, Worker's Compensation, Medicare, Medicaid, or are enrolled in other public health programs and/or discount medical plans. Assistance is also provided to the uninsured and underinsured. GovCHA collaborates routinely with state and federal agencies, and non-profit organizations to resolve consumer health care barriers and issues. GovCHA has expanded operations since its inception, and as of July, 2011 is now operating through the Director's Office of DHHS as the Governor's Office for Consumer Health Assistance, GovCHA serves as an umbrella agency for multiple consumer health related programs, including:

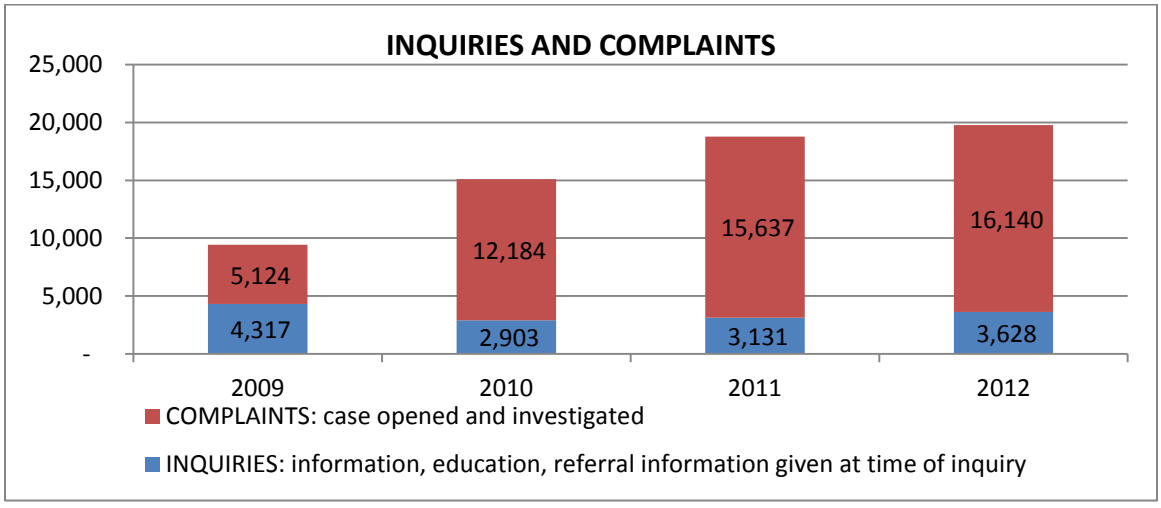
- Bureau for Hospital Patients
- External Review Organization
- Small Business Insurance Education Program
- RxHelp4NV
- Canadian Prescriptions
- Worker's Compensation Consumer Assistance
- Office of Minority Health
- Nevada 2-1-1
- Affordable Care Act – Consumer Assistance Program
- Affordable Care Act – Silver State Exchange Consumer Assistance

Service Area: GovCHA operates statewide out of their main office in Las Vegas, with a satellite operation in Elko for Northern/Rural Nevadans. The Office of Minority Health is based in the Las Vegas Office for Consumer Health Assistance.

Hours: GovCHA office hours are 8 – 5 Monday through Friday, inquiries are accepted after hours by voice mail and email, and are returned as soon as possible

Workload History: GovCHA currently has ten full-time Ombudsmen managing caseloads of 90 to 200. Each, Ombudsman's case load may vary in volume according to specialty and complexity of cases. Nevada's Ombudsmen manage complex cases ranging in context from access to care, billing disputes, hospital bills, provider/insurance grievances and appeals, oncology, chronic disease and Medicare/Medicaid benefits coordination. With Nevada's Governor Brian Sandoval supporting Medicaid Expansion, GovCHA has begun to receive an increased volume of calls, as of October 1, 2013, from individuals wanting information about Nevada Medicaid and Nevada Health Link.

Consumers Assisted:



Comments: Full details of GovCHA's programs, notable accomplishments, and history is published annually in our 2012 Executive Report, which is available on our website.

Website: www.govcha.nv.gov

1.03 Office of Minority Health

Program:

The Office of Minority Health (OMH) was established under NRS 232.467. The mission of OMH is to improve the quality of health care services for members of minority groups, to increase access to health care services, to seek ways to provide education, address, treat and prevent diseases and conditions that are prevalent among minority populations, increase access to health care services, and disseminate information to and educate the public on matters concerning health care issues of interest to members of minority groups. AB519 placed the Office of Minority Health under the Office of Consumer Health Assistance within the Department of Health and Human Services, Director's Office. AB519 was approved by the Governor in June 2011.

OMH provides a central source of information concerning healthcare services and issues for racial and ethnic minorities. OMH recently received a 2-year Grant for FY13-15, to focus on providing Education and Outreach about the Affordable Care Act to minority communities within Nevada, and encourage them to enroll in Nevada Health Link or Nevada Medicaid. Staff plans to travel statewide during the next two years to provide this information through conferences, trainings, and other forms of targeted outreach. OMH engages in outreach activities and fosters partnerships with stakeholder groups including: community and faith-based organizations; schools and universities; medical centers, health care systems, and health departments; tribal, state, and federal government offices; policymakers and community residents; advisory committees and task forces; and corporations, foundations, and the media. OMH provides information regarding minority health care issues and helps ensure that both public and private entities have access to culturally competent and linguistically appropriate health information. OMH incorporates appropriate bilingual communication as needed. In addition to the OMH Program Management staff, and Advisory Committee, GovCHA has a designated Minority Health Ombudsman that advocates for the consumer regarding, billing dispute and access to care issues.

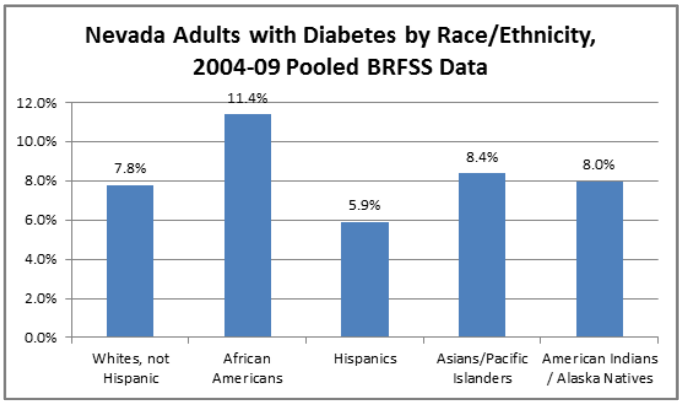
Funding:

In September 2010, Nevada was awarded a grant from the State Partnership Grant Program to Improve Minority Health. The grant award is for $390,000, $130,000 per year over a three year period from 9/1/2010 – 8/31/2013. OMH's project associated with this grant focuses on diabetes and chronic disease and will fund activities centered on addressing chronic disease related disparities and two leading risk factors, overweight and obesity. The grant fully funds the OMH Program Manager and a .50FTE Administrative Assistant position, which were previously paid out of State General Funds.

Key Demographics:

		Whites *	African Americans *	Asian Americans *	American Indians / Alaskan Natives *	Native Hawaiians / Pacific Islanders *	Persons Reporting 2 or more Races	Hispanic / Latino **
United States	Population	243,353,287	40,818,541	15,579,596	3,739,103	623,184	7,166,614	52,035,850
	% of Total	78.1	13.1	5.0	1.2	0.2	2.3	16.7
Nevada	Population	2,116,021	234,206	209,696	43,573	19,063	100,763	738,020
	% of Total	77.7	8.6	7.7	1.6	0.7	3.7	27.1

Source: U.S. Census Bureau, 2011 State and County QuickFacts: quickfacts.census.gov/qfd/states/32000.html
**Percentages and total population estimates include persons indicating only one race.*
***Hispanic / Latino may be of any race, so also included in applicable race categories.*



Website www.GovCHA.nv.gov

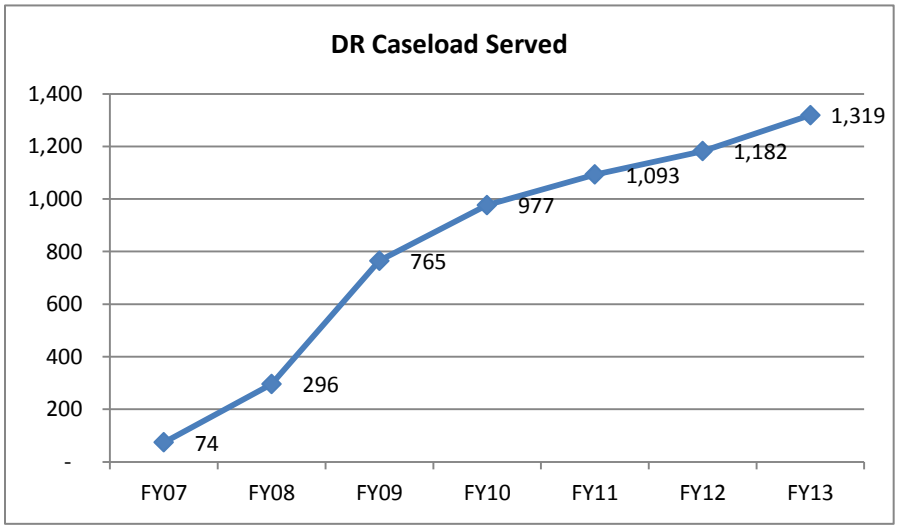
1.04 Differential Response

Program: The Differential Response Program is a joint project between the Family Resource Centers and the three child welfare agencies. Reports of child maltreatment that meet the statutory threshold for a home visit to determine child well-being, where there is not an imminent threat to the child's safety, may be referred to the Differential Response staff for assessment and case management. Typically these reports involve such things as educational neglect, environmental neglect, medical neglect, and improper supervision. Frequently the Differential Response worker is able to assist the family in accessing services that will assist the family in providing positive interactions and a safe environment for their children.

Service Areas: Services are provided in the following counties: Clark, Washoe, Elko, Carson City, Douglas, Storey, Churchill, Lyon, Mineral, Pershing and southern Nye.

Workload History:

Fiscal Year	Referred	Served	Closed
FY07	90	74	33
FY08	362	296	247
FY09	912	765	665
FY10	1,053	977	906
FY11	1,137	1,093	1,135
FY12	1,234	1,187	1,182
FY13	1,319	1,306	1,319
FY14 YTD	291	286	261



Comments: The chart reflects ongoing caseload with additional programs coming on and ramping up their services. Reports screened for a DR response typically involved families with basic needs, followed by educational neglect, lack of supervision, medical neglect, and various family problems. Currently, DR referrals reflect approximately 9 percent of the child maltreatment reports in the communities served. If expanded statewide, it is estimated that DR referrals could reach 17 percent of total child maltreatment reports. Nevada is one of 22 states implementing Differential Response.

Website: http://dhhs.nv.gov/Grants/Committees/DR/DR%20Pilot%20Project%202007-02.doc

1.05 Grants Management Unit

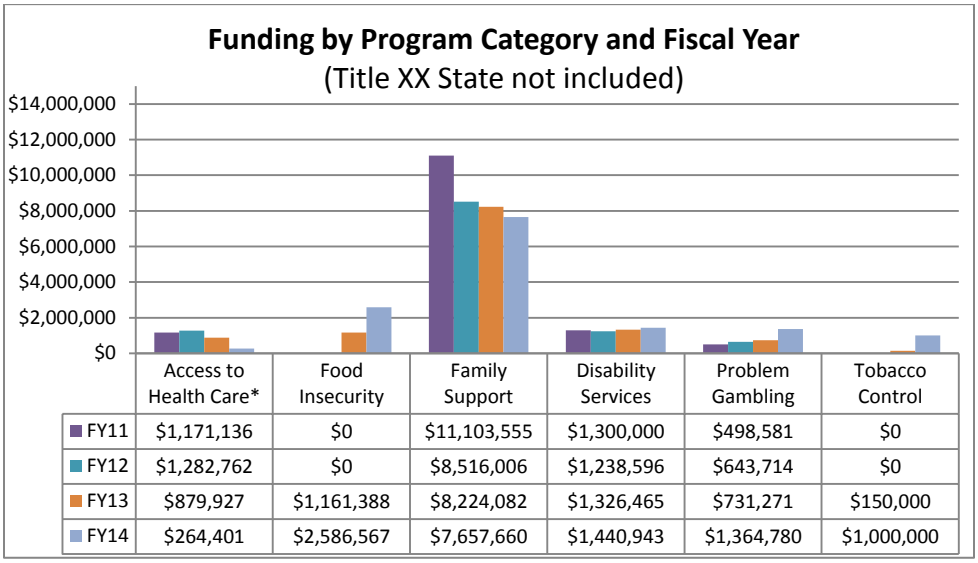
Program: The Grants Management Unit (GMU) is an administrative unit within the Department of Health and Human Services, Director's Office. It administers grants to local, regional, and statewide programs serving Nevadans. The Unit ensures accountability and provides technical assistance for the following programs.

- Children's Trust Fund (CTF) grants prevent child abuse and neglect.
- Community Service Block Grant (CSBG) promotes self-sufficiency, family stability, and community revitalization.
- Family Resource Centers (FRC) provide information and referral services, and various support services to families.
- Differential Response (DR) addresses child safety by supporting a partnership between child welfare agencies and designated FRCs.
- Fund for a Healthy Nevada (FHN) grants (1) improve the health and well-being of Nevada residents including programs that improve health services for children and (2) improve the health and well-being of persons with disabilities.
- Social Service Block Grant (SSBG-TXX) assists persons in achieving or maintaining self-sufficiency and/or prevents or remedies neglect, abuse, or exploitation of children and adults.
- Revolving Account for Problem Gambling Treatment and Prevention provides funding for problem gambling treatment, prevention, research and related services.

Eligibility: Most GMU funding sources target at-risk populations. CTF focuses on primary and secondary prevention of child abuse and neglect. CSBG targets people at 125 percent of the Federal Poverty Level. FRC must conduct outreach to at-risk populations. Some FHN funds are targeted to people with disabilities.

Funding Categories with Priority Activities in FY14:

Wellness – Hunger/Food Security; Access to Health Care
Family Support – Parent Training; Child Self-Protection Training; Crisis Intervention; Respite Care
Disability Services – Independent Living; Positive Behavior Support; Respite Care
Problem Gambling – Treatment; Technical Assistance; Data Collection and Evaluation.



	Access to Health Care*	Food Insecurity	Family Support	Disability Services	Problem Gambling	Tobacco Control
FY11	$1,171,136	$0	$11,103,555	$1,300,000	$498,581	$0
FY12	$1,282,762	$0	$8,516,006	$1,238,596	$643,714	$0
FY13	$879,927	$1,161,388	$8,224,082	$1,326,465	$731,271	$150,000
FY14	$264,401	$2,586,567	$7,657,660	$1,440,943	$1,364,780	$1,000,000

***Beginning in FY14, this category supports only Access to Health Care**

Comments: **Beginning in FY13,** a statewide community needs assessment indicated a need to shift resources to a new service category -- Food Security. Projects are intended to provide direct services to reduce hunger, help food insecure individuals and families become more self-sufficient, build capacity within the food safety network, and maximize federal benefits. Funding is drawn from FHN Wellness (known as FHN Children's Health prior to FY13) and SSBG-Title XX.

Prior to FY11, the DHHS-DO GMU administered FHN programs intended to prevent, reduce, or treat the use of tobacco and the consequences of the use of tobacco. Effective July 1, 2010, administration of these funds was transferred to DPBH. No funds were specifically allocated by the Legislature for tobacco control in FY11, FY12 or FY13, but in FY13 the GMU was able to award a small amount of otherwise unobligated FHN funds to DPBH to help sustain the Nevada Tobacco Users' Helpline. For FY14, the Legislature approved a $1 million allocation to DPBH to partially restore tobacco control activities.

Website: http://dhhs.nv.gov/Grants/GrantsManagement.htm

1.06 Head Start Collaboration and Early Childhood Systems Office

Program: Through statewide partnerships, the Nevada Head Start Collaboration and Early Childhood Systems Office enhances relationships, builds systems, and promotes comprehensive quality services to meet the needs of young children and their families. The office manages the work of the Nevada Early Childhood Advisory Council and is responsible for three funding sources, two of which are federal and one of which is state funded. The focus of all three grants is to improve early childhood systems and partnerships at the state and local level so that children show up ready for school!

The Office does not regulate or oversee Head Start programs. The needs of Head Start grantees specific to collaboration with health and other service providers is assessed annually as required by the Head Start Act. Essential partners for increasing and improving services for low income children include the Nevada State Division of Public and Behavioral Health, Division of Child and Family Services, Division of Welfare and Supportive Services, Child Care and Development, Nevada State Higher Education Institutions, Services for Homeless Children, the Nevada Department of Education, Private non-profit organizations, and Head Start grantees, including those providing services to children and families in tribal and migrant/seasonal programs.

Head Start and Early Head Start programs promote school readiness for economically disadvantaged children by enhancing their social and cognitive development through the provision of educational, health, nutritional, social and other services. Head Start programs serve children ages 3-5 and their families. Early Head Start programs serve pregnant women and children birth to 3 and their families. The federal Office of Head Start (OHS) provides grants directly to public and private, non-profit and for profit agencies in Nevada to operate Head Start and Early Head Start programs serving children and families living in poverty across the state. Programs engage parents in their children's learning and support them in making progress toward their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs.

Eligibility: Head Start programs primarily serve children and families living in poverty. However, up to 10 percent of children and families enrolled do not have to meet any income requirement. Minimally, 10 percent of each program's total enrollment must be children with diagnosed disabilities or special needs. Head Start programs in Nevada served almost 13 percent of children who have a disability or special need in FY2013. When the "Improving Head Start for School Readiness Act of 2007" was passed, programs were provided the flexibility to allow up to 35 percent of children living in families with incomes up to 130 percent of the federal poverty level, provided the program demonstrates that all eligible children living at or below the poverty level in the community had been given the opportunity to enroll.

Other: In May 2013, Governor Sandoval signed Assembly Bill 79, establishing the Nevada Early Childhood Advisory Council into law. The Head Start Collaboration and Early Childhood Systems Office continues to coordinate the Council's activities at this time. Early Childhood Comprehensive Systems funding from the Health Resources and Services Administration and ARRA funding from the Administration of Children and Families have supported the work of the council to date. Senate Bill 486 allocated $1.5 million over the 2013-2015 biennium to pilot Silver State KIDS, enabling developmental assessment of 50 percent of children during the first year and 100 percent of children in the second year, that are served by publicly funded early childhood education programs and at kindergarten entry. The first ever statewide assessment of the availability of quality early care and education is now complete and available on our website at http://dhhs.nv.gov/Head Start/Docs/AssessmentOfCenter-BasedQualityFinal.pdf. Under development is a plan to provide comprehensive early childhood services to all children in Nevada whether they live in rural, suburban or urban communities.

Comments: In fiscal year 2013, Head Start and Early Head Start programs in Nevada served 4,649 children and received approximately $30 million in Head Start funding that allowed just under 8 percent of Nevada's eligible children (those living in poverty or below) to receive the comprehensive early childhood development services provided by these programs. Due to sequestration 239 fewer children are being served and over 20 staff lost their jobs. During FY2010, over $23,000 was spent per inmate at the Nevada State Prison. During that same year less than $8,000 was spent per child enrolled in Nevada Head Start programs. As adults, research shows that Head Start graduates are less likely to have been charged with a crime than their siblings who did not participate in Head Start programs. Over 8 percent of families served during FY2013 were homeless. Head Start and Early Head Start grantees must provide a 20 percent match, which can be in cash or documented in-kind donations. Programs often struggle to meet this non-federal match requirement.

Website: http://dhhs.nv.gov/HeadStart.htm

1.07 Office of Health Information Technology

Program: Nevada DHHS is responsible for leading the state's Health Information Technology (HIT) and electronic Health Information Exchange (HIE) efforts. By playing a significant role in the development and implementation of a state-wide HIE system, DHHS can be sure the system will be cost-effective and sustainable, leverage investments already made by the health care community and the state, and meet established national standards. Meaningful use of HIE will be the foundation for improving the quality and efficiency of Nevada's health care system for all populations, as well as reducing medical errors.

The Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted as part of the 2009 American Recovery and Reinvestment Act (ARRA) and authorized outlays for HIT. It expands the role of states in fostering a technical infrastructure to facilitate intra-state, interstate and nationwide HIE. Better health care does not come from the adoption of technology itself. It is accomplished through the electronic exchange and use of health information for effective clinical decisions at the home and point of care.

The Office of Health Information Technology (OHIT) is responsible for administering the 4-yr. $6,133,426 Nevada ARRA HITECH State HIE Cooperative Agreement awarded to DHHS. The funding must be used for facilitating the core infrastructure and capacity that will enable the electronic exchange of health information and coordinating related HIE initiatives, including state economic and workforce development. The State HIE Cooperative Agreement performance period is February 8, 2010 through February 7, 2014.

Other: As required by the grant, Nevada's State HIT Strategic and Operational Plan (State HIT Plan) was approved by federal HHS in May 2011, and the required updated version was approved December 2012. The plan's implementation is enabled and supported by NRS 439.581-595 (Senate Bill 43 passed in 2011).

Comments: In September 2009, Governor Jim Gibbons issued an Executive Order establishing the Nevada HIT Blue Ribbon Task Force (HIT Task Force) to assist DHHS with the development of the State HIT Plan and to recommend legislative and policy actions. The Governor appointed a diverse group of 20 key stakeholders, which included representatives from Nevada Medicaid, health care systems and providers, public health, insurance, payers and employers, the Nevada System of Higher Education, pharmacy, medical records, legal, and consumers. From October 2009 through January 2011, the HIT Task Force met almost monthly, under Open Meeting Law, and its final recommendations were incorporated into both the State Health IT Plan and SB 43. By Executive Order, the HIT Task Force sunset on June 30, 2011, after successfully completing its mission. Per NRS 439.588, the Nevada Health Information Exchange (NV-HIE) was established September 2012 as a Nevada domestic non-profit corporation, and is seeking federal 501(c) 3 status. Its Board has met regularly since August 21, 2012. NV DIRECT (Phase 1 HIE) was launched April 29, 2013. For Phase 2 HIE, a competitive procurement resulted in the selection of Orion Health's HIE solution by the NV-HIE Board. Work began September 27, 2013, and initial services will be available January 2014. NV-HIE now has 3 full-time employees. NV is one of the founding member states of the National Association for Trusted Exchange (NATE), facilitating interstate HIE.

Web site: http://dhhs.nv.gov/Hit.htm

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2.01 Advocate for Elders

Program: The Aging and Disability Services Division (ADSD) Advocate for Elders program provides advocacy and assistance to frail, older adults and their family members to enable older adults to maintain their independence and make informed decisions.

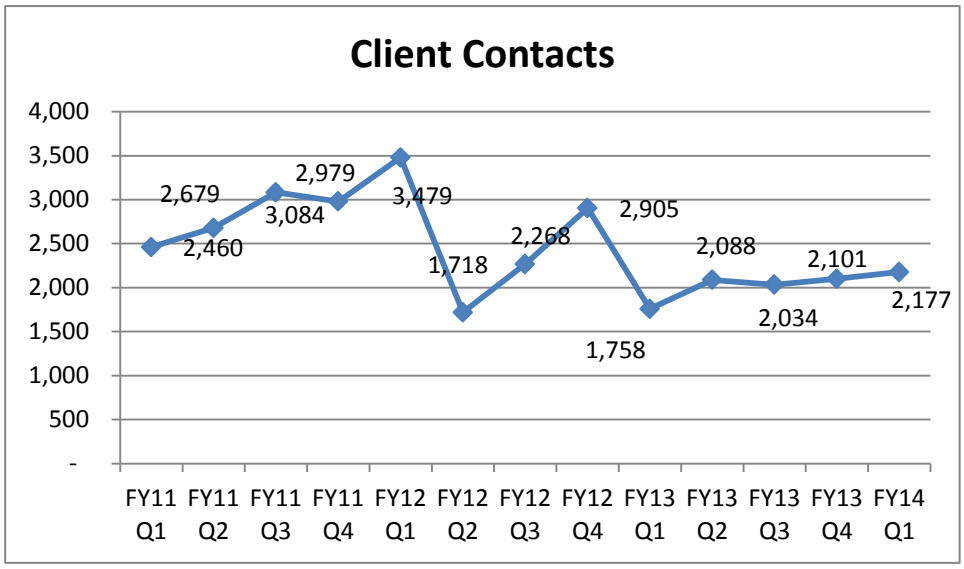
Eligibility: Seniors age 60 or older, primarily homebound residing in communities throughout Nevada.

Workload History:

Fiscal Year	Client Contacts
FY11	11,202
FY12	10,370
FY13	7,981

FYTD:

Jul 13	766
Aug	704
Sep	707
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	2,177
FY14 Average	726



Other: "Client contacts" include: phone calls, walk-ins, e-mail, postal mail, and contacts made on behalf of a client. Please note the program has 2.5 staff positions; one full-time Advocate for Elders in Northern Nevada, one in Southern Nevada, and a half-time position in Elko to serve Elko area seniors.

Funding Stream: General Fund

Comment: ADVOCATE FOR ELDERS: Historically, program contacts increase related to the Open Enrollment Period of the State Health Insurance Assistance Program (SHIP) which occurs during Quarter (Q)2 of each State Fiscal Year. Q1 SFY12 and SFY 13 were stable overall - any dips are reflected are a result of a turnover in staff. SFY 14 Q1 is stable.

Web Link: http://www.nvaging.net/advocate_for_elders.htm

2.02 Community Options Program for the Elderly (COPE)

Program: The Aging and Disability Services Division (ADSD) Community Options Program for the Elderly (COPE) provides services to seniors to help them maintain independence in their own homes as an alternative to nursing home placement. COPE services can include the following non-medical services: Case Management, Homemaker, Adult Day Care, Adult Companion, Personal Emergency Response System, Chore and Respite.

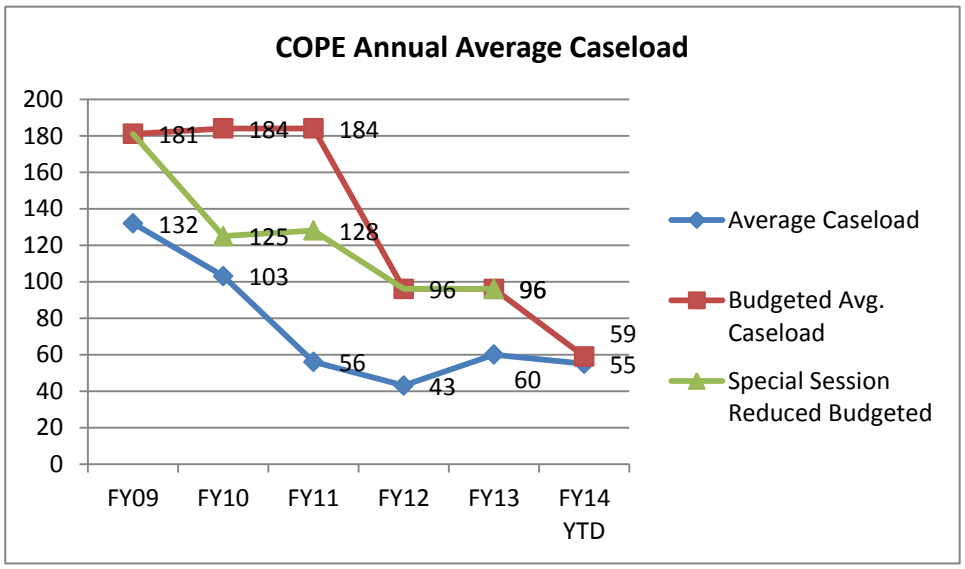
Eligibility: Must be 65 years old or older; financially eligible (for 2013 income up to $3,030; assets below $10,000 for an individual and $30,000 for a couple); at risk of nursing home placement without COPE services to keep them in their home and community. Priority given to those meeting criteria of NRS 426 – unable to bathe, toilet and feed self without assistance.

Workload History:

Fiscal Year	Average Caseload	Budgeted Avg. Caseload	Special Session Reduced Budgeted	Average Waitlist	Total Expenditures
FY10	103	184	125	4	$760,522
FY11	56	184	128	4	$413,487
FY12	43	96	N/A	4	$372,824
FY13	60	96	N/A	11	$548,775
FY14 YTD	55	59	N/A	10	Not Yet Available

FYTD:

Month	Caseload	Waitlist
Jul 13	55	12
Aug	55	10
Sep	56	9
Oct		
Nov		
Dec		
Jan 14		
Feb		
Mar		
Apr		
May		
Jun		
FY14 Total	**166**	**31**
FY14 Average	**55**	**10**



Funding Stream: General Fund

Web Link: http://www.nvaging.net/cope.htm

Comment: The reconciliation of direct services and administrative costs are not completed until several months after the closure of a quarter. Actual expenditures will be updated after the reconciliation process.

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.

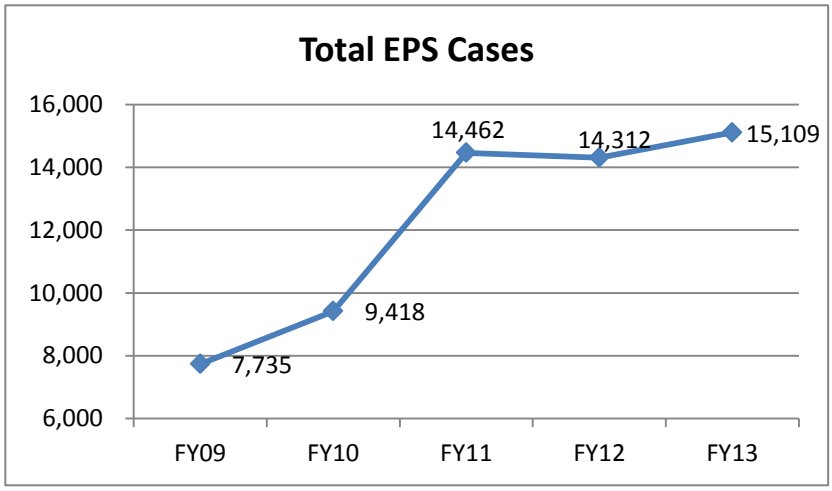
Eligibility: Any older person, defined by NRS as 60 years or older, is eligible. EPS investigates elder abuse reports in all counties of Nevada in both community and long-term care settings.

Workload History:

Fiscal Year	Total Cases	Average Cases per Social Worker	Total Expenditures
FY10	9,418	52	$1,632,416
FY11	14,462	57	$1,797,654
FY12	14,312	43	$3,437,968
FY13	15,109	41	$3,363,861
FY14 YTD	3,732	40	Not Yet Available

FYTD:

Month	Total Cases	Avg. Cases per Social Worker
Jul 13	1,236	40
Aug	1,213	39
Sep	1,283	40
Oct		
Nov		
Dec		
Jan 14		
Feb		
Mar		
Apr		
May		
Jun		
FY14 Total	**3,732**	**119**
FY14 Average	**1,244**	**40**



Funding Stream: TITLE XX - Title XX funds through the Nevada Department of Health and Human Services; General Fund

Comment: 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. 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.

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

2.04 Homemaker Program

Program: The Aging and Disability Services Division (ADSD) Homemaker Program provides in-home supportive services for seniors and persons with disabilities who require assistance with activities such as housekeeping, shopping, errands, meal preparation and laundry to prevent or delay placement in a long-term care facility.

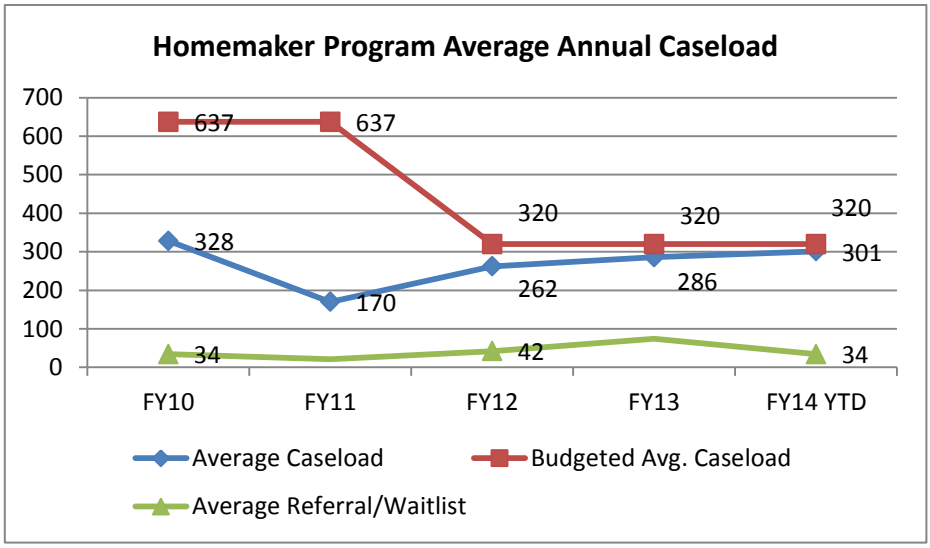
Eligibility: Seniors and person with disabilities throughout Nevada in need of supportive services; financially eligible (110 percent of Federal Poverty income below $1,053 monthly).

Workload History:

Fiscal Year	Average Caseload	Budgeted Avg. Caseload	Reduced Average Caseload per IFC Hearing	Average Referral/Waitlist	Total Expenditures
FY10	328	637	N/A	34	$910,353
FY11	170	637	280	21	$860,423
FY12	262	320	N/A	42	$530,446
FY13	286	320	N/A	74	$567,943
FY14 YTD	301	320	N/A	34	Not Yet Available

FYTD:

Month	Caseload	Waitlist
Jul 13	309	34
Aug	299	61
Sep	295	8
Oct		
Nov		
Dec		
Jan 14		
Feb		
Mar		
Apr		
May		
Jun		
FY14 Total	**903**	**103**
FY14 Average	**301**	**34**



Funding Stream: Title XX/General Fund

Web Link: http://www.nvaging.net/homemaker_program.htm

Comment: Expenditure totals for FY 2014 will appear low until reconciliation of direct services and administrative costs are completed. These amounts are not reconciled until several months after the closure of a quarter.

2.05 Independent Living Grants

Program: Independent Living Grants (ILG): The Nevada State Legislature passed legislation in 1999, which enacted the Governor's plan for utilizing part of Nevada's proceeds from the Master Tobacco Settlement to support "independent living" among Nevada seniors. This program funds a number of vital services for seniors, such as respite care, transportation and supportive services. Supportive services includes: adult day care; case management; case management for Elder Protective Services; caregiver support services; information, assistance and advocacy; companion services; durable medical equipment and healthcare products; geriatric health and wellness; homemaker services; home services; legal services; medical nutrition therapy; volunteer care; emergency food pantry; Personal Emergency Response System (PERS); protective services; and representative payee.

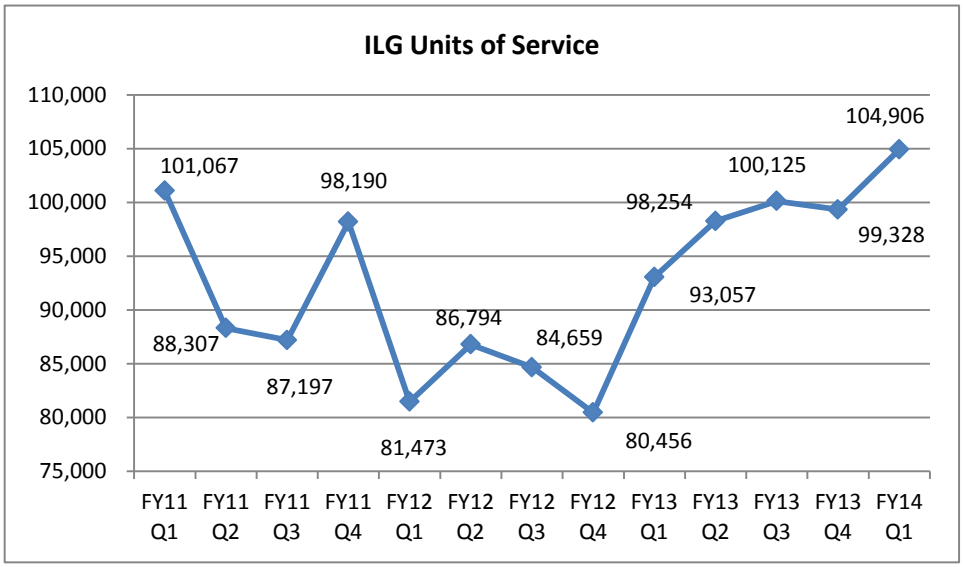
Eligibility: Seniors throughout Nevada, age 60 or older, in need of assistance to live independently.

Workload History:

Fiscal Year	Units of Service
FY10	346,058
FY11	374,760
FY12	333,382
FY13	391,214

FYTD:

Month	Units of Service
Jul 13	36,863
Aug	38,505
Sep	29,538
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**104,906**
FY14 Average	**34,969**



Funding Stream: Healthy Nevada Fund from the Tobacco Settlement Fund

Web Link: http://www.nvaging.net/grants/grants_main.htm

Comment: A decline in Q1 SFY 2012 is due to reduction in programs funded, as a result of reduced funding for Independent Living Grants. For SFY 2012 Q3 and Q4, the trend is generally stable with expected program fluctuations. One year can differ from another for clients served due to the types of programs funded and the movement of programs between Senior Support Services (OAA Title III-B) and Independent Living Grant funding. For SFY 13 Q1 the trend shows a slight increase due to a change in funded services between funding sources. The same remains true for SFY 2014.

2.06 Long Term Care Ombudsman Program (Elder Rights Advocates)

Program: The Long Term Care (LTC) Ombudsman program is authorized by the federal Older American's Act. The Act requires that a statewide Ombudsman program investigate and resolve complaints made by or on behalf of older individuals who are residents of long term care facilities. The Act also requires numerous activities related to the promotion of quality care in LTC facilities. Elder Rights Specialists, also known as Ombudsmen, provide residents with regular and timely access to Ombudsman services by conducting routine visits to assigned facilities. They advocate for residents and provide information regarding services to assist residents in protecting their health, safety, welfare and rights. The Ombudsman Program is comprised of two basic components – a "case" or an "activity". A Case includes the investigation and resolution of particular complaints made by or on behalf of residents. Activities include duties such as consultation and training for facility staff, working with resident and family councils, and participating in facility surveys.

Eligibility: Eligibility includes every older person, aged 60 years or older, living in a long term care facility including:

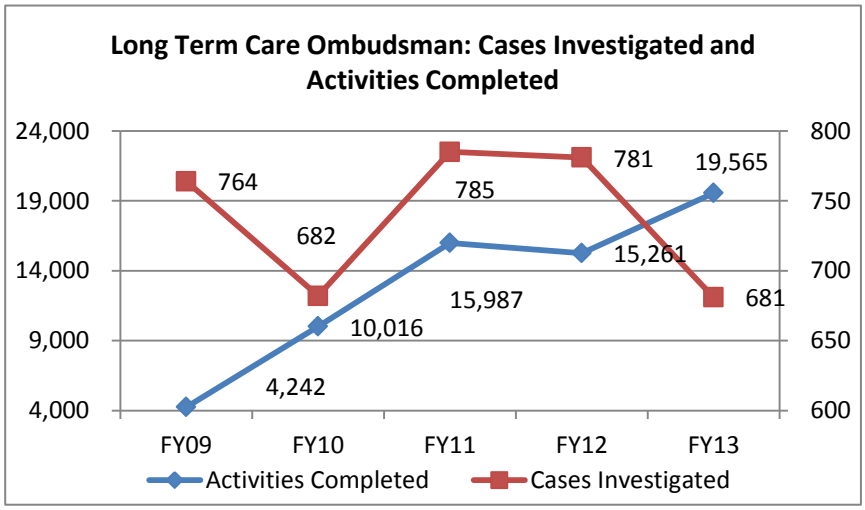
- Homes for Individual Residential Care
- Residential Facilities for Groups including Assisted Living Facilities
- Skilled Nursing Facilities
- Nursing Facilities (including Intermediate Care Facilities)

Workload History:

Fiscal Year	Activities Completed	Cases Investigated
FY11	15,987	785
FY12	17,347	781
FY13	19,565	681
FY14 YTD	5,804	245

FYTD:

Month	Activities Completed	Cases Investigated
Jul 13	2,038	69
Aug	1,648	64
Sep	2,118	112
Oct		
Nov		
Dec		
Jan 14		
Feb		
Mar		
Apr		
May		
Jun		
FY14 Total	**5,804**	**245**
FY14 Average	**1,935**	**82**



Funding Stream: TITLE III - Older Americans Act Funds through the Administration on Aging; TITLE VII - Older Americans Act Funds through the Administration on Aging; Medicaid Funds through the Division of Health Care Financing and Policy; General Fund

Web Link: http://www.nvaging.net/ltc.htm

Comment: The gradual increase in program activities for the Long Term Care Ombudsman Program (LTCOP) from SFY09 through SFY11 can be attributed to the proper recording and tracking of program related activities. The increase in SFY12 is correlated with the addition of the Volunteer Long Term Care Ombudsman Program (VLTCOP); program volunteers augment the program and thus program activities result from their volunteer time. The number of Program Activities is expected to continue to rise in SFY13 as a result of the continued recruitment and activities of the VLTCOP. Please Contact Heather Korbulic at (775) 688-2964 ext 260 or hkkorbulic@adsd.nv.gov for more information.

2.07 Senior Support Services

Program: Services are intended to maximize the informal support provided to older Americans, to enable them to remain living independently in their homes and communities. Senior Support Services include: senior companion; transportation; adult day care; homemaker; information, assistance and advocacy; representative payee; caregiver support, education and training; legal services; telephone reassurance; volunteer services; Personal Emergency Response System (PERS); case management; respite; and transitional housing. This program is funded by the Older American Act Title III-B.

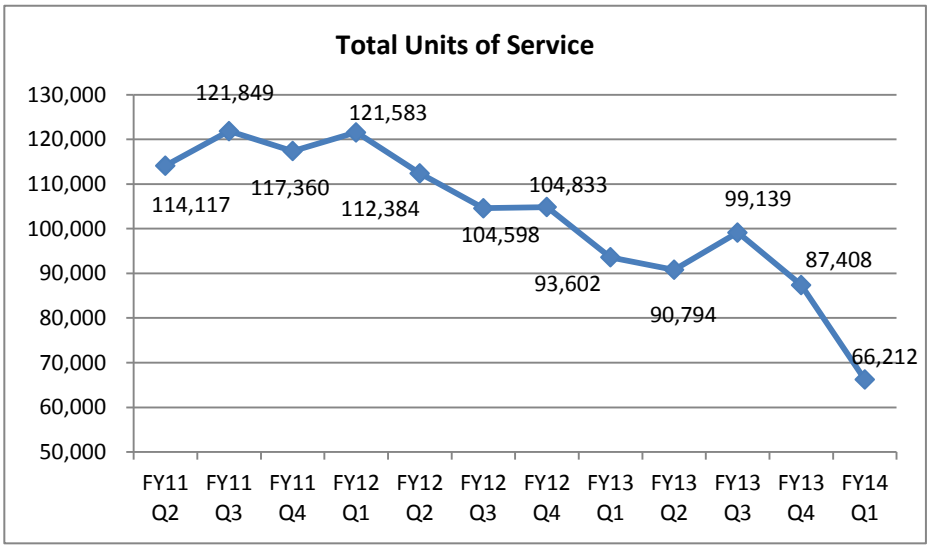
Eligibility: Individuals throughout Nevada age 60 or older with particular attention to low-income older individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Workload History:

Fiscal Year	Units of Service
FY10	453,396
FY11	477,956
FY12	443,398
FY13	374,727

FYTD:

Month	Units of Service
Jul 13	22,898
Aug	22,339
Sep	20,975
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**66,212**
FY14 Average	**22,071**



Funding Stream: Title III - Older Americans Act (OAA) Funds through the Administration on Aging (AoA); General Fund

Web Link: http://www.nvaging.net/grants/grants_main.htm

Comment: For SFY 2012 the downward trend is caused by programs reporting fewer services delivered. For SFY 13 the downward trend is due to a change in funded services between funding sources. SFY 14 shows a decrease due to a change in funded services between funding sources and a delay in one large program importing their data into Social Assistance Management System (SAMS) for September 2013. Data will be updated when it becomes available.

2.08 Senior Nutrition – Meals in Congregate Settings

Program: Senior Nutrition – Meals in Congregate Settings Funds, under the Older Americans Act Title III-C1, are allocated to provide meals to seniors in congregate settings, usually at senior centers.

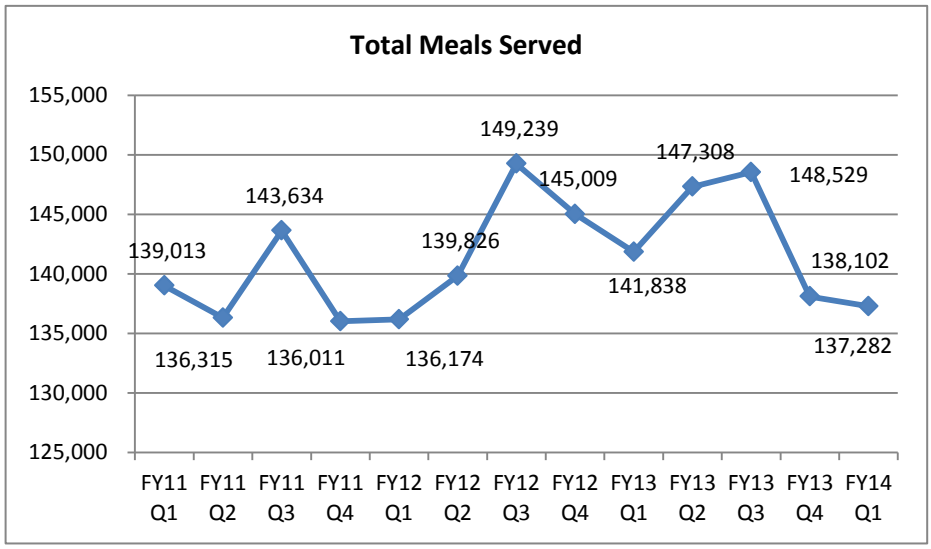
Eligibility: Individuals age 60 or older and their spouses; individuals with disabilities who have not attained the age of 60, but reside in housing facilities occupied primarily by older individuals at which a congregate meal site has been established; individuals providing essential volunteer service during meal hours at a congregate setting; adults with disabilities who reside at home with an eligible older individual, who come into the congregate setting without that individual.

Workload History:

Fiscal Year	Units of Service
FY10	505,011
FY11	554,973
FY12	570,248
FY13	584,997

FYTD:

Month	Units of Service
Jul 13	48,963
Aug	50,143
Sep	38,176
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**137,282**
FY14 Average	**45,761**



Funding Stream: Title III - Older Americans Act Funds through the Administration on Aging; General Fund

Web Link: http://www.nvaging.net/grants/serv_specs/nutrition.htm

Comment: Meals Served graph - Numbers are reflected for State Fiscal Year and represent the number of meals served to participants of the program. Meal count trends are expected to increase due to Nevada's economic decline. Additionally, meal service can decline in Q4 and Q1, during summer months, due to return of "snow bird" seniors returning to northern climates during these warmer months. For SFY 2013 the trend is stable. SFY 2014 Q1 shows a decrease due to a delay in one large program importing their data into SAMS for September 2013. Data will be updated when it becomes available.

2.09 Senior Nutrition – Home Delivered Meals

Program: Senior Nutrition – Home Delivered Meals (Older Americans Act Title III-C2) funds are allocated to furnish meals to homebound seniors, who are too ill or frail to attend a congregate meal site.

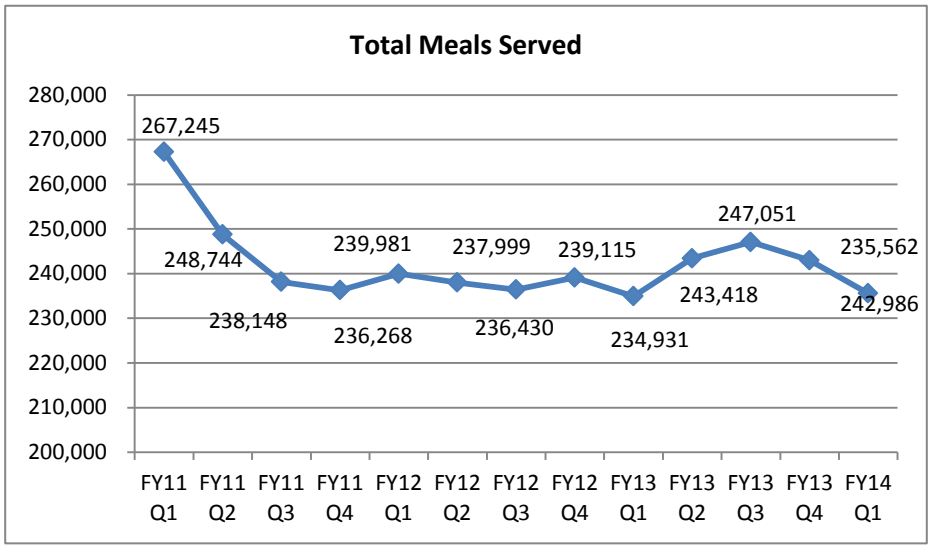
Eligibility: Individuals age 60 or older and their spouses and disabled individuals, who reside with individuals over age 60.

Workload History:

Fiscal Year	Units of Service
FY10	890,828
FY11	990,405
FY12	953,525
FY13	977,890

FYTD:

Month	Units of Service
Jul 13	81,030
Aug	84,895
Sep	69,637
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**235,562**
FY14 Average	**78,521**



Funding Stream: Title III - Older Americans Act Funds through the Administration on Aging; General Fund

Web Link: http://www.nvaging.net/grants/serv_specs/nutrition.htm

Comment: Meals Served graph - Numbers are reflected for State Fiscal Year and represent the number of meals served to participants of the program. Overall, comparing each quarter with the previous year's quarter, the number of meals served has slightly increased. The slight increase is a result of the slowing economic conditions nationwide and in Nevada. The overall trend is stable. For SFY 2013 shows a slight increase. SFY 2014 Q4 shows a decrease due to a delay in one large program importing their data into SAMS for September 2013. Data will be updated when it becomes available.

2.10 National Family Caregiver Program

Program: The National Family Caregiver Program (Older Americans Act Title III E) addresses the needs of family caregivers by increasing the availability and efficiency of caregiver support services and of long-term care planning resources.

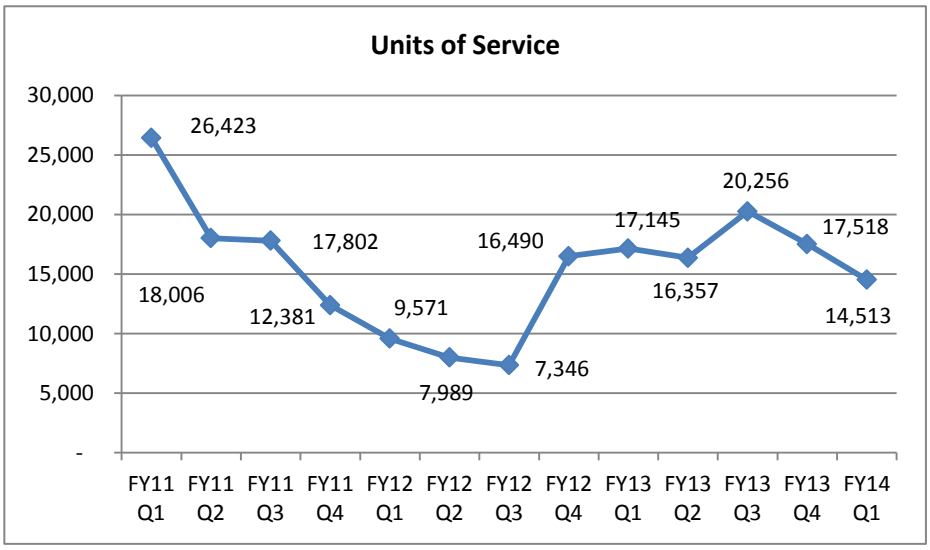
Eligibility: Family caregivers of adults age 60 or older; grandparents and caregivers, age 55 or older, of children not more than 18 years of age, who are related by blood, marriage or adoption; parents, age 55 years or older, caring for an adult child with a disability.

Workload History:

Fiscal Year	Units of Service
FY10	67,491
FY11	74,612
FY12	41,395
FY13	74,325

FYTD:

Month	Units of Service
Jul 13	5,474
Aug	6,229
Sep	2,810
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**14,513**
FY14 Average	**4,838**



Funding Stream: Title III - Older Americans Act Funds through the Administration on Aging; Healthy Nevada Fund from the Tobacco Settlement Fund

Web Link: http://www.nvaging.net/grants/serv_specs/nfcspIIIE.htm

Comment: SFY 2012 Q1 trend shows increased accuracy and a difference in types of program funded, now primarily focused on ADRCs. SFY 2013 reflects an increase due to changes in reporting requirements. SFY 2014 Q1 currently shows a decrease from previous quarter due to a delay in one large program importing its data into SAMS for September 2013. Data will be updated when it becomes available.

2.11 Taxi Assistance Program

Program: Allows seniors age 60 and older and those of any age with permanent disability in Clark County to use taxicabs at a discounted rate. Funded by the Nevada Taxicab Authority by a surcharge on taxicab rides.

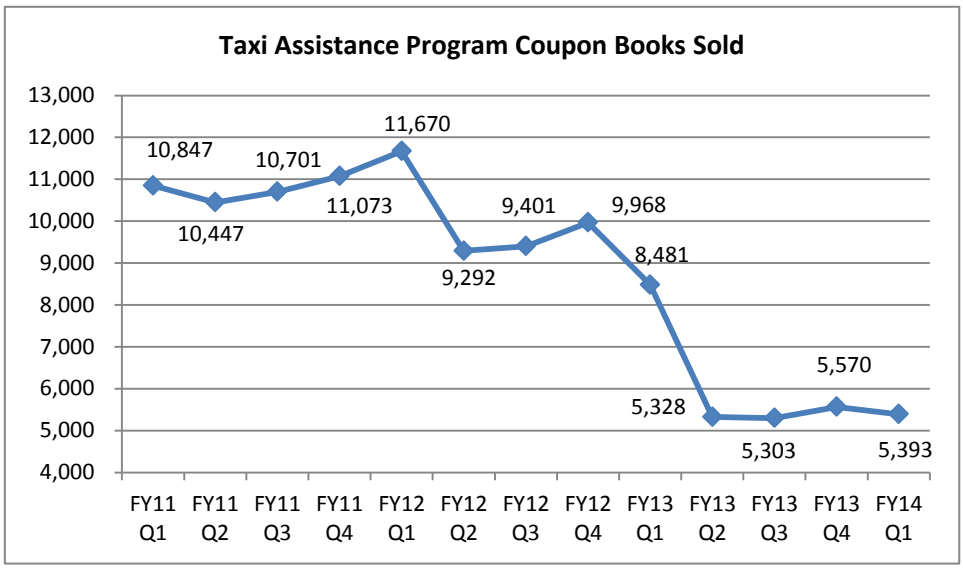
Eligibility: Age 60 or older or permanently disabled of any age with Nevada ID and having incomes within the program criteria.

Workload History:

Fiscal Year	Units of Service
FY10	42,932
FY11	43,068
FY12	40,331
FY13	24,682
FY14 YTD	5,393

FYTD:

Month	Total Books Sold
Jul 13	1,787
Aug	1,508
Sep	2,098
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**5,393**
FY14 Average	**1,798**



Other: Currently, 1,799 individuals are enrolled in the program as Active. Clients in Active status meet all the program eligibility requirements and have provided the required proof of income. The Chart depicts the total number of books sold each quarter per state fiscal year. The number of books available for sale is limited by the amount of funding received from the Nevada Taxicab Authority. The Legislatively approved Tier changes with income eligibility requirements were implemented October 1, 2012.

Funding Stream: Nevada Taxicab Authority

Web Link: http://www.nvaging.net/taxiassistanceprogram.htm

Comment: This program typically has its highest coupon book sales during Quarter Q1 and Q4 of each SFY, which are also the warmest months in Clark County. In Q2 of SFY 2013, the trend dipped to its lowest, due to implementation of income verification processes. The trend since has remained stable, as the program continues its transition to the new eligibility requirements. Approximately 22 percent of the client base was deemed ineligible for the new income based program. This explains the decrease in coupon books sold.

2.12 Senior Rx and Disability Rx

Program: Nevada Senior/Disability Rx helps eligible applicants obtain essential prescription medications. Members who are not eligible for Medicare pay $10 for generic drugs and $25 for brand drugs. Medicare-eligible members receive help with the monthly premium for their Part D plan and may use the program as a secondary payer during the Medicare Part D coverage gap.

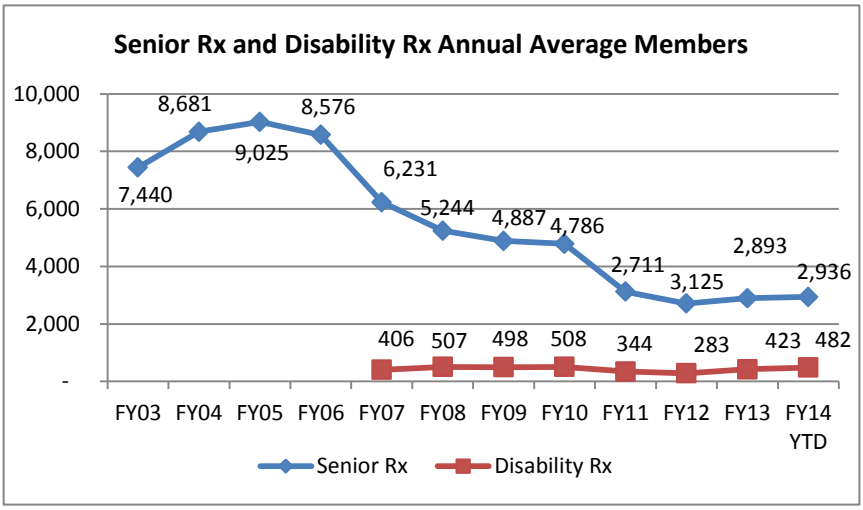
Eligibility: Residency -- Continuous Nevada resident for the 12 months prior to application. Annual Household Income Limit -- Effective 7/1/2013 = $27,292 for singles, $36,381 for couples. Age -- For Senior Rx, age 62 or older. For Disability Rx, age 18 through 61 with a verifiable disability.

Workload History:

	Senior Rx		Disability Rx	
	Average Cases	Total Expenditures	Average Cases	Total Expenditures
FY10	4,786	$3,635,391	508	$504,406
FY11	3,125	$2,928,171	344	$411,875
FY12	2,710	$2,099,622	286	$273,202
FY13	2,893	$1,910,886	423	$340,779
FY14 YTD	2,936	$423,347	482	$88,418

FYTD:

Month	Senior Rx	Disability Rx
Jul 13	2,914	471
Aug	2,920	477
Sep	2,974	498
Oct		
Nov		
Dec		
Jan 14		
Feb		
Mar		
Apr		
May		
Jun		
FY14 Total	**8,808**	**1,446**
FY14 Average	**2,936**	**482**



Comment: Senior/Disability Rx program staff made a concerted effort over the last two quarters of FY13 to identify members no longer eligible for the program and disenroll them--resulting in relatively flat caseload growth since December. At this point, however, although such efforts continue, caseloads have now begun to increase once more. Such efforts have included facilitating application for the "Extra Help" Low-Income Subsidy Program for members who are clearly eligible for 100% subsidy.

Web Link: http://dhhs.nv.gov/SeniorRx.htm

2.13 Senior Rx and Disability Rx – Dental Program

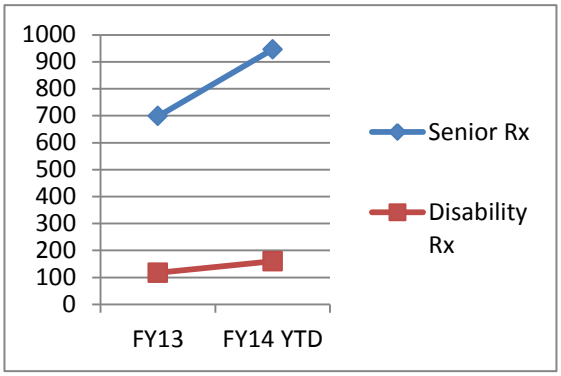
Program: Nevada Senior/Disability Rx Dental Program helps eligible applicants obtain essential dental care. Members receive up to $1,000 in dental-care services through a no-premium, no-deductible plan with a 100-80-50 benefit structure (preventative care is covered at 100 percent; fillings, denture repair, and other routine work is covered at 80 percent; and major work--such as crowns or new dentures--is covered at 50 percent) .

Eligibility: Senior/Disability Rx Prescription Program -- Must be current member of Rx Program to enroll. Other Dental Coverage -- Must not have other dental coverage of any kind.

Workload History:

	Senior Rx		Disability Rx	
	Average Cases	Total Expenditures	Average Cases	Total Expenditures
FY13	698	N/A	117	N/A
FY14 YTD	946	$66,683	160	$12,599

FYTD	Senior Rx	Disability Rx
JUL 13	949	158
Aug	946	160
Sep	943	162
Oct		
Nov		
Dec		
JAN 14		
Feb		
Mar		
Apr		
May		
Jun		
FY 14 Total	**2,838**	**480**
FY 14 Average	**946**	**160**



Comment: June completed the initial four-month pilot period for the Dental Program. As of July 1, the program has been expanded to a total of 1,100 slots (from 800), and the current plan year (begun on March 1) has been extended through December 31. Subsequent plan years will run from January 1 through December 31 in order to coincide with the prescription benefit plan year. As the program continues, additional data will be collected and analyzed in order to determine its effectiveness and identify unmet oral-health needs for the target population.

Web Link: http://dhhs.nv.gov/SeniorRx.htm

2.14 State Health Insurance Assistance Program (SHIP)

Program: Provides information, counseling, and assistance services to Medicare beneficiaries, their families and others. These services are provided relevant to: Medicare Part D Prescription Drug Coverage; Medicare Part A; Medicare Part B; Medicare supplemental insurance; long-term care insurance; Medicare Advantage; Extra Help Part D drug program; beneficiary rights and grievance appeal procedures. Referrals to other community resources are made as needed.

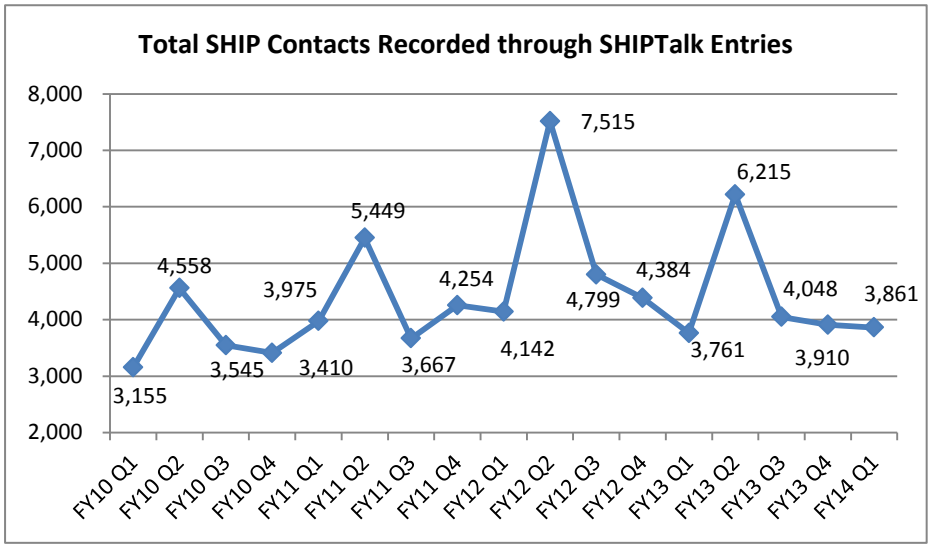
Eligibility: Medicare Beneficiaries; Seniors age 65 or older and/or persons with a verified disability of any age and their caregivers.

Workload History:

	Total SHIP Contacts	Monthly Average
FY 10	14,668	3,667
FY 11	17,345	4,336
FY 12	20,840	5,210
FY 13	17,934	4,484

FYTD:

	Total SHIP Contacts	Monthly Average
Q1 14	3,861	1,287
Q2 14		
Q3 14		
Q4 14		



Other: SHIP utilizes trained volunteers, contract staff and partners for outreach and Medicare beneficiary navigation. Services are advertised through outreach events, websites, referrals and training. Medicare beneficiaries call a statewide, toll-free phone number and are referred to a trained volunteer to assist with explanation and access of health benefits. SHIP contacts/encounters are entered into the Centers for Medicare and Medicaid Services (CMS) database and reported periodically as required to CMS.

Funding Stream: The Centers for Medicare and Medicaid Services (CMS) and Independent Living Grant State Funds

Web Links: http://www.nvaging.net/ship/ship_main.htm

Analysis of Trends: Due to complexities associated with Medicare assistance, counseling sessions are more time consuming and sometimes involve case management related duties, and require providing beneficiaries with a number of referrals and assistance with social needs. Volunteers are reluctant to do counseling because of the complexity of the job and the time commitment for training and counseling. As of October 11, 2013, there are 67 volunteers statewide, 44 of whom are CMS Certified Counselors and some currently in certification training.

2.15 Waiver – Assisted Living

Program: The Aging and Disability Services Division (ADSD) Assisted Living (AL) waiver maximizes the independence of Nevada's frail elderly by providing assisted living supportive services to eligible individuals in a residential facility that offers 24-hour supervised care, individual living units, a kitchenette, sleeping area or bedroom, and contains private toilet facilities. Waiver services include: Case Management to assist with gaining access to needed waiver and other State Plan services as well as needed medical, social, educational, and other services, regardless of funding sources; and augmented personal care services which include assistance and supervision with the activities of daily living such as mobility, bathing, dressing, oral hygiene, toileting, transferring, ambulating, feeding, medication oversight (to extent permitted under State law).

Eligibility: Must be 65 years old or older; financially eligible (300 percent of SSI income up to $2,130); at risk of nursing home placement within 30 days. Must also meet low income tax credit housing requirements.

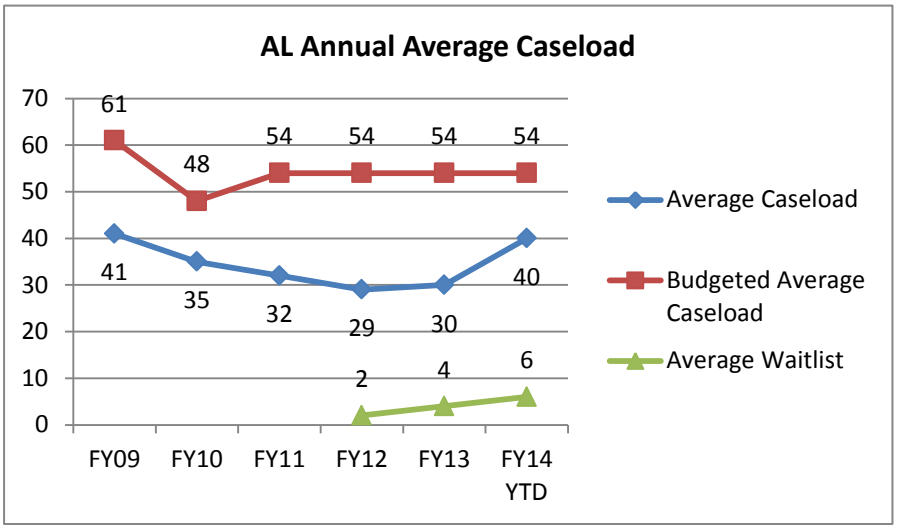
Workload History:

Fiscal Year	Average Caseload	Budgeted Avg. Caseload	Average Waitlist	Total Expenditures
FY10	35	48	0	$139,157
FY11	32	54	0	$114,212
FY12	29	54	2	$136,302
FY13*	30	54	4	$105,843
FY14 YTD	40	54	6	Not Yet Available

*Total expenditures for FY 13 will be updated after the reconciliation of the quarter and the Medicaid Administrative billing is completed.

FYTD:

Month	Caseload	Waitlist
Jul 13	37	10
Aug	42	3
Sep	41	5
Oct		
Nov		
Dec		
Jan 14		
Feb		
Mar		
Apr		
May		
Jun		
FY14 Total	**120**	**18**
FY14 Average	**40**	**6**



Funding Stream: Medicaid/General fund

Web Link: http://www.nvaging.net/al_waiver.htm

2.16 Waiver – Home and Community Based (HCBW)

Program: The Aging and Disability Services Division (ADSD) Home and Community Based Waiver (HCBW) provides waiver services to seniors to help them maintain independence in their own homes as an alternative to nursing home placement. HCBW services can include the following: Case Management, Homemaker, Adult Day Care, Adult Companion, Personal Emergency Response System, Chore, Respite, and Nutrition Therapy and access to State Plan personal care services.

Eligibility: Must be 65 years old or older; at risk of nursing home placement within 30 days without services; financially eligible (300 percent of SSI income up to $2,130); need assistance with one or more of the following: bathing, dressing, eating, toileting, ambulating, transferring.

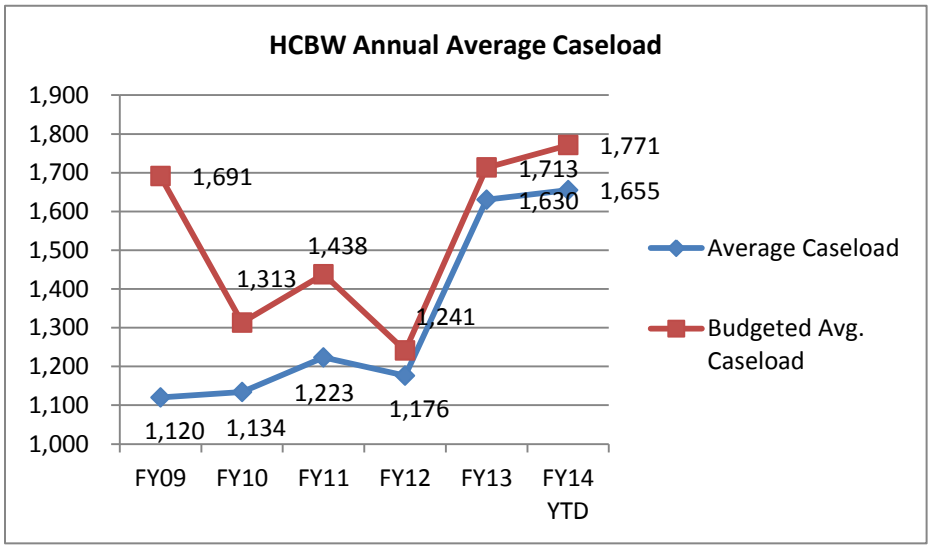
Workload History:

Fiscal Year	Average Caseload	Budgeted Avg. Caseload	Revised Budgeted Average Caseload	Average Waitlist	Total Expenditures
FY10	1,134	1,313	N/A	108	$4,083,178
FY11	1,223	1,438	1,241	150	$4,016,041
FY12	1,176	1,241	N/A	151	$4,563,023
FY13*	1,630	1,713	N/A	242	$6,222,738
FY14 YTD	1,655	1,771	N/A	184	Not Yet Available

*Total expenditures for FY13 will be updated after the reconciliation of the quarter and the Medicaid Administrative billing is completed.

FYTD:

Month	Caseload	Waitlist
Jul 13	1,642	168
Aug	1,658	175
Sep	1,664	210
Oct		
Nov		
Dec		
Jan 14		
Feb		
Mar		
Apr		
May		
Jun		
FY14 Total	**4,964**	**553**
FY14 Average	**1,655**	**184**



Funding Stream: Medicaid/General Fund

Web Link: http://www.nvaging.net/hcbw.htm

2.17 Disability Services – Assistive Technology for Independent Living

Program: The Assistive Technology for Independent Living (AT/IL) Program helps individuals to remain living in the community by making their homes and vehicles more accessible. Some clients share in the cost, on a sliding scale. The program provides one-time services that are not provided on an ongoing basis.

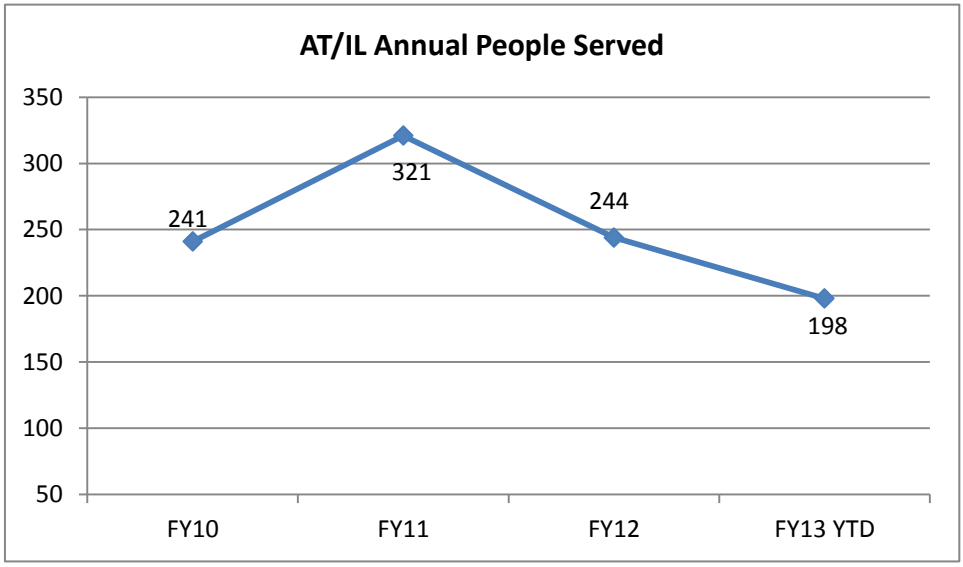
Eligibility: Applicants must have a severe disability that results in significant limitation in their ability to perform functions of daily living, and there must be an expectation that services will help to improve or maintain their independence.

Workload History:

	Applications	Cases Closed	Expenditures
FY 10	292	241	$1,895,972
FY 11	295	321	$1,528,652
FY 12	322	244	$1,586,976
FY 13	297	199	$948,528
FY 14 YTD	71	61	$54,256

FYTD:

Month	Caseload
Jul 13	18
Aug	20
Sep	23
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**61**
FY14 Average	**20**



Other: The average household income of program applicants is $1,622 per month with an average household size of 1.8 people. The median age of those served is 61. The most commonly provided services are home and vehicle modifications that provide wheelchair access.

Funding for this program is provided through a Federal and State partnership. It is a "resource of last resort," meaning that applicants must exhaust other public and private resources before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends.

Web Links: http://dhhs.nv.gov/ODS_Programs_AssistiveTech-IndependentLiving.htm

2.18 Disability Services – Personal Assistance Services

Program: This program provides in-home assistance with daily tasks like bathing, toileting and eating. Service recipients share in the cost of their services, based upon a sliding scale formula. Services are typically provided on an ongoing basis; however some applicants have terminal conditions and are only assisted for short-term periods.

Eligibility: Applicants must be over age 18, have a severe physical disability, and must have all their care needs addressed when the resources of this program are combined with other resources available to the applicant (family, friends, assistive technology, private-pay care, etc.).

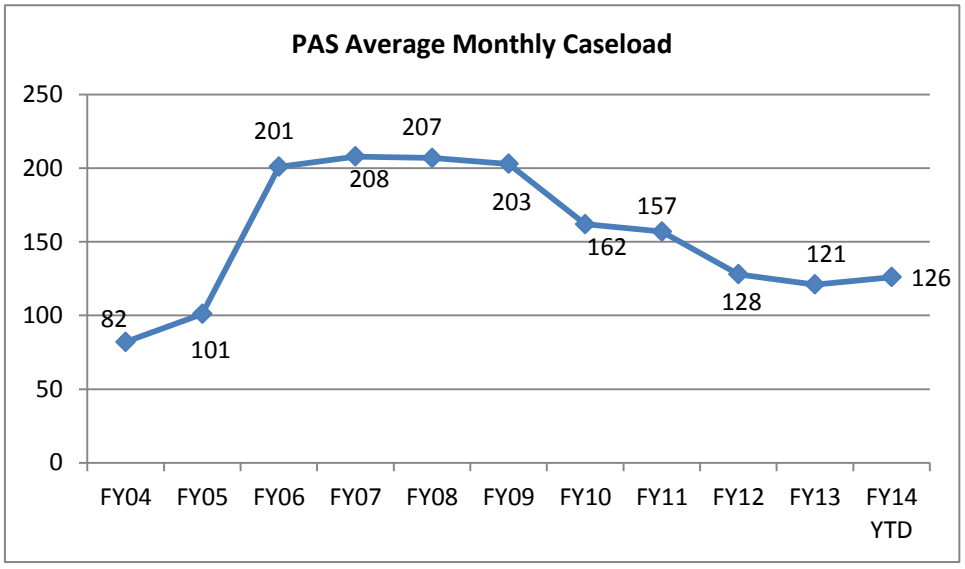
Workload History:

	Average Caseload	Average Waitlist	Expenditures
FY 10	162	185	$3,239,720
FY 11	157	87	$3,196,309
FY 12	128	29	$2,813,504
FY 13*	121	7	$2,570,445
FY 14 YTD	126	3	Not Yet Available

*Total expenditures for FY13 will be updated after the reconciliation of the quarter.

FYTD:

Month	Caseload
Jul 13	126
Aug	126
Sep	125
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**377**
FY14 Average	**126**



Other: This program is impacted by the US Supreme Court's Olmstead Decision. Thus, the targeted maximum waiting time is 90 days. The average monthly household income for program recipients is 300 percent of the federal poverty level and the median age is 67.

Funding for this program is provided entirely through the State general fund. This program is a "resource of last resort," meaning that applicants must exhaust other sources of PAS, before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends.

Web Links: http://dhhs.nv.gov/ODS_Programs_PersonalAssistanceService.htm

2.19 Disability Services – Traumatic Brain Injury Services

Program: The Traumatic Brain Injury Program provides one-time rehabilitation services that enable recipients to gain or maintain a level of independence, by re-learning how to walk, talk and conduct other routine activities. After a person is injured, there is a short window of opportunity in which they can be effectively rehabilitated.

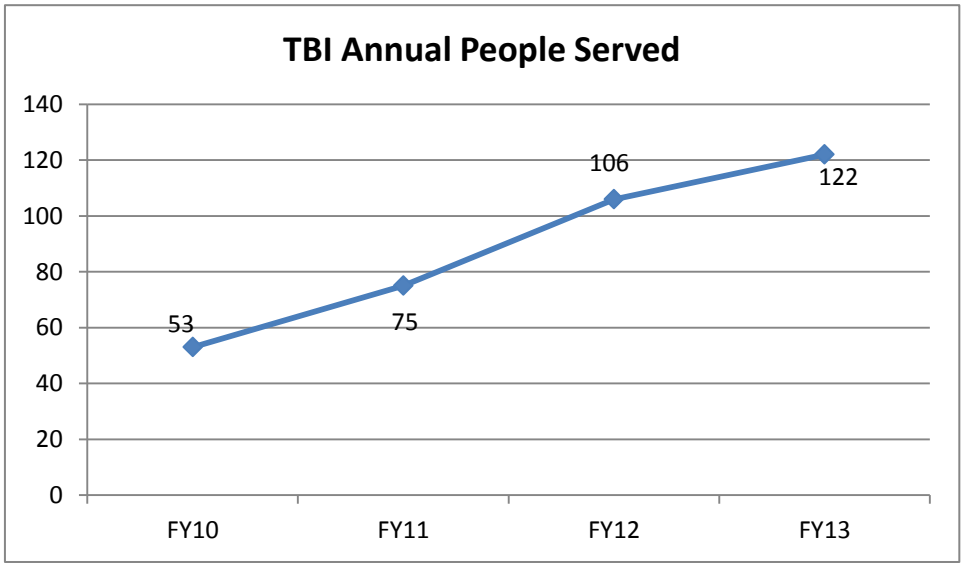
Eligibility: Applicants are generally between age 18 and 50, must have a recent brain injury, and must present as a good candidate for successful rehabilitation.

Workload History:

	Applications	Cases Closed	Expenditures
FY 10	53	34	$1,529,594
FY 11	75	40	$1,538,063
FY 12	106	42	$1,510,623
FY 13	122	59	$1,391,928
FY 14 YTD	38	19	$334,804

FYTD:

Month	Caseload
Jul 13	12
Aug	12
Sep	14
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**38**
FY14 Average	**13**



Other: This program has consistently met its 90-day waiting time target under the US Supreme Court's Olmstead Decision. Traumatic Brain Injury is six times more common than breast cancer, HIV/AIDS, spinal cord injuries and Multiple Sclerosis combined.

Funding: Funding for this program is provided entirely through the State general fund. This program is a "resource of last resort," meaning that applicants must exhaust other sources of funding before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends. The number of applications shown is for those applicants who meet the program's criteria for having maximum rehabilitation potential.

Web Links: http://dhhs.nv.gov/ODS_Programs_TraumaticBrainInjuryRehab.htm

2.20 Disability Services – Autism Treatment Assistance Program (ATAP)

Program: The Autism Treatment Assistance Program helps families of children ages 0-18, with Autism Spectrum Disorders, to establish and fund home-based therapy programs. Funds are used to pay clinical professionals who design the therapy programs and train lay-providers to deliver the therapy, as well as to pay the lay-providers for the delivery of services.

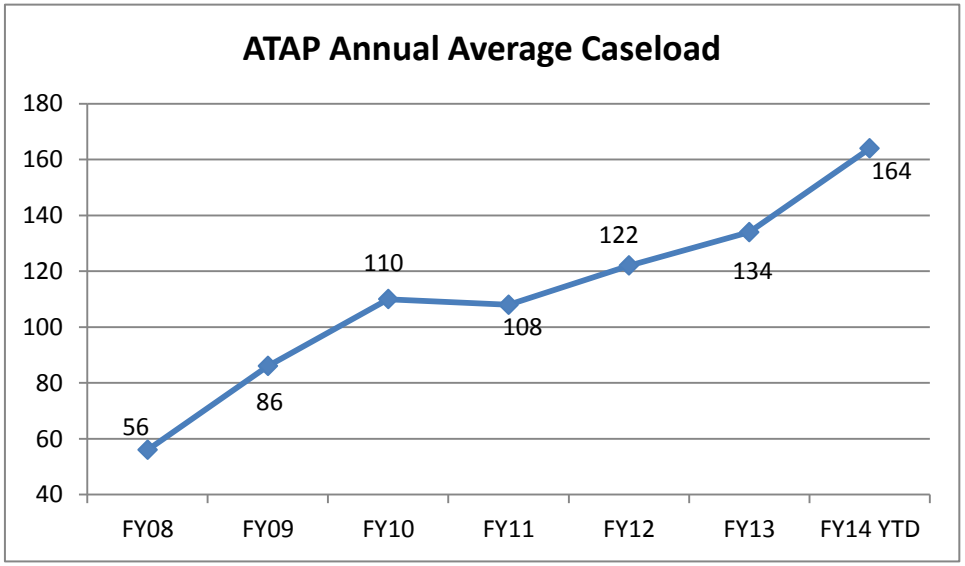
Eligibility: Recipients must be under age 18 and have a documented diagnosis of an Autism Spectrum Disorder. Applicants are prioritized based upon a number of factors relating to their need and opportunities for successful therapy.

Workload History:

	Total Caseload	Average Caseload	Expenditures
FY 10	440	110	$1,288,262
FY 11	1,296	108	$1,885,987
FY 12	1,465	122	$1,959,167
FY 13	1,609	134	$2,226,841
FY 14 YTD	492	164	Not Yet Available

FYTD:

Month	Caseload
Jul 13	154
Aug	164
Sep	174
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**492**
FY14 Average	**164**



Other: This program helps families with children aged 0-18 who are diagnosed with autism.

Funding: Funding for this program was provided entirely through the state general fund during FY 07-12, but transferred to the Fund for a Healthy Nevada in FY 13.

Web Links: http://dhhs.nv.gov/ODS_Programs_ATAP.htm

2.21 Developmental Services

Program: Developmental Services provides a full array of community based services for people with developmental disabilities and related conditions and their families in Nevada. The goal of coordinated services is to assist persons in achieving maximum independence and self-direction. Service coordinators assist individuals and families in developing a person centered life plan focused on individual needs and preferences for the future. They also assist people in selecting and obtaining services and funding to achieve personal goals, community integration and independence.

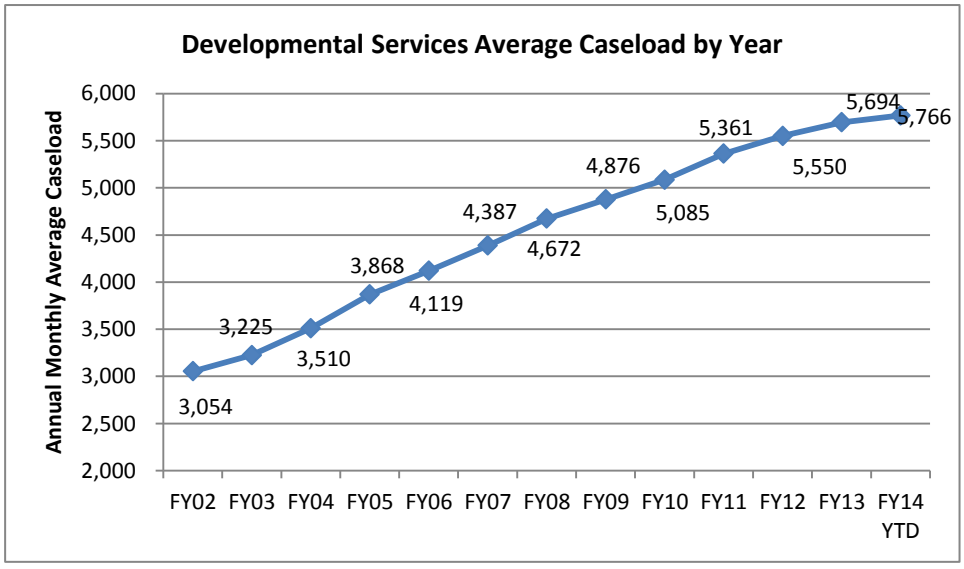
Eligibility: All individuals who meet Developmental Services eligibility requirements of mental retardation diagnosis or related conditions and three of six major life skill limitations who apply for services receive basic service coordination. Developmental Services agencies provide many services to Medicaid eligible clients. Provider based services are given under a Medicaid waiver depending on the level of care the individual needs. Direct services are provided under the Medicaid State Plan.

Workload History:

Fiscal Year	Total Expenditures	Average Caseload
FY09	$139,752,916	4,876
FY10	$126,585,304	5,085
FY11	$129,468,112	5,361
FY12	$128,766,028	5,550
FY13	$136,720,966	5,694
FY14 YTD	Not Yet Available	5,766

Caseload FYTD:

Month	Caseload
Jul 2013	5,751
Aug	5,766
Sep	5,780
Oct	
Nov	
Dec	
Jan 2014	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**17,297**
FY14 Average	**5,766**



Website: http://mhds.nv.gov/index.php?option=com_contentandview=articleandid=6:developmental-servicesandcatid=5:developmental-services

2.22 Early Intervention Services (Part C, Individuals with Disabilities Education Act)

Program: Nevada Early Intervention Services (NEIS) provides services for children under the age of three with developmental delays. In addition, State Health Division contracts with community providers to provide early intervention services. The Part C Individuals with Disabilities Education Act (IDEA) Office is responsible for ensuring that all families have equal access to an early intervention program with appropriate services and supports.

FY12 Funding:

State General Funds	Federal Funds	Third Party Revenue	Other Funds	Total FY12 Funding
$19,710,338 (80.4%)	$3,760,209 (15.3%)	$705,767 (2.9%)	$337,531 (1.4%)	$24,513,845

Federal Funds includes IDEA/Maternal and Child Health/Child Care Development Funds; Third Party includes Medicaid and private insurance.

Eligibility: In Nevada, a child must be under the age of three and have a minimum of a 50 percent delay in one developmental area or a 25 percent delay in two of the following areas: cognitive development, social or emotional development, physical development, including vision and hearing, communication, or adaptive development. A child may also be eligible for services if they have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Other: Early intervention services include but are not limited to: service coordination, occupational, physical, and speech therapies, vision and bearing services, nutritional services, specialized instruction, parent support, training and counseling, interpreting services, and assistive technology. Services are voluntary and provided at no cost to parents. Services focus on supporting the family to find opportunities for learning in their child's daily routine, such as playtime, mealtime, etc. With parent permission, commercial insurance may be used to assist with service costs. Part C, Individuals with Disabilities Education Act (IDEA) Office ensures compliance with the federal requirements of the Individuals with Disabilities Education Improvement Act of 2004, including parent procedural safeguards for dispute resolution. Part C, IDEA staff monitor all early intervention programs in the state and provide training to ensure that early interventionists have the most current best practices information. Compliance monitoring and accountability includes self-assessment measures, as well as external reviews, technical assistance, data collection, and investigating formal parent complaints.

Workload History:

Fiscal Year	Monthly Average Cases	Total Expenditures	Total Referrals
FY 10	2,106	$21,220,368	4,748
FY 11	2,548	$25,511,124	5,284
FY 12	2,735	$22,649,687	5,216
FY 13*	2,830	$25,078,446	5,427
FY 14 YTD	2,943	$5,153,460	1,454

FYTD:

Month	New Referrals	Total IFSPs	Waiting for Services	Services Waiting	Exiting with IFSPs
Jul 13	428	2,966	319	423	186
Aug	535	2,944	208	257	213
Sep	491	2,918	228	283	161
Oct					
Nov					
Dec					
Jan. 14					
Feb					
Mar					
Apr					
May					
Jun					
FY14 YTD	**1,454**	**8,828**	**755**	**963**	**560**
FY14 Avg.	**485**	**2,943**	**252**	**321**	**187**

*This number will not be final until a quarterly clean-up of the data is completed.

Comments: Referrals are primarily received from the following sources; parents, physician, social service agencies, and hospitals. The child is then assessed by a multi-disciplinary team to determine eligibility, eligibility needs to be established and an Individualized Family Service Plan (IFSP) needs to be developed within 45 days of the referral. Services are required to start no later than 30 days after the development of the IFSP. Children leave early intervention by aging out at three years of age or move out of state, parent withdraws, attempts to contact the family are unsuccessful, child dies or the goals on the IFSP have been met.

Website: http://health.nv.gov/BEIS.htm

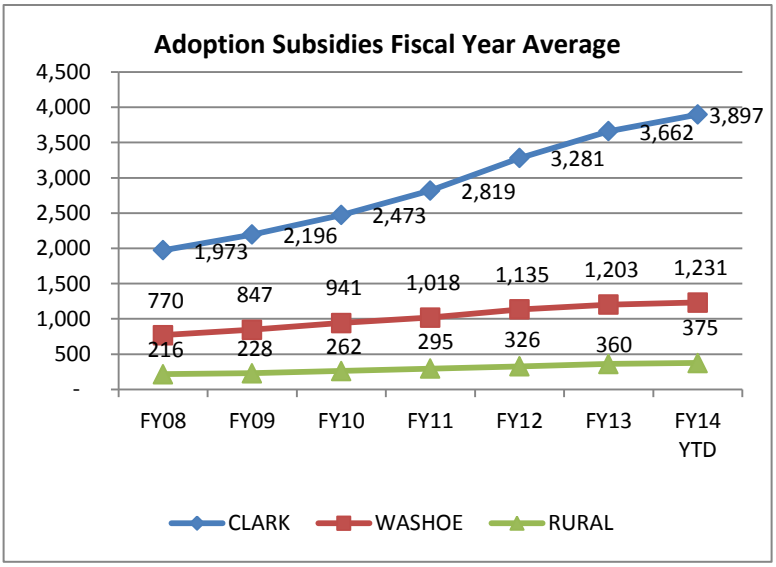
3.01 Adoption Subsidies

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 (WCDSS); and the Division of Child and Family Services (DCFS) Rural Region, administer the subsidy program with state oversight and in accordance with statewide policy.

FYTD:	Clark	Washoe	Rurals	Total
Jul 13	3,874	1,225	376	5,475
Aug	3,913	1,233	375	5,521
Sep	3,903	1,235	375	5,513
Oct				
Nov				
Dec				
Jan 14				
Feb				
Mar				
Apr				
May				
Jun				
FY14 Total	**11,690**	**3,693**	**1,126**	**16,509**
FY14 Average	**3,897**	**1,231**	**375**	**1,376**



Website: http://www.dcfs.state.nv.us/DCFS_Adoption.htm

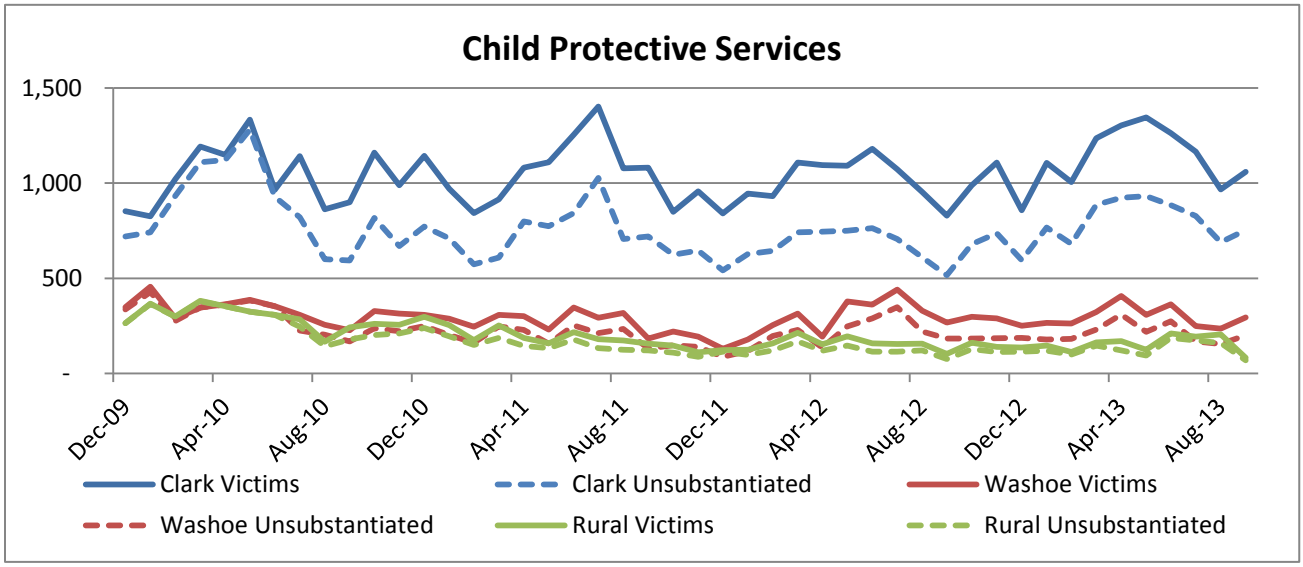
3.02 Child Protective Services (CPS)

Program: CPS agencies respond to reports of abuse or neglect of children under the age of eighteen. Abuse or neglect complaints are defined in statute, and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment. The CPS worker and family develop a plan to address any problems identified through assessment. Families may be referred to community-based services to prevent their entry into the child welfare system.

Administration: Division of Child and Family Services (DCFS) Family Program's Office has oversight responsibility to monitor compliance with federal/state requirements and provide technical assistance as needed. Federal funding is administered through DCFS to child welfare programs in Clark and Washoe Counties. Rural programs are administered directly by DCFS.

FYTD:

	Clark County		Washoe County		Rural Counties	
	Total Victims	Un-Substantiated	Total Victims	Un-Substantiated	Total Victims	Un-Substantiated
JUL 13	1,166	828	249	168	194	173
Aug	967	690	236	154	205	160
Sep	1,059	754	295	200	82	69
Oct						
Nov						
Dec						
Jan 14						
Feb						
Mar						
Apr						
May						
Jun						
FY14 Total	**3,192**	**2,272**	**780**	**522**	**481**	**402**
FY14 Avg.	**1,064**	**757**	**260**	**174**	**160**	**134**



Website: http://www.dcfs.state.nv.us/DCFS_ChildProtectiveSvcs.htm

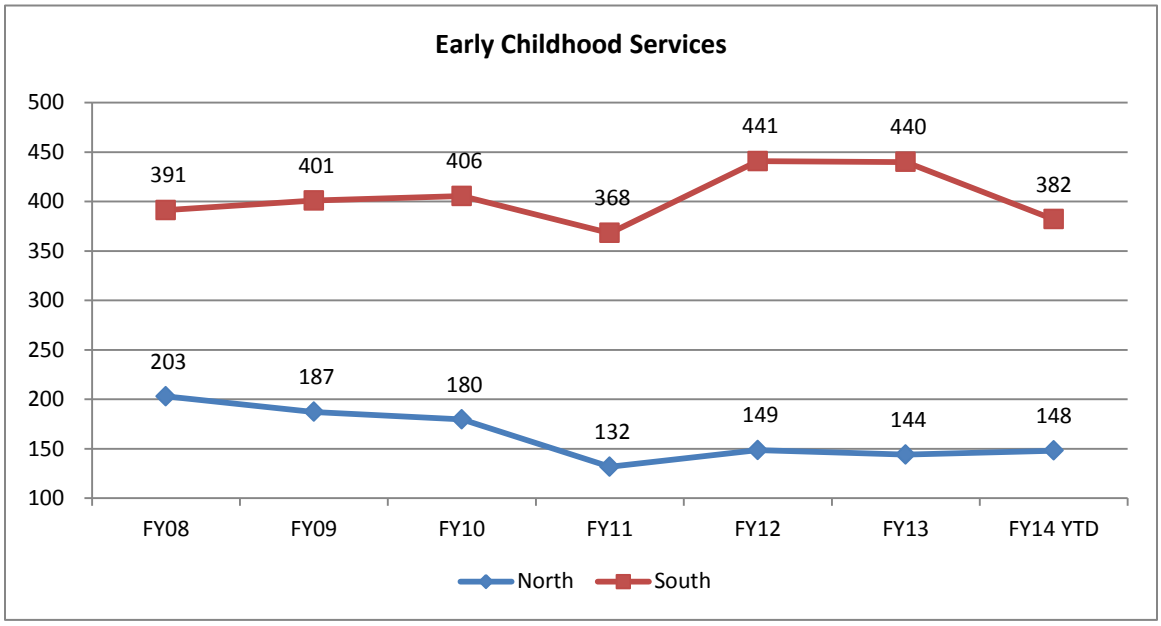
3.03 Early Childhood Services

Program: Early Childhood Mental Health Services are available for eligible children from birth to 6 years of age who have significant emotional, mental health, or behavior problems or those who are at high risk for these problems and associated developmental delays. The goal is to strengthen the parent-child relationship, support the family's capacity to care for the child, and to enhance the child's social and emotional well-being. Northern Nevada Child and Adolescent Services is located in Washoe County, and Southern Nevada Child and Adolescent Services is located in Clark County.

Eligibility: Birth through age six.

Other: Serves children who are covered under fee-for-service Medicaid, HMO Medicaid, or Nevada CheckUp, and children who are uninsured or underinsured.

FYTD:	North	South
Jul 13	141	397
Aug	146	395
Sep	157	353
Oct		
Nov		
Dec		
Jan 14		
Feb		
Mar		
Apr		
May		
Jun		
FY14 Total	**444**	**1,145**
FY14 Average	**148**	**382**



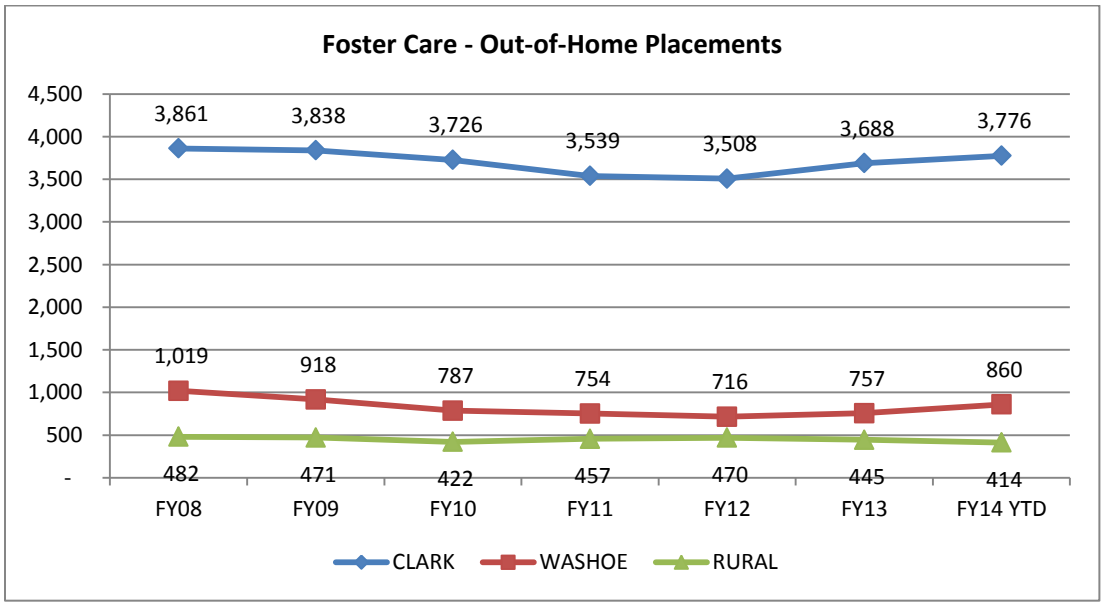
Website: http://www.dcfs.state.nv.us/DCFS_ChildMentalHealth.htm

3.04 Foster Care – Out-of-Home Placements

Program: Foster Care services are provided as temporary placement for children who are removed from the home to protect them from harm or risk. Needs assessments are conducted and a caseworker arranges care and services for the child, and also provides counseling to the child, biological parents, and the foster/substitute care provider. Permanency plans developed with the district court may include reunification, kinship placement, adoption or other planned permanent living arrangements.

Administration: The role and function of the Social Services Program Specialists assigned to Foster Care is to provide statewide oversight to the three child welfare jurisdictions in Nevada to ensure compliance with federal and state regulations, statutes and policy. The Foster Care Specialist is also responsible for providing technical assistance to the jurisdictions, fielding questions from the public regarding foster care, and engaging in quality assurance monitoring and quality improvement activities to ensure that children in foster care are safe and stable in their placements.

FYTD:	Clark	Washoe	Rurals	Total
Jul 13	3,773	834	433	5,040
Aug	3,797	874	433	5,104
Sep	3,757	871	414	5,042
Oct				
Nov				
Dec				
Jan 14				
Feb				
Mar				
Apr				
May				
Jun				
FY14 Total	**11,327**	**2,579**	**1,280**	**15,186**
FY14 Average	**3,776**	**860**	**427**	**1,266**



Website: http://www.dcfs.state.nv.us/DCFS_PlaceRes.htm

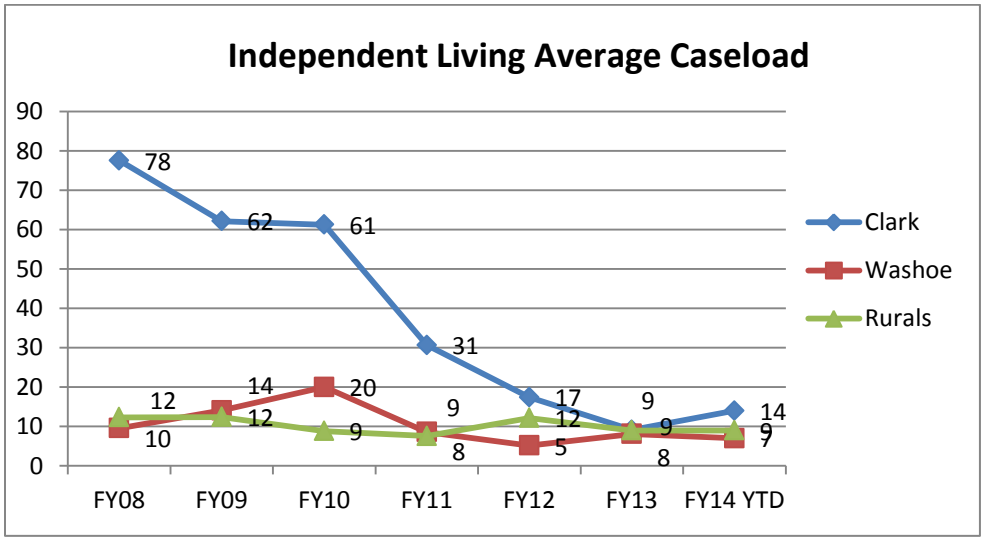
3.05 Foster Care – Independent Living

Program: The Nevada Independent Living Program is designed to assist and prepare foster and former foster youth in making the transition from foster care to adulthood by providing opportunities to obtain life skills for self-sufficiency and independence. The Independent Living Program does this by offering many learning and training opportunities along with financial assistance. The three major sources of funding to assist foster youth in care and those that have aged out of the foster care system come from the federal and state government.

Eligibility: Services are available to youth aged 15 and above who are currently in foster care and to former foster youth who have aged out of the foster care system at age 18. Youth who were adopted from foster care on or after their 16th birthday are also eligible for services. Those who aged out of care may continue receiving services to age 21, including those who came to Nevada from another state.

Other: Supplemental financial assistance is provided through the Fund to Assist Former Foster Youth (FAFFY). These funds provide assistance with household goods, job training, housing assistance, case management and medical insurance. Assistance is available up to age 21.

FYTD:	Clark	Washoe	Rurals	Total
Jul 13	13	7	12	32
Aug	14	7	9	30
Sep	15	8	5	28
Oct				
Nov				
Dec				
Jan 14				
Feb				
Mar				
Apr				
May				
Jun				
FY14 Total	**42**	**22**	**26**	**90**
FY14 Average	**14**	**7**	**9**	**30**



Website: http://www.dcfs.state.nv.us/DCFS_IndependentLiving.htm

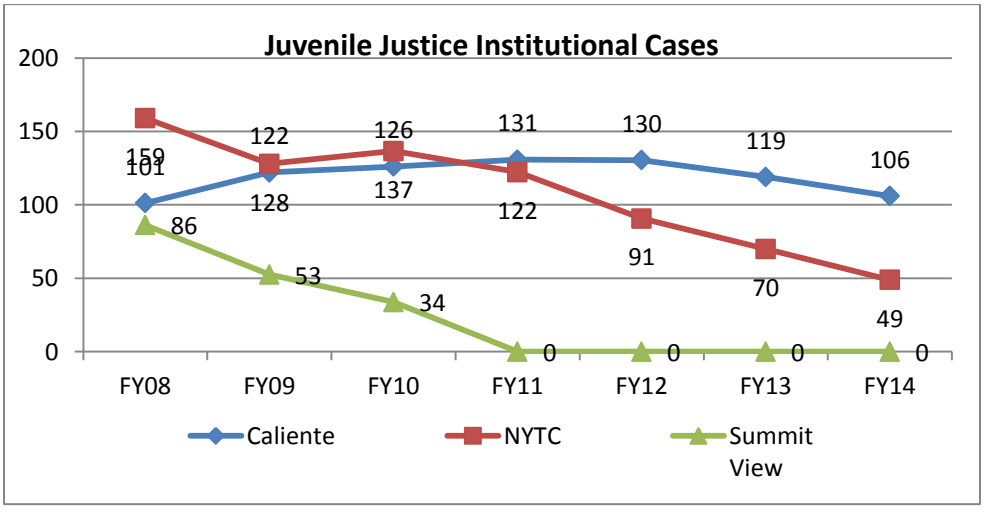
3.06 Juvenile Justice – Facilities

Caliente Youth Center: Opened: 1962. Renovated: 1977 Juvenile facility/training school. Security: minimum. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, violence prevention, prerelease/transitional training, cognitive-skills training, private family visitation.

Nevada Youth Training Center (NYTC) Opened: 1913. Renovated: 1961. Juvenile facility/training school. Security: medium, minimum. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, cognitive-skills training, violence prevention, private family visitation.

Summit View: Closed March 2010. Security: maximum.

FYTD:	Caliente	NYTC	Summit View	Total
Jul 13	101	49	-	150
Aug	97	48	-	145
Sep	120	49	-	169
Oct				
Nov				
Dec				
Jan 14				
Feb				
Mar				
Apr				
May				
Jun				
FY14 Total	**318**	**146**	**-**	**464**
FY14 Average	**106**	**49**	**-**	**39**



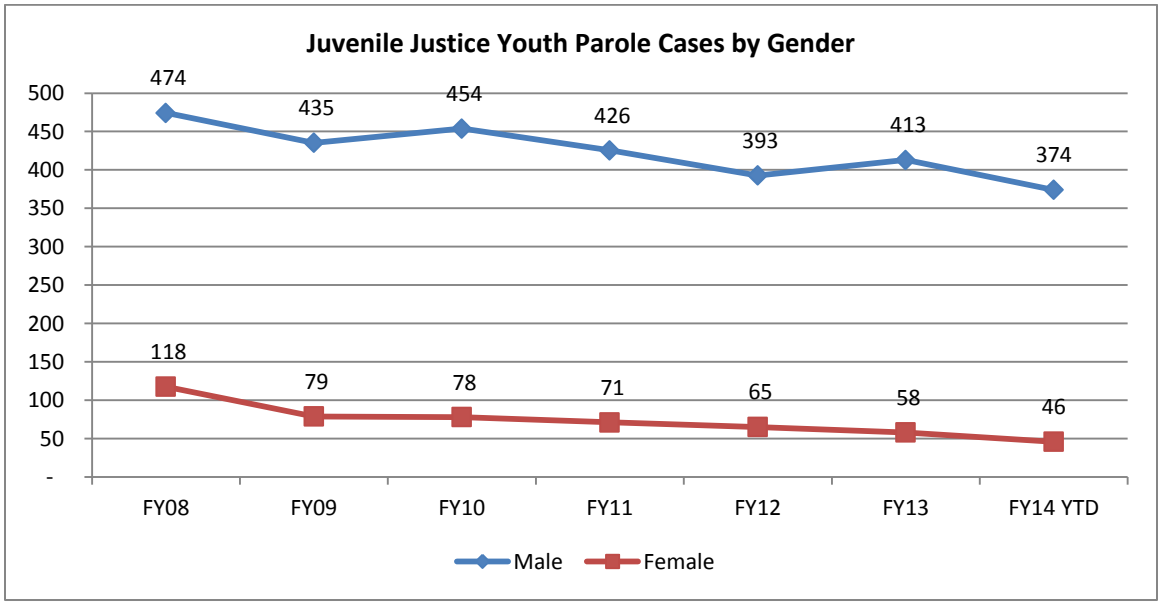
Website: http://www.dcfs.state.nv.us/DCFS_JuvenileJusticeSvcs.htm

3.07 Juvenile Justice – Youth Parole

Program: The Nevada Youth Parole Bureau has offices in Las Vegas, Reno, Carson City, Fallon and Elko. The staff is committed to public safety, community supervision and services to youth returning home from juvenile correctional facilities. All youth parole counselors have been trained and certified as peace officers and act in accordance in the performance of their duties. Working closely with families, schools and the community, parole counselors help each youth maintain lawful behavior and encourage positive achievement. The Bureau also supervises all youth released by other states for juvenile parole in the State of Nevada pursuant to interstate compact.

Eligibility: Males and females; Felony and misdemeanor adjudications. Ages 12-21.

FYTD:	Male	Female
Jul 13	392	51
Aug	373	44
Sep	356	44
Oct		
Nov		
Dec		
Jan 14		
Feb		
Mar		
Apr		
May		
Jun		
FY14 Total	**1,121**	**139**
FY14 Average	**374**	**46**



Website: http://www.dcfs.state.nv.us/DCFS_JJS_YouthParole.htm

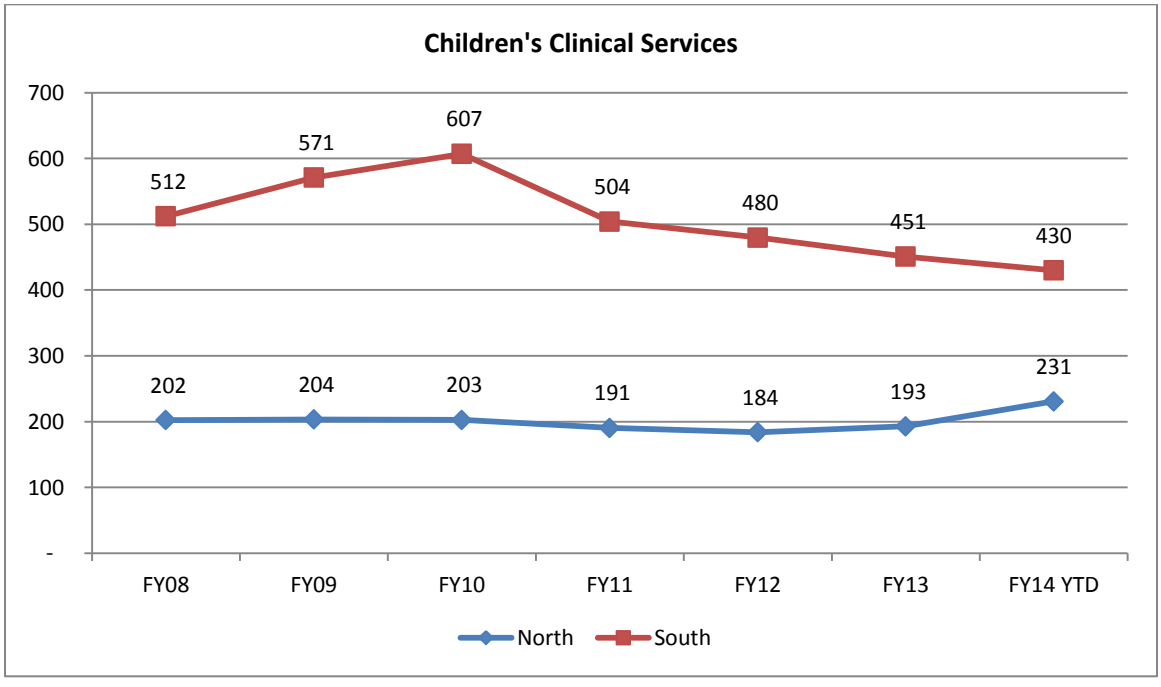
3.08 Children's Clinical Services

Program: Outpatient therapy services are available for eligible children and adolescents who have significant emotional, mental health, or behavior problems. These services work with children and their families to reduce challenging behaviors, increase emotional and behavioral skills, improve functioning at home, in school and in the community, and strengthen the parent-child relationship while supporting the family's capacity to care for their child's needs. Northern Nevada Child and Adolescent Services is located in Washoe County, and Southern Nevada Child and Adolescent Services is located in Clark County.

Eligibility: Ages 6 to 18.

Other: Serves children who are covered under fee-for-service Medicaid, HMO Medicaid, or Nevada CheckUp, and children who are uninsured or underinsured.

FYTD:	North	South
Jul 13	226	435
Aug	230	423
Sep	237	431
Oct		
Nov		
Dec		
Jan 14		
Feb		
Mar		
Apr		
May		
Jun		
FY14 Total	**693**	**1,289**
FY14 Average	**231**	**430**



Website: http://www.dcfs.state.nv.us/DCFS_CommunityBasedOPSvcx.htm

3.09 Residential Treatment Services

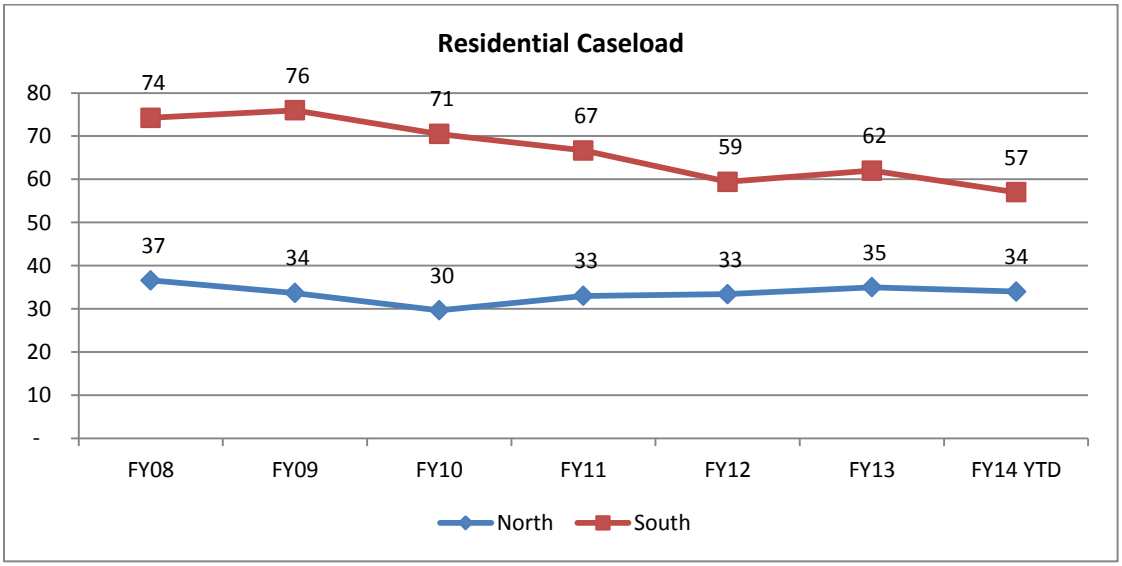
Program: Treatment Home services work in the context of family and community life with children and adolescents whose emotional, mental health, and behavioral needs cannot be met in their own families and who require a higher level of mental health intervention in an out of home setting. Inpatient acute hospital care provides services for eligible children and adolescents ages 6 to 18 years who are at immediate risk of harm to themselves or others due to an emotional crisis and Residential Treatment center care for eligible children and adolescents from age 12 to 18 years with treatment needs that require extended 24 hour secure care. Northern Nevada Child and Adolescent Services is located in Washoe County, and Southern Nevada Child and Adolescent Services is located in Clark County.

Eligibility: North: Ages 6 to 18 are served through Family Learning Homes; ages 13 to 18 are served through Adolescent Treatment Homes.

South: Ages 6 to 18 are served through Oasis on Campus Treatment Homes and Desert Willow Treatment Center.

Other: Serves children who are covered under fee-for-service Medicaid, HMO Medicaid, or Nevada CheckUp, and children who are uninsured or underinsured.

FYTD:	North	South
Jul 13	33	53
Aug	34	59
Sep	36	60
Oct		
Nov		
Dec		
Jan 14		
Feb		
Mar		
Apr		
May		
Jun		
FY14 Total	**103**	**172**
FY14 Average	**34**	**57**



Website: http://www.dcfs.state.nv.us/DCFS_ResDayTreatment.htm

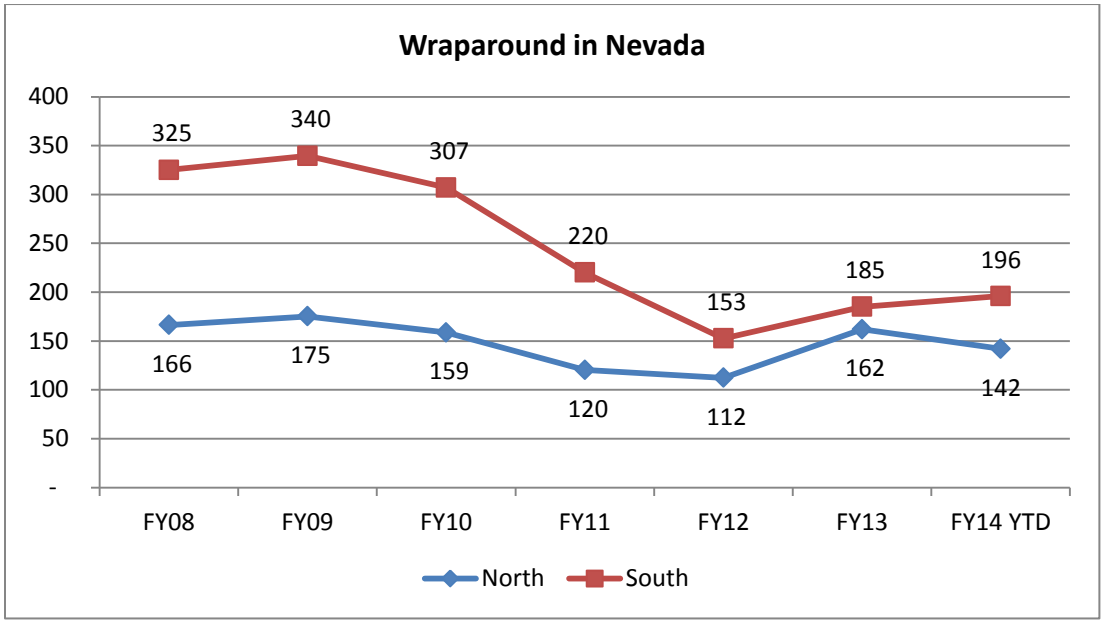
3.10 Wraparound In Nevada

Program: Wraparound in Nevada (WIN) provides intensive care coordination services to eligible children age 6 to 18 years who have significant emotional, mental health and behavior problems with complex needs. The goal is to provide families and children the support and access to services necessary to live safely in the community in a family home.

Eligibility: Ages 6 to 18.

Other: Serves children with fee-for-service Medicaid benefits.

FYTD:	North	South
Jul 13	144	199
Aug	137	200
Sep	146	188
Oct		
Nov		
Dec		
Jan 14		
Feb		
Mar		
Apr		
May		
Jun		
FY14 Total	**427**	**587**
FY14 Average	**142**	**196**



Website: http://www.dcfs.state.nv.us/DCFS_ChildMentalHealth.htm

4.01 Medicaid Totals

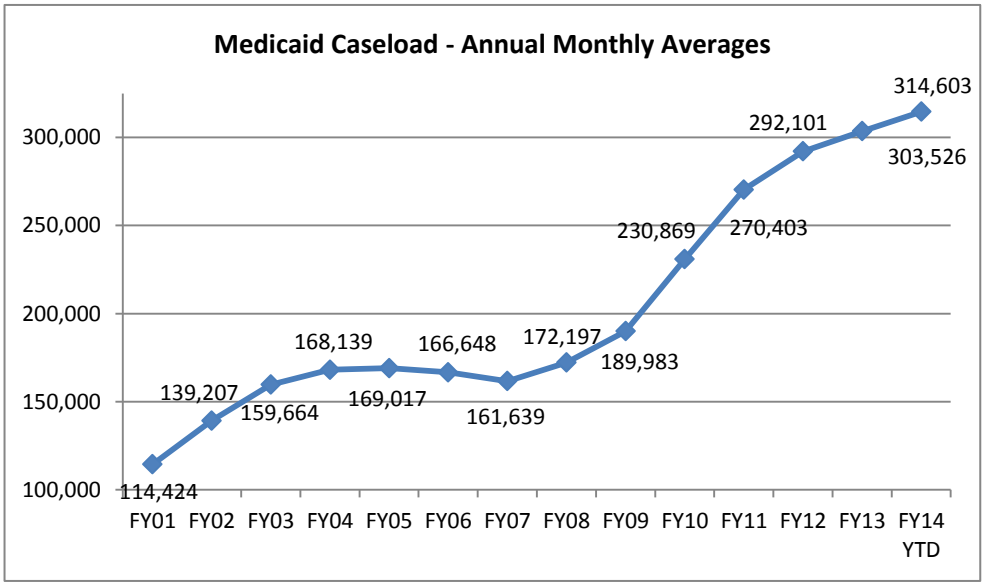
Program: Medicaid is a joint Federal-State program that provides medical services to clients of the State public assistance program and, at the State's option, other needy individuals, as well as augments hospital and nursing facility services that are mandated under Medicaid. States may decide on the amount, duration, and scope of additional services, except that care in institutions primarily for the care and treatment of mental disease may not be included for persons over age 21 and under age 65.

Eligibility: Eligibility for Medicaid is not easily explained as there are a number of different mandatory and several optional categories where eligibility can be approved. For more detailed information about the many different categories of Medicaid eligibility, please see: http://dwss.nv.gov/

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 11	270,403	$1,543,067,177
FY 12	292,101	$1,638,664,986
FY 13	303,526	$1,740,345,035
FY 14 YTD	314,603	$570,742,999

FYTD:	Caseload
Jul 13	314,166
Aug	314,497
Sep	315,145
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Member Months	**943,809**
FY14 Average Caseload	**314,603**



All statistics are estimates only and must be qualified as such if used either verbally or in written form.

Comment: All of the significant changes in caseload, including the FY 2007 "dip", arose for macroeconomic reasons. There were no material explanatory changes in other areas (e.g., eligibility criteria or take-up rate) during the period. The principal causal factors are (1) population/demographic change, (2) secular trends in returns-to-skills, (3) the cyclic variation in the overall economy, (4) the cyclic variation in the labor market and (5) the complex lags associated with the aforementioned cycles and caseloads for means-tested social programs.

Website: http://dwss.nv.gov/

4.02 Health Insurance for Work Advancement (HIWA)

Program: The HIWA Program is a component of the MIG (Medicaid Infrastructure Grant) Program which provides necessary health care services and support for competitive employment of persons with disabilities. Federal grant funds are used for infrastructure to establish or improve the capability to provide or manage grant funds for providing Medicaid for employed individuals with disabilities ineligible for any other category of Medicaid. Those receiving this coverage pay a monthly premium of between 5 percent and 7.5 percent of their monthly net income.

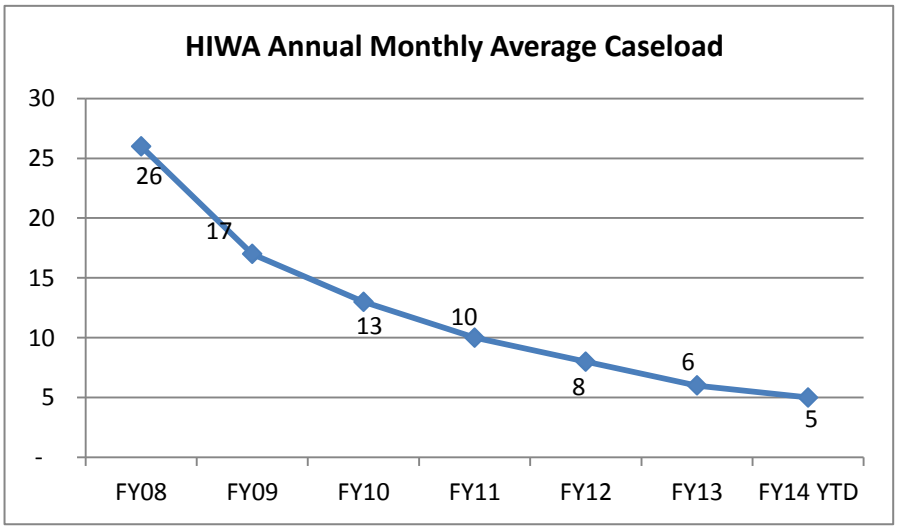
Eligibility: Citizenship, residency, disability and current employment are requirements of the program. The resource limit is $15,000. A vehicle, special needs trusts, medical savings accounts and tax refunds are some of the resources which are excluded. There are several work-related expenses which are disregarded such as travel-related costs, employment-related personal care aid costs, service animal costs and other costs related to employment.

Other: HIWA was implemented in July 2004. Maximum gross unearned income limit, prior to disregards is $699. Maximum gross earned income limit, prior to disregards is 450 percent of the Federal Poverty Level (FPL). The total net earned and unearned income must be equal to or less than 250 percent of the Federal Poverty Level. The individual must be disabled as determined by the Social Security Administration, either through current or prior receipt of social security disability benefits. A recipient losing employment through no fault of their own, remains eligible for three additional months provided the monthly premiums continue to be paid. Retroactive enrollment is permitted with payment of monthly premiums.

Workload History:

Fiscal Year	Average Cases
FY 12	8
FY 13	6
FY 14 YTD	5

FYTD:	Caseload
Jul 13	5
Aug	5
Sep	5
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**15**
FY14 Average	**5**



Comment: The 2011 American Community Survey of the US Census reported Nevada had an estimated 1,688,466 persons age 18-64. Of the 1,145,733 employed, 60,374 individuals had a disability while 1,085,359 individuals were without a disability. Of the 62,394 unemployed, 17,922 had a disability, while 144,472 individuals were without a disability.

Contact: Linda Bowman, Social Services Manager III, Reno District Office, (775) 687-1913, email: lbowman@dhcfp.nv.gov

Website: http://www.dhcfp.state.nv.us/HIWA/index.htm

4.03 Waiver – Persons with Physical Disabilities

Program: The State of Nevada Home and Community-Based Waiver for Persons with Physical Disabilities (WIN) is operated by the Nevada Division of Health Care Financing and Policy (DHCFP). The goals of this waiver are to provide the option of home and community-based services as an alternative to nursing facility placement and to allow maximum independence for persons with physical disabilities who would otherwise need nursing facility services.

Eligibility: Interest in waiver services initiates a screening process to determine if the individual appears to meet the following eligibility requirements:

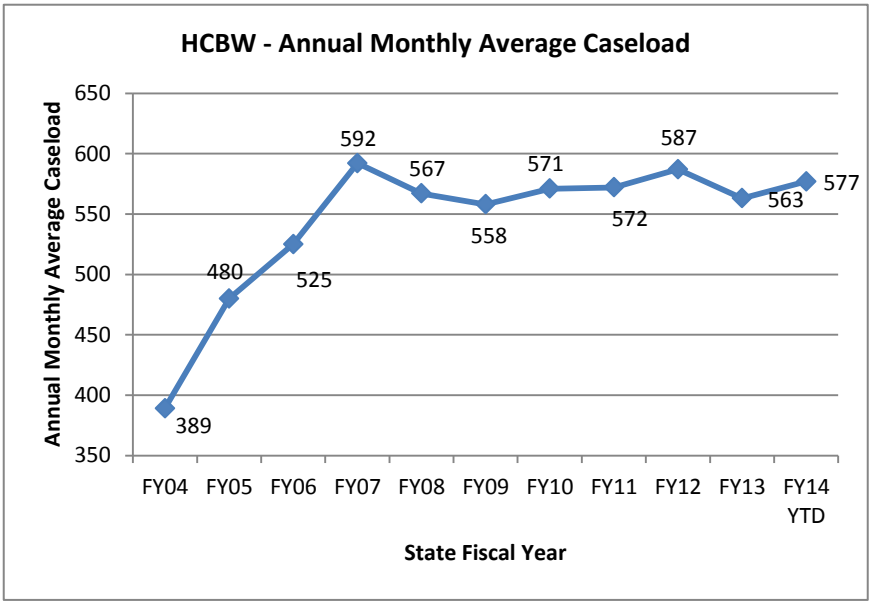
- Without the waiver services, would require institutional care provided in a skilled nursing facility or intermediate care facility for the mentally retarded (ICF/MR)
- Applies for and is determined eligible for full Medicaid benefits through the Division of Welfare and Supportive Services (DWSS)
- Is certified as physically disabled by DHCFP's Central Office Disability Determination Team.

Workload History:

State Fiscal Year	Total Expenditures	Average Caseload
FY09	$4,689,814	558
FY10	$3,673,969	571
FY11	$3,860,025	572
FY12	$3,434,462	587
FY 13	$3,487,297	563

Caseload FYTD:

Month	Caseload
Jul 13	579
Aug	580
Sep	573
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**1,732**
FY14 Average	**577**



Comments: This waiver was formerly called the Waiver for Independent Nevadans, and has kept the corresponding acronym WIN.

Caseload reporting was converted from Paradox in November 2007. Quality of caseload reporting improved as a result of this change.

Website: http://dhcfp.state.nv.us/wcaseloads.htm

Contact: Jennifer Frischmann, Chief, Continuum of Care, DHCFP.

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5.01 TANF Cash Total

Program: Temporary Assistance for Needy Families (TANF) is a time-limited, federally-funded block grant to provide assistance to needy families so children may be cared for in their homes or in the homes of relatives. TANF provides parents/caregivers with job preparation, work opportunities and support services to enable them to leave the program and become self-sufficient.

Eligibility: Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than $2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Need Standard:

Household Size	Need Standard 100%	Payment Allowance 75% of FPL	NNRC* 275% FPL*	NNCT* Allowance
1	$718	$253	$2,633	$417
2	$969	$318	$3,554	$476
3	$1,221	$383	$4,476	$535
4	$1,472	$448	$5,397	$594
5	$1,723	$513	$6,318	$654
6	$1,974	$578	$7,239	$713
7	$2,226	$643	$8,161	$772
8	$2,477	$708	$9,082	$831

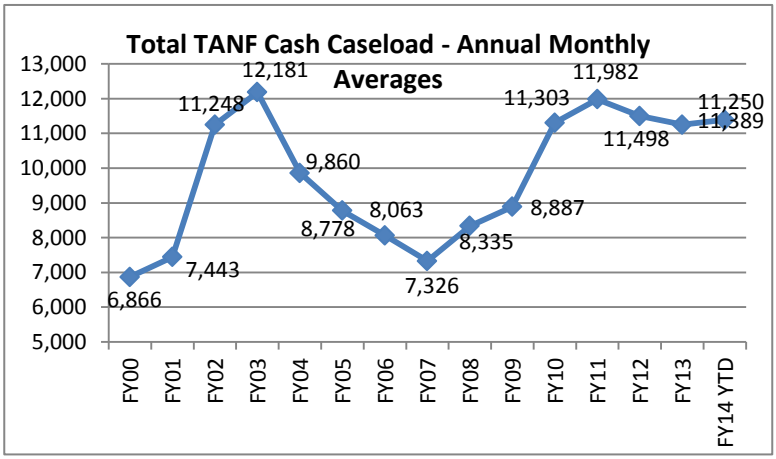
Kinship Care Allowance: 0-12 years of age = $400 per child (unless only one child in this age group in the home the amount is $417); 13 years+ = $462 per child.
*NNRC = Non-Needy Relative Caregiver; FPL = Federal Poverty Level; NNCT = Non-Needy Caretaker

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 11	11,982	$47,167,802
FY 12	11,498	$44,664,101
FY 13	11,250	$43,525,013

FYTD:

Jul 13	11,277
Aug	11,176
Sep	11,714
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**34,167**
FY14 Avg.	**11,389**



Comments: FY02 and FY03 still showed significant caseload growth attributed to the terrorist attacks of September 11, 2001. With the turnaround of the economy, good jobs, and low unemployment rates, caseloads dropped considerably starting in FY04 through FY07. FY08 started showing the effects of the current deep recession (started in December 2007), with many layoffs and high unemployment rates.
Total of all Cash Cases. For statistical purposes only as each aid code is different and cannot be compared.

Website: https://www.dwss.nv.gov/index.php?option=com_contentandtask=viewandid=97andItemid=253
https://www.dwss.nv.gov/

5.02 TANF Cash – Kinship Care

Program: Kinship Care provides cash assistance for children who are residing with a specified relative because of the absence of the child's parent(s). The caregiver must be a resident of Nevada, be 62 years of age or older, have exercised parental care and control of the child in their home for a minimum of six consecutive months, file for and obtain Nevada state or tribal court approval of legal guardianship. No adult parent of a child may reside in the household.

Eligibility: Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than $2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items). The total household income for Kinship Care caretakers must be less than or equal to 275 percent of the federal poverty level for the number of people in the Kinship Care home. If the household's income is less than or equal to 275 percent, the payment amount is determined considering only the child's income.

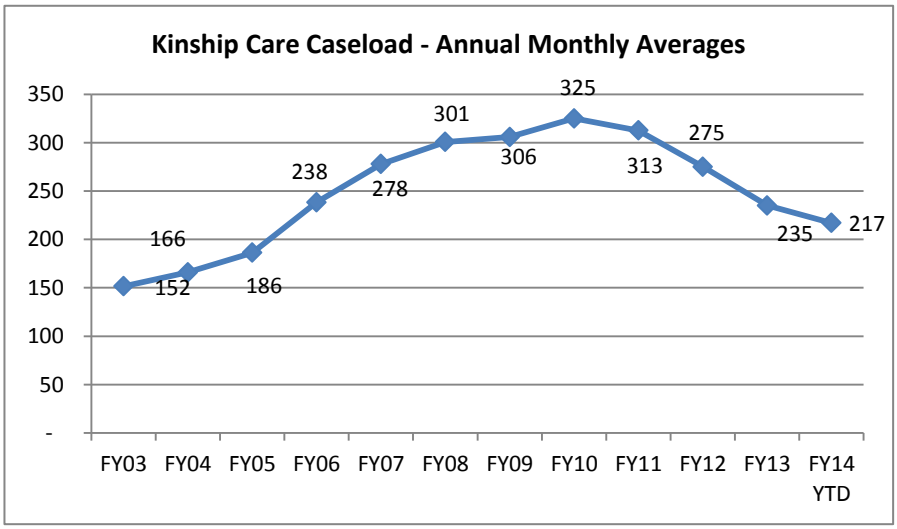
Other: Kinship Care Allowance: 0-12 year of age = $400 per child (unless only one child in this age group in the home the amount is $417; 13 years and above = $462 per child)

Workload History:

Fiscal Year	Total Cases	Total Expenditures
FY 11	313	$3,353,125
FY 12	275	$2,447,390
FY 13	235	$2,008,414

FYTD:

Jul 13	217
Aug	217
Sep	216
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**650**
FY14 Avg.	**217**



Comments: This program started in FY02 (October 2001 first month). In September 2011, the benefit amount was reduced 25 percent.

Website: https://www.dwss.nv.gov/dmdocuments/Gen_KinshipCareBrochure.pdf

5.03 TANF Cash – Loan

Program: Eligible households will receive a monthly payment designed to meet the family's needs until an anticipated future source of income is received. Each adult household member(s) must have a reasonable expectation of a future source of income in order to repay the loan. For example, an applicant pending receipt of SSI may receive Loan benefits which will be required to be paid back upon approval and receipt of SSI benefits. While the case manager can determine which families are most appropriate for this payment, the family must choose whether it is appropriate for them.

Eligibility: The household must have income within certain limits to be eligible for benefits. The maximum allowable income is based on the number of persons in the assistance unit to determine the payment allowance. The resource limit for the household is $2,000 (exceptions not all inclusive one automobile, home living in, household goods and personal items). TANF lifetime or Nevada time limit months, citizenship, residency, children's immunizations, living with a specified relative, social security numbers.

Need Standard:

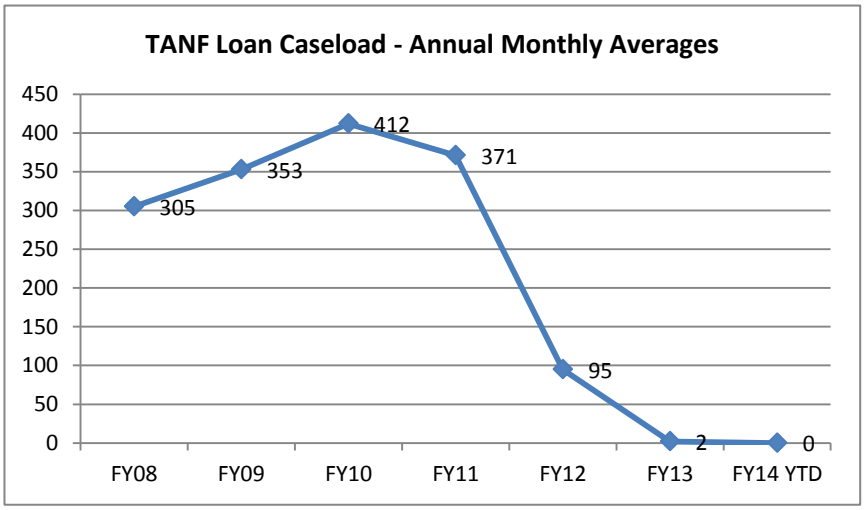
Household Size	Need Standard 100%	Payment Allowance
1	$718	$253
2	$969	$318
3	$1,221	$383
4	$1,472	$448
5	$1,723	$513
6	$1,974	$578
7	$2,226	$643
8	$2,477	$708

Workload History:

Fiscal Year	Total Cases	Total Expenditures
FY 11	371	$1,441,618
FY 12	95	$356,478
FY 13	2	$6,523

FYTD:

Jul 13	0
Aug	0
Sep	0
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**0**
FY14 Avg.	**0**



Comments: This program started in FY08 (October 2007 first month). In FY11, a steep downward trend began due to policy clarification of eligibility requirements.

5.04 TANF Cash – Self-Sufficiency Grant

Program: The Self-Sufficiency Grant (SSG) is a one-time lump-sum payment designed to meet an immediate need until regular income is received from employment, child support or other ongoing sources. While the case manager can determine which families are most appropriate for this payment, the family must choose whether it is appropriate for them. If eligible, the amount of the SSG payment is negotiated and is based on allowable needs of the household which if met, would assist the family in being self-sufficient without the need for ongoing TANF.

Eligibility: The household must have income within certain limits to be eligible for benefits. The maximum allowable income is based on the number of persons in the assistance unit to determine the payment allowance. The resource limit for the household is $2,000 (exceptions not all inclusive one automobile, home living in, household goods and personal items). TANF lifetime or Nevada time limit months, citizenship, residency, children's immunizations, living with a specified relative, social security numbers.

Need Standard:

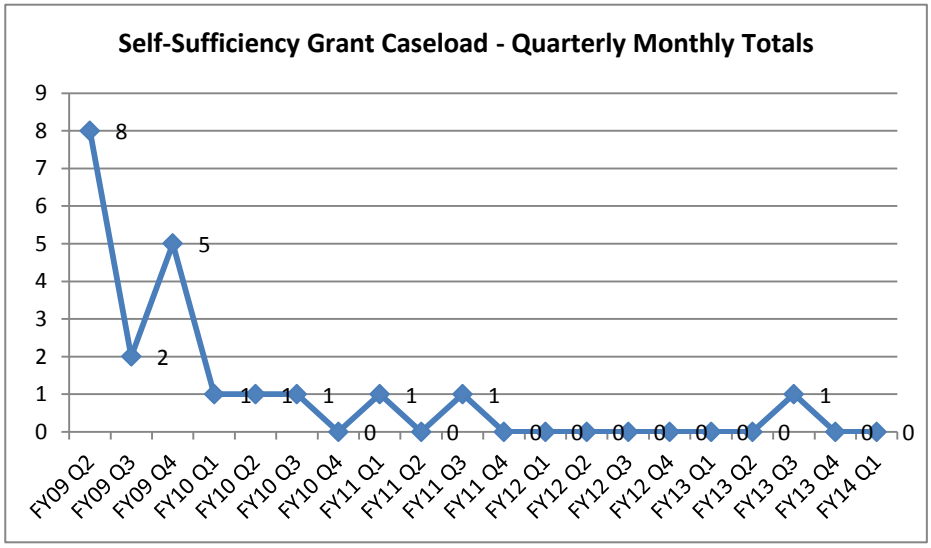
Household Size	Need Standard 100%	Payment Allowance 33%
1	$718	$253
2	$969	$318
3	$1,221	$383
4	$1,472	$448
5	$1,723	$513
6	$1,974	$578
7	$2,226	$643
8	$2,477	$708

Workload History:

Fiscal Year	Total Cases	Total Expenditures
FY 11	2	$3,434
FY 12	0	$0
FY 13	1	$600

FYTD:

Jul 13	0
Aug	0
Sep	0
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**0**
FY14 Avg.	**0**



Comments: This program started in FY08 (October 2007 first month). SSG is a one-time lump sum payment designed to meet an immediate need until regular income is received from employment, child support or other ongoing sources. The amount of the SSG payment is negotiated based on the immediate need required. Households must meet TANF SSG eligibility requirements. This caseload is projected to remain very small with only a few cases being able or willing to meet these requirements.

5.05 New Employees of Nevada (NEON)

Program: The Nevada Division of Welfare and Supportive Services' TANF Employment and Training Program is called "New Employees of Nevada (NEON)". The program provides a wide array of services designed to assist TANF households in becoming self-sufficient primarily through training, employment and wage gain; thereby, reducing or eliminating their dependency on public assistance programs. NEON provides support services in the form of child care, transportation, clothing, tools and other special items necessary for employment.

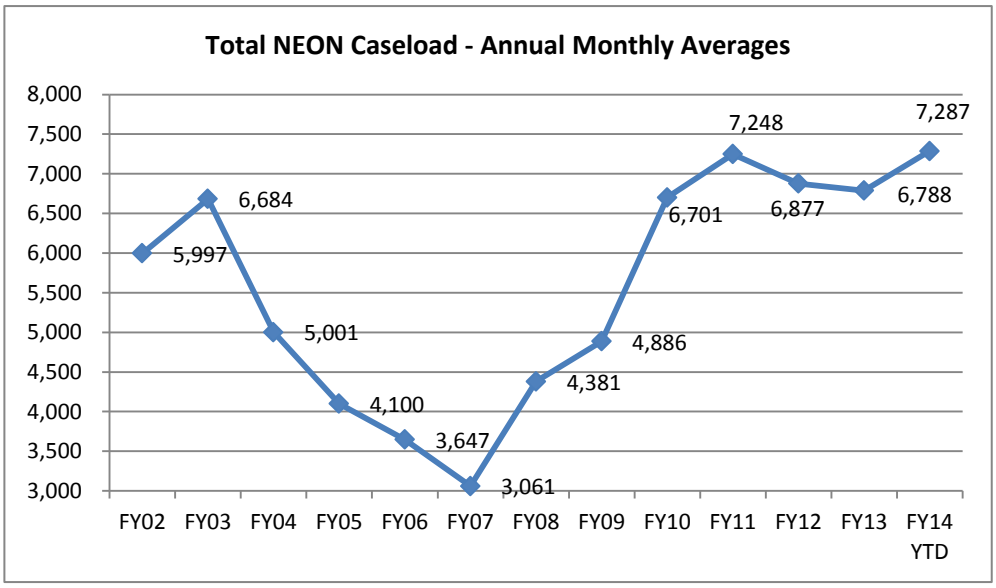
Eligibility: Individuals who meet the definition of a "work eligible individual" are NEON mandatory. This **includes** all adults or minor head-of-households (HOH) receiving assistance under the TANF-NEON program. This **excludes** minor parents not HOH or married to the HOH, aliens not eligible for TANF, SSI recipients, and parents caring for disabled family members in the home, and tribal TANF recipients.

Workload History:

Fiscal Year	Average Cases
FY 10	6,701
FY 11	7,248
FY 12	6,877
FY 13	6,788
FY 14 YTD	7,287

FYTD:

Month	Caseload
Jul 13	6,955
Aug	7,281
Sep	7,625
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**21,861**
FY14 Avg.	**7,287**



Comments: FY02 and FY03 showed significant caseload growth attributed to the terrorist attacks of September 11, 2001. FY04 through FY07 began a turnaround of the economy, juiced by the housing boom, which provided good jobs and low unemployment rates. Caseloads dropped considerably during this period. FY08 through FY11 caseloads reflect the effects of the deep recession that started in December 2007. Layoffs and persistent high unemployment at current levels have not been seen in recent history and are reflected in high caseloads.

5.06 Total TANF Medicaid

Program: Households who meet TANF requirements but choose not to receive cash or have reached their time limits are eligible for Medicaid. In addition, households receiving TANF cash or Medicaid who become ineligible due to earned income or excess child support may remain eligible for Medicaid for up to 12 months when certain conditions are met. Households with excess earned income may remain eligible up to 12 months. Those with excess child support remain eligible for up to four months.

Eligibility: Citizenship, residency, children's immunizations and proof of school-age children in school, social security number for each recipient, less than $2,000 countable resources per TANF-Related Medicaid case (exceptions: one automobile, home, household goods, and personal items). The income limits and income tests are the same as the TANF Cash program

Need Standard:

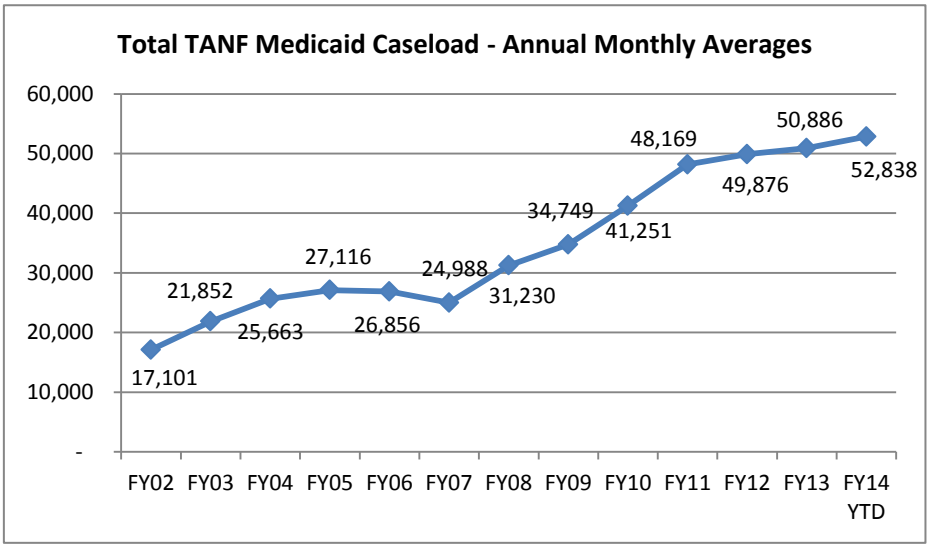
Household Size	Need Standard 100%	Payment Allowance 33%
1	$718	$253
2	$969	$318
3	$1,221	$383
4	$1,472	$448
5	$1,723	$513
6	$1,974	$578
7	$2,226	$643
8	$2,477	$708

Workload History:

Fiscal Year	Average Cases
FY 10	41,251
FY 11	48,169
FY 12	49,876
FY 13	50,886
FY 14 YTD	52,838

FYTD:

Jul 13	52,332
Aug	53,036
Sep	53,146
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**158,514**
FY14 Avg.	**52,838**



Comments: Starting October 2007 all TANF Cash recipients were not categorically eligible for Medicaid. TANF Cash recipients have a dual TANF Medicaid aid code. This explains part of the increase in FY08. The recession that began in December 2007 led to increased caseloads between FY08 and FY11. Total of all TANF Med cases. For statistical purposes only as each aid code is different and cannot be compared.

5.07 Child Health Assurance Program (CHAP)

Program: The Child Health Assurance (CHAP) program provides pregnancy-related Medicaid for pregnant women and full Medicaid for children under age six with income greater than 100 percent of the Federal Poverty Level (FPL) but less than or equal to 133 percent of the FPL. Pregnant women and children up through age 19 with income less than or equal to 100 percent of the FPL receive full Medicaid coverage.

Eligibility: Citizenship, residence and income at or below the two poverty levels. There is no resource test in this program; there is no requirement to live with someone with a certain relationship. In addition, anyone with an interest in the child may make application for CHAP on their behalf.

Need Standard:

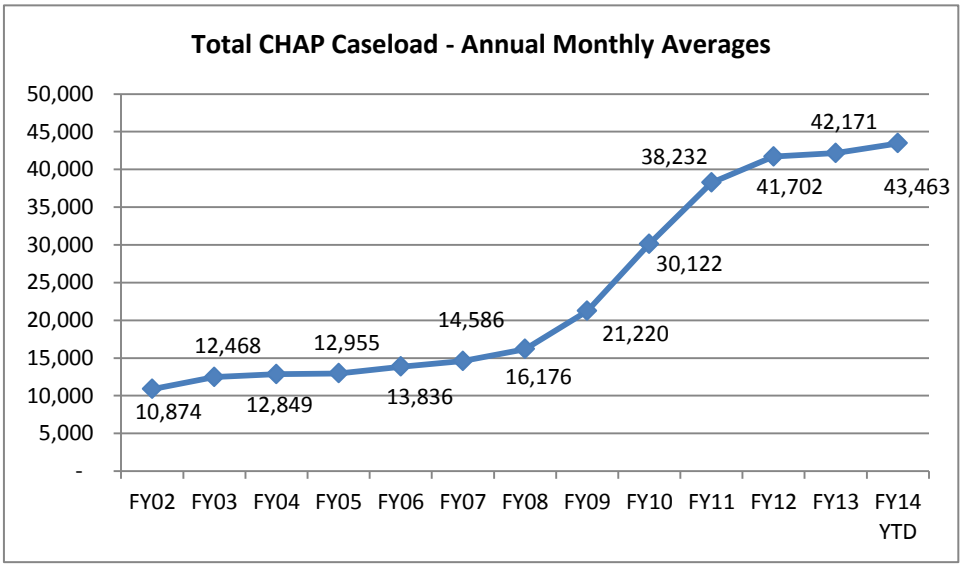
Household Size	Need Standard 100%	Need Standard 133%
1	$958	$1,273
2	$1,293	$1,719
3	$1,628	$2,165
4	$1,963	$2,610
5	$2,298	$3,056
6	$2,633	$3,501
7	$2,968	$3,947
8	$3,303	$4,392

Workload History:

Fiscal Year	Average Cases
FY 10	30,122
FY 11	38,232
FY 12	41,702
FY 13	42,171

FYTD:

Jul 13	43,141
Aug	43,467
Sep	43,780
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**130,388**
FY14 Avg.	**43,463**



Comments: FY08 through FY13 show the effects of the deep recession that started in December 2007.

5.08 Nevada Check Up

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:

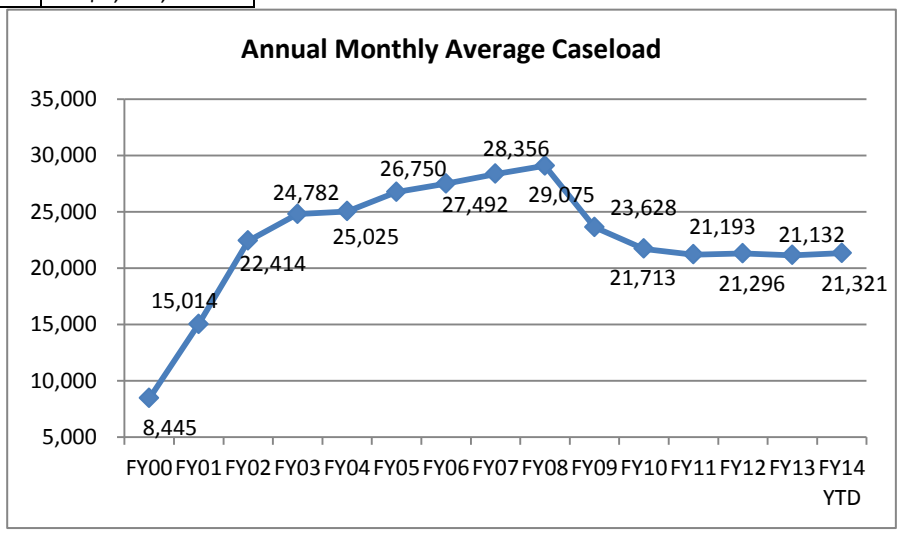
- The family's gross annual income is between 100 percent and 200 percent of the Federal Poverty Level guidelines; and
- The child is a U.S. citizen, "qualified alien" or legal resident with five years residency and is under age 19 on the date coverage will begin; and
- The child must not be eligible for Medicaid or have health insurance within the last six months, or has recently lost insurance for reasons beyond the parents' control.

2013 Federal Poverty Guidelines		
Family Size	**100%**	**200%**
1	$11,490	$22,980
2	$15,510	$31,020
3	$19,530	$39,060
4	$23,550	$47,100
5	$27,570	$55,140
6	$31,590	$63,180
7	$35,610	$71,220
8	$39,630	$79,260
9	$43,650	$87,300
10	$47,670	$95,340
Each additional family member, add:	$4,020	$8,040

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 12	21,296	$33,456,579
FY 13	21,132	$31,378,893
FY 14 YTD	21,321	$6,019,888

FYTD:	Caseload
Jul 13	21,271
Aug	21,394
Q	21,263
Oct	21,356
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**85,284**
FY14 Average	**21,321**



Comment: Expenditure totals are for benefit costs only and do not include Personnel or other Administrative expenses.

Website: http://nevadacheckup.nv.gov/enrollmentstats.asp

5.09 County Match

Program: Through an agreement with the Division, Nevada counties pay the non-federal share of costs for institutionalized persons whose monthly income is between $1,009.01 and 300 percent of the SSI payment level.

Eligibility: No age requirement, a citizen of the United States or a non-citizen legally admitted for permanent residence to the U.S. and meets certain criteria, or is in another eligible non-citizen category and meets certain criteria.

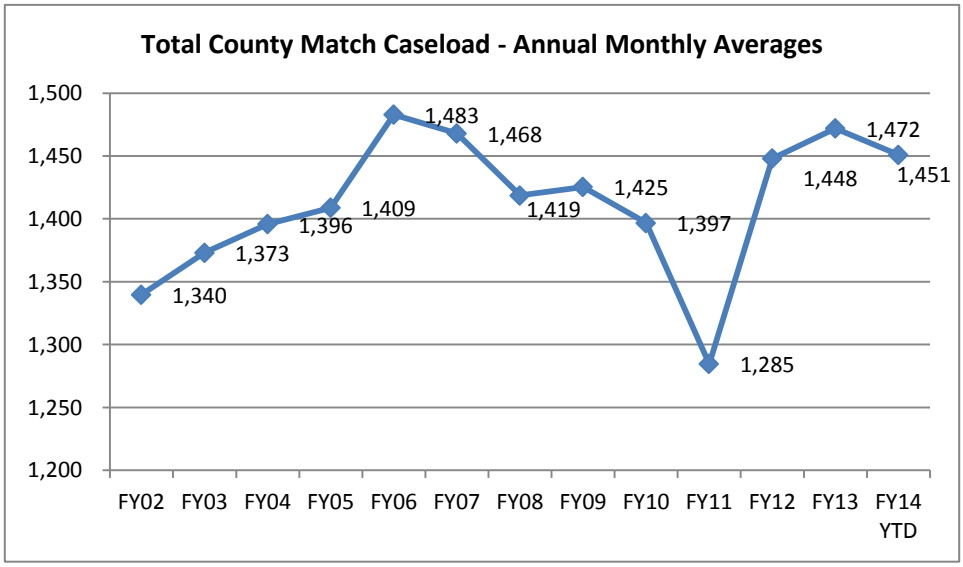
Other: Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. $2,000 for an individual or $3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Life insurance policies, when the total face value is less than $1,500. Vehicles necessary to produce income, transportation for medical treatment on a regular basis (specifically handicapped equipped vehicles), or the value of a vehicle up to $4,500. Burial plots/plans.

Workload History (with Retros*):

Fiscal Year	Average Cases
FY 10	1,397
FY 11	1,373
FY 12	1,448
FY 13	1,472
FY14 YTD	1,451

FYTD:

Jul 13	1,471
Aug	1,447
Sep	1,436
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**4,354**
FY14 Avg.	**1,451**



Comments: The downward trend starting after FY06 may be due to an increased number of recipients obtaining Qualified Income Trusts (QIT). Money deposited in a QIT is exempt and a potential County Match recipient may never reach the CM income threshold. In FY12 a change in eligibility requirements increased the caseload.

*Retros (retroactive eligibility) are calculated based on previous years' total ending cases. A percentage factor is added to current caseloads to account for cases that were approved for previous months' eligibility.

5.10 Medical Assistance to the Aged, Blind, and Disabled

Program: These are medical service programs only. Many applicants are already on Medicare and Medicaid. This supplements their Medicare coverage. Additionally, others are eligible for Medicaid coverage as a result of being eligible for a means-tested public assistance program such as Supplemental Security Income (SSI). Categories are: SSI, State Institutional, Non-Institutional, Prior Med, Public Law, Katie Beckett.

Eligibility: No age requirement (except for Aged), a citizen of the United States or a non-citizen legally admitted for permanent residence to the U.S. and meets certain criteria, or is in another eligible non-citizen category and meets certain criteria.

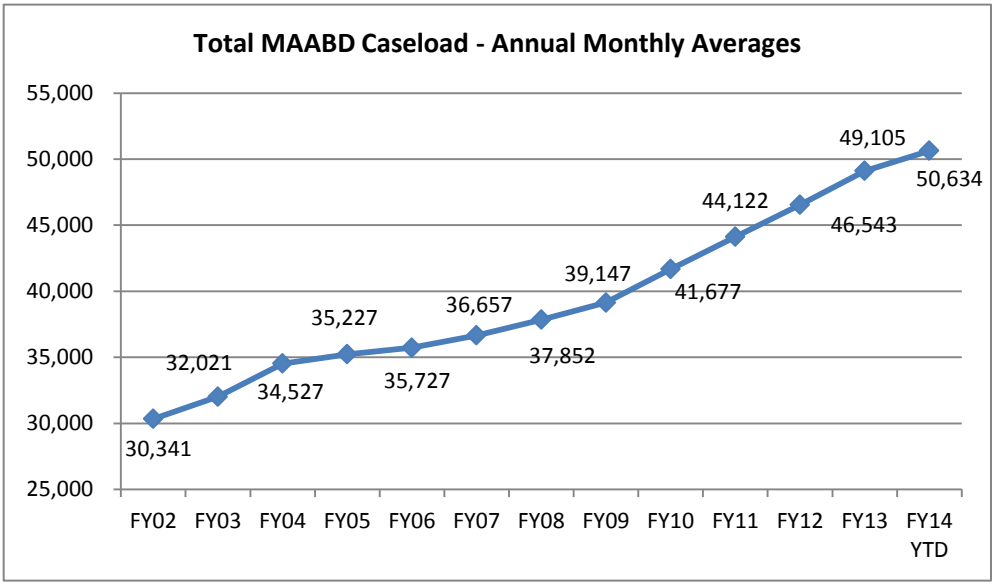
Other: Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. Medicare Savings Program cases: $7,080- for an individual or $10,620 for a couple. Other cases: $2,000 for an individual or $3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Life insurance policies, when the total face value is less than $1,500; vehicles necessary to produce income; transportation for medical treatment on a regular basis (specifically handicapped equipped vehicles), or the value of a vehicle up to $4,500; burial plots/plans.

Workload History (with Retros*):

Fiscal Year	Average Cases
FY 10	41,677
FY 11	44,503
FY 12	46,543
FY 13	49,105
FY14 YTD	50,634

FYTD:

Jul 13	50,443
Aug	50,628
Sep	50,831
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY13 Total	**151,902**
FY13 Avg.	**50,634**



Comments: Total of all MAABD cases. For statistical purposes only as each aid code is different and cannot be compared.

*Retros (retroactive eligibility) are calculated based on previous years' total ending cases. A percentage factor is added to current caseloads to account for cases that were approved for previous months' eligibility. SSI cases can take up to three years for approval/denial.

5.11 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 household's 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 200 percent of poverty; the household's net income must be less than or equal to 100 percent 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 $3,250 (exceptions: one vehicle, home, household goods, and personal items.

Need Standard:

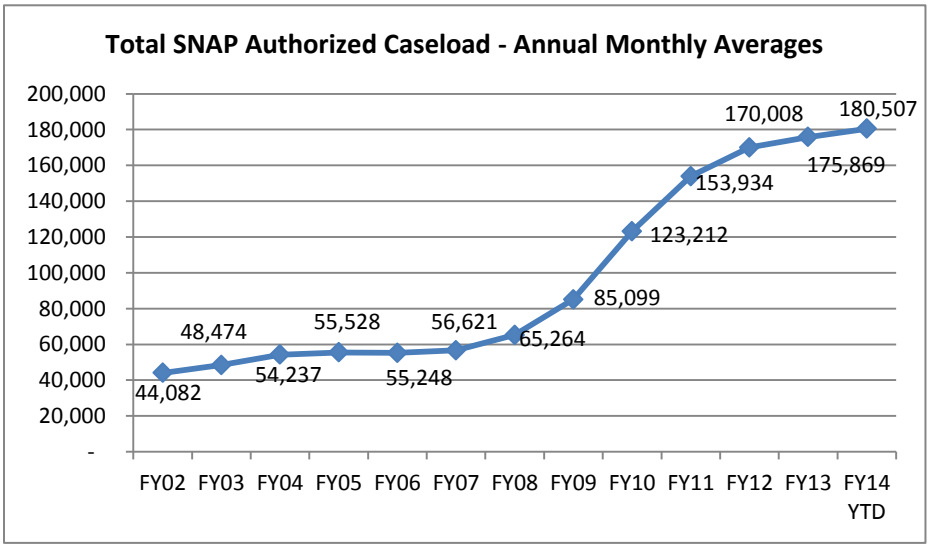
Household Size	200% of Poverty	130% of Poverty	100% of Poverty	Maximum Allotment
1	$1,862	$1,211	$931	$200
2	$2,522	$1,640	$1,261	$367
3	$3,182	$2,069	$1,591	$526
4	$3,842	$2,498	$1,921	$668
5	$4,502	$2,927	$2,251	$793
6	$5,162	$3,356	$2,581	$952
7	$5,822	$3,785	$2,911	$1,052
8	$6,482	$4,214	$3,241	$1,202

Workload History:

Fiscal Year	Average Cases	Total Expenditures	Total Applications
FY 12	170,008	$518,493,663	312,302
FY 13	176,127	$524,977,396	354,799

FYTD:

Jul 13	179,369
Aug	181,644
Sep	
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**361,013**
FY14 Avg.	**180,507**



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 percent of poverty. There is no further income or resource test.

Website: https://www.dwss.nv.gov/index.php?option=com_contentandtask=viewandid=84andItemid=234
https://www.dwss.nv.gov/

5.12 Supplemental Nutrition Employment and Training Program (SNAPET)

Program: SNAPET promotes the employment of SNAP participants through job search activities and group or individual programs which provide a self-directed placement philosophy, allowing the participant to be responsible for his/her own development by providing job skills and the confidence to obtain employment. SNAPET also provides support services in the form of transportation reimbursement, bus passes and assistance meeting the expenditures required for job search (such as interview clothing, health or sheriff's card if it is know that one will be required).

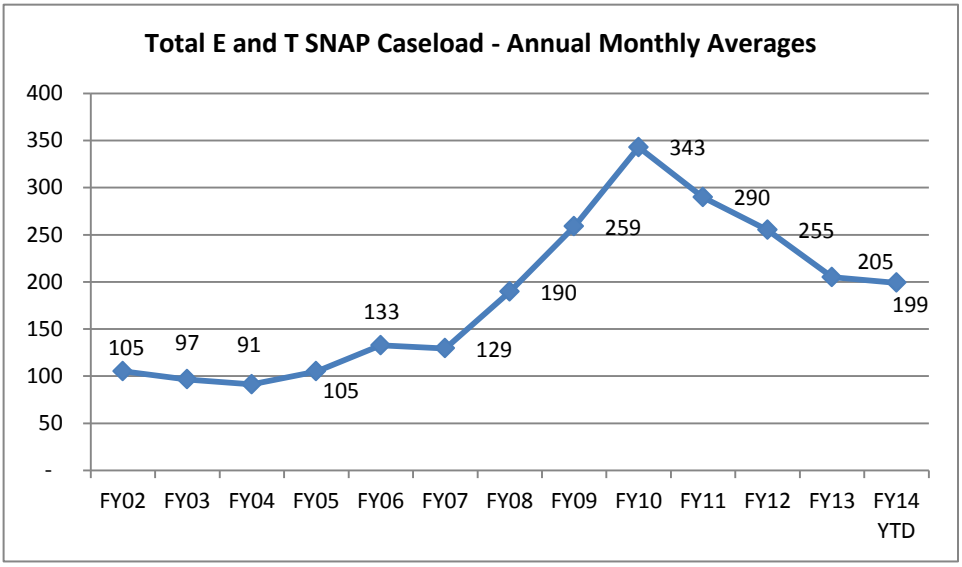
Eligibility: Registration and participation is mandatory and a condition of SNAP eligibility for all non-exempt SNAP participants. Persons who are exempt may volunteer. Persons are exempt when they are under age 16, age 60 or older, disabled, caring for young children under the age of 6 or disabled family members or are already working.

Workload History:

Fiscal Year	Average Cases
FY 10	343
FY 11	290
FY 12	255
FY 13	205
FY 14 YTD	199

FYTD:

Jul 13	226
Aug	209
Sep	162
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**597**
FY14 Avg.	**199**



Comments: The SNAPET caseload usually parallels the SNAP caseload but on a smaller scale since we only work with clients who do not meet a work exemption. These clients are classified as work mandatory and are required to complete a two month job search program or until they have become employed.
Note that beginning in FY11, only mandatory clients invited to orientation were counted.

5.13 Child Care and Development Program

Program: The Child Care Program assists low-income families, families receiving temporary public assistance, or families with children placed by CPS and foster parents by subsidizing child care costs so they can work. Households are able to qualify for child care subsidies based upon their total monthly gross income, household size, and other requirements. Assistance is provided through three programs: Traditional (certificate for licensed or informal child care); Contracted Slots (before and after school programs); and Wrap-Around (services before and after the Head Start Program).

Eligibility: To qualify for child care subsidy assistance, the child must be 12 years old or younger unless the child has a verified special need. Other factors include citizenship, immunizations, relationship, residency, and social security numbers. Additionally, adult household members and minor parents must have a purpose of care such as working or a minor parent attending high school.

Fee Scale: The sliding fee scale provides the income limits for each household size. This is an example for a four person household. The subsidy column indicates the percentage of the state approved maximum child care rate which would be paid by the Child Care and Development Program.

Income Limits for Family of Four		Note	Subsidy %
$0	$1,921	$1,921 = Federal Poverty Level	95%-110%
$1,964	$2,261		90%
$2,262	$2,560	$2,551 = 130% Federal Poverty Level	80%
$2,561	$2,858		70%
$2,859	$3,157		60%
$3,158	$3,455		50%
$3,456	$3,753		40%
$3,754	$4,052		30%
$4,032	$4,342	$4,343 = 75% of NV median income	20%

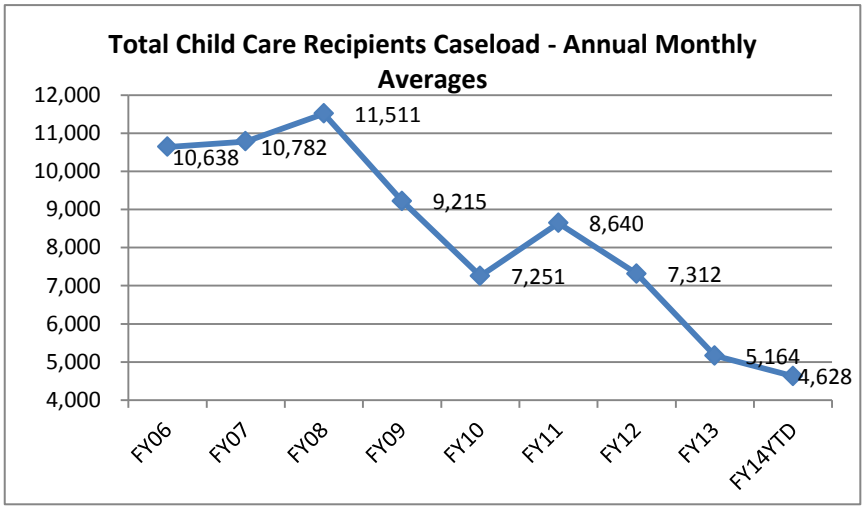
Workload History:

Fiscal Year	Average Cases	Total Payments
FY 11	8,640	$34,536,354
FY 12	7,312	$30,237,942
FY 13	5,164	$21,159,316

FYTD:

Jul 13	4,573
Aug	4,684
Sep	
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Tot	**9,257**
FY14 Avg.	**4,628**

Italics = Projected counts



Comments: The unserved population in the Discretionary category was established in FY09, which capped that population at 2,500. Unserved population included "wait list" and an estimated caseload reduction due to program changes. This caused a significant downturn compared to previous fiscal years.

Beginning in FY12, Training Purpose of Care has been eliminated and Student Purpose of Care has been eliminated except for minor parents attending high school.

5.14 Child Support Enforcement Program

Program: The program is a federal, state, and local intergovernmental collaboration functioning in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, and the Virgin Islands. The Office of Child Support Enforcement in the Administration for Children and Families of the U.S. Department of Health and Human Services helps states develop, manage and operate child support programs effectively and according to federal law. The CSEP is administered by DWSS and jointly operated by State Program Area Offices (PAO) and participating county District Attorney offices through cooperative agreements.

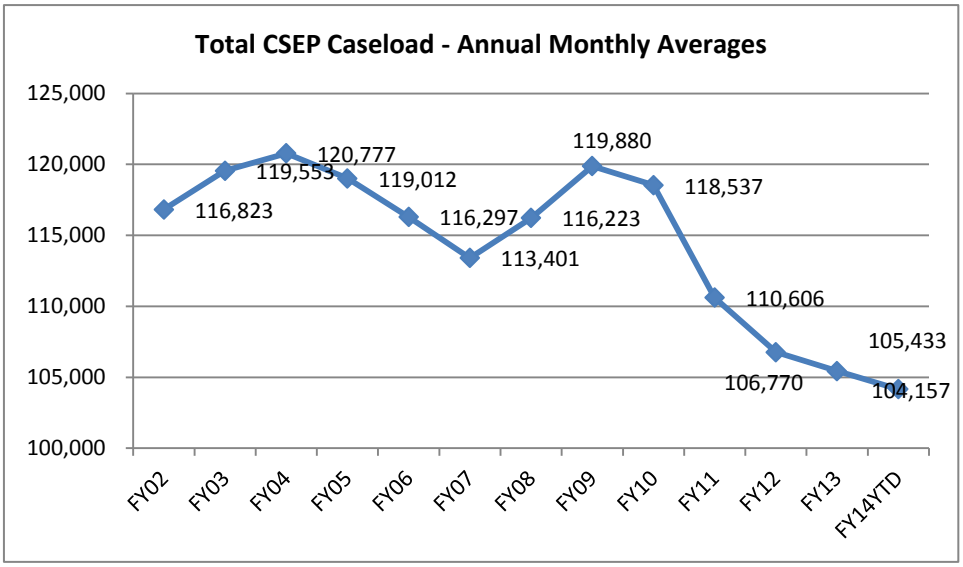
Eligibility: There are no eligibility requirements for child support services, which include locating the non-custodial parent, establishing paternity and support obligations, and enforcing the child support order. Non-public assistance custodians complete an application for services. Public assistance custodians must assign support rights to the state ad cooperate with the agency regarding Child Support Enforcement (CSE) services.

Workload History:

Fiscal Year	Average Cases	Gross Collections
FY 11	110,606	$198,573,814
FY 12	106,770	$205,934,166
FY 13	105,433	$207,634,173

FYTD:

Jul 13	105,168
Aug	104,557
Sep	102,745
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY13 Total	**312,470**
FY13 Avg.	**104,157**



Comments: The CSEP caseload trend is tied closely to the economy. When the economy is good, fewer customers need child support services; when there is a downward turn in the economy, more customers need child support services. Additional factors contributing to the caseload trend going down include case closure projects and stopping inappropriate referrals (unborn cases). A factor that may contribute to an increase in caseload is an increase in public assistance referrals and non-assistance applications due to the current economic environment and high unemployment rate.

Website: https://www.dwss.nv.gov/index.php?option=com_contentandtask=viewandid=56andItemid=129

5.15 Energy Assistance Program

Program: The Energy Assistance Program (EAP) assists eligible Nevadans maintain essential heating and cooling in their homes during the winter and summer seasons. The program provides for crisis assistance as well.

Eligibility: Citizenship, Nevada residency, household composition, Social Security numbers for each household member, energy usage and income are verified prior to the authorization and issuance of benefits. Eligible households' income must not exceed 150 percent of poverty level. Priority is given to the most vulnerable households, such as the elderly, disabled and young children.

Need Standard:

2013 HHS Poverty Guidelines	
Persons in Family	**48 Contiguous States and D.C.**
1	$11,490
2	$15,510
3	$19,530
4	$23,550
5	$27,570
6	$31,590
7	$35,610
8	$39,630

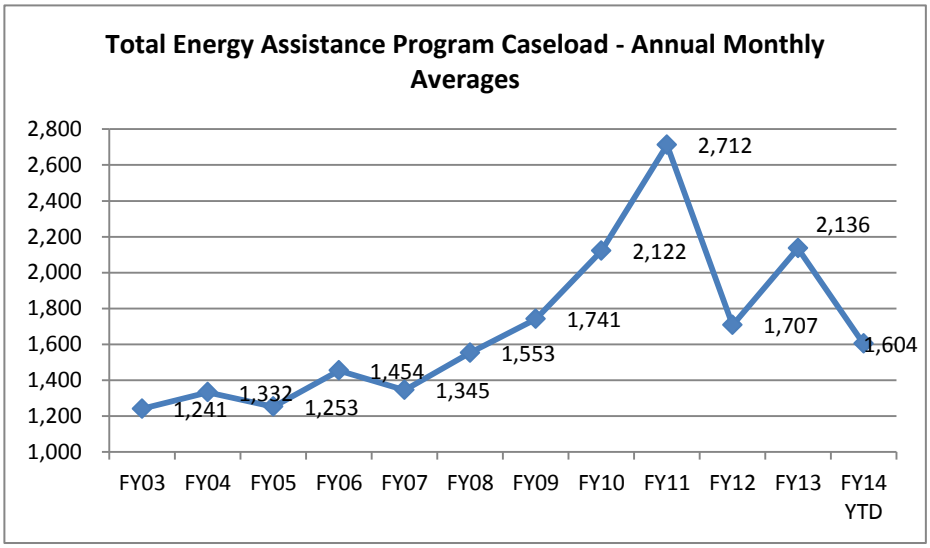
60 percent estimated state median income for a four person household for FFY2012 was $41,685.

Workload History:

Fiscal year	Average Cases	Total Cases	Total Expenditures	Total Applications
FY 11	2,712	32,544	$28,335,649	42,611
FY 12	1,707	20,484	$11,361,013	38,643
FY 13	2,136	25,631	$18,684,877	36,764

FYTD:

Jul 13	899
Aug	2,134
Sep	1,778
Oct	
Nov	
Dec	
Jan 13	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**4,811**
FY14 Avg.	**1,604**



Comments: Nevada's Energy Assistance Program in FY09 received a larger Low Income Heat Energy Assistance Block Grant than planned. This combined with an increased demand in program services due to the current economic climate has resulted in increased application activity and consequently additional cases being approved. In FY12 the eligibility requirements were changed to lower the monthly benefit amount and FPL from 150 percent to 110 percent, which has decreased the EAP caseload. FY13 increased benefits to 125 percent FPL (July) and 150 percent FPL (December).

Website: https://www.dwss.nv.gov/index.php?option=com_contentandtask=viewandid=116andItemid=285

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6.01 Newborn Screening (NBS) Program

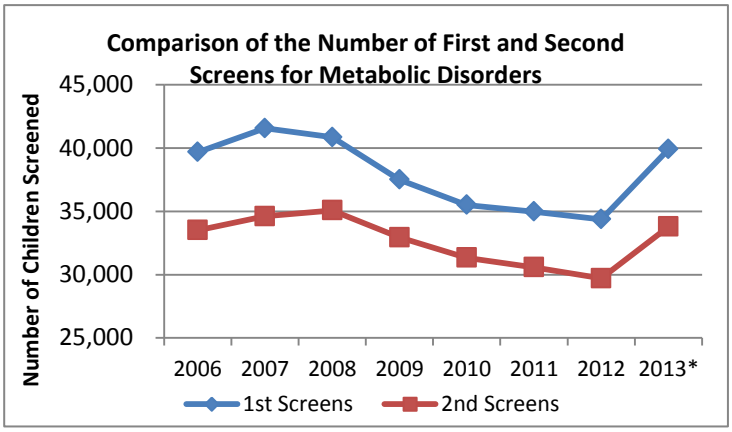
Program: Nevada Revised Statute (NRS) 442.008 mandates that all infants born in Nevada receive newborn screening for congenital disorders. A first screen is collected ideally between 24 and 48 hours of age, and the second screen is ideally collected between the 10th and 15th day of life. The Newborn Screening Program currently contracts with the Oregon State Public Health Laboratory (OSPHL) to test for at least 29 core conditions and 25 secondary conditions that can be found during screening for the core conditions recommended by the Secretary of Health and Human Services Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children. The OSPHL is contracted to screen specimens, follow-up on positive screens and provide medical consultants who provide guidance to Nevada's primary care physicians until a confirmation of a diagnosis is reached. Families of infants with identified disorders can access follow-up services through Nevada Early Intervention Services or other community providers. The Newborn Screening Program is funded entirely with birth registration fees.

Eligibility: There are no eligibility requirements. Newborn screens are required of all infants born in Nevada. Birthing facility staff are required to collect an acceptable sample before the infant is discharged from the facility and to submit the sample for metabolic screening as required in NAC 442.020-050.

Infants Screened by Year:

Year	Number of First Screens	Number of Second Screens	Total Number of Screenings	Percent of First Screen Babies that also Received Second Screens
2009	37,509	32,947	70,450	87.8%
2010	35,510	31,341	66,851	88.3%
2011	34,974	30,570	65,544	87.4%
2012	34,366	29,698	64,064	86.4%
2013*	39,903	33,790	73,694	84.7%

* 2013 data is an annualized projection based on actual screening data reported in January thru August 2013.



Comments: In 2012, virtually 100% of all babies born in Nevada received at least one screen since newborn screening is mandatory unless the parent formally refuses to have their infant screened. The nine programs in the United States that require a second newborn screen historically report a gap of 10 to 20 percent between those infants that receive both screenings and those infants that receive only the initial screening. In Nevada in Calendar Year (CY) 2011, the gap was 12.6 percent, data for CY 2012 shows a 13.6% gap, and annualized data for CY 2013 projects a 15.3% gap. Factors which can influence the number of children receiving a second screen include whether or not parents and primary care physicians received appropriate education regarding the importance of a second newborn screening, whether there is parental follow-through to ensure that a second screen is completed, and whether the first screening indicated that results were within the normal range. While Nevada's gap is still in the low range, the program is providing educational outreach to both providers and parents regarding the importance of the second screen in order to ensure optimal health outcomes for newborns and to reduce the current gap.

Website: http://health.nv.gov/NCCID_NewbornScreening.htm

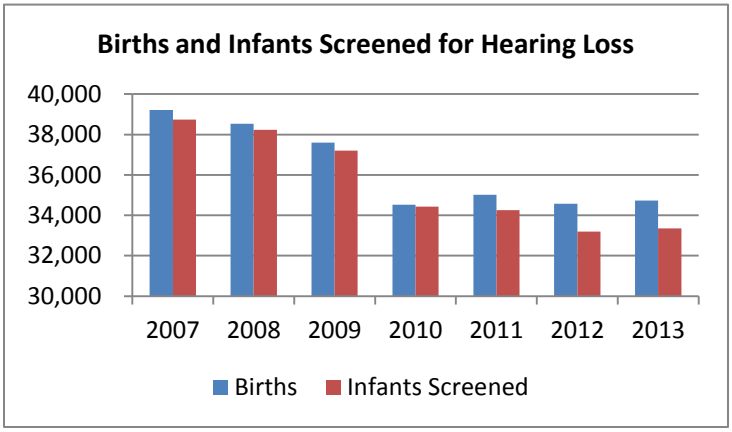
6.02 Early Hearing Detection and Intervention

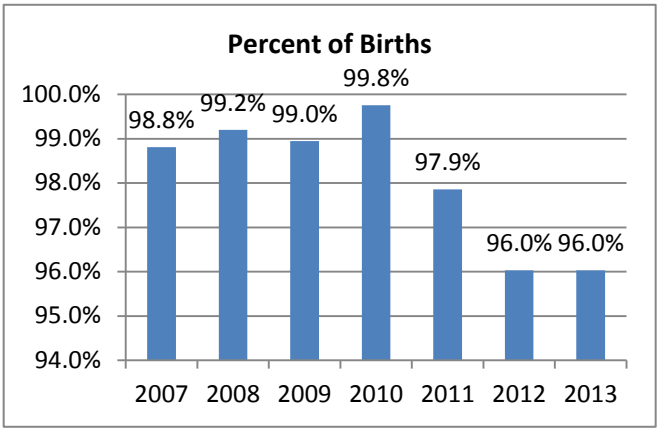
Program: The goals of the Nevada Early Hearing Detection and Intervention (EHDI) program are to ensure that: 1) all infants are screened for hearing loss at birth, 2) referred infants receive diagnostic evaluation, and 3) infants identified with hearing loss receive appropriate intervention. The program is entirely funded by grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). The negative effects of hearing loss can be substantially mitigated through early intervention that may include amplification, speech therapy, and/or signing. EHDI works with 19 birthing hospitals statewide and with Nevada Early Intervention Services to ensure infants are screened, identified, and entered into services within necessary time frames. The program also partners with non-profit agencies focused on hearing loss throughout the state, works with hospitals and audiologists to develop and update best practices, and provides with parents to provide education.

Eligibility: NRS 442.450 requires all hospitals in the state with 500 or more births per year to screen newborn infants' hearing prior to discharge. However, all birthing hospitals in the state, even those with less than 500 births per year, provide hearing screenings as a "Best Practice". All infants identified in the newborn hearing screening process with confirmed hearing loss are eligible for Nevada Early Intervention Services.

Other: Intervention increases the access to services and dramatically decreases the long-term costs associated with hearing loss.

Calendar Year	Infants Screened	Births	Percentage of Births
2007	38,744	39,209	98.81%
2008	38,232	38,541	99.20%
2009	37,205	37,600	98.95%
2010	34,433	34,517	99.76%
2011	34,263	35,013	97.86%
2012*	33,195	34,568	96.03%
2013**	33,354	34,734	96.03%





Comments: *2012 "Births" data is still considered preliminary by the Office of Vital Statistics. "Infants Screened" include the actual number of screenings reported in Calendar Year.
**2013 data is also preliminary. Calendar Year 2013 January and February data for hearing screening and births have been annualized to calculate the projected percentage for the year.

Websites: http://health.nv.gov/NCCID_NewbornHearing.htm
http://www.cdc.gov/ncbddd/ehdi/

6.03 Immunization

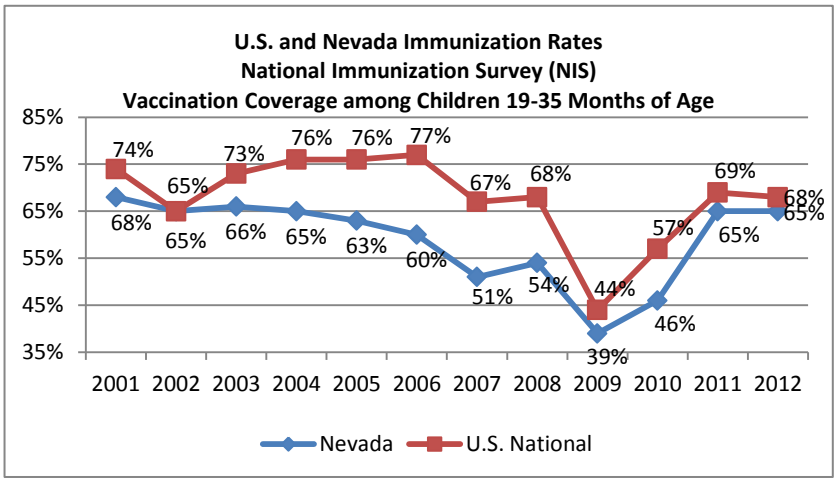
Program: The overall goal of the Immunization Program is to decrease vaccine-preventable disease morbidity through improved immunization rates among children, adolescents and adults in Nevada. The Program collaborates with public and private vaccine providers, schools, immunization coalitions and other stakeholders to improve immunization practices by enrolling providers into the Vaccines For Children (VFC) Program and educating providers how to record vaccination data in the Statewide Immunization Registry (Nevada WebIZ).

Vaccines for Children Program: Any physician, healthcare organization or medical practice licensed by the State of Nevada to prescribe and administer vaccines may enroll as participants in the VFC Program. The Program provides federally funded vaccines at no cost to these participants, who, in turn, administer them to eligible children. Eligible children are NV Checkup enrolled, Medicaid eligible, American Indian/Alaska native, uninsured or underinsured, and are not charged for the vaccine.

Nevada WebIZ: Any physician, health care organization or medical practice that administers vaccines and any organization with a need to verify immunization coverage may enroll as users of Nevada WebIZ (immunization registry). Vaccination data collected in the registry can be used to identify those at risk in the event of a disease outbreak or other emergency and to locate communities with low vaccine coverage rates to target interventions. On July 1, 2009 Nevada Revised Statute 439.265 (and corresponding regulations) went into effect, requiring all persons vaccinating children in Nevada to enter certain data about the vaccination event into the Registry. On January 28, 2010 the NRS corresponding regulation was updated requiring all persons vaccinating adults in Nevada to also record specific information into the Registry.

Program Participation:

	Vaccines for Children Participation Status	Nevada WebIZ Participation Status (by physical location)
Clark	142	1,479
Washoe	48	546
Carson/Rural	84	392
Note:	*267 "Active" providers (currently receiving vaccine supply) and 7 "Temp Leave" providers (vaccine shipments temporarily suspended)*	*100 percent of Vaccines for Children participants are enrolled to enter their immunization data in Nevada WebIZ. (All WebIZ data as of 10/14/13.)*



Comments:

- From 2007 - 2011, the immunization series was 4:3:1:3:3:1:4 (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, 4 Pneumococcal).
- In 2009, Nevada became a Vaccines for Children (VFC) only state. This means that only federal funds are now used to vaccinate VFC eligible children. Prior to 2009, state and federal funding had been received to vaccinate all children regardless of insurance status.
- In 2009, NRS 439.265 and corresponding regulation mandated that all vaccinations administered in Nevada to children be recorded in Nevada WebIZ.
- Starting in 2007 and ending in 2009, the United States experienced a Hib shortage, hence the reason behind a significant decrease in immunization rates.

Website: http://health.nv.gov/Immunization.htm

6.04 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 percent 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.

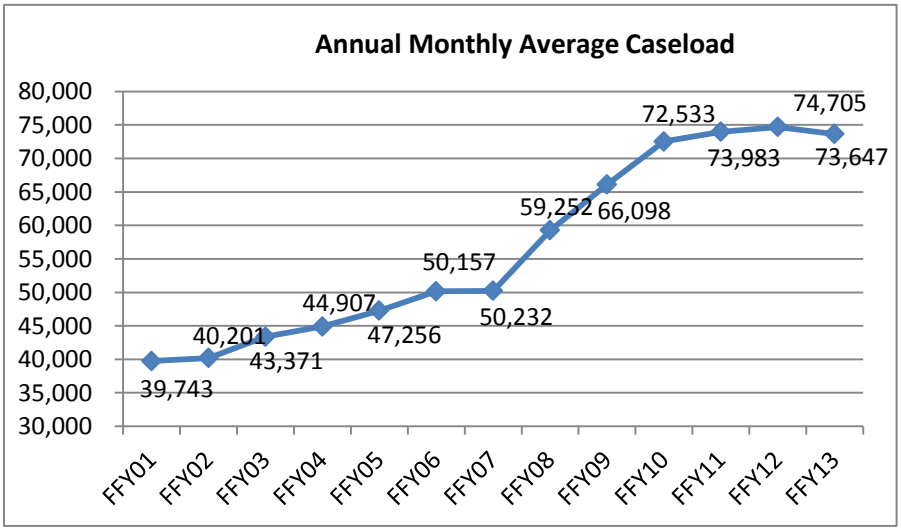
Eligibility: Applicant must be (1) an infant or child under five years of age, (2) a pregnant woman, (3) a postpartum woman (up to 6 months after giving birth), or (4) a breastfeeding woman (up to the breastfed infants first birthday). Must be a Nevada resident and physically live in Nevada at the time of application. Must be at or below 185 percent 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
FFY09	$9,887,570	66,098
FFY10	$14,399,912	72,533
FFY11	$14,280,926	73,983
FFY12	$13,778,416	74,705
FFY13	$11,470,943	73,693

Caseload FFYTD:

Oct 12	74,425
Nov	73,728
Dec	73,135
Jan 13	74,129
Feb	73,329
Mar	73,243
Apr	73,374
May	73,923
Jun	73,479
Jul	73,701
Aug	74,156
Sep	
FFY13 Total	**810,622**
FFY13 Average	**73,647**



Comments: As one of the fastest growing states in the country, Nevada has experienced a WIC participation growth of 13 percent from FFY09 to FFY12. Further, food dollars expended for the WIC program for the same period has increased 18 percent, from a total of $41,935,901 in FFY09 to $49,522,971 in FFY12.

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 223 authorized grocery stores.

Website: http://health.nv.gov/WIC.htm

6.05 Oral Health Program

Program: Nevada Division of Public and Behavioral Health, Oral Health Program (OHP) provides technical support to organizations that implement school-based dental sealant programs. According to the 2012 Burden of Oral Health report 28% of Nevada's children experience untreated decay as compared to 26% of children nationally. According to the Centers for Disease Control and Prevention, sealants are considered an evidence based practice to alleviate this burden

The Community Health Alliance (formerly the Saint Mary's Take-Care-a-Van) Sealant program is a non-profit school-based sealant program that utilizes a mobile van to provide oral health education, sealants and fluoride varnish to 2nd grade children in underserved schools in Nevada.

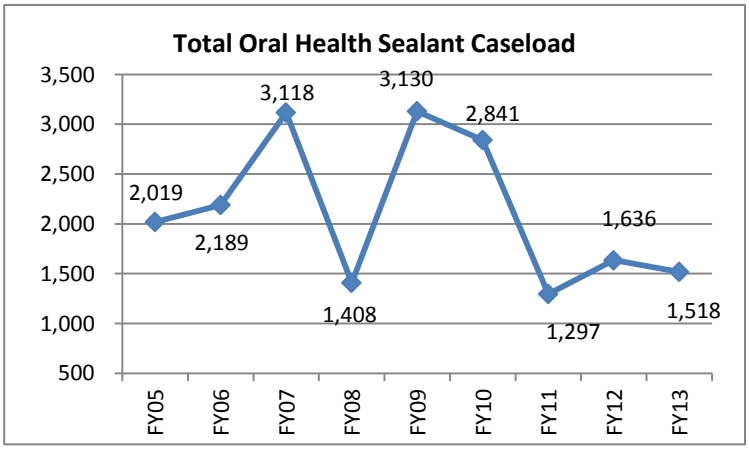
Seal Nevada South is a non-profit school-based sealant program, administered through University of Nevada Las Vegas School of Dental Medicine (UNLV SDM). The program serves uninsured children in second through fifth grade in underserved schools in Southern Nevada.

Future Smiles is a non-profit school-based sealant program that provides two types of delivery models: Set locations in School-Based Health Centers for Education and Prevention of Oral Disease (EPODs) and mobile school-based locations utilizing portable equipment. Public Health Endorsed Dental Hygienists provide screenings, oral health education, dental cleanings, sealants, fluoride varnish and case management through a referral system to a local dentist or the UNLV SDM.

Eligibility: For dental sealants, schools with > 50 percent Free and Reduced lunch eligibility or located in a county that has been designated as underserved.

Caseload History:

FY2013	Children Served	Sealants Placed
Community Health Alliance	530	1,407
Seal Nevada South	440	1,156
Future Smiles	548	3,199
Total	1,518	5,762



Comments: Sealant Efficiency Assessment for Locals and States (SEALS, 2009) is a software program developed by the Centers for Disease Control and Prevention (CDC) to provide a uniform tracking resource for school-based sealant programs. All programs are currently utilizing the software program. All programs are reporting individual teeth sealed per CDC recommendations. Due to van vandalism, the CHA were unable to attend the events they had scheduled for the beginning of the 2013-2014 quarter.

Website: http://health.nv.gov/CC_OralHealth.htm

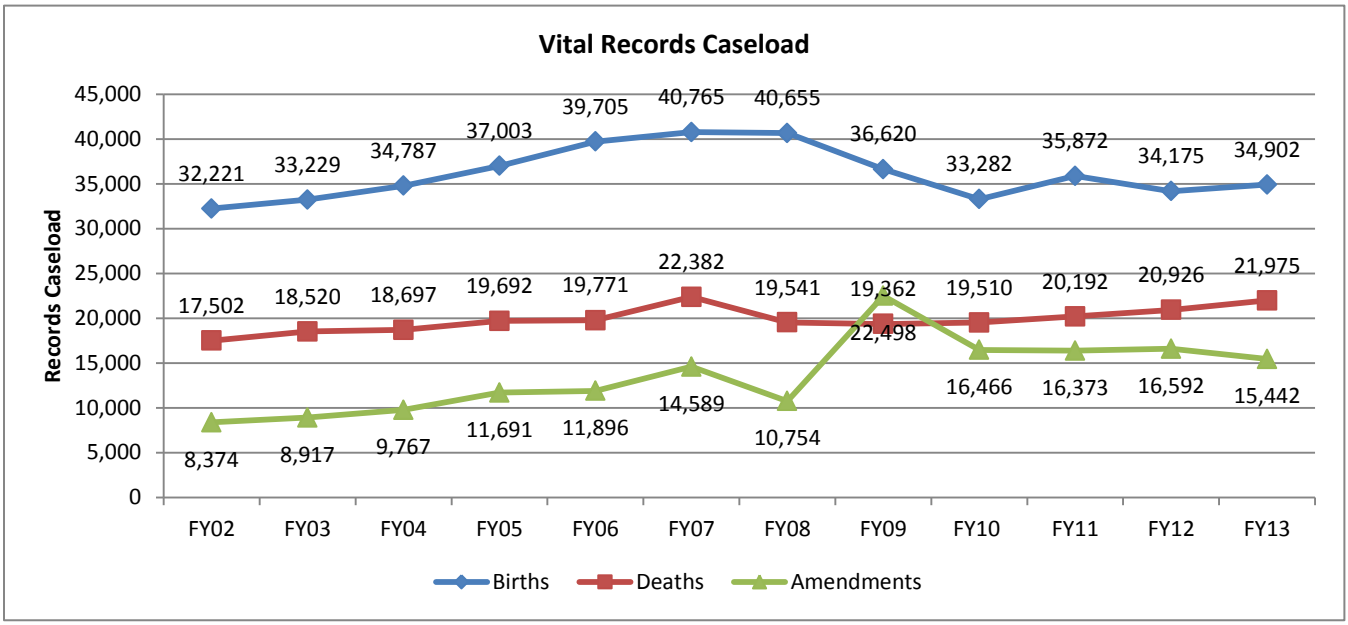
6.06 Vital Records and Statistics

Program: The Office of Vital Records and Statistics administers the statewide system of Vital Records by documenting and certifying the facts of births, deaths and family formation for the legal purposes of the citizens of Nevada, participates in the national vital statistics systems and responds to the needs of health programs, health care providers, businesses, researchers, educational institutions and the Nevada public for data and statistical information. The Office of Vital Records also amends registered records with required documentation such as court orders, affidavits, declarations and reports of adoptions per NRS and NAC 440. Amendments include corrections, alterations, adoptions and paternities.

Authority: Any person or organization that can provide personal or legal relationship or need for birth, death or statistical data is eligible for services. NRS 440

Caseload:

Fiscal Year	Births	Deaths	Amendments
FY 11	35,872	20,192	16,373
FY 12	34,175	20,926	16,592
FY 13	34,902	21,975	15,442
FY14 Q1	9,680	5,181	3,837



Comments: Current processing times for the Office of Vital Records:

- Birth registration – avg. 15 days
- Death Registration – avg. 6 days

Note: Amendment counts include hospital paternities.

Website: http://www.health.nv.gov/VS.htm

6.07 Women's Health Connection Program

Mission: Reduce breast cancer mortality and incidence of cervical cancer thereby enhancing the quality of life for Nevada women and their families through collaborative partnerships, health education, and access to high quality screening and diagnostic services.

Program: The Women's Health Connection (WHC) Program is a federally funded cooperative agreement through the Centers for Disease Control and Prevention (CDC). The cooperative agreement is authorized for 5-year periods, and the current agreement expires on June 29, 2017. Funding is awarded to pay for an office visit for the purpose of having a clinical breast exam, pelvic exam, and Pap test, if needed, for eligible clients. The program pays for the Pap test and will pay for mammograms for women 50 years of age and older. Clients who need a diagnostic work-up based on an abnormal screening exam also are covered by the program. Women diagnosed with breast or cervical cancer as a result of a program-eligible screening or diagnostic service and who are legal citizens of the U.S. are processed into Medicaid for treatment. The program fiscal year is June 30 to June 29 of each year.

Eligibility: Women must be residents of Nevada, age 40 to 64, not have health insurance, and must meet the income requirements noted below. Women 65 years of age or older who are not eligible for Medicare are eligible for this program.

Household Size	Eligible Monthly Income*
1	$2,394
2	$3,231
3	$4,069
4	$4,906
5	$5,744
6	$6,581
7	$7,419
8	$8,256

Income is based on 250 percent of the Federal Poverty Level with rates adjusted on July 1 of each year.

*Effective June 30th, 2013

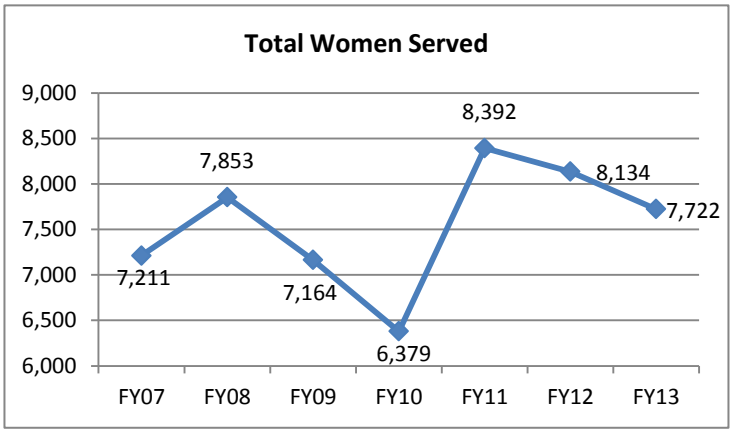
Note: For each additional person, add $4,020

Workload History:

Fiscal Year	Avg. Screening Cases/Month	Total Expenditures	Total New Enrollees
FY11	731	$2,527,397	3,612
FY12	677	$2,369,552	4,337
FY13	644	$2,356,635	3,930
FY14 YTD	441	$2,216,255	1,322

FY14TD: Women Served

Jul 13	469
Aug	530
Sep	323
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
Total	**1,322**
Average	**441**



Comments: The program contracted to Access to Healthcare Network (AHN) in July 2011 for direct services. AHN has done an excellent job enrolling existing providers into their network to continue screening and diagnostic services for women in Nevada. 2014 Update 1Q: The program updated forms and manuals for providers. Mandatory provider training was conducted to ensure screening guidelines are followed. To better monitor the program screening capacity AHN implemented pre-assigned enrollment cards to each provider based on their screening history volume. The provider is only allowed to schedule screenings per their allotted amount. Updates to the programs data system modules occurred to better assist with case management and reimbursement.

Website: http://health.nv.gov/CD_WHC_BreastCervical_Cancer.htm

6.08 Public Health and Clinical Services

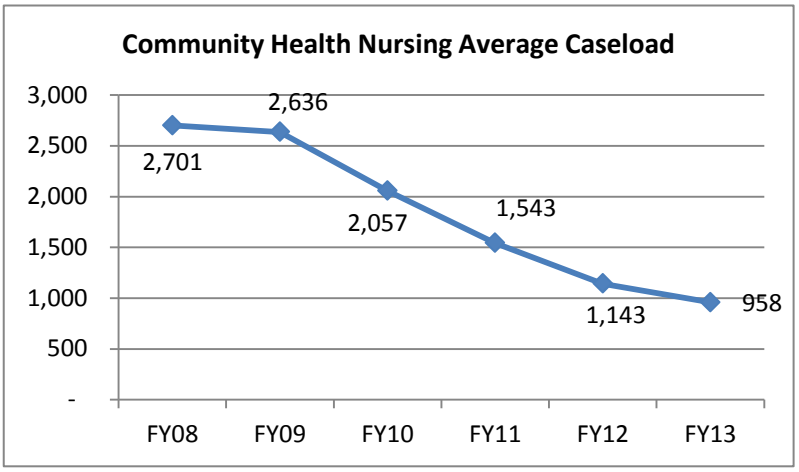
Program: Community Health is the combination of Community Health Nursing and Environmental Health Services. These programs promote optimal wellness in frontier and rural Nevada through the delivery of public health nursing, preventive health care, food safety inspections, early detection of threats to public health, response to natural and human caused disasters, and education statewide. Essential public health services such as adult and child immunizations, well child examinations, chronic disease education, lead testing, Family Planning/Cancer Screening, identification/treatment of communicable diseases such as Tuberculosis (TB), Sexually Transmitted Diseases (STD) and Human Immunodeficiency Virus (HIV) are offered. Two Community Health Nurses (CHN) function as the school nurse in the rural districts without school nurses. Other nursing services are provided based on the needs of the county served.

Eligibility: All individuals may access the CHN clinics. The targeted populations are: the working poor, under- and uninsured, and indigent populations of the fourteen frontier and rural counties in Nevada. PHCS CHN services are based on the federal poverty guidelines using a Sliding Scale Fee structure. Services are not denied due to inability to pay.

Other: Environmental Health Services (EHS) involves those aspects of public health concerned with the factors, circumstances, and conditions in the environment or surroundings of humans that can exert an influence on health and well-being. The majority of workload is associated with food establishments.

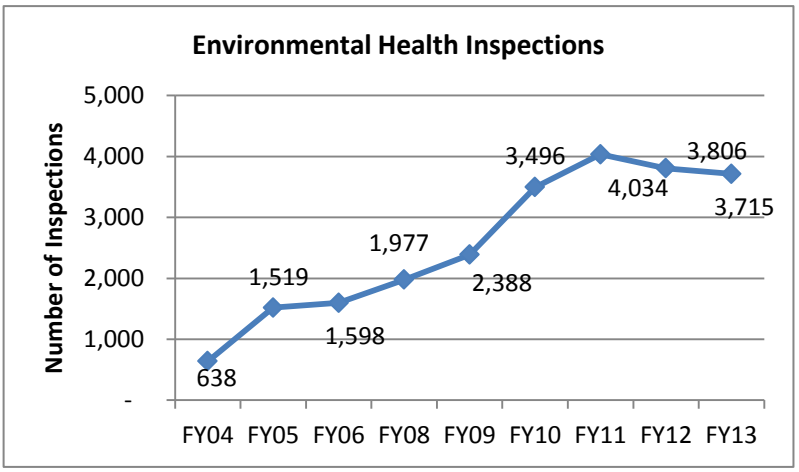
Community Health Nursing

FYTD	Caseload
Jul 13	1,023
Aug	1,263
Sep	941
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**3,227**
FY14 Average	**1,076**



Consumer Health Protection

FYTD	Caseload
Jul 13	322
Aug	294
Sep	287
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**903**
FY14 Average	**301**



Comments: Community Health Nurse caseloads are generally decreasing due to clinics dispensing method controls for 9 month time frames instead of monthly. CHN numbers represent clients served. Health inspections decreased due to the retirement of two senior environmentalists. The positions have recently been filled so FY14 inspection numbers should return to those achieved in FY11.

6.09 Sexually Transmitted Disease Program

Program: The Sexually Transmitted Disease Prevention and Control Program's major function is to reduce the incidence and prevalence of sexually transmitted diseases in Nevada. The program emphasizes the importance of both education and screening of people who engage in high-risk activities by a comprehensive program of: 1) case identification and locating, 2) testing and treatment, and 3) education. The program's functions are achieved by working through public and private medical providers, local health authorities, and state and local disease intervention specialists.

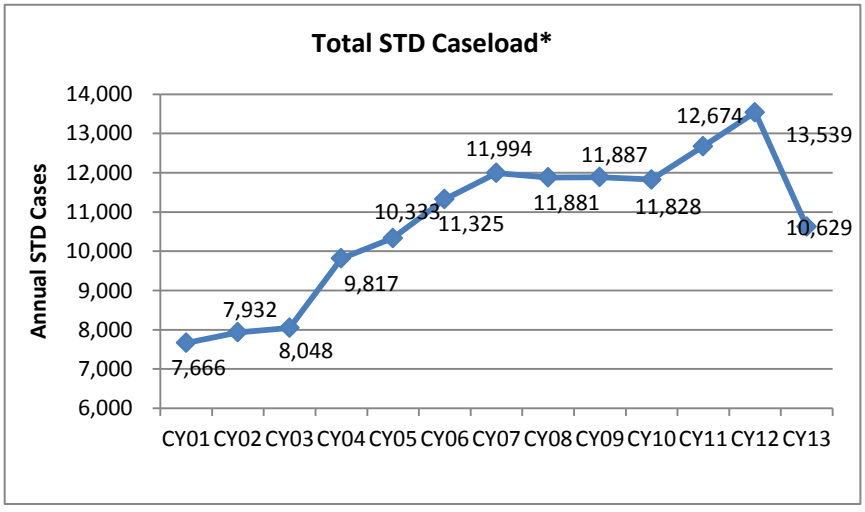
Trends: FY CY 2013-Quarter 3 (January 2013 through September 2013), there were 8,608 reported chlamydia cases, 1,889 reported gonorrhea cases, and 132 reported primary and secondary (P & S) syphilis cases in Nevada, for a total of 10,629 STD cases reported in CY 2013. If reported STD cases remain stable for the remainder of CY 2013, the total number of reported cases is projected to increase slightly for all 3 diseases. Historically, the number of chlamydia and gonorrhea cases reported in Nevada increase minimally from year-to-year, and the number of reported P & S syphilis cases fluctuates from year-to-year.

For CY 2012, data show minor changes in the number of reportable STDs (chlamydia, gonorrhea, and P & S syphilis) when compared to CY 2011. From CY 2011 to CY 2012, there were increases in both chlamydia and gonorrhea cases and a decrease P & S syphilis cases. From January 2012 to December of 2012, there were 2,268 reported gonorrhea cases, 11,158 reported chlamydia cases, and 113 reported P & S syphilis cases. In 2012, there were 11,137 chlamydia cases reported, up 6% from 2011. There were 2,268 gonorrhea cases reported in 2012, which represents a 13% increase from 2011. The cases of P&S syphilis decreased by 17% from 2011 (n=136) to 2012 (n=113).

The overall number of reported chlamydia cases in Nevada increased from 10,061 in 2009 to 11,158 in 2012, an 11 percent increase during this five year period. The rate of chlamydia in 2012 in Nevada was 407.1 cases per 100,000 population based on 2012 population projections from the Nevada State Demographer-vintage 2011 data. Nevada fell below the national chlamydia rate of 457.6 cases per 100,000 population, as reported by the 2011 CDC STD Surveillance Report.

The total number of reported cases of gonorrhea in Nevada has increased overall from 1,727 in 2009 to 2,268 in 2012, a 31 percent increase during this five year reporting period. The gonorrhea rate in Nevada in 2012 was 82.7 cases per 100,000 persons based on 2012 population projections from the Nevada State Demographer-vintage 2011 data. Nevada fell below the national gonorrhea rate of 104.2 cases per 100,000 population, as reported by the 2011 CDC STD Surveillance Report.

The Syphilis outbreak in Nevada began in 2004 and by 2005, 109 cases of P&S Syphilis cases had been reported. The number of cases reported peaked in 2006, when 137 cases were reported in Nevada and 132 of those cases were residing in Clark County. From 2008 to 2011, the number of cases increased, with 136 identified P&S cases in 2011. Nevada had a rate per 100,000 for P&S syphilis of 4.99 in 2011. The total number of reported cases of P&S Syphlis cases in Nevada has increased overall from 91 in 2009 to 113 in 2012, a 24 percent increase for the five year reporting period. The P&S Syphilis rate in Nevada in 2012 was 4.1 cases per 100,000 population based on 2012 population projections from the Nevada State Demographer-vintage 2011 data. Nevada fell below the national P&S Syphilis rate of 4.5 cases per 100,000 population, as reported by the 2011 CDC STD Surveillance Report.



*Includes Chlamydia, Gonorrhea, and Primary and Secondary Syphilis.

6.10 Ryan White AIDS Drug Assistance Program

Program: The Ryan White Part B program is a federally funded grant that offers many services for HIV and AIDS residents of Nevada who meet the eligibility criteria. The AIDS Drug Assistance Program (ADAP) is the Ryan White CARE Program that combines federal and state funds to supply formulary medications to clients through contracted ADAP pharmacies. Medicare Part D and Health Insurance Continuation Program assistance is also available. Eligibility intake is offered in the north and south at the ACCESS to Healthcare offices.

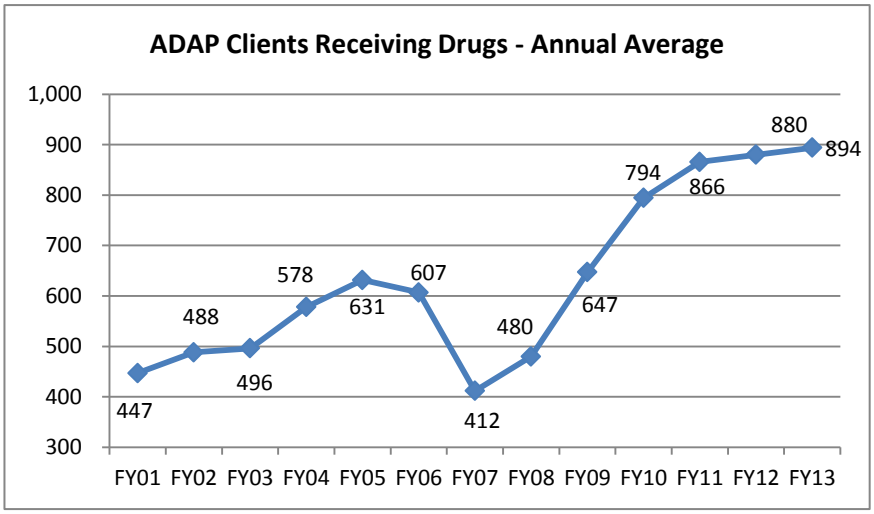
Eligibility: Client income must not exceed 400 percent of federal poverty level guidelines - approximately $45,960 for a single person. A client may own a single-family home and a car. Additional assets of the client may not exceed $10,000. Lab tests for T-cell and viral load must be done every six months. Ryan White eligibility recertification is mandated every six months. Necessary documents must be provided at each recertification.

Workload History:

State Fiscal Year	Avg. Cases/Month	Total Expenditures
FY08	480	$6,946,589
FY09	647	$7,565,496
FY10	794	$8,509,961
FY11	866	$8,100,917
FY12	880	$8,417,531
FY13	894	$9,226,357

FYTD:

Jul 13	937
Aug	896
Sep	850
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**2,683**
FY14 Average	**894**



Comments: The Medicare Part-D program went into effect on January 1, 2006. Clients were not required to complete their enrollment until May 15, 2006. The Ryan White ADAP program did not see the full effect of the decrease in client caseload until June 1, 2006. The chart above reflects the significant drop in the client case load between SFY06 & SFY07. The FY 08 Tot Expend includes State and Federal ADAP Drug costs, HICP expenditures as well as ADAP monitoring expenses. Starting at the beginning of 2007 the program was seeing the same trend in new clients as it did from 2003 - 2005. This case load has averaged about 14 percent year to year increase since 2008. The current average cost per client is $13,004/yr. for ADAP only clients ($1 mil/77 clients). Stats for 2009 and beyond reflect ADAP, COB & SPAP clients accessing medication per month. Prior to this SPAP & COB enrollment was not part of this report.

We have seen a large increase in the number of clients enrolled in the R/W Part-B program since Jan 2013. Part of this growth has come from the takeover of the Part-A insurance clients from Southern Nevada. R/W Part-A has taken over some programs that were funded by Part-B. These costs are estimated to be approximately $500,000 - $600,000 annually.

Website: http://health.nv.gov/HIVCarePrevention.htm

6.11 HIV Prevention Program

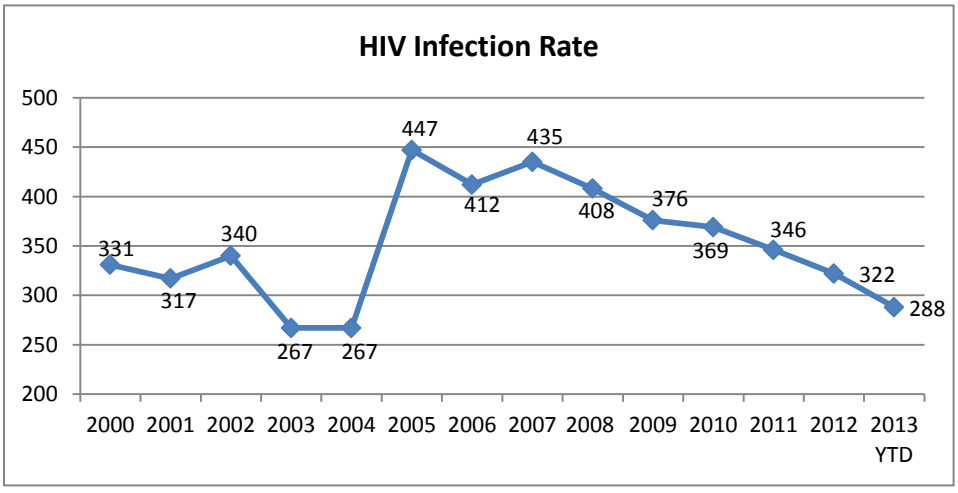
Program: The Human Immunodeficiency Virus (HIV) Prevention Program facilitates a process of community-based HIV prevention planning. At present, the Health Division funds Southern Nevada Health District (SNHD) and Washoe County Health District, who act as fiscal agents and provide funding to local community-based organizations through the Request For Proposal process. This program also funds Carson City Health and Human Services (CCHHS) to do HIV testing in the Carson City jurisdiction, and provides HIV test kits to the Community Health Nursing Program to support HIV testing in the rural areas of the state. The Health Division also provides funding for HIV testing, social marketing campaigns, information and condom distribution, partner counseling and referral services, program evaluation and data collection.

Eligibility: There are no eligibility requirements. It is our mandate to reduce HIV infections in Nevada, and this is accomplished by providing services to everyone. Some community based programs do require that participants meet criteria as outlined in the curriculum, i.e. target population or risk factors.

Other: Please note that the HIV Prevention Program is funded on a calendar year basis and therefore, data and expenditures for this report are reported on the calendar year, not fiscal year. The HIV Prevention Program does not track applications for services; therefore there is no data available.

Workload History:

Calendar Year	Total Cases	Total Funding
2007	431	$2,823,112
2008	406	$2,713,662
2009	371	$2,713,662
2010	374	$2,713,662
2011	346	$2,713,662
2012	322	$2,426,284
2013 YTD	288	$2,294,816



6.12 HIV-AIDS Surveillance Program

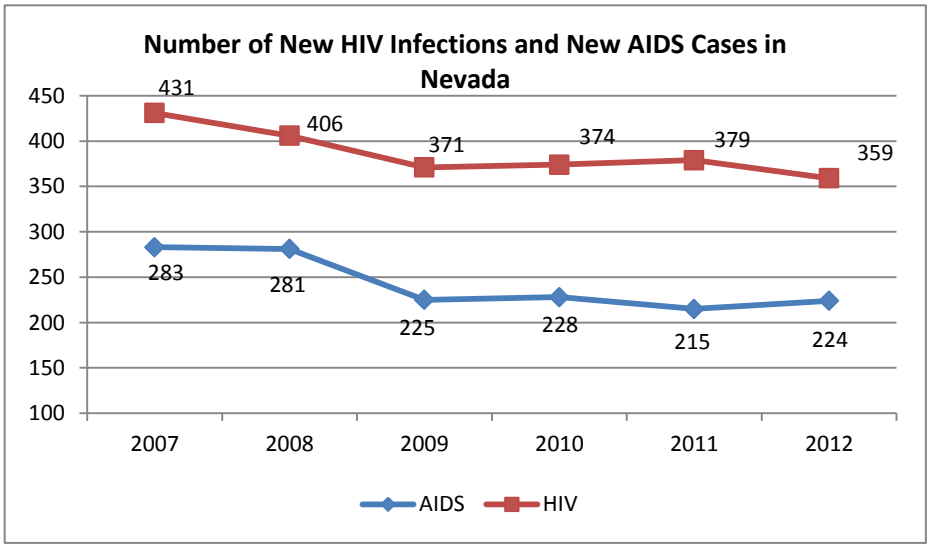
Program: The mission of the HIV-AIDS Surveillance Program is to work with the local health authorities and the medical community to prevent and control the transmission of Human Immunodeficiency Virus (HIV) and the development of an annual integrated HIV/AIDS epidemiological profile; the dissemination of HIV/AIDS data to HIV community planning groups and other agencies and the public to help target HIV prevention activities; and training and technical assistance to local health authorities and community-based organizations that assist in HIV/AIDS surveillance activities. The Program's functions are achieved through collaborative relationships with public and community-based organizations, local health authorities, clinical laboratories, community members, and other key stakeholders.

Eligibility: There are no eligibility requirements. The State HIV/AIDS Program tracks all new HIV/AIDS cases reported and persons living with HIV/AIDS including cases from other states and jurisdictions who move to Nevada. Incidence (new cases) and prevalence (old and new cases) are reported separately. Statutory authority – NRS 441A and NRS 439.

Other: Primary workload indicators for federal funding include the number of new HIV and AIDS cases reported annually and the number of persons living with HIV/AIDS in Nevada (prevalence data). Demographic information of HIV/AIDS cases (county, sex, race/ethnicity, age, exposure category) is reported to track disease trends and to provide information to community planning groups to better allocate local resources and to target HIV/AIDS prevention activities.

Workload History:

Calendar Year	Average HIV Monthly Caseload	Average AIDS Monthly Caseload
2011	29	18
2012	30	18
2013	29	19



Comment: Though it is difficult to accurately identify the reasons for a decrease in reported HIV/AIDS it is likely a result of: 1. Reporting delays (an increase in reported cases will likely occur as time progresses), 2. Intra-state deduplication of reported HIV/AIDS cases (in December 2008, Nevada moved to a new HIV/AIDS database - eHARS - which has allowed the state and local jurisdictions to immediately fix intra-state duplicate case reports), and 3. Inter-state deduplication (the CDC provides each state with potential duplicate case reports between states and each must fix that duplication, this may result in decreased cases in Nevada).

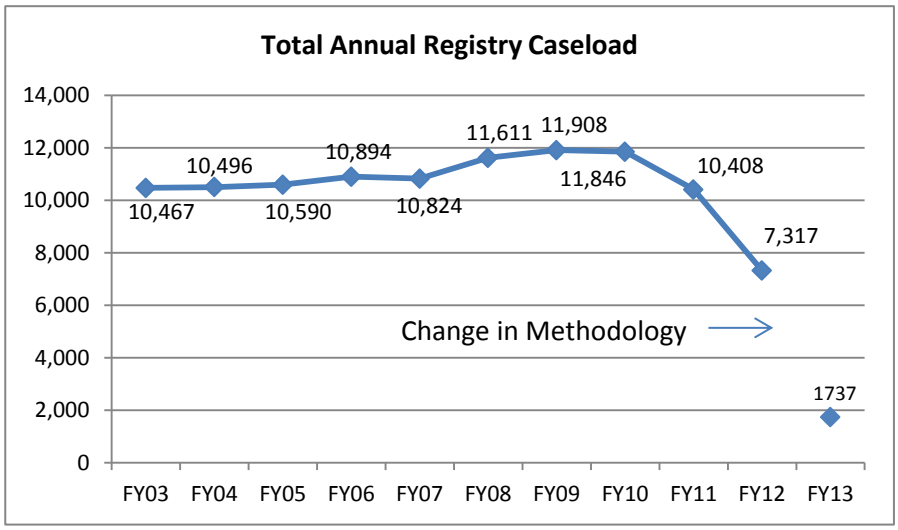
Website: http://health.nv.gov/HIV_AIDS_SurveillancePgm.htm

6.13 Nevada Central Cancer Registry

Program: The primary purpose of the Statewide Cancer Registry is to collect and maintain a record of reportable cases of cancer occurring in the state. The data is used to evaluate the appropriateness of measures for the prevention and control of cancer and to conduct comprehensive epidemiological surveys of cancer and cancer related deaths. Statutory Authority: NRS 457.

Eligibility: This is a population-based Registry collecting data for all cancer cases diagnosed in Nevada.

Other: The figures in this report reflect actual cancer incidence data submitted annually to the Centers for Disease Control and Prevention/National Program of Cancer Registries. Cases collected and reported include all in-situ and invasive cancer, with the exception of in-situ cervix, noninvasive basal cell and squamous cell carcinomas of the skin.



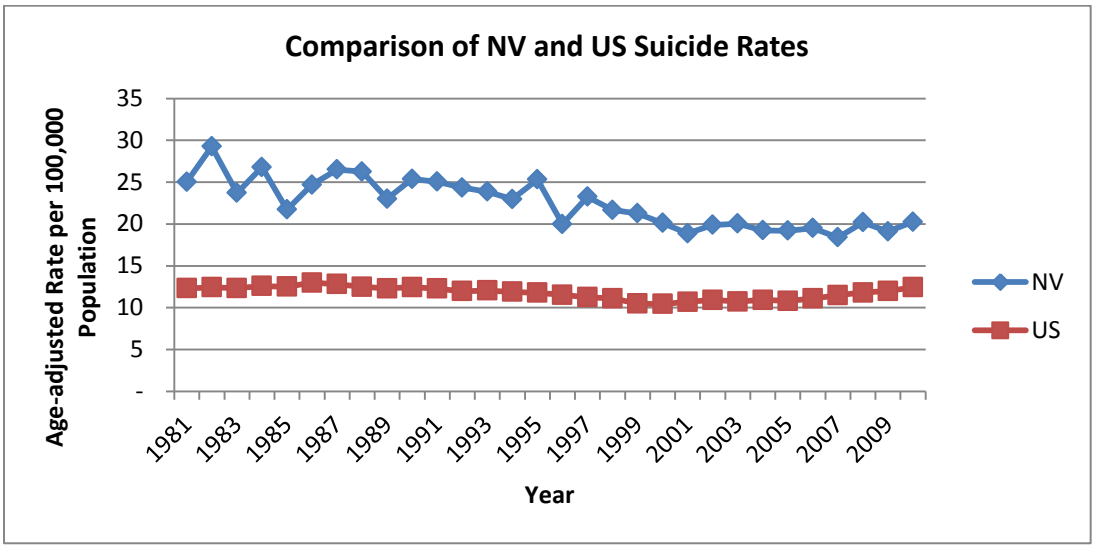
Comments: Comments: With the April 2013 report the NCCR changed its methodology to better and more accurately report data. Previous Month FYTD is no longer reported because it was based solely on hospital billings and not actual case reporting, which typically occurs two years after diagnosis. These changes match the criteria now used by both the CDC's National Program of Cancer Registry (NPCR) and North American Association of Central Cancer Registry (NAACCR). The NCCR is also in the process of transitioning to a new registry database and while new cases are being entered, priority is given to current data being cleaned up and readied for the transition which is expected to occur after the annual Call for Data submission, which is in Nov 2013. The NCCR met and exceeded all of the NPCR and NAACCR standards by achieving and maintaining a minimum of 95 percent complete case ascertainment annually through FY 12 (with the exception of FY 09). The NCCR has received NAACCR's Gold Standard certification for 9 of the past 11 consecutive reporting years and based on the quality and completeness of data, the NCCR data is included in the U.S. Cancer Statistics (USCS) and Cancer in North America (CINA).

Website: http://health.nv.gov/VS_NVCancerRegistry.htm

6.14 Office of Suicide Prevention

Program

The Office of Suicide Prevention is the clearinghouse for suicide and suicide prevention information for State of Nevada. The Suicide Prevention Coordinator and the Training and Programs Assistant, located in Reno, and the Suicide Prevention Trainer and Networking Facilitator, located in Las Vegas, are responsible for the development, implementation and evaluation of the Nevada Suicide Prevention Plan (NSSP updated FY 2013). The NSSP is a comprehensive plan that encompasses the lifespan. A major initiative will follow up on the Veterans' Suicide Mortality Report and collaboration with the Veterans Services Green Zone Initiative to prevent suicide among service members, veterans and their families. Collaboration for suicide prevention is occurring in all regions of the state with strong partnership from local coalitions, school districts and the Nevada Coalition for Suicide Prevention. Some of our most successful initiatives with our partners have been with behavioral health screening in Washoe, Lyon and Douglas counties, text messaging crisis intervention, and Applied Suicide Intervention Skills trainings. OSP is working toward the establishment of a Suicide Fatality Review process. "Suicide Trends and Prevention in Nevada" http://cdclv.unlv.edu/healthnv_2012/suicide.pdf was released October, 2011 as a chapter in The Social Health of Nevada: Leading Indicators and Quality of Life in the Silver State, edited by Dmitri N. Shalin: UNLV: CDC Publications, 2012.



Comments/Facts about Suicide:

- Nevada has the 4th highest crude suicide rate in the nation at 20.26/100,000 in 2010. Wyoming had the highest rate and New York lowest.**
- Nevada's rate increased in 2010 as did the national rate to 12.43/100,000.*
- Suicide is the 7th leading cause of death for Nevadans and 10th leading cause of death for the US.**
- Suicide is the 3rd leading cause of death for our youth age 15-24.**
- Males make up 79 percent of suicide deaths, 72 percent in Nevada*
- Nevada has the highest suicide rate for seniors over 65 in the nation, more than double the national average rate for the same age group.*
- More Nevadans die by suicide than by homicide, HIV/AIDS or automobile accidents.*/**
- Native American youth have a high rate of suicide.*
- 73 percent of Nevada's firearm fatalities are suicides. Firearms are used in 53 percent of Nevada suicides.*
- Average medical cost per suicide completion in Nevada: $3,577.***
- Average work-loss cost per case: $1,140,793.***

*Source: Center for Disease Control, Web-based Injury Statistics Query and Reporting System
**Source: American Association for Suicide Prevention, U.S.A. Suicide Official Fact Sheet, 10/2012. www.suicidology.org
***Source: Suicide Prevention Resource Center, State of Nevada Fact Sheet Online, 2006. Methodology for costs at www.sprc.org, State Fact Sheets

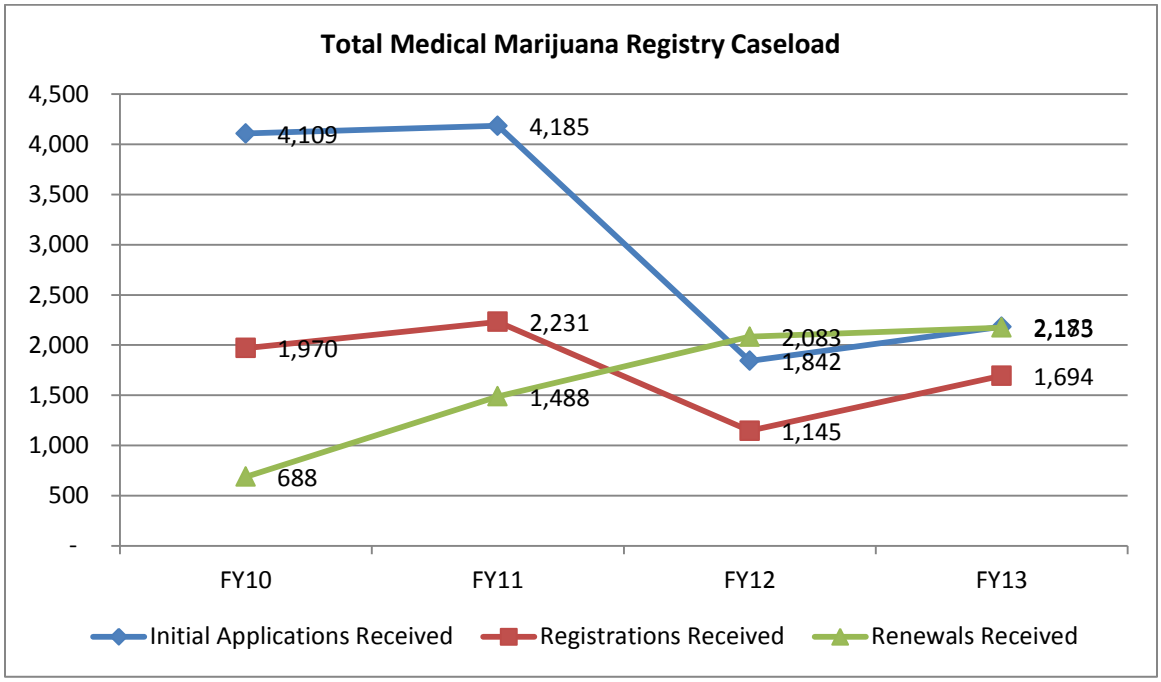
Website: http://dhhs.nv.gov/SuicidePrevention.htm

6.15 Medical Marijuana Registry

Program: The Nevada Marijuana Health Registry is a state registry program within the Nevada Department of Health and Human Services, Division of Public and Behavioral Health. The role of the program is to administer the provisions of the Medical Use of Marijuana law as approved by the Nevada Legislature and adopted in 2001.

Authority: Individuals can apply for the registry and, if found eligible, are approved for issue of an identification card to show approval, within limitations, for the cultivation and use of the Cannabis plant for personal use. Eligibility is determined through physician certification of a qualifying medical condition, acceptable criminal background check, and Nevada residency. (NRS 453A)

Year	Initial Applications Received	Registrations Received	Renewals Received
FY10	4,109	1,970	688
FY11	4,185	2,231	1,488
FY12	1,842	1,145	2,083
FY13	2,183	1,694	2,175
FY14 YTD	907	707	535



Note: The reported data starts in FY10 as no reliable data for FY09 was available.

Definitions:

Initial applications: Patient submits a request for an application with the required $50.00 fee.

Registrations: Patient submits completed application including attending physician statement and $150.00 application fee.

Renewals: Patients that are registered are required to renew their enrollment each year and pay a $150.00 renewal fee.

Website: http://health.nv.gov/medicalmarijuana.htm

6.16 Substance Abuse Prevention and Treatment Agency (SAPTA)

Program: The Substance Abuse Prevention and Treatment Agency (SAPTA) provides funding via a competitive process to non-profit and governmental organizations throughout Nevada. It does not provide direct substance abuse prevention or treatment services. The Agency plans and coordinates statewide substance abuse service delivery and provides technical assistance to programs and other state agencies to ensure that resources are used in a manner which best serves the citizens of Nevada.

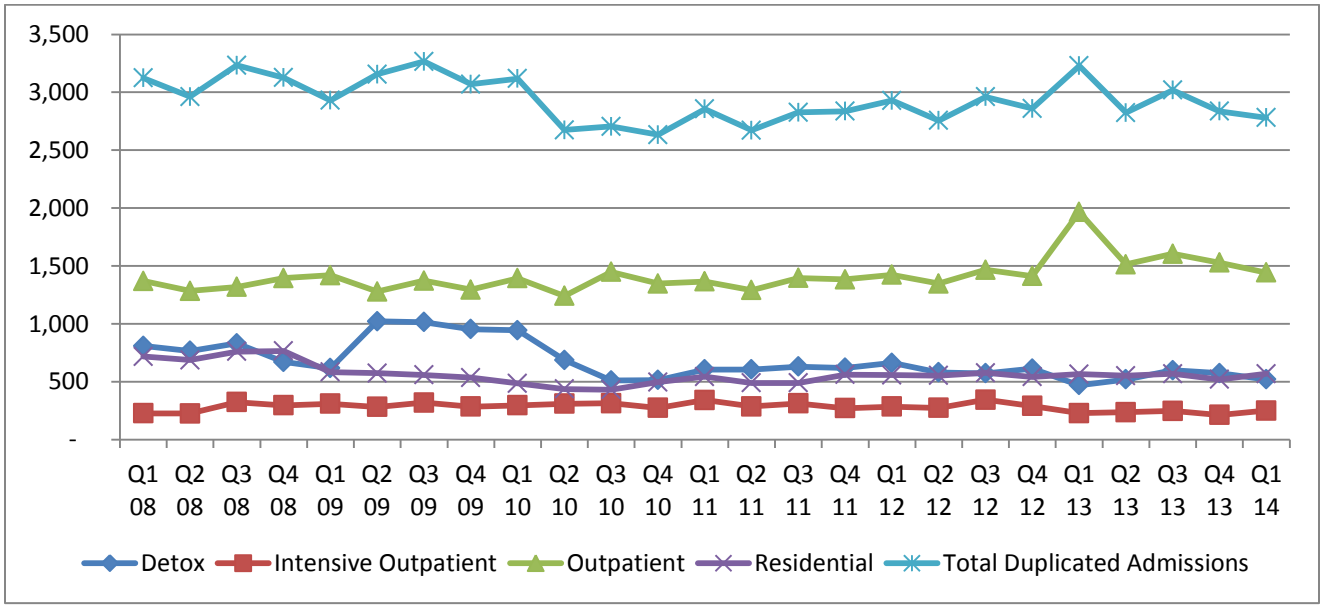
Eligibility: All funded programs must not discriminate based on ability to pay, race/ethnicity, gender or disability. Additionally, programs are required to provide services utilizing a sliding fee scale that must meet minimum standards.

Other: SAPTA is the designated Single State Agency for the purpose of applying for and expending the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) issued through the Substance Abuse and Mental Health Services Administration (SAMHSA).

Treatment History:

	FY08	FY09	FY10	FY11	FY12	FY13	FY14 Q1
Admissions	12,444	13,378	11,131	11,190	11,503	11,907	2,781
Total Expenditures	$15,860,000	$17,410,000	$16,222,000	$17,282,217	$16,948,678	$15,237,284	$4,830,626

The expenditures include payments to providers for the following services: Treatment (adult and adolescent), HIV, TB, Women's Set-Aside, Co-occurring, and Liquor Tax.



Comments: Detoxification admissions peaked in SFY 2009 due primarily to a service provider who reported triage services and detoxification services interchangeably. Technical assistance was afforded to the provider after the problem was identified. As a result, detoxification admission and total admission numbers appear to have declined significantly, despite efforts to clean the data. Outpatient admissions peaked in Q1 SFY 2013 due to Nevada Treatment Center closing and discharging clients into Adelson Clinic. New business practices involving co - occurring disorders created more discharges and readmissions from state fiscal year 2012 to integrate co-occuring service level rates into the new reimbursement model.

Website: http://mhds.nv.gov/index.php?option=com_contentandview=articleandid=61andItemid=73

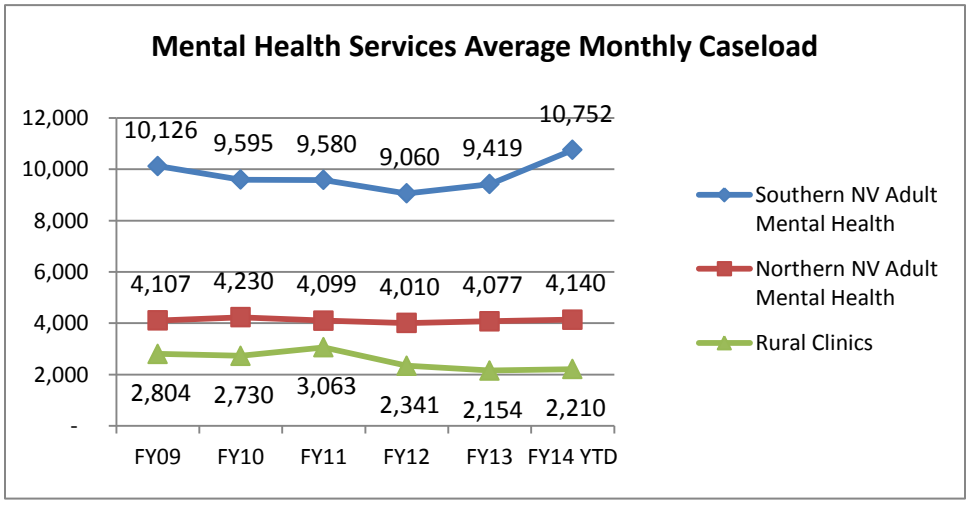
6.17 Mental Health Services

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:

Month	Southern NV Adult Mental Health	Northern NV Adult Mental Health	Rural Clinics	Total
Jul 13	10,453	4,155	2,194	16,802
Aug	10,846	4,099	2,189	17,134
Sep	10,957	4,165	2,246	17,368
Oct				
Nov				
Dec				
Jan 13				
Feb				
Mar				
Apr				
May				
Jun				
FY14 Total	**32,256**	**12,419**	**6,629**	**51,304**
FY14 Average	**10,752**	**4,140**	**2,210**	**17,101**



Comments: Despite the reduction in resources, the number of people receiving services has been maintained by reorganizing some processes to increase efficiency. This report indicates the unduplicated count of individuals served by the agency. Some individuals receive multiple services; however they would be counted only once.

Website: http://mhds.nv.gov/index.php?option=com_contentandview=articleandid=2:mental-healthandcatid=9:mental-health

6.18 Lake's Crossing Center (LCC)

Program: Lake's Crossing Center (LCC) is the only forensic mental health facility serving clients in the state of Nevada. The program provides treatment for severe mental illness and other disabling conditions that interfere with a person's ability to proceed with their adjudication or return to the community after having been found not guilty by reason of insanity/incompetent without probability of attaining competence. The program provides a broad spectrum of treatment interventions.

Eligibility: Clients are admitted to the inpatient program primarily by court order after a pre-commitment examiner has found them incompetent to stand trial and recommended treatment to competency. Clients may be charged with any crime from a misdemeanor to class A felony, but generally only violent offenders or those who cannot be treated outpatient are ordered to the program. The program also treats clients who are acquitted Not Guilty by Reason of Insanity (NGRI) or serious offenders whose charges have been dropped because they are incompetent. Occasionally a client without charges is administratively transferred to this program because they cannot be treated elsewhere.

Other: Clients may only be discharged from the program by court order or, in the case of administratively transferred clients, the Administrator of the Division of Mental Health. LCC completes a significant amount of outpatient evaluations each year in addition to its inpatient treatment and evaluation commitments. There are also an increasing number of clients ordered for outpatient treatment to competency from Washoe County.

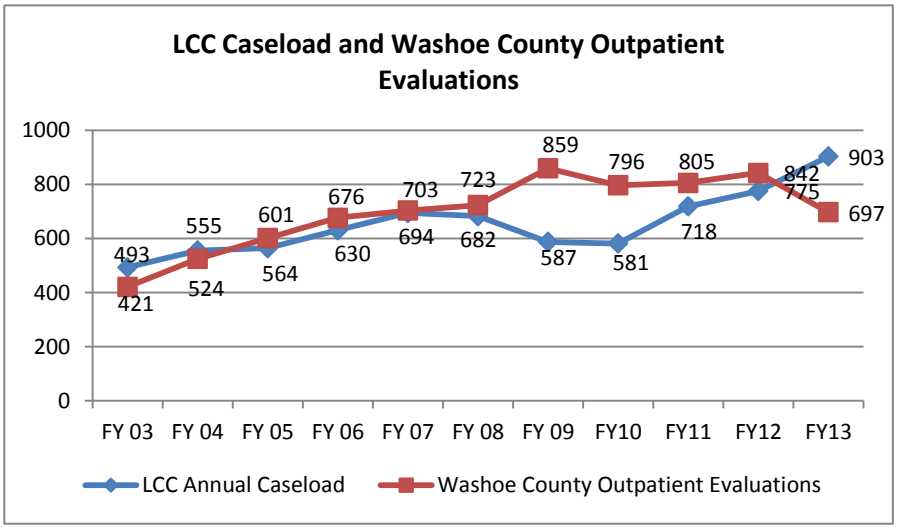
Workload History:

Fiscal Year	Annual Caseload	Outpatient Evaluations
FY11	718	805
FY12	775	842
FY13	903	697

Note: Annual caseload count is cumulative.

FYTD:

Month	Caseload
July 13	79
Aug	78
Sept	83
Oct	
Nov	
Dec	
Jan 14	
Feb	
Mar	
Apr	
May	
Jun	
FY14 Total	**240**
FY14 Average	**80**



Comments: While Lake's Crossing has experienced a decline in the number defined here as "caseload," they have in fact had a significant increase in individuals served. In FY08 the total number of individuals sent to LCC was 144, in FY09 this was up to 214, or a 49 percent increase. The decline in the caseload number is primarily related to LCC reducing the average length of time individuals remain in the facility. In FY05 the average length of stay was about 140, in FY09 that had been reduced to 86 days, a 39 percent decline. IN FY10, Lake's Crossing served received 202 people on commitments, and the average length of stay was reduced to 76 days. The number of outpatient evaluations is impacted by an interlocal agreement with Washoe County. This number had been exceeded in the past creating budget difficulties for the County. LCC worked with Washoe County during FY 10 to keep the number within the budget, 712 evaluations were completed for Washoe County. This agreement continues in FY 11 at a flat rate of 747 available evaluations. LCC also completed approximately 55 evaluations for rural counties in FY10.

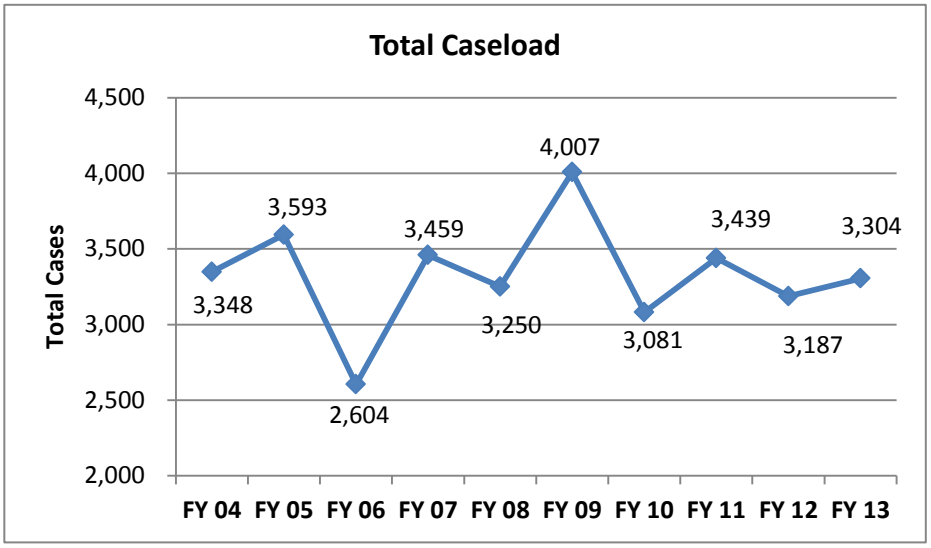
7.01 Public Defender

Program: Representation of indigent adults and juveniles charged with a criminal offense or delinquent acts in a participating county and AG prosecuted criminal matters in those counties. The office also represents parents whose children have been removed from the home by DCFS.

Eligibility: The court determines eligibility considering income, expenses, personal property, and outstanding debt. The potential client must be at risk of receiving a sentence of confinement. If the defendant does not have the liquid assets to retain private counsel for the specific type of case, the court will consider appointing the public defender. The defendant may be required to reimburse the county for the services of the public defender.

Workload History:

Fiscal Year	Cases
FY07	3,459
FY08	3,259
FY09	4,007
FY10	3,081
FY11	3,439
FY12	3,187
FY13	3,304



Caseload Fiscal Year 13:

Carson City	2,592
Eureka	38
Storey	106
White Pine	498
State	70
Appellate	N/A
Total FY 12	**3,304**

Comments: The trend in FY11 shows an increase in arrests and prosecutions in the 5 rural counties serviced by the State Public Defender. FY12 does not include Lincoln County, which withdrew from the State Public Defender system. Also, beginning in FY12 cases are counted as directed by the Supreme Court. This will result in a lower number of cases. However, that has not materialized in 2013.

Website: http://dhhs.nv.gov/PublicDefender.htm

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Nevada Department of Health and Human Services, Nevada Data & Key Comparisons

NOTE: The data in this document comes from many sources. For the sake of consistency, a uniform ordinal ranking system has been adopted, with 1 indicating the best ranking and 50 indicating the worst. Where relevant, the final column of each table contains an icon to indicate how the ranking has changed from the previous year: improvement (▲), worsening (▼), or no change (=).

Population/Demographics

- Nevada's July 1, 2012 estimated **population** is 2,758,931. *(U.S. Census Population Estimates)*
  - By Gender: Males 50.4 percent, Females 49.6 percent. *(U.S. Census, American Community Survey)*
  - By County: Clark 72 percent, Washoe 16 percent, Carson City 2 percent, and Balance-of-State 10 percent. *(Nevada State Demographer, Estimates by County)*

- **Population growth** - From 2011 to 2012 Nevada is the 6th fastest growing state. From 2010 to 2011 it was the 30th fastest growing state. It had been among the top four fastest growing states for each year from 1984-2007. *(U.S. Census)*

- **Age distribution** - Nevada's population distribution varies slightly compared to the U.S. average. *(U.S. Census)*

Population by Age	Under 5 years	5 to 17 years	18 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over
Nevada	7%	18%	9%	14%	14%	14%	12%	8%	5%
United States	6%	17%	10%	13%	13%	14%	12%	8%	6%

- Growth in **school enrollment** varies across Nevada's counties. The major mining counties are adding students while other rural and commuter counties are losing students. Charter school enrollment has high growth again for the last school year with a significant boost from virtual schooling and this explains some of the student loss in traditional school districts. *(Nevada Department of Education)*

Enrollment by School District	2009-10 School Year		2010-11 School Year		2011-12 School Year		2012-13 School Year		2013-14 School Year	
	# of students	% change	# of students	% change	# of students	% change	# of students	% change	# of students	% change
Carson City	7,834	-2%	7,791	-1%	7,888	1%	7,628	-3%	7,525	-1%
Churchill	4,206	-3%	4,169	-1%	4,048	-3%	3,740	-8%	3,675	-2%
Clark	313,558	1%	314,023	0%	306,300	-2%	311,238	2%	314,643	1%
Douglas	6,517	0%	6,342	-3%	6,292	-1%	6,124	-3%	6,121	0%
Elko	9,474	-2%	9,556	1%	9,744	2%	9,926	2%	9,945	0%
Esmeralda	69	1%	66	-4%	67	2%	67	0%	78	16%
Eureka	260	7%	239	-8%	255	7%	271	6%	246	-9%
Humboldt	3,406	2%	3,379	-1%	3,434	2%	3,501	2%	3,517	0%
Lander	1,140	-4%	1,118	-2%	1,111	-1%	1,094	-2%	1,121	2%
Lincoln	1,005	1%	972	-3%	994	2%	977	-2%	973	0%
Lyon	8,768	-2%	8,500	-3%	8,458	0%	8,076	-5%	8,104	0%
Mineral	571	-1%	517	-9%	550	6%	499	-9%	459	-8%
Nye	6,167	-3%	5,932	-4%	5,678	-4%	5,384	-5%	5,214	-3%
Pershing	719	1%	679	-6%	690	2%	708	3%	710	0%
Storey	447	3%	426	-5%	422	-1%	415	-2%	398	-4%
Washoe	64,844	2%	64,755	0%	66,721	3%	62,424	-6%	62,986	1%
White Pine	1,442	1%	1,425	-1%	1,474	3%	1,420	-4%	1,334	-6%
Charter Schools	6,017	-39%	7,555	26%	16,176	114%	22,245	38%	24,756	11%
Total	436,444	0%	437,444	0%	440,302	1%	445,737	1%	451,805	1%

Nevada Department of Health and Human Services, Nevada Data & Key Comparisons

- Nevada's **racial mix** differs from the U.S. average. *(U.S. Census)*

Population by Race	White, not Hispanic Origin	Hispanic or Latino	African American	Asian or Pacific Islander	Native American	Other/Mixed
Nevada	53%	27%	8%	8%	1%	3%
United States	63%	17%	12%	5%	1%	2%

- Nevada's **minority population** as a share of total population exceeds the U.S. average. *(U.S. Census, American Community Survey)*

Minority Population		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Nevada	%	37%	39%	40%	41%	42%	43%	44%	46%	47%	47%
United States	%	32%	33%	33%	34%	34%	34%	35%	36%	37%	37%

Economy

- In 2012, Nevada's **personal income per capita** was $38,221 ranking 37th among states (34th in 2011). The per capita income for the U.S. as a whole was $43,735. The U.S. average is 14 percent higher than Nevada (12 percent in 2011). From 2003 thru 2007 Nevada's **personal income per capita** exceeded the U.S. average due to our outsized housing boom. *(U.S. Bureau of Economic Analysis)*

- The Kaiser Family Foundation measures **state economic distress** by taking into account the number of foreclosures, the change in the unemployment rate, and the change in the number of people receiving food stamps. Nevada's current ranking in January 2013 is 29th. Nevada is now 2nd highest in foreclosure rate after leading the nation for many years. Nevada ranked 1st in the largest drop in unemployment rate among all 50 states. Even though Nevada ranked high in the **unemployment rate change**, Nevada still has the highest **unemployment rate level** in the country. Nevada ranked 28th in change in food stamp participation as this measure has leveled off in the state. *(Kaiser Family Foundation, State Health Facts)*

- In September 2013, Nevada's **foreclosure rate** was the worst of all states, with 1 of every 249 homes currently under foreclosure. Florida was 49th with 1 of every 406 homes in foreclosure. The U.S. average was 1 of every 998 homes. Nevada has consistently ranked near the bottom since the housing crisis began. *(RealtyTrac)*

- Nevada's 6 month average **unemployment rate** is the highest in the nation. *(U.S. Bureau of Labor Statistics)*

Unemployment Rate		Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	6 Month Average
Nevada	%	9.7%	9.6%	9.5%	9.6%	9.5%	9.5%	9.6%
	Rank	50	50	50	50	50	50	50
United States	%	7.6%	7.5%	7.6%	7.6%	7.4%	7.3%	7.5%

- Nevada's 2012 **average unemployment rate** decreased considerably from 2011, but remained significantly above the national rate. *(U.S. Bureau of Labor Statistics)*

Unemployment Rate		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	5.2%	4.4%	4.5%	4.3%	4.7%	6.7%	11.7%	14.0%	13.5%	11.1%	
	Rank	16	12	18	23	35	45	48	50	50	50	=
United States	%	6.0%	5.5%	5.1%	4.6%	4.6%	5.8%	9.3%	9.6%	8.9%	8.1%	

- Nevada's **Labor Force Participation Rate (LFPR)** has fallen since the recession began. The national LFPR has also fallen. *(U.S. Bureau of Labor Statistics)*

Labor Force Participation Rate		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	68.3	67.2	67.5	67.8	67.4	68.3	68.5	67.5	66.4	64.7	
	Rank	18	22	21	20	22	17	17	17	18	24	▼
United States	%	66.2	66.0	66.0	66.2	66.0	66.0	65.4	64.7	64.1	63.7	

Poverty

- The 2013 US Department of Health and Human Services **poverty guideline** for one person at 100 percent of poverty is $11,490 per year, and $23,550 for a family of four. *(Federal Register, 78 FR 5182, January 24, 2013)*

- The share of Nevada's total **population living in poverty** (below 100 percent) matches the average for the U.S. *(U.S. Census, American Community Survey)*

Total Poverty (100%)		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	11%	13%	11%	10%	11%	11%	12%	15%	16%	16%	
	Rank	27	29	16	10	14	15	20	27	28	32	▼
United States	%	13%	13%	13%	13%	13%	13%	15%	15%	16%	16%	

- The share of Nevada's **children living in poverty** (below 100 percent) is now worse than the national average. *(U.S. Census, American Community Survey)*

Under Age 18 in Poverty (100%)		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	15%	19%	15%	14%	15%	15%	15%	22%	22%	24%	
	Rank	23	30	18	14	17	15	19	32	29	34	▼
United States	%	18%	18%	19%	18%	18%	18%	19%	22%	22%	23%	

- The share of Nevada's **female-headed households** with children, no husband, living in poverty (below 100 percent) is below the national average. *(U.S. Census, American Community Survey)*

Female-Headed Households with Children Under 18, No Husband, in Poverty (100%)		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	27%	45%	32%	35%	34%	35%	44%	35%	32%	36%	
	Rank	4	28	2	7	7	7	14	11	7	14	▼
United States	%	36%	44%	44%	44%	44%	43%	46%	40%	41%	42%	

- The share of **older Nevadans in poverty** (below 100 percent) is lower than the average for the U.S. *(U.S. Census, American Community Survey)*

Age 65+ in Poverty (100%)		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	8%	6%	9%	7%	8%	8%	7%	8%	9%	8%	
	Rank	15	4	23	6	7	10	9	16	31	22	▲
United States	%	10%	9%	10%	10%	10%	10%	10%	9%	9%	10%	

- **Poverty and gender** - A higher percentage of older women are impoverished than older men. The ratios have changed substantially with the latest survey. *(U.S. Census, American Community Survey)*

Age 65+ in Poverty (100%)		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Nevada	Females %	9%	8%	10%	8%	9%	8%	9%	7%	11%	9%
	Males %	7%	5%	7%	6%	6%	7%	6%	6%	7%	7%
United States	Females %	12%	11%	12%	12%	12%	12%	12%	9%	11%	11%
	Males %	7%	7%	7%	7%	7%	7%	7%	6%	7%	7%

- The definition of a **working poor family** is one with:
  - One or more children,
  - At least one member working or actively seeking work, and
  - Having a family income of 200 percent of poverty or less.

- The percentage of Nevada's families that are **working poor families** with children rose significantly in 2011. *(Kids Count)*

Working Poor Families with Children		2002	2003	2004	2005	2006	2007	2008*	2009	2010	2011	
Nevada	%	20%	22%	20%	21%	18%	17%	20%	21%	21%	26%	
	Rank	31	36	26	33	24	17	23	32	26	45	▼
United States	%	18%	19%	19%	19%	18%	18%	20%	20%	21%	22%	

* There was a change in data collection methodology significant enough to constitute a break in the trend. Comparison to previous years' estimates may be misleading.

Children

- In 2012, Nevada had 664,422 **children under 18**, and 298,464 **families with related children less than 18 years**. *(U.S. Census, American Community Survey)*

- The share of Nevada's **population that is under age 18** has stayed steady in recent years. *(U.S. Census, American Community Survey)*

Population Under Age 18		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	26%	26%	25%	25%	26%	26%	26%	25%	24%	24%	
	Rank	14	12	13	13	10	10	7	16	16	16	=
United States	%	25%	25%	25%	25%	25%	25%	24%	24%	24%	24%	

- Nevada's share of children in families where **no parent has full-time, year-round employment** is higher than the national average. *(Kids Count)*

Children in families where no parent has full-time, year-round employment		2002	2003	2004	2005	2006	2007	2008*	2009	2010	2011	
Nevada	%	34%	30%	36%	31%	30%	32%	26%	34%	36%	34%	
	Rank	30	17	36	16	14	20	17	42	41	34	▲
United States	%	33%	33%	33%	34%	33%	33%	27%	31%	33%	32%	

* There was a change in data collection methodology significant enough to constitue a break in the trend.
We therefore do not recommend that you make comparisons to previous years' estimates.

- Nevada's share of **children in families that are low-income** (income less than 200 percent of the federal poverty level) has increased significantly since the Great Recession began. *(Kids Count)*

Children in Poverty (200%)		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	38%	45%	39%	38%	37%	39%	42%	46%	50%	51%	
	Rank	28	36	28	23	22	26	26	32	41	41	=
United States	%	39%	40%	40%	40%	39%	40%	42%	42%	45%	45%	

- Nevada's percent of children who live in **single parent families** exceeds the national average. *(Kids Count)*

Children in Single Parent Families		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	32%	31%	32%	34%	33%	33%	35%	36%	36%	39%	
	Rank	33	29	31	36	31	29	34	35	31	42	▼
United States	%	31%	31%	32%	32%	32%	32%	34%	34%	35%	35%	

- In 2012, 5.0 percent of Nevadans ages 5 to 17 had some **disability**, which is below the nationwide average of 5.3 percent. *(U.S. Census, American Community Survey)*

- The prevalence of different **types of disability** among Nevada's children is lower than the national average in some categories. *(U.S. Census, American Community Survey)*

Population Aged 5 to 17, by Type of Disability		Vision or Hearing	Ambulatory	Mental	Self-Care
Nevada	# per 1,000	15	5	37	10
	Rank	32	13	17	28
United States	# per 1,000	14	6	40	10

Child Welfare

- Fewer of Nevada's children suffer from **maltreatment** than the average across the U.S. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, American Community Survey)*

Total Child Maltreatment Victims		2006	2007	2008	2009	2010	2011	
Nevada	Total	5,345	5,417	4,877	4,708	4,947	5,355	
	Rank	18 of 49	17 of 49	16	15	18	21 of 49	▼
	# Per 1,000	8.3	8.1	7.2	6.9	7.4	8.1	
United States	# Per 1,000	11.3	10.3	10.1	10.0	10.0	9.1	

- **Child maltreatment fatalities** in Nevada has bounced up and down recently. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Child Maltreatment Fatalities		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	# per 100,000	0.5	0.5	0.3	2.8	2.2	3.2	2.6	4.3	2.2	2.9	
	Rank	7	4	4	42	34	39	35	47	33	41	▼
States Reporting		50	48	48	50	48	49	49	47	50	49	
United States	# per 100,000	2.0	2.0	2.0	2.0	2.0	2.3	2.3	2.3	2.1	2.1	

- **Response Time in Hours** (the time between the receipt of a call alleging maltreatment and face-to-face contact with victim, or with another person who can provide information on the allegation). Nevada has consistently been much lower than the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Response Time in Hours		2006	2007	2008	2009	2010	2011	
Nevada	Hours	42	33	26	15	13	13	
	Rank	9	7	7	4	4	2	▲
States Reporting		34	30	35	38	36	33	
United States	Hours	84	80	79	69	78	71	

- Of the children who received post-investigation services, the **average number of days to initiation of services** has improved for Nevada and is close to the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Average Number of Days to Initiation of Services		2005	2006	2007	2008	2009	2010	2011	
Nevada	Days	58	61	63	60	57	46	46	
	Rank	25	32	34	32	33	28	20	▲
States Reporting		38	41	40	42	43	44	38	
United States	Days	46	43	40	41	40	41	48	

- The **median** length of stay for children in **foster care** in Nevada has improved in the last two years. However, relative to the national average, Nevada's historical rank has slipped. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Foster Care Length of Stay in Months		2006	2007	2008	2009	2010	2011	
Nevada	Number	4,612	5,008	5,021	4,794	4,820	4,654	
	Months	12.9	13.3	14.8	15.8	14.8	13.9	
	Rank	20	19	24	34	30	31	▼
United States	Months	15.5	15.5	15.8	15.4	14.0	13.5	

- **Adoption** - In 2011 in Nevada, 821 children were adopted through public welfare agencies. 1,968 awaited adoption on September 30th. The ratio of adoptions to children waiting for adoptions improved significantly in 2011 over previous years for Nevada. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Agency Adoptions		FFY 2003	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	2011	
Nevada	# Adoptions	298	287	380	446	459	470	525	644	821	
	# Waiting	1,309	1,573	1,701	1,786	1,936	2,200	2,098	2,093	1,968	
	Ratio	23%	18%	22%	25%	24%	21%	25%	31%	42%	
	Rank	46	50	49	46	49	50	50	48	38	▲
United States	Ratio	38%	39%	40%	38%	40%	44%	50%	50%	49%	

- Of all children discharged from foster care to a finalized adoption during the year, the **median length of stay** in care (in months) from the date of latest removal from the home to the date of discharge to adoption is five months longer for Nevada children than the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Average Number of Months Until Adoption		2006	2007	2008	2009	2010	2011	
Nevada	Months	34	34	37	36	36	35	
	Rank	39	39	46	46	44	46	▼
United States	Months	31	31	31	30	31	30	

Seniors

- Nevada's share of **population aged 65+** is smaller than the national average. *(U.S. Census, American Community Survey)*

Population Age 65+		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	11%	11%	11%	11%	11%	11%	12%	12%	12%	13%	
	Rank	40	43	40	44	44	44	44	44	44	40	▲
United States	%	12%	12%	12%	12%	12%	12%	13%	13%	13%	14%	

- Percent of people 65 years and over **below poverty level** in the past 12 months in Nevada is now less than the average for the 50 U.S. states. *(U.S. Census, American Community Survey)*

Age 65+ in Poverty		2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	9%	7%	7%	9%	8%	8%	9%	9%	
	Rank	23	6	6	21	9	16	18	22	▼
United States	%	10%	10%	9%	10%	9%	9%	9%	10%	

- In 2012, approximately 36 percent of Nevadans aged 65+ have some **disability**, the same as nationwide. *(U.S. Census, American Community Survey)*
  - The prevalence of different **types of disability** among Nevada's seniors is above the national average for 4 of the 5 primary disabilities. *(U.S. Census, American Community Survey)*

Population Age 65+, by Type of Disability		Vision or Hearing	Ambulatory	Mental	Self-Care	Go-Outside-Home
Nevada	# per 1,000	212	231	93	87	158
	Rank	20	34	17	15	18
United States	# per 1,000	211	233	78	69	139

- The **nursing facility residency rate** for elderly Nevadans is significantly lower than the national average. *(Centers for Disease Control and Prevention, National Center for Health Statistics)*

Nursing Facility Residents		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	Residents	4,182	4,308	4,294	4,399	4,664	4,724	4,724	4,699	4,735	4,717	
	Residents per 1,000 population aged 85+	204	195	179	171	168	158	146	145	160	133	
	Rank	5	6	5	5	6	6	6	6	6	5	▲
United States	Residents per 1,000 population aged 85+	318	308	297	282	271	259	251	249	251	244	

Disability

- In 2012, Nevada's non-institutionalized population was **disabled** at a very similar rate to U.S. average**.** *(U.S. Census, American Community Survey)*

Disabled Population by Age		5 to 17 years	18 to 34 years	35 to 64 years	65 years & over
Nevada	%	5%	4%	13%	36%
	Rank	21	23	27	29
United States	%	5%	4%	13%	37%

- The number of **disabled per 1,000 population** is increasing and is now equal in Nevada and the U.S. *(U.S. Census, American Community Survey)*

Disabled Population		2008	2009	2010	2011	2012	
Nevada	# per 1,000	100	101	106	113	122	
	Rank	5	8	11	16	27	▼
United States	# per 1,000	121	120	119	121	122	

- Nevada's **spending on developmental services** in 2011 fell below the national average. *(State of the States in Developmental Disabilities, 2011)*

Developmental Services Spending per $1,000 of Personal Income	Community/Family Services	Institutional Services	Total
Nevada	$1.45	$0.13	$1.59
United States	$3.81	$0.66	$4.47

- For 2011, **family support spending per participant** in Nevada was $2,634. The national average was $8,611. *(State of the States in Developmental Disabilities, 2011)*

- Nevada's **percent of disabled that are working** consistently remains higher than the national average. However, the total disabled working population has dropped significantly since the recession. (*U.S. Census, American Community Survey*)

Employed Disabled		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	41%	34%	40%	40%	40%	43%	40%	38%	36%	36%	
	Rank	22	34	23	21	20	19	17	18	18	21	▼
United States		37%	36%	38%	37%	36%	39%	35%	33%	33%	33%	

Health

- Nevada's **overall ranking** from the Annie E. Casey Foundation's 10 infant, children and teen indicators fell to 48th in 2012. *(Kids Count)*

Kids Count Overall Rank		2002	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	Rank	31	34	32	36	33	36	39	36	40	48	▼

- The percentage of Nevada's babies that are **low birth weight** (less than 5.5 lbs.) is approximately the same as the U.S. average. *(Kids Count)*

Low Birth Weight Babies		2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	8%	8%	8%	8%	8%	8%	8%	8%	8%	
	Rank	26	22	27	25	25	22	23	23	29	▼
United States	%	8%	8%	8%	8%	8%	8%	8%	8%	8%	

- Nevada's **infant mortality rate** (deaths of children less than 1 year of age per 1,000 live births) is lower than the national average. *(United Health Foundation, America's Health Rankings)*

Infant Mortality		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# per 1,000	6	6	6	6	6	6	6	6	6	6	
	Rank	13	17	17	17	17	17	16	19	12	15	▼
United States	# per 1,000	7	7	7	7	7	7	7	7	7	7	

- Nevada's **child and teen death rate** (deaths of children aged 1 to 19 years, from all causes, per 100,000 children in this age range) generally runs higher than the national average. *(Kids Count)*

Child & Teen Deaths		2005	2006	2007	2008	2009	
Nevada	# per 100,000	37	38	34	29	29	
	Rank	32	35	31	25	29	▼
United States	# per 100,000	32	31	31	29	27	

- Nevada's **teen birth rate** (births per 1,000 females aged 15-19) is higher, but getting closer to the U.S. average. *(United Health Foundation, America's Health Rankings)*

Teen Birth Rate		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# per 1,000	63	56	54	53	51	50	56	55	54	39	
	Rank	45	39	40	41	39	41	44	42	41	35	▲
United States	# per 1,000	48	45	43	42	41	41	42	42	42	34	

- A higher percentage of adult Nevadans report that their **current health** is "poor" or "fair" compared to the average in the U.S., although the trend is discouraging for both populations. *(United Health Foundation, America's Health Rankings)*

Poor Health Status		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	17%	18%	18%	17%	19%	17%	19%	16%	17%	20%	
	Rank	39	40	40	35	42	36	42	34	35	41	▼
United States	%	15%	15%	15%	15%	15%	15%	14%	15%	15%	17%	

- When a person indicates that their **activities are limited due to physical health difficulties**, this is considered to be a "poor physical health day". In 2012, Nevadans reported suffering from an equal number of poor physical health days in the previous 30 days as the national average. *(United Health Foundation, America's Health Rankings)*

Poor Physical Health Days		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# of Days	3.5	3.4	3.5	3.7	3.7	3.7	3.5	3.6	3.8	3.9	
	Rank	38	22	25	35	38	36	28	30	36	25	▲
United States	# of Days	3.5	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.7	3.9	

- The percent of adults that report consuming at least five **servings of fruits and vegetables** each day has been slightly higher for Nevada than the national average. *(United Health Foundation, America's Health Rankings)*

Daily Vegetables & Fruit		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	21%	22%	20%	20%	23%	23%	22%	22%	24%	24%	
	Rank	37	28	37	37	30	30	32	32	23	23	=
United States	%	24%	23%	23%	23%	23%	23%	24%	24%	23%	23%	

- The United Health Foundation has, as of 2012, separated Fruits and Vegetables. Nevada consumes approximately the same intake of **fruits and vegetables** as the national average. *(United Health Foundation, America's Health Rankings)*

Daily Vegetables		2012	
Nevada	# of Vegetables	0.8	
	Rank	38	=
United States	# of Vegetables	0.8	

Daily Fruits		2012	
Nevada	# of Fruits	1.0	
	Rank	19	=
United States	# of Fruits	1.0	

- The percent of adults that report participating in **physical activities** during the previous month is slightly higher for Nevada than the national average in 2012. *(United Health Foundation, America's Health Rankings)*

Physical Activity		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	75%	75%	76%	73%	73%	76%	72%	76%	77%	76%	
	Rank	30	32	31	36	42	35	38	30	20	17	▲
United States	%	76%	77%	78%	76%	77%	77%	75%	76%	76%	74%	

- The percentage of Nevada **adults who are current smokers** is higher than the average for the U.S. as a whole. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System)*

Adults Who Are Current Smokers		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	25%	23%	23%	22%	22%	22%	22%	21%	23%	23%	
	Rank	28	28	39	36	35	42	41	42	35	34	▲
United States	%	22%	21%	21%	20%	20%	19%	18%	17%	21%	21%	

Nevada Department of Health and Human Services, Nevada Data & Key Comparisons

- The percentage of Nevadans over age 18 that **drank excessively** (5+ drinks in one setting for males, 4+ for females) in the previous 30 days is slightly higher than the national average as both populations' binge drinking increased. *(United Health Foundation, America's Health Rankings)*

Binge Drinking		2007	2008	2009	2010	2011	2012	
Nevada	%	17%	16%	18%	18%	17%	19%	
	Rank	NA	32	41	42	38	28	▲
United States	%	15%	16%	16%	16%	16%	18%	

- In 2009, approximately ten percent of Nevadans participated in **illicit drug use** compared to eight percent nationwide. *(SAMHSA, Substance Abuse and Mental Health Services Administration)*

Illicit Drug Use in the Past Month		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	8%	7%	11%	10%	9%	8%	8%	9%	9%	10%	
	Rank	40	34	47	43	37	32	32	35	41	41	=
United States	%	6%	7%	8%	8%	8%	8%	8%	8%	8%	8%	

- Nevada's **obese** population (Body Mass Index of 30 or higher) is under the national average. *(CDC, Behavioral Risk Factor Surveillance System)*

Obesity		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	21%	21%	21%	25%	25%	26%	26%	23%	23%	25%	
	Rank	18	11	8	24	13	19	21	5	4	8	▼
United States	%	23%	23%	24%	25%	26%	27%	27%	27%	28%	28%	

- **Infectious disease cases** per 100,000 population are significantly lower for Nevada than on average for the U.S. *(United Health Foundation, America's Health Rankings)*

Infectious Disease Cases		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# per 100,000	6	6	5	5	6	8	8	6	5	6	
	Rank	16	18	14	7	11	15	21	14	4	8	▼
United States	# per 100,000	9	9	9	11	13	12	9	9	10	12	

- The percent of adult Nevadans who report being told by a doctor that they have **diabetes** is slightly higher than the national average. *(United Health Foundation, America's Health Rankings)*

Diabetes		2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	6%	7%	8%	8%	9%	8%	9%	10%	
	Rank	15	21	26	25	30	16	22	37	▼
United States	%	7%	7%	8%	8%	8%	8%	9%	9%	

- The percent of adult Nevadans who report being told by a health professional that they have **high blood pressure** is equal to the national average. *(United Health Foundation, America's Health Rankings)*

High Blood Pressure		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	26%	24%	24%	24%	24%	27%	27%	28%	28%	31%	
	Rank	26	16	16	15	15	24	24	17	17	24	▼
United States	%	26%	25%	25%	26%	26%	28%	28%	29%	29%	31%	

- The percent of adult Nevadans who report being told by a health professional that they have **high cholesterol** is just below the national average. *(United Health Foundation, America's Health Rankings)*

High Cholesterol		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	37%	37%	37%	39%	39%	37%	37%	39%	39%	37%	
	Rank	49	48	48	48	48	19	19	30	30	18	▲
United States	%	30%	33%	33%	36%	36%	38%	38%	38%	38%	38%	

- The percent of adult Nevadans who report being told by a health professional that they have had a **stroke** is at the national average. *(United Health Foundation, America's Health Rankings)*

Stroke		2006	2007	2008	2009	2010	2011	2012	
Nevada	%	3%	3%	2%	2%	2%	3%	3%	
	Rank	35	30	17	7	23	36	33	▲
United States	%	3%	3%	3%	3%	2%	3%	3%	

- The percent of adult Nevadans who report being told by a health professional that they have **cardiac heart disease** is equal to the national average. *(United Health Foundation, America's Health Rankings)*

Cardiac Heart Disease		2006	2007	2008	2009	2010	2011	2012	
Nevada	%	4%	5%	4%	4%	4%	4%	4%	
	Rank	17	38	28	22	25	19	24	▼
United States	%	4%	5%	4%	4%	4%	4%	4%	

- The percent of adult Nevadans who report being told by a health professional that they have had a **heart attack** (myocardial infarction) is slightly above the national average. *(United Health Foundation, America's Health Rankings)*

Heart Attack		2006	2007	2008	2009	2010	2011	2012	
Nevada	%	5%	5%	4%	4%	5%	5%	5%	
	Rank	39	37	25	31	42	38	38	=
United States	%	4%	4%	4%	4%	4%	4%	4%	

- The number of **cardiovascular deaths** per 100,000 population has been declining in Nevada, but remains higher than the national average. *(United Health Foundation, America's Health Rankings)*

Cardiovascular Deaths		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# per 100,000	340	335	329	328	323	320	313	299	284	273	
	Rank	31	31	30	33	35	38	39	37	36	33	▲
United States	# per 100,000	340	333	327	319	309	298	288	278	270	265	

- The number of **cancer deaths** per 100,000 population is virtually the same in Nevada as the average for the U.S. *(United Health Foundation, America's Health Rankings)*

Cancer Deaths		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# per 100,000	210	209	208	205	201	199	196	194	193	184	
	Rank	37	36	34	33	34	32	27	25	27	24	▲
United States	# per 100,000	201	200	199	197	195	193	192	192	191	183	

Health Care

- **Early prenatal care** (the percent of pregnant women who receive care during the first trimester) has improved for Nevada. In 2010 a change in definitions led to a break in the series. The series was discontinued in 2012. The United States average is not available for 2010 or 2011. *(United Health Foundation, America's Health Rankings)*

Early Prenatal Care		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	67%	68%	70%	72%	67%	67%	61%	57%	73%	75%	
	Rank	48	46	41	36	44	44	43	46	32	28	▲
United States	%	76%	76%	75%	75%	75%	75%	69%	69%	NA	NA	

- Nevada improved significantly in terms of the percentage of children ages 19-35 months who have received the recommended number of doses of **vaccinations** (DTP, poliovirus vaccine, any measles-containing vaccine, and HepB). *(United Health Foundation, America's Health Rankings)*

Immunization Coverage		2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	83%	82%	81%	82%	85%	84%	85%	88%	
	Rank	50	50	50	50	49	49	49	40	▲
United States	%	90%	90%	91%	91%	91%	90%	90%	90%	

- Nevada has the lowest number of adults aged 65+ who have had a **flu shot** within the past year. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System)*

Adults Aged 65+ Who Have Had a Flu Shot Within the Past Year		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	60%	59%	53%	58%	62%	57%	64%	59%	54%	50%	
	Rank	50	49 of 49	50	50	50	50	49	50	49	50	▼
United States	%	70%	68%	66%	70%	72%	71%	70%	68%	61%	60%	

- In Nevada, the percent of adults who have had their **blood cholesterol checked** within the last 5 years is falling below the U.S. average. *(United Health Foundation, America's Health Rankings)*

Cholesterol Check		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	72%	68%	68%	67%	67%	71%	71%	76%	76%	72%	
	Rank	25	47	47	47	47	46	46	27	27	39	▼
United States	%	72%	73%	73%	73%	73%	75%	75%	77%	77%	76%	

- In Nevada, the percent of **women aged 40+ who have had a mammogram within the past two years** is lower than the national average. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System)*

Women Aged 40+ Who Have Had a Mammogram within the Past 2 Years		2000	2002	2004	2006	2008	2010	2012	
Nevada	%	74%	73%	69%	71%	68%	67%	67%	
	Rank	38	39	38 of 49	43	47	48	42	▲
United States	%	76%	76%	75%	77%	76%	76%	74%	

- In Nevada, the percent of **women aged 18+ who have had a Pap Smear test within the past three years** is lower than the national average. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System)*

Women Aged 18+ Who Have Had a Pap Test within the Past 3 Years		2000	2002	2004	2006	2008	2010	2012	
Nevada	%	84%	83%	85%	82%	78%	78%	73%	
	Rank	43	48	34 of 49	40	47	43	48	▼
United States	%	87%	87%	86%	84%	83%	81%	78%	

- The percent of Nevada adults aged 50+ that have ever had a **colorectal cancer screening** (sigmoidoscopy or colonoscopy) is below the national average. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System)*

Colorectal Cancer Screening		2002	2004	2006	2008	2010	2012	
Nevada	%	45%	47%	55%	56%	62%	61%	
	Rank	36	45 of 49	38	45	39	49	▼
United States	%	49%	54%	57%	62%	65%	67%	

- The percentage of Nevadans that **visited the dentist** for any reason during the past year is lower than the national average. *(United Health Foundation, America's Health Rankings)*

Recent Dental Visit		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	65%	65%	65%	65%	66%	66%	64%	64%	67%	67%	
	Rank	45	45	44	44	39	39	44	44	36	36	=
United States	%	71%	71%	71%	71%	70%	70%	71%	71%	70%	70%	

- Nevada has fewer **primary care physicians** per 100,000 population than the national average. *(United Health Foundation, America's Health Rankings)*

Primary Care Physicians		2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# per 100,000	84	85	86	85	87	86	86	84	
	Rank	46	46	46	46	46	46	46	47	▼
United States	# per 100,000	119	119	120	120	121	121	121	120	

- Nevada has a lower number of **preventable hospitalizations** per 1,000 Medicare recipients than the average for the U.S. *(United Health Foundation, America's Health Rankings)*

Preventable Hospitalizations		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# per 1,000	65	66	63	62	65	65	62	57	59	58	
	Rank	11	12	11	11	13	13	11	12	15	16	▼
United States	# per 1,000	81	81	80	77	78	78	71	71	68	67	

- The number of **deaths** in Nevada per 10,000 admissions in **low mortality Diagnosis Related Groups** (DRGs) is close to the average in the U.S. *(U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality)*

Deaths in Low Mortality DRGs		2005	2006	2007	2008
Nevada	# per 10,000	5.6	4.4	4.3	5.1
United States	# per 10,000	4.5	4.3	4.2	5.0

- In Nevada, the number of **infections due to medical care** per 1,000 medical and surgical discharges exceeds the national average. *(U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality)*

Infections due to Medical Care		2004	2005	2006	2007
Nevada	# per 1,000	2.3	2.9	2.8	2.8
United States	# per 1,000	1.6	2.3	2.2	2.0

- Nevada ranks poorly in the percent of adult surgery patients who received the **appropriate timing of antibiotics**. *(U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality)*

Appropriate Timing of Antibiotics		2005	2006	2007	2008	2009	2010	
Nevada	%	55%	66%	76%	72%	76%	86%	
	Rank	50	50	50	50	50	49	▲
United States	%	75%	81%	86%	81%	87%	92%	

- The percent of hospital patients with **heart failure** in Nevada who received **recommended hospital care** is just above the national average. *(U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality)*

Hospital Patients with Heart Failure Who Received Recommended Hospital Care		2005	2006	2007	2008	2009	2010	2011	
Nevada	%	89%	90%	93%	90%	93%	96%	96%	
	Rank	18	31	26	29	26	16	5	▲
United States	%	88%	91%	93%	91%	94%	95%	94%	

- Nevada has improved dramatically in the percent of hospital patients with **pneumonia** who received **recommended hospital care**. *(U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality)*

Hospital Patients with Pneumonia Who Received Recommeded Hospital Care		2005	2006	2007	2008	2009	2010	2011	
Nevada	%	65%	72%	79%	72%	79%	87%	93%	
	Rank	50	50	49	50	48	45	17	▲
United States	%	74%	81%	84%	81%	86%	90%	93%	

- The percent of hospice patients in Nevada who received **care consistent with stated end-of-life wishes** is equal to the national average. *(U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality)*

Hospice Patients Who Received Care Consistent with Stated End-of-Life Wishes		2006	2007	2008	2009	2010	2011	
Nevada	%	91%	92%	93%	94%	92%	95%	
	Rank	44 of 45	45 of 46	38 of 46	25 of 46	43 of 45	17 of 48	▲
United States	%	95%	95%	94%	95%	95%	95%	

Health Insurance

- In 2011 in Nevada, 55 percent of private sector establishments **offered health insurance to employees** (rank=12th highest, down from 63 percent in 2008). The national average was 51 percent. *(Kaiser Family Foundation, State Health Facts)*

- In 2012 in Nevada, the average **health insurance premium** (employer and worker share combined) for an individual was lower than the national average. Nevada's workers also pay a lower share of the premium than is typical nationwide. For family coverage, Nevadans pay a lower worker premium and total premiums are lower. *(Kaiser Family Foundation, State Health Facts)*

Annual Health Insurance Premiums		Individual Coverage		Family Coverage	
		Employee	Total	Employee	Total
Nevada	$	$1,024	$4,949	$3,655	$12,904
	Rank	11	5	6	2
	Share of Premium	21%		28%	
	Rank	18		31	
United States	$	$1,118	$5,384	$4,236	$15,473
	Share of Premium	21%		27%	

- A higher percentage of Nevadans are **uninsured** than average in the U.S. *(U.S. Census, American Community Survey)*

Uninsured Population		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	18%	18%	17%	20%	17%	19%	20%	23%	22%	22%	
	Rank	44	46	39	44	40	44	47	49	49	49	=
United States	%	15%	15%	15%	16%	15%	15%	17%	16%	15%	15%	

- Nevada ranks near the bottom of all states with the highest percentage of **uninsured children**. *(U.S. Census, American Community Survey)*

Uninsured Population Age 0-18		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	17%	16%	14%	19%	14%	19%	17%	17%	16%	18%	
	Rank	47	48	46	47	47	50	49	50	50	48	▲
United States	%	11%	11%	11%	12%	11%	10%	10%	8%	7%	12%	

Nevada Department of Health and Human Services, Nevada Data & Key Comparisons

Mental Health

- The average number of **poor mental health days** per month for Nevadans slightly exceeds the national average. *(United Health Foundation, America's Health Rankings)*

Poor Mental Health Days		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# of Days	3.9	3.9	3.9	3.5	3.5	3.8	3.6	4.0	3.8	3.9	
	Rank	47	43	46	36	36	43	35	45	38	28	▲
United States	# of Days	3.4	3.4	3.5	3.3	3.4	3.4	3.4	3.5	3.5	3.8	

- A higher percent of Nevadans report suffering from **Frequent Mental Distress** (14 or more mentally unhealthy days per month) than average in the U.S. *(Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion)*

Frequent Mental Distress		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	10%	NA	12%	11%	11%	11%	11%	11%	13%	12%	
	Rank	30	NA	43	38 of 49	35	38	40	37	45	35	▲
United States	%	10%	9%	10%	10%	10%	10%	10%	10%	11%	11%	

- It is estimated that Nevada has 88,540 residents suffering from **serious mental illness**. *(National Alliance on Mental Illness, Grading the States 2009)*

- Nevada's adult **public mental healthcare system** earns poor grades in a nationwide survey. *(National Alliance on Mental Illness, Grading the States 2009)*

Adult Public Mental Healthcare System		Health Promotion & Measurement	Financing & Core Treatment / Recovery Services	Consumer & Family Empowerment	Community Integration & Social Inclusion	Overall Grade
Nevada	Grade	F	D	D	F	D
United States	Grade	D	C	D	D	D

- Nevada's **per capita mental health spending** is significantly below the national average. *(Kaiser Family Foundation, State Health Facts)*

Per Capita Mental Health Expenditures		FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	
Nevada	$ Per Capita	$59	$63	$54	$63	$61	$79	$81	$64	$68	
	Rank	35	34	40	39	42	33	36	42	41	▲
United States	$ Per Capita	$84	$92	$98	$103	$104	$113	$121	$123	$121	

Suicide

- Nevada's **suicide rate** is higher than the national average. *(Centers for Disease Control and Prevention, National Center for Injury Prevention and Control)*

Suicide Rate		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 100,000	19	20	20	19	20	20	18	19	19	20	
	Rank	48	47	48	49	49	47	46	46	46	47	▼
United States	# per 100,000	11	11	11	11	11	11	11	12	12	12	

- The **suicide rate among Nevadans aged 65+** is more than twice the average for the U.S. *(Centers for Disease Control and Prevention, National Center for Injury Prevention and Control)*

Suicide Rate Age 65+		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 100,000	32	34	39	34	36	33	31	28	35	30	
	Rank	50	50	50	50	50	50	50	50	50	50	=
United States	# per 100,000	15	16	15	14	15	14	14	15	15	15	

- In 2010, suicide was the 6th leading cause of death in Nevada and the 10th nationwide. *(Centers for Disease Control and Prevention, National Center for Injury Prevention and Control)*

Rank of Suicide as a Leading Cause of Death, by Age	10 to 14 years	15 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 to 84 years	85+ years	All Ages
Nevada	9	2	2	3	4	5	10	14	17	6
United States	3	3	2	4	4	8	13	17	>20	10

- In 2009, approximately ten percent of Nevada's 9th through 12th graders **attempted suicide** in the last 12 months, compared to nearly six percent nationwide. In 2011 the national rate went up while state level data is not yet available. *(Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Surveillance System)*

Suicide Attempts Among High School Students		1999	2001	2003	2005	2007	2009	2011
Nevada	%	9%	11%	9%	9%	9%	10%	NA
United States	%	8%	9%	9%	8%	7%	6%	8%

Public Assistance

- In 2012 the number of Nevada households that receive **public assistance** income per 1,000 households is lower than the national average. This outcome occurred as public assistance participation rates have surged nationwide. *(U.S. Census, American Community Survey)*

Households Receiving Public Assistance Income		2007	2008	2009	2010	2011	2012	
Nevada	# per 1,000	47	60	79	109	117	134	
	Rank	1	4	7	15	16	19	▼
United States	# per 1,000	84	93	111	127	137	143	

  - Note that a rank of 1 indicates that state has the fewest households receiving public assistance per 1,000 households.

- The **maximum income allowed for initial TANF eligibility** for a family of three in Nevada is considerably higher than the national average. *(Urban Institute, Welfare Rules Databook)*

Maximum Income for Initial Eligibility for a Family of Three (1 adult, 2 kids)		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nevada	Maximum Income	$1,098	$1,120	$1,133	$1,168	$1,185	$1,230	$1,341	$1,375	$1,430	$1,430	$1,448
United States	Maximum Income	$763	$768	$770	$771	$766	$777	$789	$785	$817	$822	$800

- The **maximum TANF benefit** for a family of three (one adult, two children) with no income in Nevada is lower than the average in the U.S. *(Urban Institute, Welfare Rules Databook)*

Maximum TANF Benefit for a Family of Three with No Income		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nevada	Maximum Income	$348	$348	$348	$348	$348	$348	$348	$383	$383	$383	$383
United States	Maximum Income	$409	$413	$415	$413	$413	$417	$419	$475	$431	$436	$436

Nevada Department of Health and Human Services, Nevada Data & Key Comparisons

- In 2011, the **asset limit** for TANF recipients in Nevada is $2,000. Among other states the minimum is $1,000, and the maximum is unlimited assets in Alabama, Colorado, Louisiana, Maryland, Ohio and Virginia. *(Urban Institute, Welfare Rules Databook)*

- Nevada's TANF **work participation rate** is higher than the average for the U.S. Note that "work activities" may include employment, job search activities, community service, education, and job skills training. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Assistance)*

TANF Work Participation Rate		FFY01	FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	35%	22%	22%	35%	42%	48%	34%	42%	39%	38%	
	Rank	28	43	43	27	15	12	28	17	20	21	▼
United States	%	34%	33%	31%	32%	33%	33%	30%	29%	29%	29%	

- The **average number of hours of participation in work activities** per week for all adult TANF recipients participating in work activities in Nevada is approximately equal to the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Assistance)*

Average Participation in Work Activities Per Week		FFY01	FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	Hours	25	22	23	23	18	20	27	27.5	26	25	
	Rank	37	43	44	44	50	48	23	15	14	21	▼
United States	Hours	30	29	28	28	28	28	27	25	25	25	

- Nevada's **job entry by TANF recipients** falls below the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Assistance, High Performance Measures)*

Job Entry by TANF Recipients		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	37%	37%	39%	40%	28%	25%	23%	17%	17%	
	Rank	19 of 48	15 of 49	13 of 49	11	46	44	42	37	43	▼
United States	%	36%	34%	36%	35%	36%	36%	35%	26%	25%	

- Nevada performs well in terms of **job retention by employed TANF recipients**, ranking higher than the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Assistance, High Performance Measures)*

Job Retention by Employed TANF Recipients		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	63%	63%	65%	67%	71%	72%	72%	68%	71%	
	Rank	13 of 48	13 of 49	10 of 49	12	3	2	3	4	4	=
United States	%	59%	59%	60%	63%	64%	64%	63%	61%	60%	

- The percent of Nevada's employed TANF recipients that have achieved **earnings gains** is less than the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Assistance, High Performance Measures)*

Earnings Gain by Employed TANF Recipients		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	35%	29%	38%	37%	44%	38%	22%	19%	26%	
	Rank	26 of 48	39 of 49	32 of 49	37	20	33	47	46	43	▲
United States	%	38%	38%	42%	44%	43%	37%	33%	30%	30%	

Nevada Department of Health and Human Services, Nevada Data & Key Comparisons

Medicaid

- For FFY 2011 Nevada's **Medicaid spending per capita** is less than half the national average. *(National Association of State Budget Officers, State Expenditure Report; U.S. Census, Annual Population Estimates)*

Medicaid Expenditures		FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	
Nevada	$ per capita	$519	$501	$476	$468	$487	$435	$504	$561	$573	$613	
	Rank	47	50	50	50	50	50	50	50	50	50	=
United States	$ per capita	$845	$902	$967	$983	$1,016	$1,021	$1,092	$1,170	$1,266	$1,269	

- Historically, Nevada ranked low in providing **Medicaid coverage to pregnant women**; Nevada had the 11th lowest eligibility rate at 164 percent of poverty effective January 2014. *(Kaiser Family Foundation, State Health Facts)*

- Nevada's **Medicaid nursing facility spending** was $60 per person in 2009, ranking 50th among all states. The U.S. average is $168. *(AARP Public Policy Institute, Across the States 2012)*

- Nevada's **Medicaid Home and Community Based Services (HCBS) spending** for older people and adults with physical disabilities was 34 percent of Medicaid long-term care expenditures in 2009. Nevada ranked 19th and the US national average is 36 percent. *(AARP Public Policy Institute, Across the States 2012)*

- In Nevada, the **costs** of many health care services for the elderly are generally near the national average. *(Genworth, Cost of Care Survey 2013)*

Costs of Care, Average Median Annual Expense		Homemaker Services	Adult Day Care	Assisted Living Facility (private 1 bdrm)	Nursing Home (semi-private room)	Nursing Home (private room)
Nevada	$	$45,760	$16,900	$34,200	$80,884	$89,425
	Rank	36	26	5	28	29
United States	$	$41,756	$16,900	$41,400	$75,405	$83,950

Child Care

- Of families that receive subsidized child care, the percentage of these families with a **$0 co-payment** is higher in Nevada than the U.S. average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Child Care Bureau)*

Families with $0		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11
Nevada	%	47%	51%	38%	24%	15%	18%	23%	23%	25%	18%
United States	%	26%	25%	25%	24%	24%	23%	21%	20%	23%	21%

- The **average family co-payment** for subsidized child care as a percent of family income is lower in Nevada than the average nationwide. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Child Care Bureau)*

Average Family Co-Payment as a % of Income		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	
Nevada	%	5%	4%	4%	5%	6%	6%	6%	5%	3%	4%	
	Rank	33	21	21	30	38	34	32	25	18	17	▲
United States	%	4%	5%	5%	5%	5%	5%	5%	5%	5%	5%	

  - Note that a rank of 1 indicates that state has the lowest average family co-payment as a percent of income.

Food Insecurity

- Nevada's **food insecurity** (lack of access by all people at all times to enough food for an active, healthy life) is higher than the national average. *(U.S. Dept. of Agriculture, Economic Research Service)*

Food Insecurity		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	9%	9%	8%	9%	10%	12%	13%	15%	15%	17%	
	Rank	17	8	9	10	24	34	25	31	35	43	▼
United States	%	11%	11%	11%	11%	11%	12%	14%	15%	15%	15%	

- The percentage of Nevadans experiencing **very high food insecurity** (at times during the year, the food intake of household members was reduced and their normal eating patterns were disrupted) recently eclipsed the national average. *(U.S. Dept. of Agriculture, Economic Research Service)*

Very Low Food Security		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	3%	3%	3%	3%	4%	5%	5%	5%	6%	7%	
	Rank	29	14	12	13	27	33	25	28	34	43	▼
United States	%	3%	4%	4%	4%	4%	5%	5%	6%	6%	6%	

- Nevada's **food stamp participation rate** (percent of eligible population that receives benefits) has recently increased substantially but remains lower than the national average. *(U.S. Dept. of Agriculture, Food and Nutrition Service)*

Food Stamp Participation Rate		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	43%	46%	41%	42%	54%	53%	51%	50%	56%	62%	
	Rank	50	49	49	50	42	49	38	49	46	48	▼
United States	%	60%	60%	54%	56%	65%	67%	65%	66%	72%	75%	

- Between October 2011 and October 2012, the number of Nevadans receiving **food stamps** increased by 2.5 percent, ranking Nevada as the 24th smallest increase nationwide. The national average year-over-year increase was 2.8 percent. *(Kaiser Family Foundation, State Health Facts)*

- During 2012, a lower percentage of Nevada's **families received food stamps** than average for the U.S. *(U.S. Census, American Community Survey)*

Households Receiving Food Stamps During Last 12 Months		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Nevada	%	5%	4%	4%	4%	4%	4%	4%	5%	10%	11%	13%
United States	%	6%	7%	7%	8%	8%	8%	8%	8%	12%	13%	14%

- For FFY12, Nevada's **average monthly food stamp benefit** per person was $123.35 and per household was $258.81. The national averages were $133.41 and $278.48 respectively. *(U.S. Dept. of Agriculture, Food Stamp Program State Activity Report)*

Child Support Enforcement

- The U.S. Dept. of Health and Human Services Office of Child Support Enforcement measures states using five **performance indicators**. Nevada made improvements in all of the five performance indicators for FFY 2011. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement)*

Paternity Established		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	
Nevada	%	66%	69%	80%	84%	86%	100%	109%	117%	
	Rank	49	49	49	49	46	14	3 of 24*	2 of 24*	▲
United States	%	92%	95%	95%	95%	96%	96%	99%	100%	

*States choose one of two ways to measure **Paternity Established**.

Nevada Department of Health and Human Services, Nevada Data & Key Comparisons

Note: Ratios over 100 percent for **Paternity Established** are achieved because the denominator is from prior years while the numerator is from the current year

Support Orders Established		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	
Nevada	%	62%	67%	69%	68%	70%	76%	81%	82%	
	Rank	45	44	44	43	43	38	32	34	▼
United States	%	77%	78%	79%	79%	79%	80%	81%	82%	

Current Support Collected		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	
Nevada	%	46%	46%	48%	48%	48%	49%	51%	56%	
	Rank	49	50	50	50	50	50	49	42	▲
United States	%	59%	60%	61%	62%	61%	62%	62%	63%	

Arrearages Collected		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	
Nevada	%	50%	52%	52%	53%	52%	57%	60%	57%	
	Rank	48	48	49	49	49	45	33	44	▼
United States	%	61%	61%	62%	63%	64%	62%	62%	62%	

Cost Effectiveness		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	
Nevada	%	3%	3%	4%	3%	4%	3%	4%	4%	
	Rank	48	47	45	47	41	48	42	41	▲
United States	%	5%	5%	5%	5%	5%	5%	5%	5%	

Funding

- Nevada's **state and local tax burden per capita** is lower than the national average. Nevada's state and local tax rate (state and local tax burden per capita divided by income per capita) is one of the lowest in the nation. *(Tax Foundation, State/Local Tax Burdens, All States)*

Total State and Local Per Capita Taxes Paid		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	$ per capita	$2,519	$2,554	$2,724	$3,067	$3,331	$3,581	$3,606	$3,606	$3,311	$3,297	
	Tax Rate	6.9%	7.3%	7.6%	7.7%	7.4%	7.5%	7.4%	7.5%	7.5%	8.2%	
	Rank	3	5	5	7	4	6	4	4	2	9	▼
United States	$ per capita	$3,200	$3,156	$3,254	$3,466	$3,734	$4,018	$4,270	$4,384	$4,160	$4,112	
	Tax Rate	9.4%	9.5%	9.6%	9.6%	9.6%	9.7%	9.8%	9.9%	9.8%	9.9%	

  - Note that a rank of one indicates that state has the lowest tax burden.

- Nevada's **state government tax collections** per capita generally run about equal to the average of all other states. (Nevada along with Texas, Washington and Wyoming don't have individual or corporate net income taxes. Alaska, Florida and South Dakota have only corporate net income taxes, but not individual income taxes. All other states have both taxes.) *(U.S. Census, American Community Survey)*

State Government Tax Collections Per Capita		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	Per Capita	$1,842	$1,953	$2,348	$2,466	$2,458	$2,365	$2,123	$2,158	$2,325	$2,456	
	Rank	26	26	32	30	26	21	17	24	25	27	▼
United States	Per Capita	$1,892	$2,000	$2,199	$2,391	$2,530	$2,532	$2,326	$2,728	$2,435	$2,531	

  - Note that a rank of one indicates that state has the lowest tax burden.

- Nevada receives lower **federal government expenditures per capita** than all other states. *(Consolidated Federal Funds Report and U.S. Census, American Community Survey)*

Nevada Department of Health and Human Services, Nevada Data & Key Comparisons

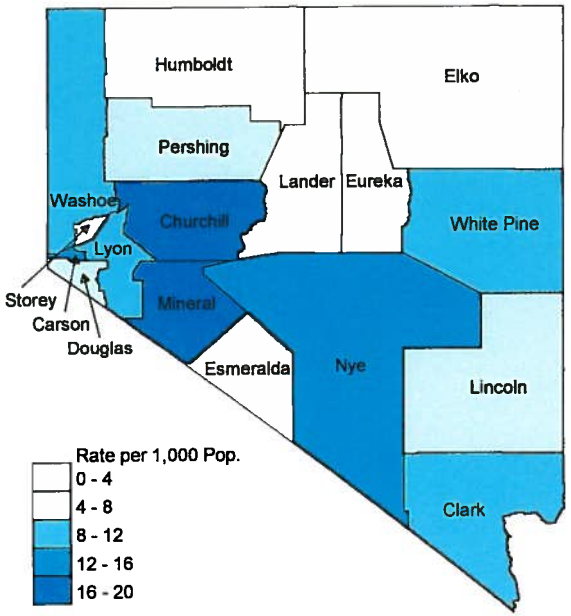
Federal Government Expenditures Per Capita		2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	Per Capita	$4,940	$5,192	$5,469	$5,288	$5,852	$6,032	$6,638	$7,148	$6,986	
	Rank	50	50	50	50	50	50	49	50	50	=
United States	Per Capita	$6,650	$7,089	$7,381	$7,295	$8,200	$8,538	$9,184	$10,548	$10,489	

Note: The Consolidated Federal Funds Report (CFFR) is no longer published. The U.S. Census Bureau replied that any current information is not comparable.

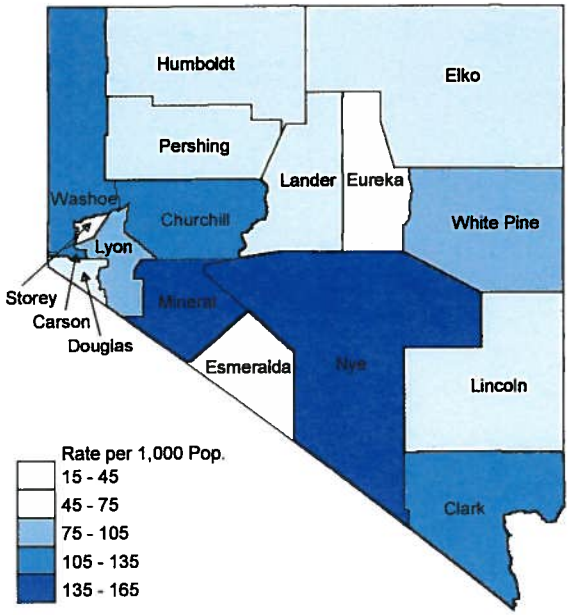
Maps – Program Participation Rates by County

Source: DHHS Caseload Data

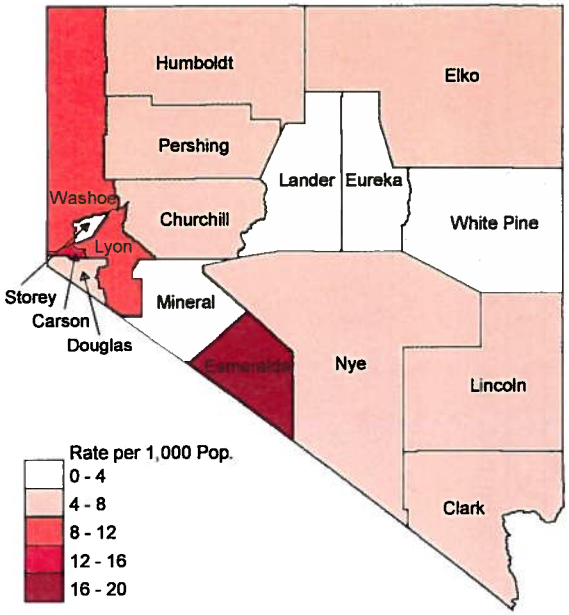
TANF Cash Participation Rate - Oct 2013



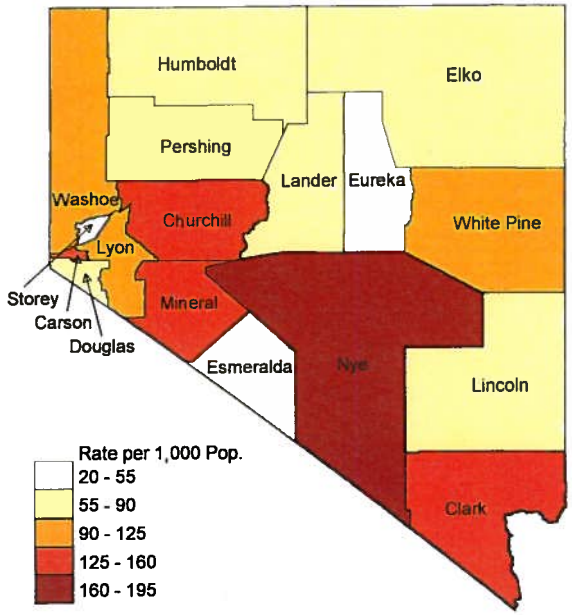
Total Medicaid Participation Rate - Oct 2013



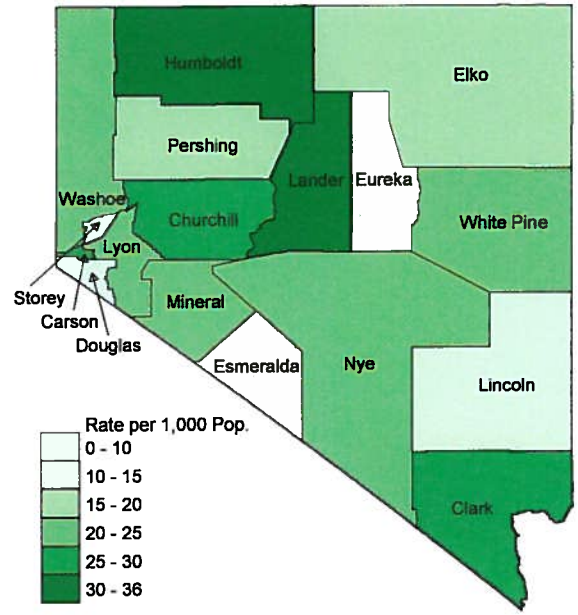
NV CheckUp Participation Rate - Oct 2013



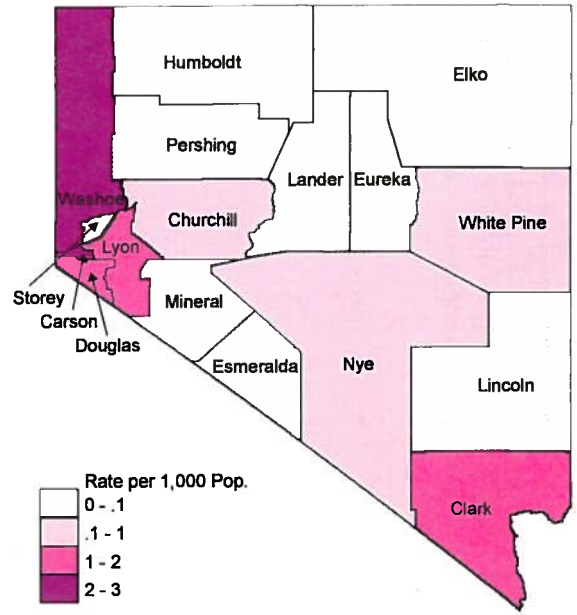
SNAP Participation Rate - Oct 2013



WIC Participation Rate - Sep 2013



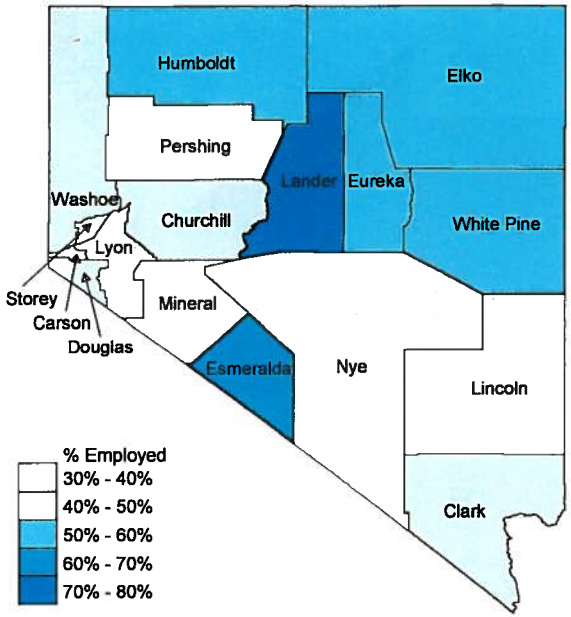
Childcare Participation Rate - Aug 2013



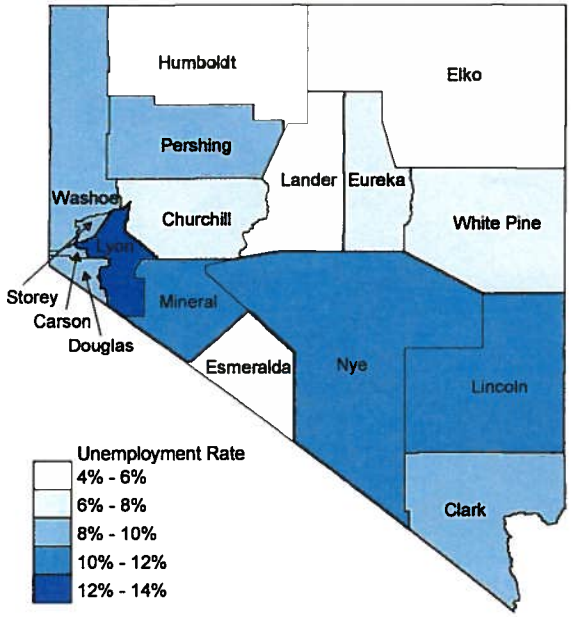
Maps – Socioeconomic and Demographic Indicators by County

Source: Employment and Unemployment Rate – DETR;
Others – U.S. Census Bureau

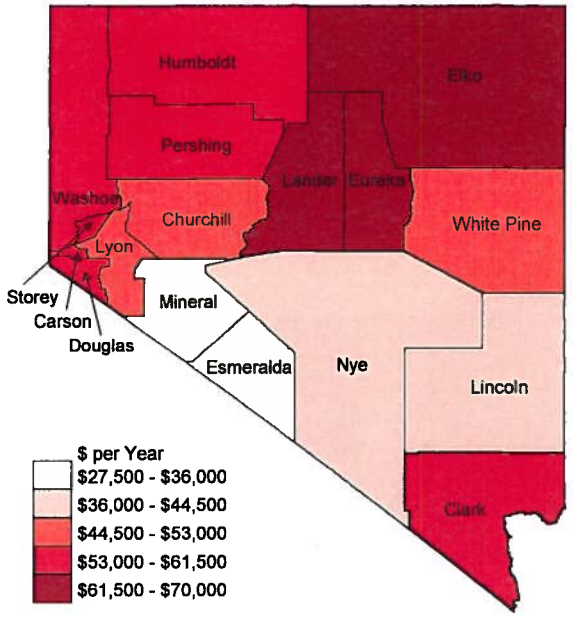
Employment to Population Ratio - Aug 2013



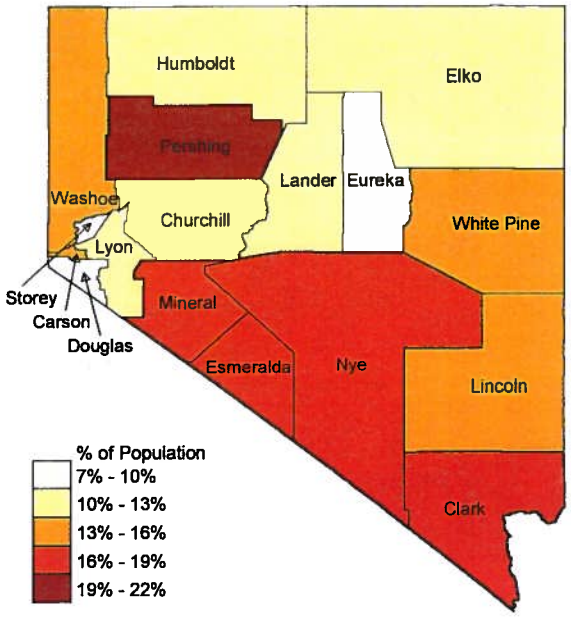
Unemployment Rate - Aug 2013



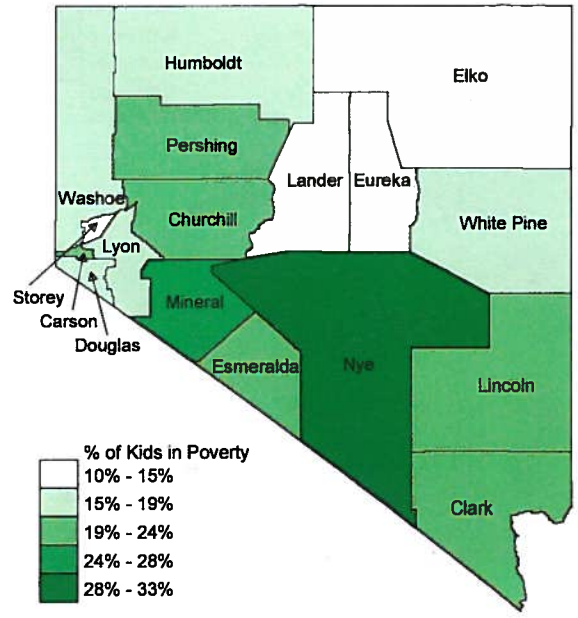
Median Household Income - 2011



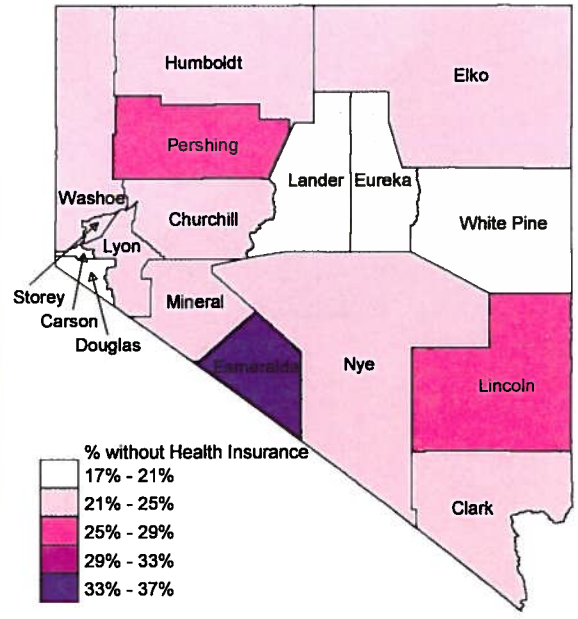
Persons below Poverty - 2012



Child Poverty - 2012



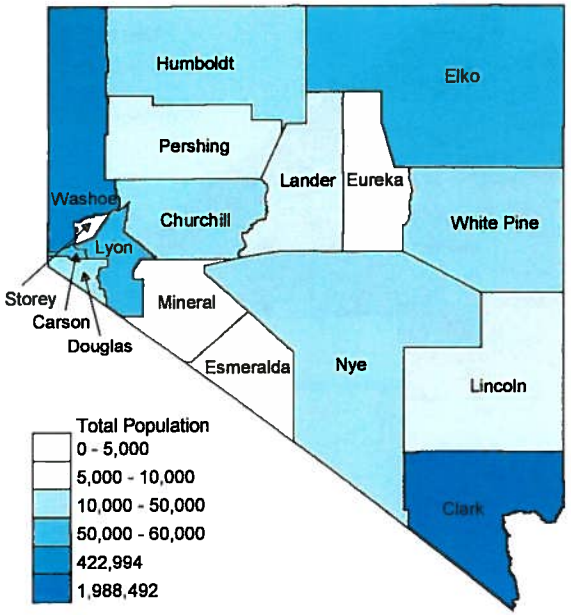
Uninsured < age 65 - 2011



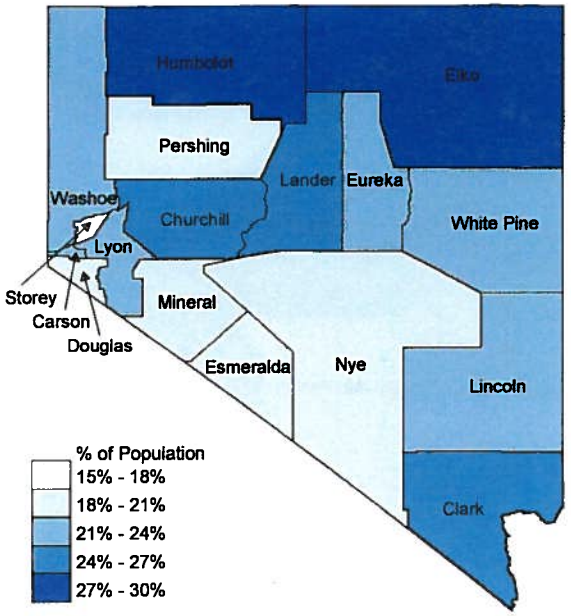
Maps – Demographic Indicators by County

Source: Total population – State Demographer; Others – U.S. Census Bureau

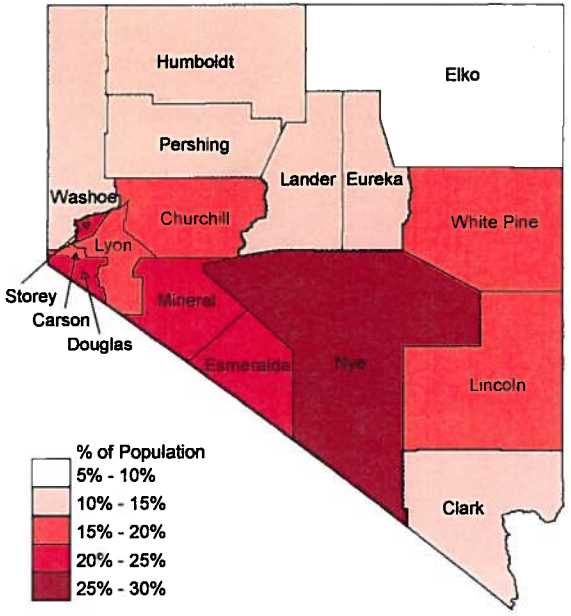
Total Population - 2012



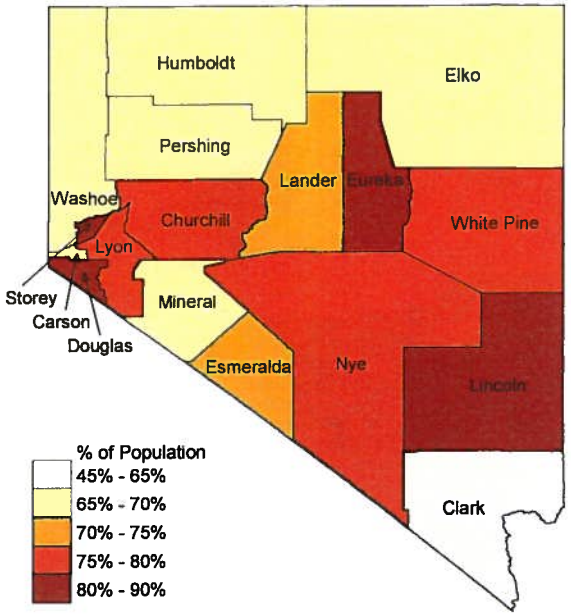
Persons under 18 Years - 2012



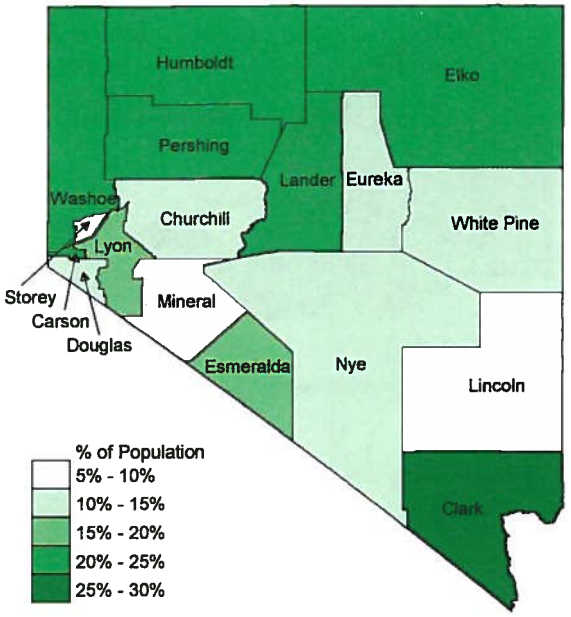
Persons Age 65 and Over - 2012



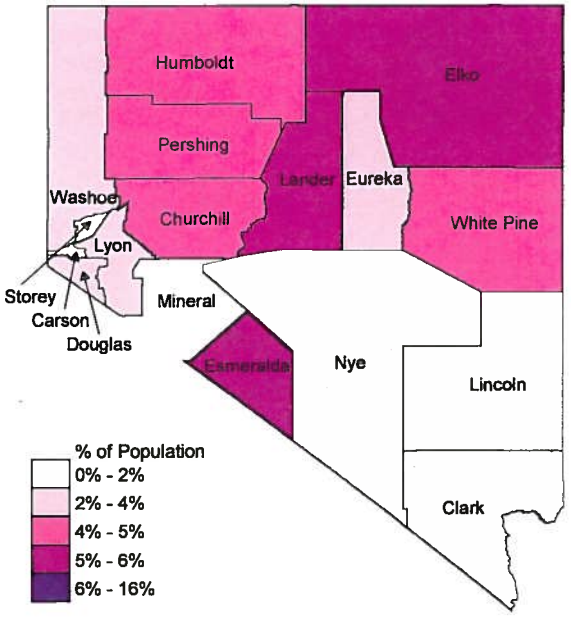
White Persons not Hispanic - 2012



Persons of Hispanic Origin - 2012



Native American Persons - 2012

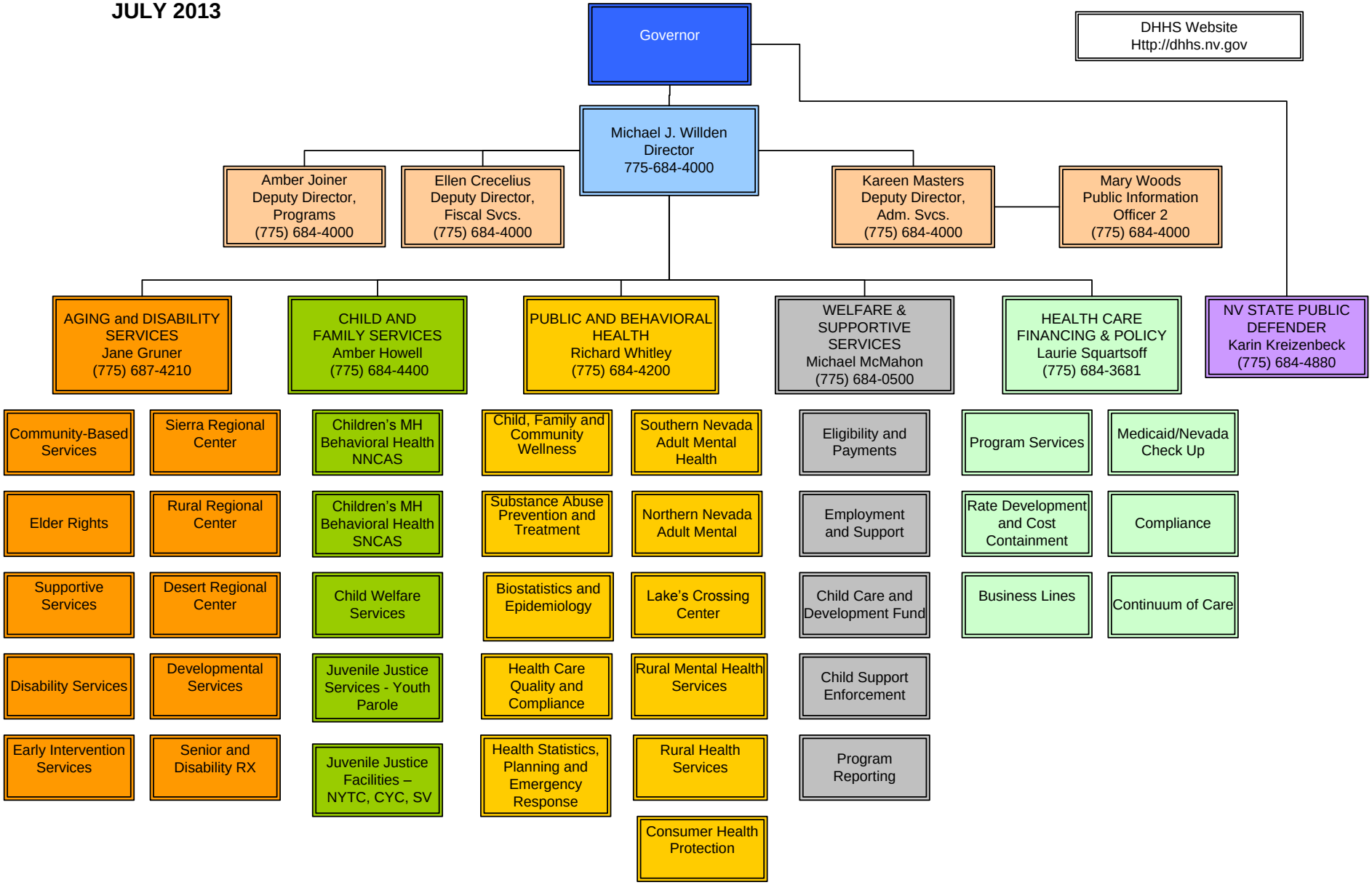


Nevada Department of Health and Human Services, Organizational Chart

Organizational Chart

DEPARTMENT OF HEALTH AND HUMAN SERVICES

JULY 2013



Nevada Department of Health and Human Services, Organizational Chart

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NRS Chapters for Statutory Authority by Division

Updated November 2013

Director's Office

223 Office for Consumer Health Assistance
232 State Departments; Department of Health and Human Services (Office of Minority Health, Nevada 2-1-1, Grants Management Advisory Committee)
233B Nevada Administrative Procedures Act
322 Use of State Lands (approve lease to non-profit or education institution)
353 State Financial Administration (Acceptance of Gifts)
395 Education of Persons with Disabilities (Interagency Panel)
396 Nevada State Higher Education (Medical Education)
428 Indigent Persons (Community Services Block Grant)
430A Family Resource Centers
432 Public Services for Children (Children's Trust Account)
432A Nevada Early Childhood Advisory Council
439 Administration of Public Health (Fund for a Healthy Nevada, Health Information Technology, Task Force on Alzheimer's Disease)
458A Prevention and Treatment of Problem Gambling

Aging and Disability Services Division

159 Procedures in Guardianship (Letters to Court Affirming/Denying need for Guardianship)
162A Execution of Power of Attorney (Financial Exploitation)
179A Repository for Information Concerning Crimes Against Older Persons (Statistical Data)
200 Crimes Against the Person (Abuse, Neglect, Exploitation or Isolation of Older Persons and Vulnerable Persons)
228 Attorney General's Unit for Investigation and Prosecution of Crimes Against Older Persons (Provide Information)
319 Assistance to Finance Housing (Housing Registry)
353 State Financial Administration (Temporary Advance from State General Fund)
388 System of Public Instruction (Pupils with Autism Spectrum Disorder and Pupils with Disabilities)
391 Commission on Professional Standards in Education (License to Teach American Sign Language)
426 Persons with Disabilities, Including Commission on Services for Persons with Disabilities
427A Services to Aging Persons and Persons with Disabilities
433 Mental Health and Developmental Disabilities, including Commission on Mental Health and Developmental Services
435 Services to Persons with Intellectual Disabilities and Related Conditions
439 Administration of Public Health, Fund for a Healthy Nevada (Independent Living Grants, 439.620; Senior Rx, 430.635; Disability Rx, 439.705)
449 Medical and Other Related Facilities (Licensing)
615 Vocational Rehabilitation (People Who Are Blind or Nearly Blind)
632 Advisory Committee on Nursing Assistants and Medication Aides
656A Interpreters and Real Time Captioning Providers (Registry and Regulation)
657 General Provisions for Banks and Related Organizations (Exploitation of Older Persons)

673 Savings and Loan Associations (Designated Reporter)
677 Thrift Companies (Designated Reporter)
678 Credit Unions (Designated Reporter)
706 Motor Carriers (Taxicab Authority)

Division of Child and Family Services

62 Juvenile Justice
63 State Facilities for Detention of Children
127 Adoption of Children and Adults
128 Termination of Parental Rights
217 Assistance to Victims of Domestic Violence
424 Foster Homes for Children
432 Public Service for Children
432B Protection of Children from Abuse and Neglect
433B Mental Health (Additional Provisions Relating to Children)

Division of Health Care Financing and Policy

108 Statutory Liens (Liens to Recover Benefits Paid for Medicaid)
145 Summary Administration of Estates (DHHS Claims)
146 Support of Family - Distribution of Small Estates (DHHS Claims)
147 Presentation and Payment of Claims
228 Attorney General (Medicaid Fraud)
232 State Departments; Appointment of Deputies
422 Health Care Financing and Policy
439A Planning for the Provision of Health Care
439B Restraining Costs of Health Care
449 Medical and Other Related Facilities (Ensuring Quality of Care)
695C Health Maintenance Organizations (CHIP Contract)
695G Managed Care (DHCFP Exemption)

Division of Welfare and Supportive Services

31A Enforcement of Obligations for Support of Children
33 Injunctions (Child Support)
125B Obligation of Support
126 Parentage (Action to Determine Paternity)
281 (Public Employees) General Provisions (Education Leave Stipends)
319 Assistance to Finance Housing (Account for Low-Income Housing)
422A Welfare and Supportive Services
425 Support of Dependent Children
449 Medical and Other Related Facilities (Establishment of Paternity)
702 Energy Assistance

Division of Public and Behavioral Health

4.373	Suspension of Sentence; Conditions of Suspension; Reduction of Sentence; Arrest for Violation of Condition of Suspension
5.055	Suspension of Sentence; Conditions of Suspension; Reduction of Sentence; Arrest for Violation of Condition of Suspension
41.503	Hospital Care or Assistance Necessitated by Traumatic Injury; Presumption Regarding Follow-Up Care
62A.110	"Evaluation Center" Defined
62A.340	"Treatment Facility" Defined
62E.620	Evaluation of Child Who Committed Certain Acts Involving Alcohol or Controlled Substance; Program of Treatment; Treatment Facility not Liable for Acts of Child; Confidentiality of Information; Driving Under Influence Included in Driver's Record of Child
175.539	Acquittal by Reason of Insanity: Defendant to be Examined; Hearing to be Held to Determine Whether Defendant is Mentally Ill; Procedure for Committing Defendant to Custody of Division of Public and Behavioral Health
176.01247	Subcommittee on Medical Use of Marijuana: Creation; Chair; Members; Duties; Salaries and Per Diem [Effective April 1, 2014]
176.156	Disclosure of Report of Presentence or General Investigation; Persons Entitled to Use Report; Confidentiality of Report
178.3983	"Division" Defined
200.485	Battery which Constitutes Domestic Violence: Penalties; Referring Child for Counseling; Restriction Against Dismissal, Probation and Suspension; Definitions
209.3515	Director may Request or Provide Medical or Mental Health Records of Certain Offenders
209.385	Testing Offenders for Exposure to Human Immunodeficiency Virus; Disclosure of Name of Offender whose Tests are Positive; Segregation of Offender; Duties of Director
209.4232	"Division" Defined
223.150	Delineation of Areas Subject to Flooding; Information to be Furnished to Planning Agencies; Cooperation of Division of Public and Behavioral Health of Department of Health and Human Services
232.300	Creation; Divisions; Responsibility for Administering Law
232.320	Appointment of Administrators of Divisions; Powers and Duties of Director
232.350	Deputies and Chief Assistants of Administrators of Divisions
232.361	Creation; Composition; Chair; Terms of Members; Vacancies
232.363	Meetings; Quorum; Salary; Expenses; Restriction on Ownership of or Employment by Certain Enterprises
244.406	Financial Support of Office
277.0655	Cooperative Agreements for Educational Services at Hospital or other Facility that Provides Residential Treatment to Children
278.808	Advisory Planning Commission: Appointment; Composition; Terms; Vacancies: Quorum (Tahoe Regional Planning Compact)
289.240	Certain Employees of Division of Public and Behavioral Health of Department of Health and Human Services
318.170	Water, Drainage, Sewerage and Disposal of Garbage and other Refuse; Approval of System; Additional Powers
353.349	Temporary Advance from State General Fund for Authorized Expenses of Division of Public and Behavioral Health of Department of Health and Human Services
372A.075	Tax on Sale of Marijuana and Marijuana Products: Imposition; Rates; Distribution of Revenue Collected; Duty of Department to Regularly Review Rates [Effective April 1, 2014]

387.1225	Reimbursement to Hospital or Other Facility that Provides Residential Treatment to Children and Operates Licensed Private School; Request for and Amount of Reimbursement
388.421	Maintenance and Storage in Secure Location by Public School; Policy Regarding Proper Handling and Transportation; Annual Report to Division of Public and Behavioral Health Concerning Doses Administered
392.420	Physical Examinations of Pupils; Representative Sample of Height and Weight of Pupils in Certain School Districts; Qualifications of Persons to Conduct Examinations; Notice to Parent of Examination and Opportunity for Exemption; Report of Results to Chief Medical Officer [Effective through June 30, 2015
392.435	Immunization of Pupils: Certificate Prerequisite to Enrollment; Conditional Enrollment; Effect of Military Transfer of Parent of Child; Consequences for Failure to Immunize; Report to Division of Public and Behavioral Health; Inclusion of Certificate in Pupil's Record
394.192	Immunization of Pupils: Certificate Prerequisite to Enrollment; Conditional Enrollment; Effect of Failure to Immunize; Report to Division of Public and Behavioral Health; Inclusion of Certificate in Pupil's Record
395.070	Interagency Panel: Responsibility; Membership; Duties
396.521	Genetics Program: Establishment
396.525	Genetics Program: Confidentiality of Records and Information; Exceptions
396.526	Genetics Program: Qualifications of Personnel; Exemption
408.573	Nevada Bicycle and Pedestrian Advisory Board: Creation; Appointment, Terms and Compensation of Members
414.170	Board of Search and Rescue: Creation; Members; Terms
414.147	Appointment of Administrators; Management, Maintenance and Operation; Schedule of Rates; Location
422A.037	"Division of Public and Behavioral Health" Defined
432A	Services and Facilities for Care of Children
433	Mental Health
433A	Admission to Mental Health Facilities or Programs of Community-Based or Outpatient Services; Hospitalization
433B.090	"Person Professionally Qualified in the Field of Psychiatric Mental Health" Defined
433B.130	Administrator: Powers and Duties
433B.140	Coordination with Administrator of Division of Public and Behavioral Health: Compliance with Agreements; Acceptance for Admission to Division Facility
433B.190	Adoption of Regulations Concerning Abuse and Neglect of Consumers
433B.333	Establishment of Mental Health Consortia; Members
439	Administration of Public Health
439A	Planning for the Provision of Health Care
439B	Restraining Costs of Health Care
440	Vital Statistics
441A	Communicable Diseases
442	Maternal and Child Health
444	Sanitation
445A	Water Controls (Concentration of Fluoride)
446	Food Establishments
447	Public Accommodations
449	Medical Facilities and Other Related Facilities
450B	Emergency Medical Services
451	Dead Bodies

452	Cemeteries
453	Controlled Substances: Uniform Controlled Substances Act
453A	Medical Use of Marijuana
454	Poisons; Dangerous Drugs and Hypodermics
457	Cancer
458	Abuse of Alcohol and Drugs
459	Hazardous Materials
484C	Driving Under the Influence of Alcohol or a Prohibited Substance
543	Control of Floods
583	Meat, Fish, Produce, Poultry and Eggs
585	Food, Drugs and Cosmetics: Adulteration; Labels; Brands
608.156	Benefits for Health Care: Expenses for Treatment of Abuse of Alcohol and Drugs
608.255	Relationships which do not Constitute Employment Relationships for Purposes of Minimum Wage
616A.205	"Employee": Volunteer Workers at Facilities for Inpatients of Division of Public
617.135	"Police Officer" Defined
618.765	Regulations of Division: Standards and Procedures
622.315	Sharing of Information Relating to Public Health Concerns; Joint Investigations with Division of Public and Behavioral Health of Department of Health and Human Services
622A.120	Exemption of Certain Regulatory Bodies
629.079	Referral of Complaints to Appropriate Jurisdiction; Notification of Immediate Threats to Health and Safety of Public; Immunity from Civil Liability for Certain Actions; Definitions
630.133	Board Required Notifying Division of Public and Behavioral Health of Department of Health and Human Services Upon Identification of Certain Sentinel Events.
630.262	Authorized Facility License to Practice Medicine as Psychiatrist in Certain Mental Health Centers.
630.293	Physician Prohibited from Retaliation or Discriminating Against Certain Persons for Reporting or Participation in Investigation or Proceeding Relating to Sentinel Event or Conduct of Physician or Other Persons or Refusing to Engage in Unlawful Conduct; Restriction of Right Prohibited.
630.30665	Physician Required to Report Certain Information Concerning Surgeries and Sentinel Events; Effect of Failure to Report; Duties of Board; Confidentiality of Report; Applicability
630.307	General Requirements for Filing Complaint; Medical Facilities and Societies Required to Report Certain Information Concerning Privileges and Disciplinary Action; Administrative Penalties for Failure to Report; Clerk of Court Required to Report Certain Information Concerning Court Actions; Retention of Complaints
631.275	Restricted License to Practice Dentistry at Facility that Provides Dental Services to Persons of Low Income
631.310	Dental Hygienists: Places of Practice; Supervision; Provision of Services
632.072	Advisory Committee on Nursing Assistants and Medication Aides: Creation; Appointment; Duties
632.121	Board Required to Notify Division of Public and Behavioral Health of Department of Health and Human Services Upon Identification of Certain Sentinel Events
632.127	List of Approved Training Programs; Board to Share Information with State Agency Concerning Disciplinary Action Against Nursing Assistants or Medication Aides – Certified Employed in Agency's Facilities
633.283	Board Required to Notify Upon Identification of Certain Sentinel Events
633.417	Authorized Facility License to Practice Osteopathic Medicine as Psychiatrist in Certain Mental Health Centers
633.505	Osteopathic Physician Prohibited from Retaliating or Discrimination Against Certain Persons for Reporting or Participation in Investigation or Proceeding Relating to Sentinel Event or Conduct of Osteopathic Physician or Other Persons or Refusing to Engage in Unlawful Conduct; Restriction of

	Right Prohibited
633.524	Osteopathic Physician Required to Report Certain Information Concerning Surgeries and Sentinel Events; Effect of Failure to Report; Duties of Board; Confidentiality of Report; Applicability
633.533	General Requirements for Filing Complaint; Medical Facilities and Societies Required to Report Certain Information Concerning Privileges and Disciplinary Action; Administrative Penalties for Failure to Report; Clerk of Court Required to Report Certain Information Concerning Court Actions
639.004	"Chart Order" Defined
639.0095	"Nuclear Pharmacist" Defined
639.0097	"Nuclear Pharmacy" Defined
639.074	Regulations: Registered Nurses Who Participate in Certain Public Health Programs or Provide Certain Mental Health Services
639.2327	Maintenance of Stocks of Drugs by Certain Facilities
639.23275	Delivery of Controlled Substance or Dangerous Drug to Hospital, Facility for Intermediate Care or Facility for Skilled Nursing which does not have Pharmacy on Premises
652	Medical Laboratories
689A.046	Benefits for Treatment of Abuse of Alcohol or Drugs
689C.167	Coverage for Abuse of Alcohol or Drugs: Benefits
704.6672	Review of Water Supply and Sewage Service for Certain Proposed Subdivisions: Duties of Commission; Fee; Exceptions

Office of the State Public Defender

7	Attorneys and Counselors at Law (Appointed Defense Counsel in Criminal Proceedings)
34	Writs; Certiorari; Mandamus; Prohibition; Habeas Corpus (Appointment of Counsel for Indigents)
62	Title 5 – Juvenile Justice
171	Proceedings to Commitment (Appointment of Attorney for Indigent Defendant)
180	**State Public Defender**
260	County Public Defenders (May Contract for Services of State Public Defender)
284	Unclassified Service
432B	Child in Need of Protection

Nevada Department of Health and Human Services, Phone List

Phone Numbers of Key Personnel

Updated November 2013

Director's Office		*775-684-4000*
	Michael J. Willden, Director	
	Amber Joiner, Deputy Director	**775-684-4015**
	Kareen Masters, Deputy Director	**775-684-4012**
	Ellen Crecelius, Deputy Director	**775-684-4004**
	Mary Woods, Public Information Officer	775-684-4024, 775-450-3820 (cell)
Office of Consumer Health Assistance	Janise Holmes, Governor's Consumer Health Advocate	702-486-3587
Grants Management	Laurie Olson, Chief	775-684-4020
Grants Management	Toby Hyman (Las Vegas)	702-486-3527
Head Start and Literacy	Margot Chappel, Coordinator	775-688-7453
Health Information Technology	Lynn O'Mara, Coordinator	775-684-7593

Aging and Disability Services Division		*775-687-4210*
	Jane Gruner, Administrator	**775-687-0515**
	Tina Gerber-Winn, Deputy Administrator, Programs	**775-687-0557**
	Janet Murphy, Deputy Administrator, Administrative Services	**702-687-0583**
	Michele Ferral, Deputy Administrator	**775-486-8868 x 238**
	Sally Ramm, Specialist for the Rights of Elderly Persons	775-688-2964 x 253
Community Based Care Unit	Tammy Ritter, Chief	775-687-0556
Disability Services Unit	Vacant	
Elder Rights Unit	Jill Berntson, Chief	775-687-0535
Resource Development Unit	Cherrill Cristman, Chief	775-687-0520
Supportive Services Unit	Jeff Duncan	702-486-3558
Desert Regional Center	Tom Smith, Director	702-486-6199
Rural Regional Center	Barbara Legier, Director	775-688-1030 x 2140
Elder Protective Services Referral		Central Intake 702-486-6930 1-888-729-0571
Senior Medicare Patrol (SMP)		702-486-3796
State Health Insurance Assistance Program (SHIP)		702-486-3478, 1-800-307-4444

Nevada Department of Health and Human Services, Phone List

Division of Child and Family Services		*775-684-4400*
	Amber Howell, Administrator	**775-684-4459**
Child Welfare	**Jill Marano, Deputy Administrator**	**702-486-7712**
Children's Mental Health	**Kelly Wooldridge, Deputy Administrator**	**775-688-1636**
Finance and Administration	**Danette Kluever, Deputy Administrator**	**775-684-4414**
Juvenile Justice	**Steve McBride, Deputy Administrator**	**775-688-1421 #223**
Caliente Youth Center	Jamie Killian, Superintendent	775-726-8200
Nevada Youth Training Center	Rich Gloeckner, Superintendent	775-738-7182
Rural Child Welfare	Betsy Crumrine, Manager	775-687-4609
Youth Parole Bureau	James Kingera, Chief	702-486-5035

Division of Health Care Financing and Policy		*775-684-3600*
	Laurie Squartsoff, Administrator	**775-684-3677**
	Elizabeth Aiello, Deputy Administrator	**775-684-3679**
	Leah Lamborn, ASO IV / Deputy – Fiscal	**775-684-3668**
Accounting and Budget	Theresa Rooker, Chief	775-684-3770
Audit Unit	Patty Thompson, Chief	775-684-3713
Business Lines	John Whaley, Chief	775-684-3691
Compliance	Marta Stagliano, Chief	775-684-3623
Continuum of Care	Betsy Aiello (Temporary)	775-684-3679
Grants Management	Gloria Macdonald, ASO III	775-687-8407
IT/MMIS	Sherri McGee, Chief	775-684-3736
Nevada Check Up	Jessica Crouch (Temporary)	775-684-3790
Program Services	Coleen Lawrence, Chief	775-684-3744
Rates and Cost Containment	Jan Prentice, Chief	775-684-3791

Division of Welfare and Supportive Services		*775-684-0500*
	Mike McMahon, Administrator	**775-684-0509**
	David Stewart, Deputy Administrator	**775-684-0767**
	Steve Fisher, Deputy Administrator	**775-684-0549**
	Sue Smith, Deputy Administrator	**775-684-0647**
Budget and Statistics	Tami Dufresne, Chief	775-684-0655
Child Care	Jack Zenteno, Chief	775-684-0630
Child Support Enforcement	Louise Bush, Chief	775-684-0705
Eligibility and Payments (TANF and Medicaid eligibility)	Naomi Lewis, Chief	775-684-0618
Employment and Support Services	Lori Wilson, Chief	775-684-0626
Investigations and Recovery	Brenda Burch, Chief	775-684-0559

Division of Public and Behavioral Health		***775-684-4200***
	Richard Whitley, Administrator	**775-684-4224**
	Marla McDade Williams, Deputy Administrator	**775-684-4204**
	Ellen Richardson-Adams, Deputy Administrator	**702-486-3090**
	Vanessa Alpers, Deputy Administrator	**775-684-4180**
	Michele Ferrall	**702-486-8868 #238**
	Martha Framsted, PIO	775-684-4014
Bureau of Child, Family and Community Wellness	Vacant, Chief – Contact Christi Mackie	775-684-5914
Bureau of Health Care Quality and Compliance	Kyle Devine, Chief	775-684-1062
Bureau of Health Statistics, Planning and Emergency Response	Chad Westom	775-684-4155
Deputy Administrator, Community Services	Mary Wherry, Director	775-684-4018
State Epidemiologist	Ihsan Azzam	775-684-5946
Chief Medical Officer	Tracey Green, M.D.	775-684-3215
Lakes Crossing	Betsy Neighbors, Ph.D., Director	775-688-1900 x 254
NNAMHS	Cody Phinney, Director	775-688-2010
NNAMHS	Yvette Kaunismaki, M.D., NNAMHS Medical Director	775-688-2015
Rural Regional Center and Rural Clinics	Kathryn Baughman, Director	775-687-5162 x 327
Substance Abuse Prevention and Treatment Agency	Mary Wherry	775-684-4018
SNAMHS	Jodie Gerson, Director	702-486-6239
SNAMHS	Chelsea Szklany, Director, Rawson-Neal	702-486-0673

Public Defender		***775-687-4880***
	Karin Kreizenbeck, State Public Defender	**775-687-4880 x 230**

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Index

Nevada Department of Health and Human Services, Nassir Notes Index

Nevada Department of Health and Human Services, Nassir Notes Index

Nevada Department of Health and Human Services, Nassir Notes Index

Nevada Department of Health and Human Services, Nassir Notes Index