Nassir Notes

DHHS – Fact Book

November 2014

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

Romaine Gilliland
Director

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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.

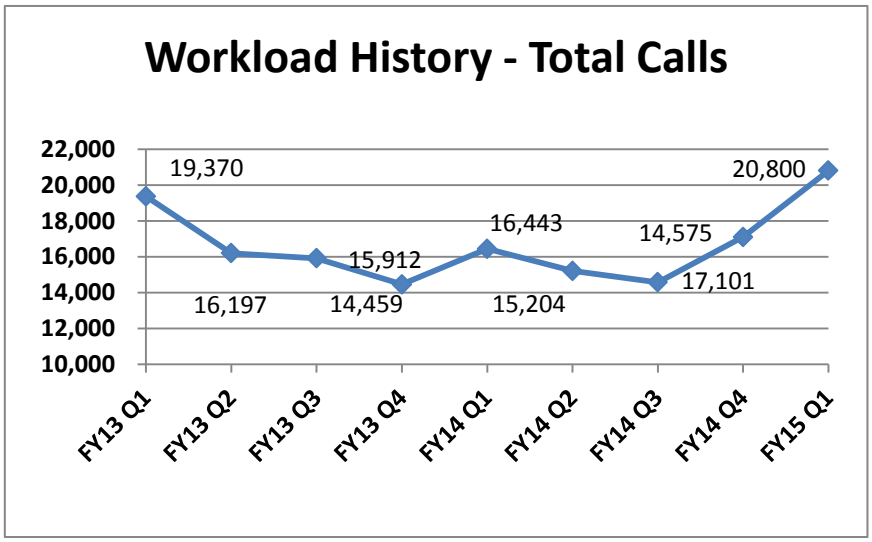
Hours of Service: 2-1-1 is currently available 24 hours per day, seven days per week. Service is provided by Help of Southern Nevada and Crisis Call Center in Northern Nevada.

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

Quarters Data	Total Calls
FY13 Q2	16,197
FY13 Q3	15,912
FY13 Q4	14,459
FY14 Q1	16,443
FY14 Q2	15,204
FY14 Q3	14,575
FY14 Q4	17,101
FY15 Q1	20,800

FY15 Q1 Workload:	
Jul 14	6,680
Aug 14	7,101
Sep 14	7,019



Comments: Fluctuations in call volume are often influenced by the impact of outreach campaigns, special programs, media-generated coverage, statewide or national economic fluctuations, and the implementation of new laws such as the Affordable Care Act. FY13's call volume was impacted by a decrease in funding which resulted in reduced staffing levels and lessened operator availability. Q1FY14 call volume was impacted by the implementation of 2010's Affordable Care Act as Nevada 2-1-1 briefly served as the call center Nevada Health Link – Silver State Health Insurance Exchange. The Q1FY15 18 percent call volume increase from Q4FY14 can be attributed to ongoing expanded outreach efforts.

Website: http://Nevada211.org

1.02 Office of Consumer Health Assistance (OCHA)

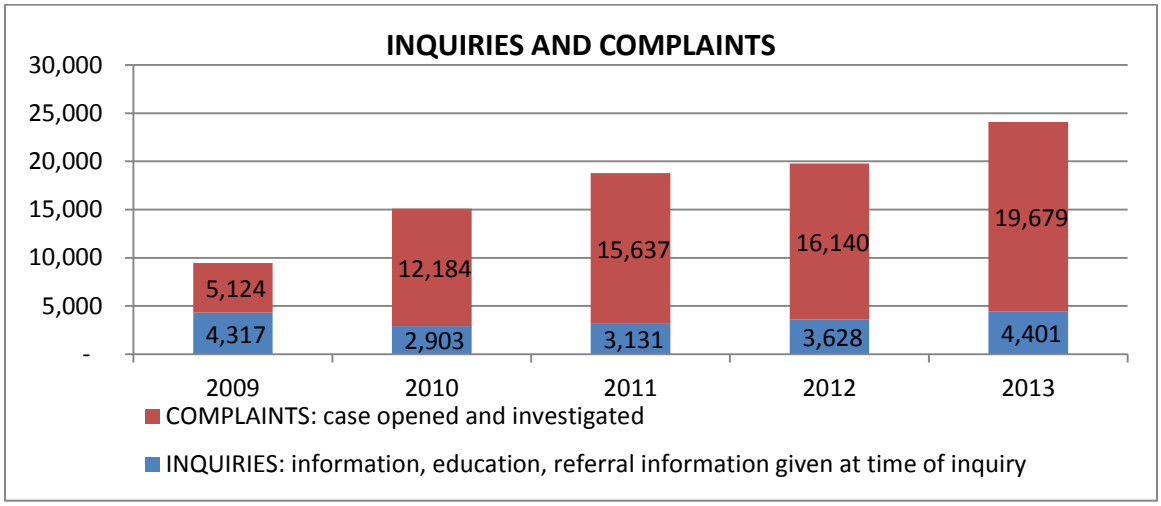
Program: Established by the Nevada Legislature in 1999, the Office for Consumer Health Assistance (OCHA) is a vital point of contact for healthcare consumers and providers in Nevada. OCHA's mission is to provide the opportunity for all Nevadans to access information regarding patient rights and responsibilities, 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, or Medicaid. Assistance is also provided to the uninsured and underinsured. OCHA collaborates routinely with state and federal agencies, and non-profit organizations. OCHA has expanded operations since its inception, and as of July 2011, has been operating through the Director's Office of DHHS. OCHA 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
- Affordable Care Act – Consumer Assistance Program
- Nevada 2-1-1
- Affordable Care Act – Silver State Exchange Consumer Assistance

Service Area: OCHA serves consumers statewide out of our main office in Las Vegas, and one satellite operations in Elko, Nevada to provide additional support to Northern/Rural Nevadans. The Office of Minority Health is also based in the Las Vegas Office for Consumer Health Assistance.

Hours: OCHA office hours are 8am – 5pm Monday through Friday, inquiries are accepted after hours by voicemail and email, and are returned as soon as possible.

Workload History: OCHA currently has seven full-time Ombudsmen managing caseloads of 125 to 220. Since October 1, 2013, the beginning of the first Nevada Silver State Health Insurance Exchange open enrollment period, OCHA has seen a significant increase in the number of calls received regarding the Affordable Care Act (ACA). In addition to managing cases ranging in context from access to care, billing disputes, hospital bills, provider/insurance grievances and appeals, OCHA is now responding to an increased number of cases related to the ACA, Nevada Health Link and Medicaid Expansion. OCHA has increased it level of knowledge to resolve these cases by having nine staff members become Certified Application Counselors who are registered with the Nevada Division of Insurance, and can assist consumers with selecting a Qualified Health Plan or apply for Medicaid.



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

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

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, OCHA has a designated Minority Health Ombudsman that advocates for the consumer regarding, billing dispute and access to care issues.

Funding: In September 2013, Nevada was awarded a federal grant from the State Partnership Grant Program to Improve Minority Health. The grant award is for $300,000, allocated over a two year period from September 1, 2013 to August 31, 2015, at $150,000 per year. OMH's project associated with this grant focuses on Affordable Care Act outreach and education and the promotion and dissemination of Cultural and Linguistically Appropriate Services (CLAS) Standards among healthcare providers. The grant fully funds the OMH Program Manager and a .50FTE Administrative Assistant position.

Key Demographics:

Region	Metric	Whites*	African Americans*	Asian Americans*	American Indian/ Alaskan Native*	Native Hawaiian s/Pacific Islander*	Persons Reporting Two 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: US Census Bureau, 2011 State and County QuickFacts: quickfacts.census.gov/afd/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 http://dhhs.nv.gov/cha.htm

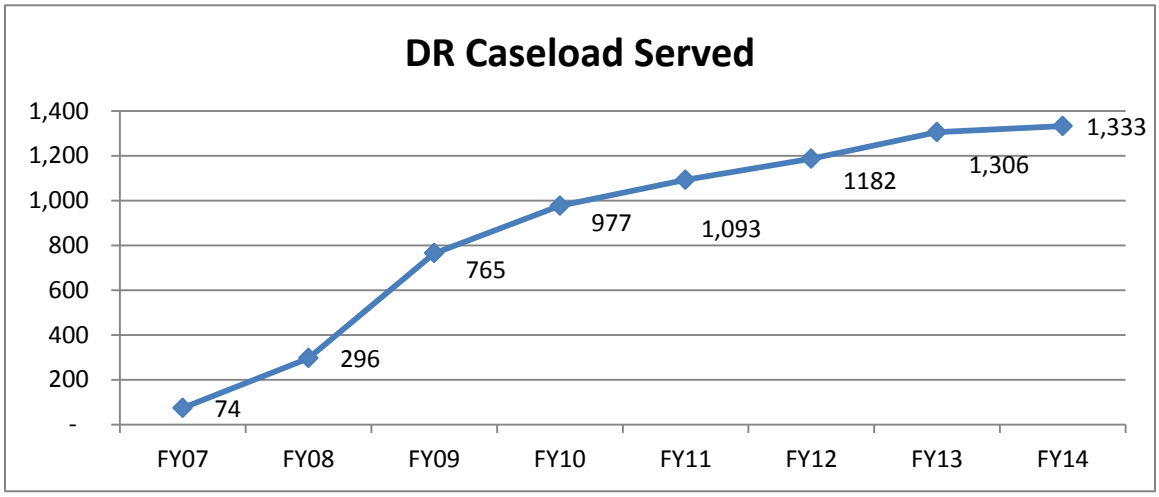
1.04 Differential Response

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 issues 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: 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	Returned	Served	Closed
FY07	90	16	74	33
FY08	362	66	296	247
FY09	912	147	765	665
FY10	1,053	76	977	906
FY11	1,137	44	1,093	1,135
FY12	1,234	47	1,187	1,182
FY13	1,319	13	1,306	1,319
FY14	1,366	33	1,333	1,340
FY15 YTD	211 families carried over from FY14; **FY15 YTD:** 269, **211 + 269 = 480**	13	467	238



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.

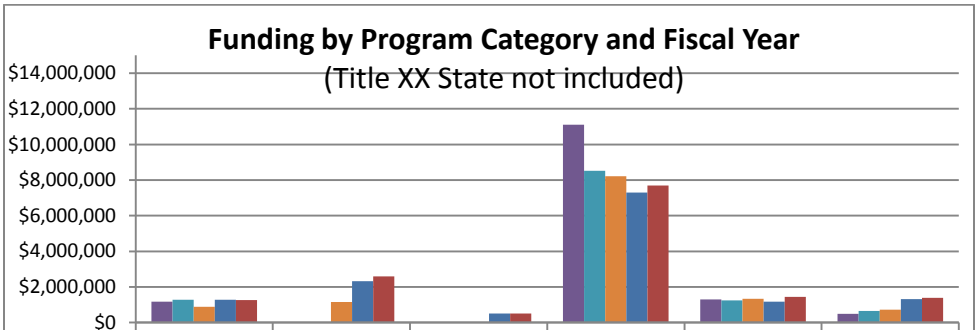
Website: http://dhhs.nv.gov/Programs/Grants/Programs/DR/DR_Programs/

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.
- **The Contingency Account for Victims of Human Trafficking** was created by the 2013 Legislature and, when sufficient funds become available, awards will be made to support appropriate programs and 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.



	Wellness: Health Only	Wellness: Food Security	Wellness: Nevada 2-1-1	Family Support	Disability Services	Problem Gambling
FY11	$1,171,136			$11,103,555	$1,300,000	$498,581
FY12	$1,282,762			$8,516,006	$1,238,596	$643,714
FY13	$879,927	$1,161,388		$8,224,082	$1,326,465	$731,271
FY14	$1,272,562	$2,316,681	$512,000	$7,294,293	$1,179,475	$1,316,094
FY15	$1,264,401	$2,586,087	$500,000	$7,702,780	$1,440,086	$1,387,094

Comments: **Food Security:** 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 primarily from FHN Wellness (known as FHN Children's Health or as FHN All Nevadans prior to FY13) with a small assist from SSBG-TXX.

Information and Referral (I&R): The same needs assessment indicated a need for stable support and development of information and referral (I&R). In FY14, the GMU began supporting Nevada 2-1-1 from a single source rather than piecing together a patchwork of funding. The total amount is comparable to prior years, but in those years the funding was embedded in reports that crossed multiple funding streams.

Tobacco Use Prevention/Cessation: 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 the Division of Public and Behavioral Health (PBH). Allocations are no longer reported on the GMU page.

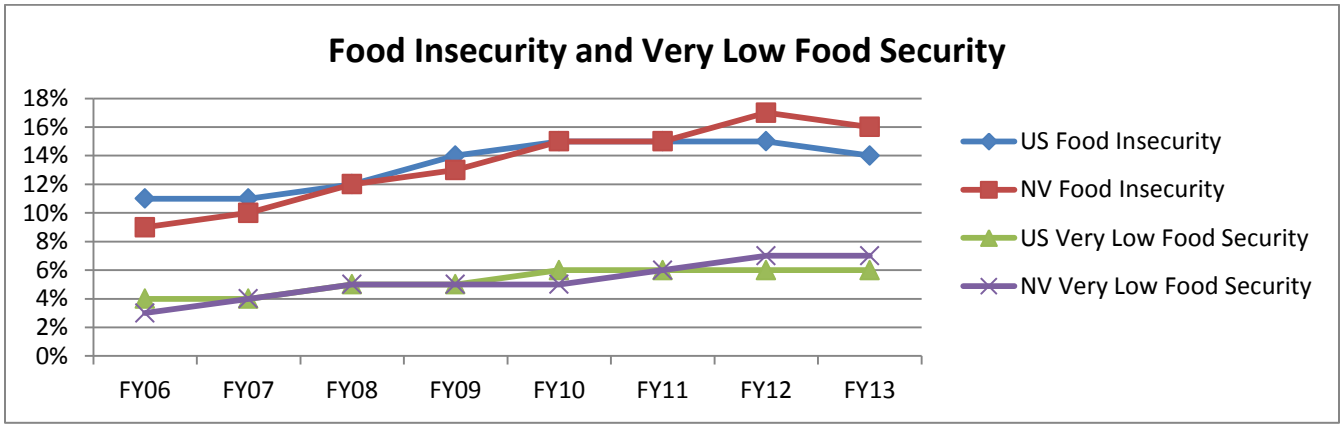
Website: http://dhhs.nv.gov/Programs/Grants/GMU/

1.06 Office of Food Security

Mission: It is incumbent on our society to ensure that each individual has access to healthy nutrition because it contributes to our quality of life, a strong citizenry, resilient communities and a robust economy.

Program: Leaders from government agencies, non-profit organizations and the private sector have joined forces to establish a strategic plan to increase food security in Nevada using the following core principles:

- Incorporate economic development opportunities into food security solutions.
- Use a comprehensive, coordinated approach to ending hunger and promoting health and nutrition, rather than just providing emergency short-term assistance.
- Focus on strategic partnerships among all levels of government, communities, non-profit organizations, including foundations, private industries, universities, and research institutions.
- Use available resources in a more effective and efficient way.
- Implement research-based strategies to achieve measurable results.



Food Insecurity trends seen in the above graph are a direct result of the Great Recession.

Agency	Key Accomplishments:
DHHS Director's Office	• Established an Office of Food Security in the Director's Office of the Department of Health and Human Services.
Governor's Office	• Created a Statewide Food Policy Advisory Council that links to and leverages regional and local community-based efforts.
Governor's Council	• Research and develop a menu of model policies/regulation options to promote food security in Nevada.
NV Department of Agriculture	• Assist school districts and charter schools with implementing the state's wellness policy and support the Office of Child Nutrition Programs' enforcement of the policy.
DHHS Director's Office	• Increase the number of services providers and places within a community and neighborhood to increase access points to healthy food by food insecure people who may be ineligible for federal nutrition programs.
NV Department of Agriculture	• Conduct a comprehensive benefit analysis study of the current state and nonprofit commodity/food delivery system that includes cost efficiency, frequency of delivery, and recommendations.
NV Department of Agriculture	• Develop a comprehensive client/community food supply assessment to determine what organizations, agencies and groups are providing services as well as the frequency and schedule of deliveries to determine efficiencies and opportunities for streamlining food distribution processes.

Website: http://dhhs.nv.gov/Programs/Grants/Programs/Food_Security/Food_Security/

1.06 Health Information Technology (HIT)

Program: 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 Health IT. It expanded the role of states in fostering a technical infrastructure to facilitate intra-state, interstate and nationwide health information exchange (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 time and point of care.

Health Information Technology (HIT) was responsible for administering the 4-yr. $6,133,426 Nevada ARRA HITECH State HIE Cooperative Agreement awarded to DHHS, of which approximately $4.2 million was actually expended. The funding was used to facilitate creating the core infrastructure and capacity enabling the electronic exchange of health information and coordinating related HIE initiatives, including state economic and workforce development. The State HIE Cooperative Agreement performance period was February 8, 2010 through February 7, 2014.

Other: As required by the grant, Nevada's State HIT Strategic and Operational Plan (State Health IT Plan) was approved by federal HHS in May 2011, and the most recent required updated version was approved October 2013. The plan's implementation was enabled and supported by NRS 439.581 through 439.595 (Senate Bill 43 passed in 2011).

Comments: In September 2009, Governor Jim Gibbons issued an Executive Order establishing the Nevada Health IT 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. 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. Due to an unclear path for financial sustainability and the existence of a competing HIE in the marketplace, the NV-HIE Board voted on January 24, 2014 to cease operations on February 7, 2014. On January 31, 2014, the NV-HIE Board voted to dissolve the corporation, which was done by the Nevada Secretary of State on February 28, 2014. At the end of the grant, Nevada was recognized by federal HHS for having the 2nd highest number of medical laboratory participants out of all 56 State and territory HIE grantees, and was commended for having 97% of its pharmacies enabled for and actively using e-Prescribing. Also, Nevada took a leadership role in interstate HIE, as a core member of the successful Westerns States Consortium federal grant project, and was a founding member of the National Association for Trusted Exchange (NATE), a non-profit organization made up of state HIE officials seeking to advance interstate HIE through state policy coordination.

Web site: http://dhhs.nv.gov/Programs/HIT/

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2.01 Advocate for Elders

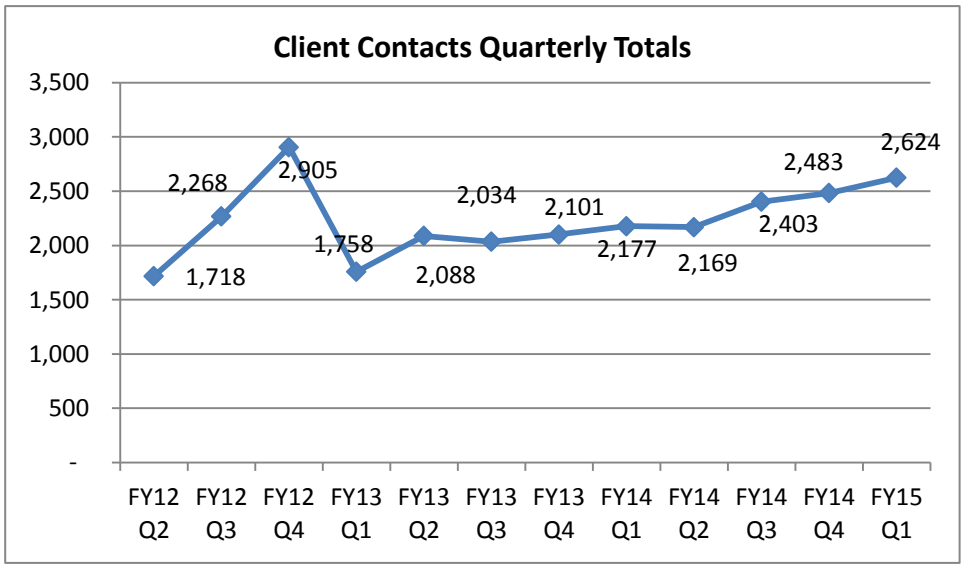
Program: The Aging and Disability Services Division (ADSD) Advocate for Elders program provides advocacy and assistance to frail, older adults and their family members to enable older adults to maintain their independence and make informed decisions.

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
FY14	9,232
FY15 YTD	2,624

FYTD:	Contacts
Jul 14	938
Aug	756
Sep	930
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	2,624
FY15 Avg	219



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: 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 are stable. SFY 12 dips reflected are a result of a turnover in staff. SFY 14 Q1, Q2 and Q3 remain stable, but with a slightly upward trend in Q3 and Q4. SFY 15 Q1 shows a slight increase from previous quarter.

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, Attendant Care, Personal Emergency Response System, Chore and Respite.

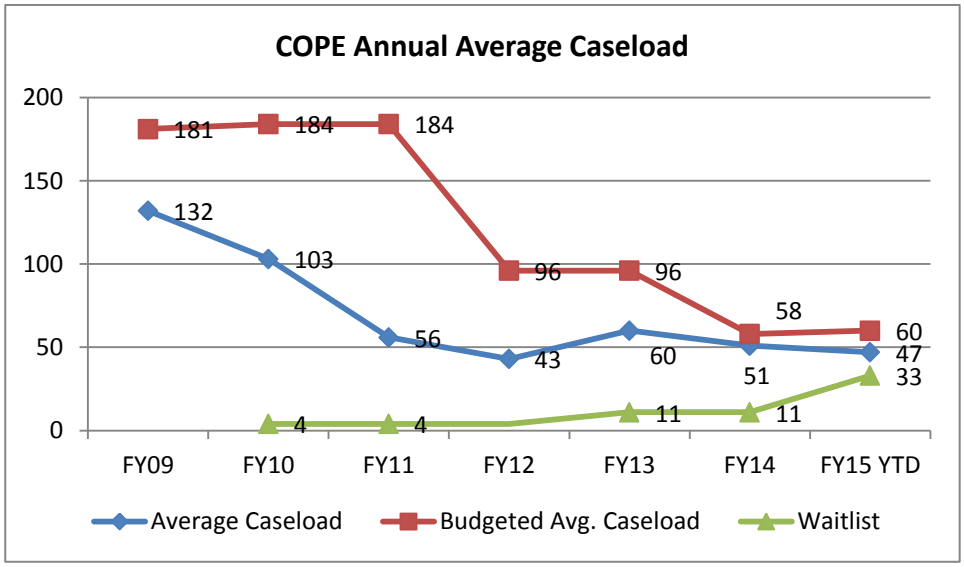
Eligibility: Must be 65 years old or older; financially eligible (for 2014 income up to $3,063; assets below $10,000 for an individual and $30,000 for a couple); at risk of nursing home placement without COPE services to keep them in their home and community. Priority given to those meeting criteria of NRS 426 – unable to bathe, toilet and feed self without assistance.

Workload History:

Fiscal Year	Average Caseload	Budgeted Avg Caseload	Average Waitlist	Total Expenditures
FY10	103	184	4	$760,522
FY11	56	184	4	$413,487
FY12	43	96	4	$372,824
FY13	60	96	11	$548,775
FY14	51	58	11	$539,336
FY15 YTD	47	60	33	Not Yet Available

FYTD:

Month	Caseload	Waitlist
Jul 14	48	35
Aug	47	34
Sep	47	31
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
FY15 Total	**142**	**100**
FY15 Avg	**47**	**33**



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. The wait list for COPE has been increasing for FY15 due to an increase in referrals, staff turnover and the reduction in slots from the last session.

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.

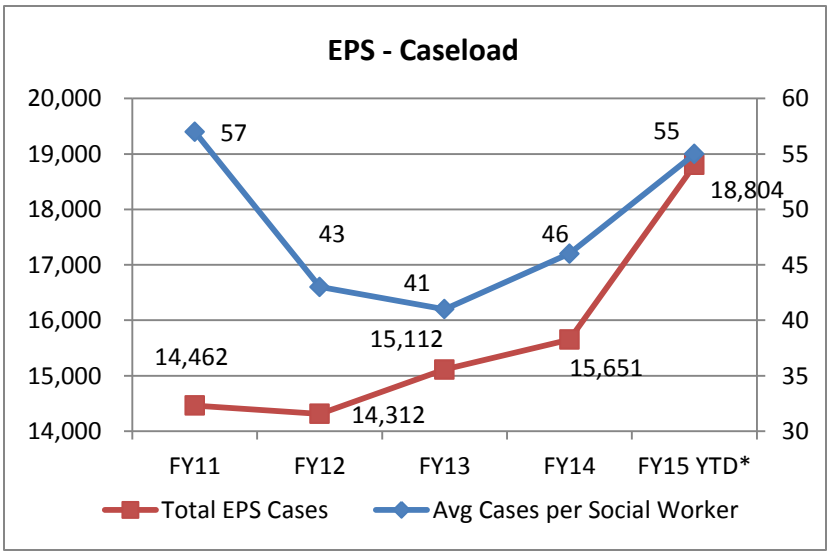
Eligibility: Any older person, defined by NRS as 60 years or older, is eligible. EPS investigates elder abuse reports in all counties of Nevada in both community and long-term care settings.

Workload History:

Fiscal Year	Total Cases	Average Cases per Social Worker	Total Expenditures
FY12	14,312	43	$3,437,968
FY13	15,112	41	$3,812,582
FY14	15,651	46	$3,063,232
FY15 YTD	4,701	55	$870,304

FYTD:

Month	Total Cases	Avg Cases per Social Worker
Jul 14	1,558	58
Aug	1,568	54
Sep	1,575	53
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
FY15 Total	**4,701**	**164**
FY15 Avg	**1,567**	**55**



*FY15 data in graph is annualized.

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.

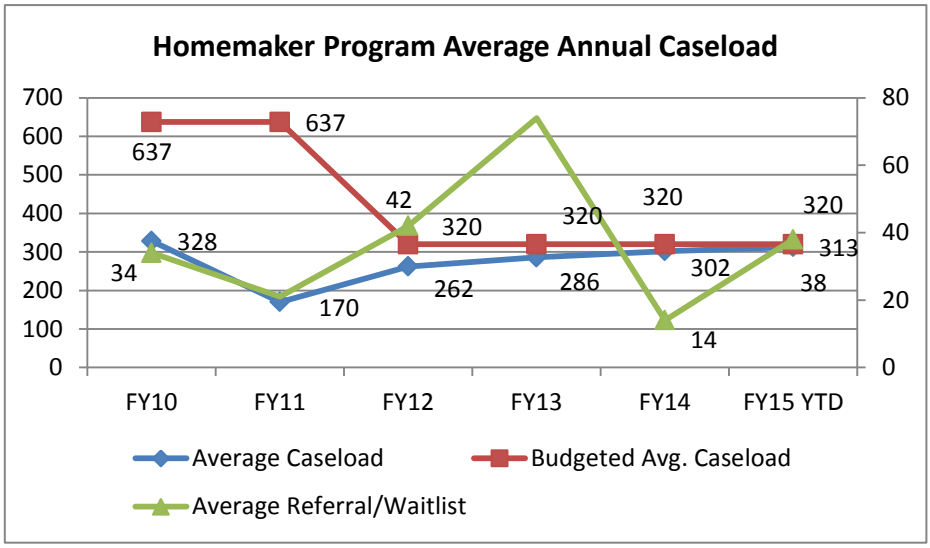
Eligibility: Seniors and person with disabilities throughout Nevada in need of supportive services; financially eligible (110% of Federal Poverty income below $1,053.00 monthly).

Workload History:

Fiscal Year	Average Caseload	Budgeted Avg Caseload	Average Referral/Waitlist	Total Expenditures
FY10	328	637	34	$910,353
FY11	170	637	21	$860,423
FY12	262	320	42	$530,446
FY13	286	320	74	$567,943
FY14	302	320	14	$714,506
FY15 YTD	313	320	38	Not Yet Available

FYTD:

Month	Caseload	Waitlist
Jul 14	316	33
Aug	315	38
Sep	308	43
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
FY15 Total	**939**	**114**
FY15 Avg	**313**	**38**



Funding Stream: Title XX/General Fund

Web Link: http://adsd.nv.gov/Programs/Seniors/HomemakerProg/HomemakerProg

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; caregiver support services; information, assistance and advocacy; companion services; geriatric health and wellness; homemaker services; home services; legal services; medical nutrition therapy; volunteer care; emergency food pantry; Personal Emergency Response System (PERS); and representative payee.

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

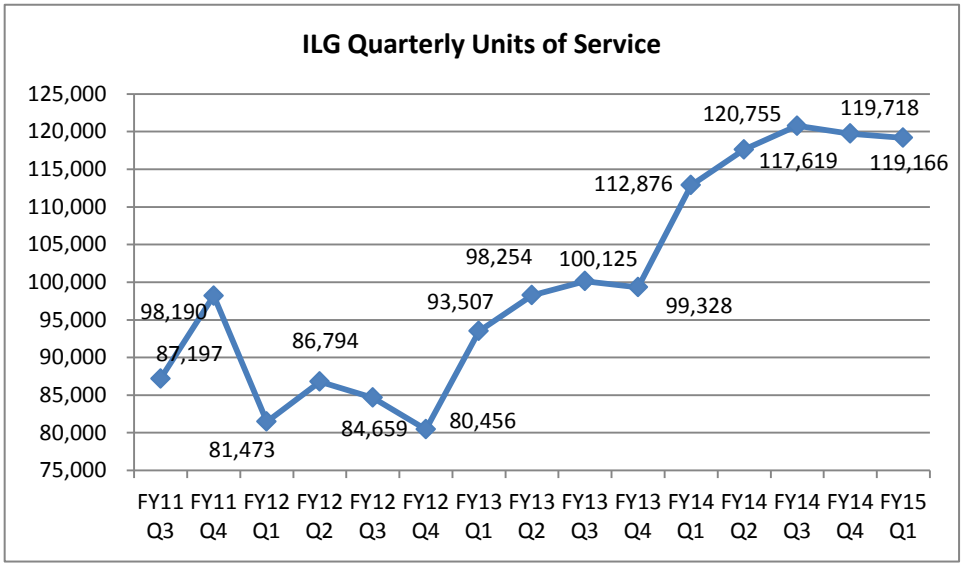
Workload History:

Fiscal Year	Units of Service	Monthly Average Units
FY11	374,760	31,230
FY12	333,382	27,782
FY13	391,214	32,601
FY14	470,967	39,247
FY15 YTD*	476,664	39,722

*FY 15 YTD data annualized

FYTD:

Month	Units of Service
Jul 14	42,590
Aug	39,852
Sep	36,724
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**119,166**
FY15 Avg	**39,722**



Funding Stream: Healthy Nevada Fund from the Tobacco Settlement Fund

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

Analysis of Trends The SFY 2012 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 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. Q3 and Q4 remain stable. Q1 of SFY 2015 is stable.

2.06 Long Term Care Ombudsman Program (Elder Rights Specialists)

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 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 advocacy 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)

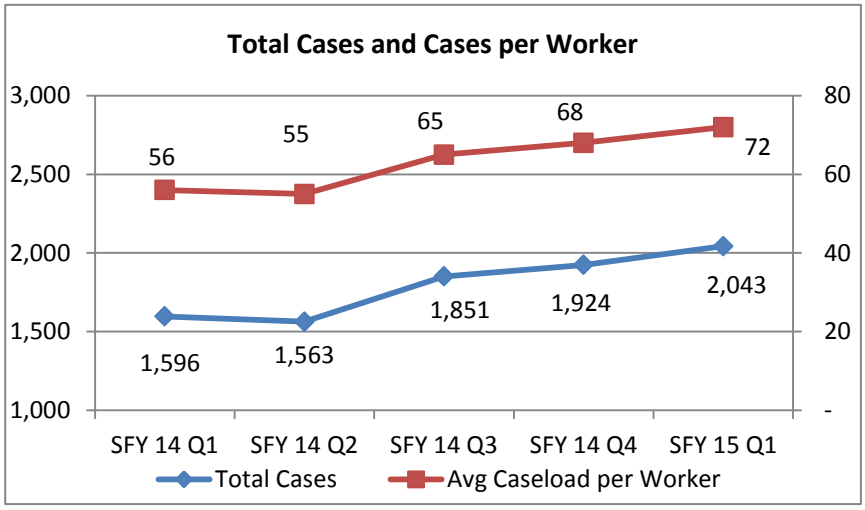
Workload History:

Fiscal Year	Total Cases	Avg Cases per Worker
FY14	6,934	61
FY15 YTD*	8,172	72

*FY15 YTD data is annualized.

FYTD:

Month	Total Cases	Avg Cases per Worker
Jul 14	593	62
Aug	662	70
Sep	788	83
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
FY15 Total	**2,043**	**215**
FY15 Avg	**681**	**72**



Funding Stream: Funding stream includes: Older Americans Act Funds through the Administration on Aging; Medicaid Funds through the Division of Health Care Financing and Policy; and General Fund.

Web Link: http://adsd.nv.gov/Programs/Seniors/LTCOmbudsman/LTCOmbudsProg/

Comment: TOTAL CASES - Total cases represent Total New Cases, Total Closed Cases, and Cases Ongoing from the previous months and total activities weighted at 5 activities (5 activities equals 1 case). The Average Cases per Worker represents the Total Cases divided by the actual number of Elder Rights Specialists. This caseload definition is new to the Ombudsman Program and is pending legislative approval in 2015. Please Contact Heather Korbulic at (775) 688-2964 ext. 260 or hkkorbulic@adsd.nv.gov for more information.

2.07 Senior Support Services

Program: Supportive Services and Senior Center Programs (funded by the Older American's Act Title III-B) are intended to maximize the informal support provided to older Americans, to enable them to remain living independently in their homes and communities. Services funded under Supportive Services and Senior Center Programs 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.

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.

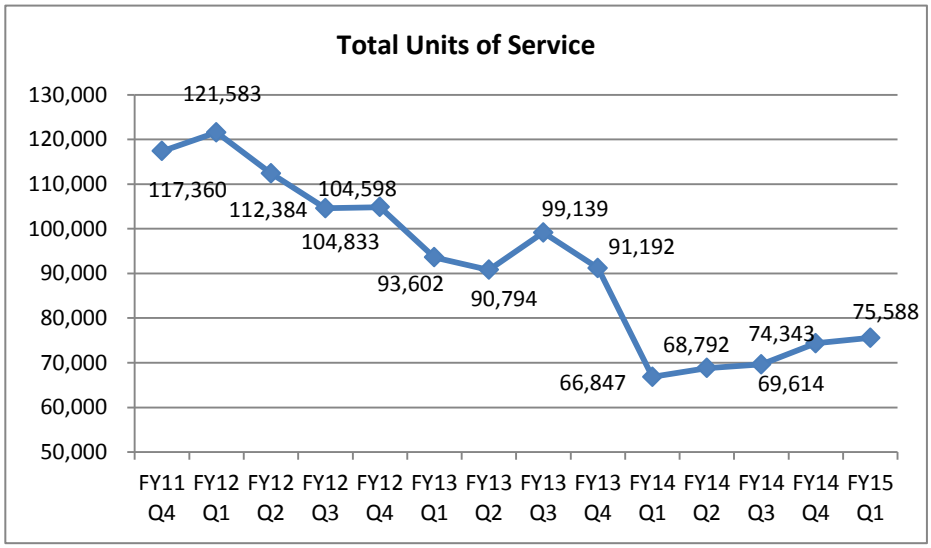
Workload History:

Fiscal Year	Units of Service	Average Units of Service
FY10	453,396	37,783
FY11	477,956	39,830
FY12	443,398	36,950
FY13	374,727	31,227
FY14	279,595	23,300
FY15 YTD*	302,352*	25,196

*FY15 YTD data is annualized.

FYTD:

Month	Units of Service
Jul 14	27,034
Aug	25,821
Sep	22,733
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**75,588**
FY15 Avg	**25,196**



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

Analysis of Trends: 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 decrease is due to a change in funded services between funding sources. The SFY 14 Q2, Q3 and Q4 trend is stable. SFY Q1 continues to be stable.

2.08 Senior Nutrition – Meals in Congregate Settings

Program: Senior Nutrition - Meals in Congregate Settings (funded by the Older Americans Act Title III - C1) are allocated to provide meals to seniors in congregate settings, usually at senior centers. The purposes of this part are to reduce hunger and food insecurity; to promote socialization of older individuals; and to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

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.

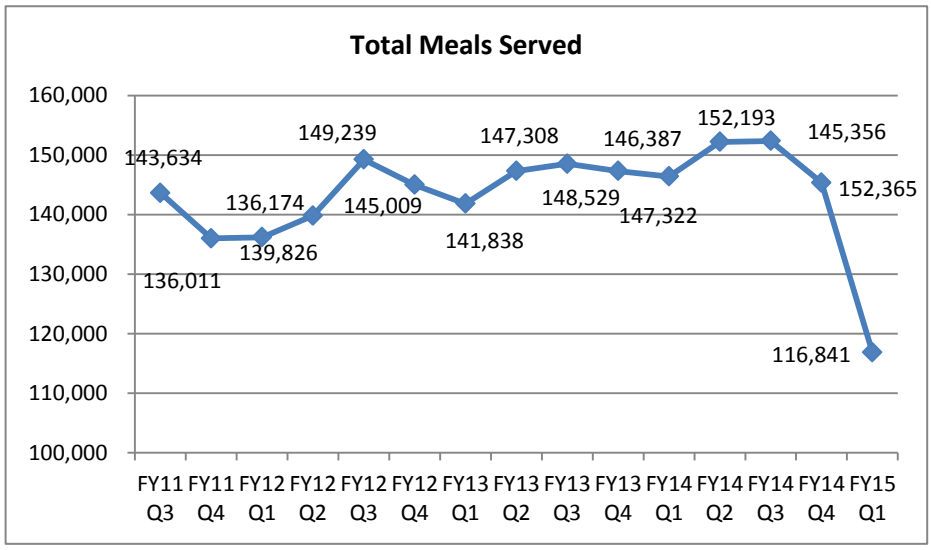
Workload History:

Fiscal Year	Units of Service	Average Units of Service
FY12	570,248	47,521
FY13	584,997	48,750
FY14	596,301	49,692
FY15 YTD*	467,364	38,947

*FY15 YTD data is annualized.

FYTD:

Month	Units of Service
Jul 14	46,880
Aug	35,493
Sep	34,468
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**116,841**
FY15 Avg	**38,947**



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 and Q2 are stable. Q3 remains stable; however Q4 shows a decrease. While Q4 and Q1 numbers often decrease due to "snowbirds" heading north for the warmer months, this Q4 dip is greater due to a "senior center boycott" at the City of Henderson over an increase in suggested donation price. Seniors have been boycotting the senior center activities due to the City's decisions addressing a budget shortfall. FY 2015 Q1 decrease is directly due to one large provider not being able to provide ADSD with their data.

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.

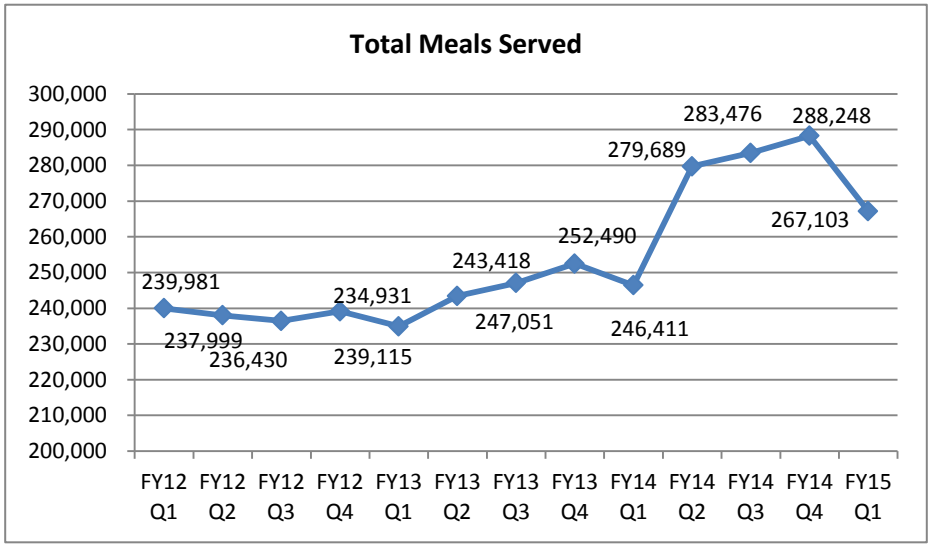
Workload History:

Fiscal Year	Units of Service	Monthly Average Units of Service
FY10	890,828	74,236
FY11	990,405	82,534
FY12	953,525	79,460
FY13	977,890	81,491
FY14	1,097,824	91,485
FY15 YTD*	1,068,412	89,034

*FY15 YTD data is annualized.

FYTD:

Month	Units of Service
Jul 14	106,208
Aug	81,678
Sep	79,217
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**267,103**
FY15 Avg	**89,034**



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. SFY 2013 shows a slight increase. SFY 2014 is showing an increase compared to the same time periods in the previous fiscal year. The Q2 service increase is primarily due to a large Home Delivered Meal program being awarded nonfederal funding to help reduce waitlist for services. Q3 and Q4 are stable. FY 2015 Q1 decrease is directly due to one large provider not being able to provide ADSD with their data.

2.10 National Family Caregiver Program

Program: The National Family Caregiver Support Program (funded by the 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.

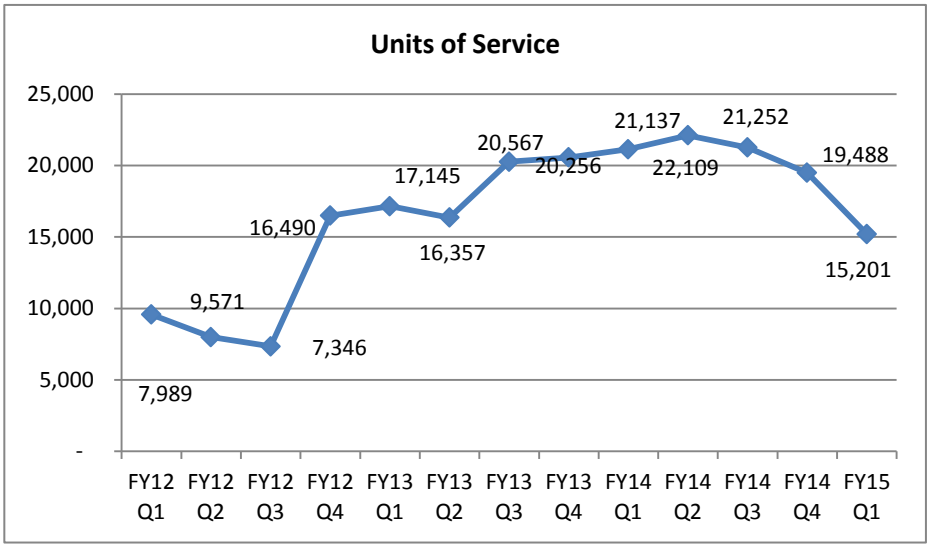
Workload History:

Fiscal Year	Units of Service	Average Monthly Units of Service
FY10	67,491	5,624
FY11	74,612	6,217
FY12	41,395	3,450
FY13	74,612	6,218
FY14	83,986	6,999
FY15 YTD*	60,804	5,067

***FY15 YTD data is annualized.**

FYTD:

Month	Units of Service
Jul 14	6,669
Aug	4,209
Sep	4,323
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**15,201**
FY15 Avg	**5,067**



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 (Aging and Disability Resource Center). SFY 2013 reflects an increase due to changes in reporting requirements. SFY 2014 Q1 and Q2 show and upward trend due to the funding of new ADRC serving the rural areas. Q3 and Q4 remain stable. FY 2015 Q1 decrease is directly due to one large provider not being able to provide us with its data.

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.

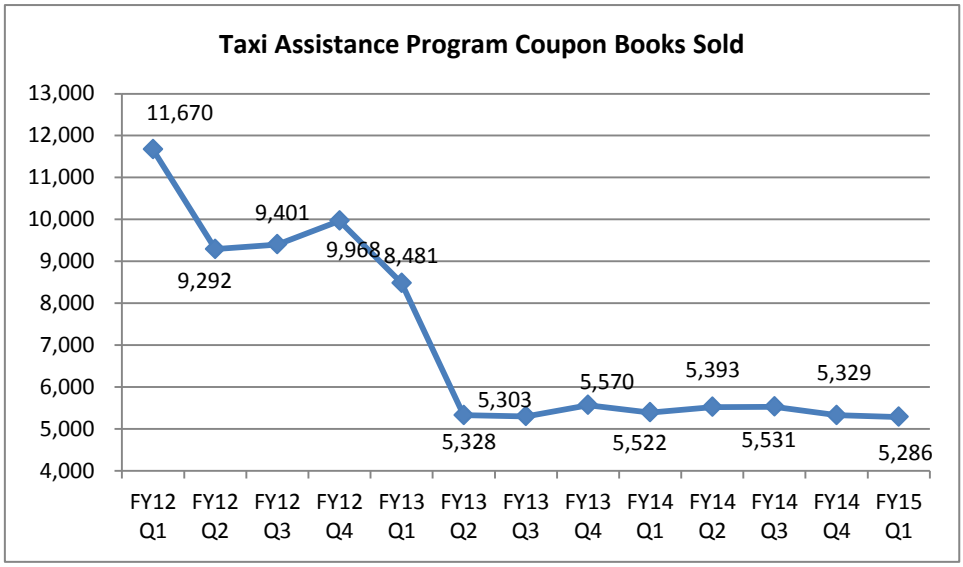
Workload History:

Fiscal Year	Units of Service
FY12	40,331
FY13	24,682
FY14	21,775
FY15 YTD	21,144

*FY15 YTD data is annualized

FYTD:

Month	Total Books Sold
Jul 14	2,028
Aug	1,675
Sep	1,583
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**5,286**
FY15 Avg	**1,762**



Other: Currently, 1,709 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. Data is tracked in the Social Assistance Management System (SAMS). SAMS is an information technology tracking system, allowing for improved consumer and performance tracking and information, and the reporting tool for both Federal and State required reports.

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 implementation of 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 since SFY13 Q1 and Q2. The trend is stable since.

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 $2.50 for generic drugs and $10 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.

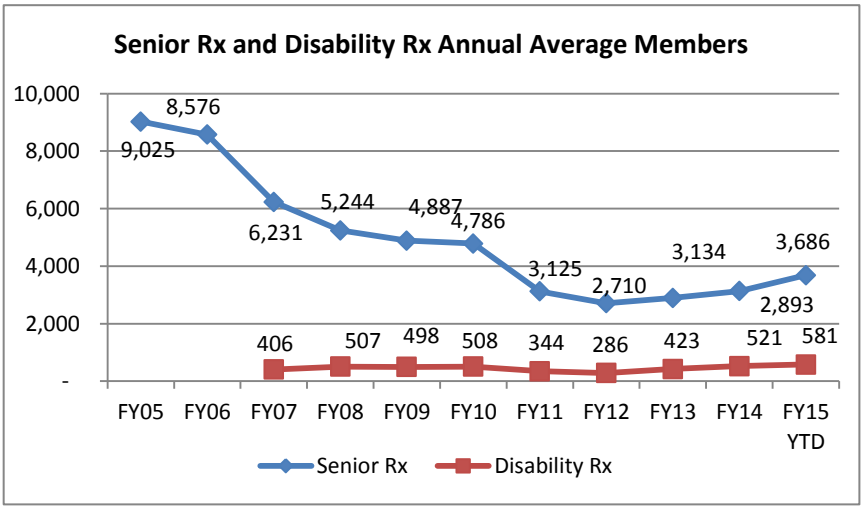
Eligibility: Residency -- Continuous Nevada resident for the 12 months prior to application. Annual Household Income Limit -- Effective 7/1/2014 = $27,701 for singles, $36,927 for couples. Age -- For Senior Rx, age 62 or older. For Disability Rx, age 18 through 61 with a verifiable disability.

Workload History:

	Senior Rx		Disability Rx	
Fiscal Year	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	3,134	$2,330,710	521	$460,287
FY15 YTD	3,686	Not Yet Available	581	Not Yet Available

FYTD:

Month	Senior Rx	Disability Rx
Jul 14	3,585	571
Aug	3,706	577
Sep	3,766	594
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
FY15 Total	**11,057**	**1,742**
FY15 Avg	**3,686**	**581**



Comment: Since the latter half of FY13, Senior/Disability Rx program staff actively works to facilitate transition of members from this program onto 100 percent "Extra Help" with the federal Low-Income Subsidy Program as we become aware of members whose income has recently decreased.

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

2.13 Senior Rx and Disability Rx – Dental Program

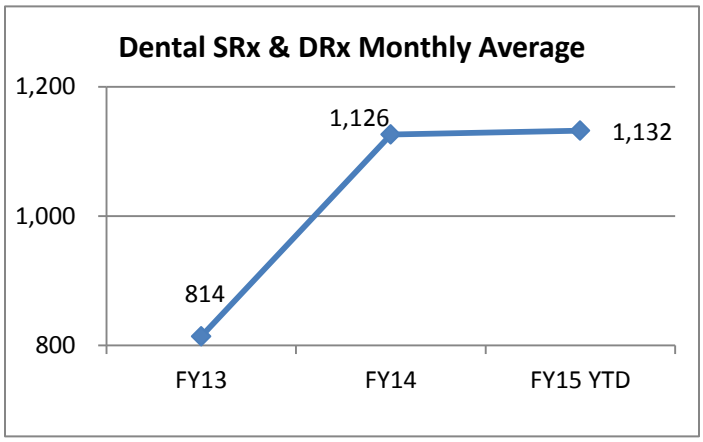
Program: Nevada Senior/Disability Rx Pilot Dental Program helps eligible applicants obtain essential dental care. Members receive up to $1,000 in dental-care services through a no-premium, no-deductible plan with a 100-80-50 benefit structure (preventative care is covered at 100 percent; fillings, denture 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/Disability Rx	
Fiscal Year	**Average Cases**	**Total Expenditures**
FY13	814	N/A
FY14	1,126	$371,907
FY15 YTD	1,132	Not Yet Available

FYTD	**Senior Rx**
JUL 14	1,119
Aug	1,181
Sep	1,097
Oct	
Nov	
Dec	
JAN 15	
Feb	
Mar	
Apr	
May	
Jun	
FY 15 Total	**3,397**
FY 15 Avg	**1,132**



Comment: The Pilot Dental Program began on March 1, 2013 with 800 slots and was expanded to 1,100 slots with the beginning of SFY14. Plan years run from January 1 through December 31 in order to coincide with the prescription benefit plan year. Ongoing data collection is being used to better understand the oral health needs of the target population and how best to support them. Currently, this benefit is tentatively scheduled to end with the current plan year on 12/31/2014 due to funding constraints. If not on 12/31/14, benefits will end on 6/30/15.

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.

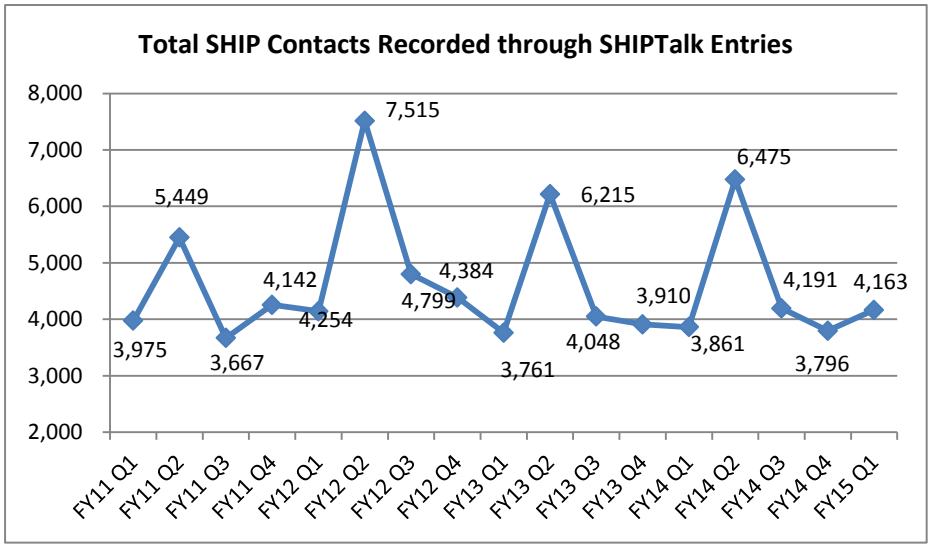
Eligibility: Medicare Beneficiaries; Seniors age 65 or older and/or persons with a verified disability of any age and their caregivers.

Workload History:

	Total SHIP Contacts	Quarterly 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
FY 14	18,323	4,581

FYTD:

	Total SHIP Contacts	Monthly Average
Q1 14	3,861	1,287
Q2 14	6,475	2,158
Q3 14	4,191	1,397
Q4 14	3,796	1,265
Q1 15	4,163	1,388



Other: SHIP utilizes trained volunteers, contract staff and partners for outreach and Medicare beneficiary navigation enrollment assistance. 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 and ACL.

Funding Stream: The Administration for Community Living (ACL) & ILG State Funds.

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

http://www.NevadaSHIP.com

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 September 30, 2014, there are 69 volunteers statewide, 38 of whom are SHIP Certified Counselors and some currently in certification training.

2.15 Waiver – Home and Community Based (HCBW)

Program: The Aging and Disability Services Division (ADSD) Home and Community Based Waiver (HCBW) For the Frail Elderly 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.

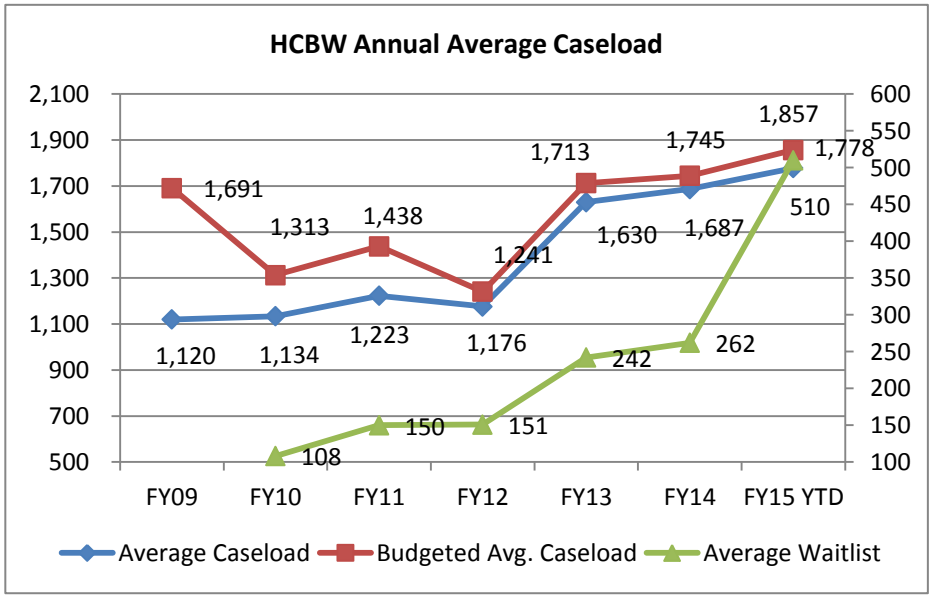
Eligibility: Must be 65 years old or older; at risk of nursing home placement within 30 days without services; financially eligible (300% of SSI income up to $2,163.00); need assistance with one or more of the following: bathing, dressing, eating, toileting, ambulating, transferring.

Workload History:

Fiscal Year	Average Caseload	Budgeted Avg Caseload	Average Waitlist	Total Expenditures
FY10	1,134	1,313	108	$4,083,178
FY11	1,223	1,438	150	$4,016,041
FY12	1,176	1,241	151	$4,563,023
FY13	1,630	1,713	242	$6,222,738
FY14	1,687	1,745	262	$5,856,376
FY15 YTD	1,778	1,857	510	Not Yet Available

FYTD:

Month	Caseload	Waitlist
Jul 14	1,765	465
Aug	1,792	513
Sep	1,776	553
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
FY15 Total	**5,333**	**1,531**
FY15 Avg	**1,778**	**510**



Funding Stream: Medicaid/General Fund

Analysis of Trends: There are two main reasons for the increasing waitlist totals: 1) Social Worker vacancies. There were two vacancies in September 2014 and four vacancies in October 2014. Each Social Worker carries a caseload of 50. 2) Wait time once the case has been sent to Division of Welfare and Supportive Services (DWSS).

Web Link: http://adsd.nv.gov/Programs/Seniors/HCBW/HCBW_Prog/

2.16 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.

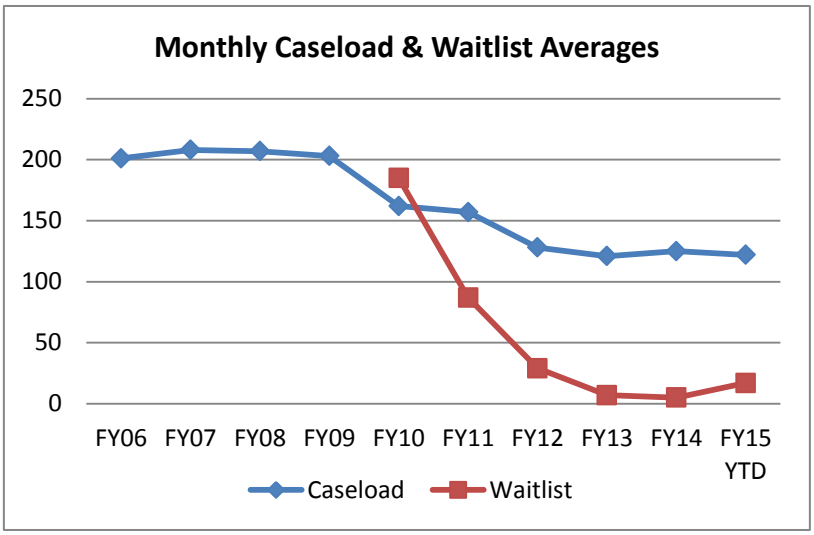
Eligibility: Applicants must be over age 18, have a severe physical disability, and must have all their care needs addressed when the resources of this program are combined with other resources available to the applicant (family, friends, assistive technology, private-pay care, etc.).

Workload History:

Fiscal Year	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	125	5	$2,598,948
FY 15 YTD	122	17	Not Yet Available

FYTD:

Month	Caseload	Waitlist
Jul 14	122	12
Aug	122	14
Sep	122	25
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
FY15 Total	**366**	**51**
FY15 Avg	**122**	**17**



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

2.17 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.

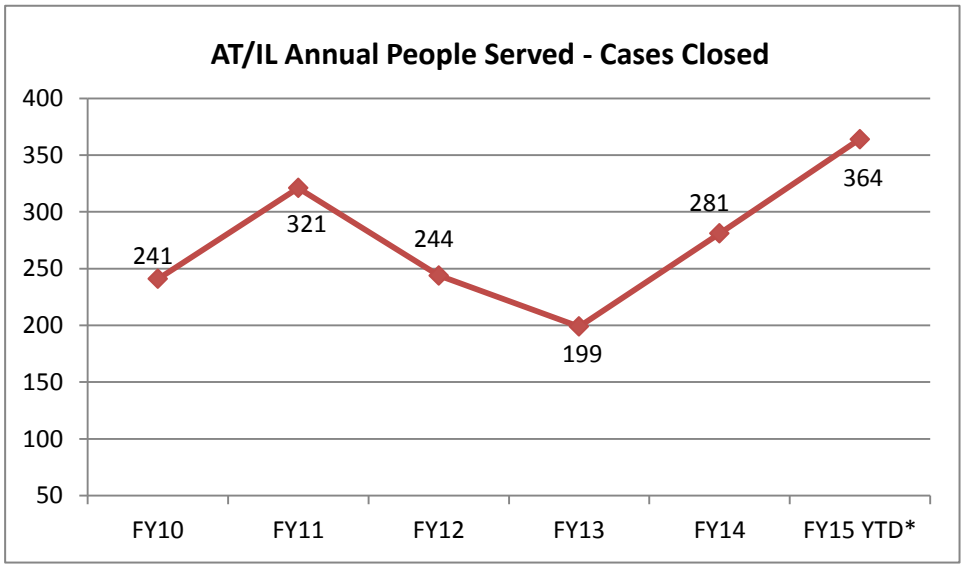
Workload History:

Fiscal Year	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	$1,045,448
FY 14	229	281	$1,606,319
FY 15 YTD*	176	364	$1,053,008

*FY 15 YTD data is annualized.

FYTD:

Month	Caseload
Jul 14	28
Aug	41
Sep	22
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**91**
FY15 Avg	**30**



*FY15 YTD data is annualized.

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 – 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.

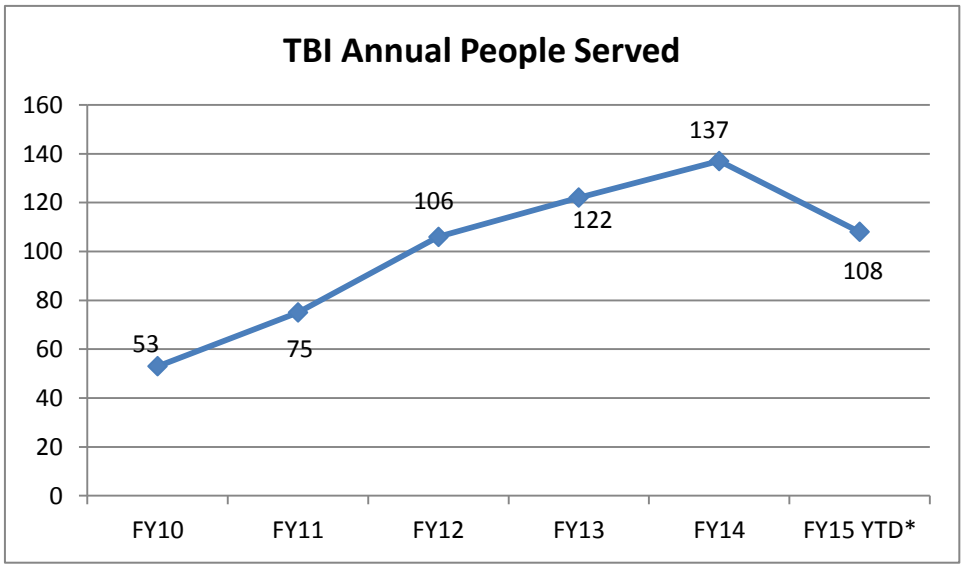
Eligibility: Applicants are generally between age 18 and 50, must have a recent brain injury, and must present as a good candidate for successful rehabilitation.

Workload History:

Fiscal Year	Applications	Cases Closed	Expenditures
FY 11	106	40	$1,538,063
FY 12	106	42	$1,510,623
FY 13	122	59	$1,498,475
FY 14	137	41	$1,359,969
FY 15 YTD		27	$246,179

FYTD:

Month	Caseload
Jul 14	10
Aug	9
Sep	8
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**27**
FY15 Avg	**9**



*FY15 YTD data is annualized

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 persons served 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

2.19 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.

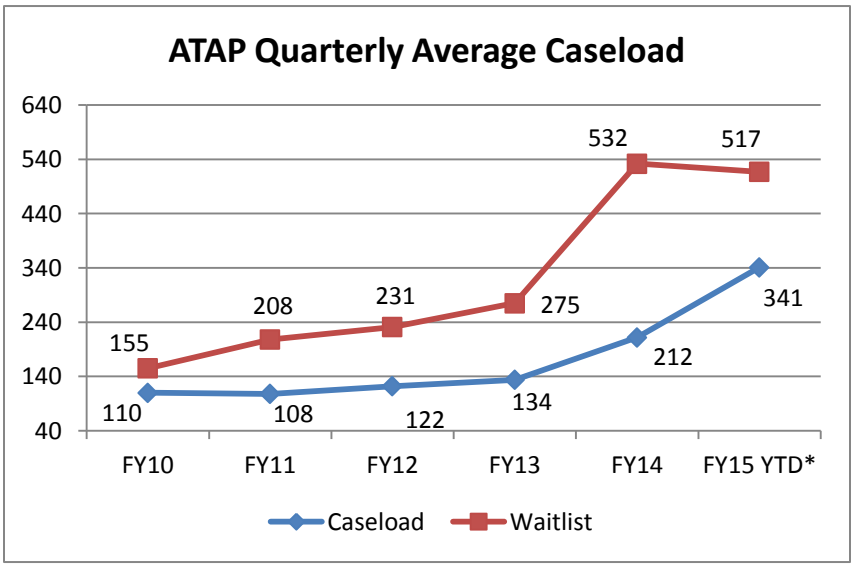
Workload History:

Fiscal Year	Average Caseload	Average Waitlist	Expenditures
FY 10	110	155	$1,288,262
FY 11	108	208	$1,885,987
FY 12	122	231	$1,959,167
FY 13	134	275	$2,390,915
FY 14	212	532	$3,493,764
FY 15 YTD*	341	517	$3,158,512*

*FY 15 YTD data is annualized.

FYTD:

Month	Caseload	Waitlist
Jul 14	310	505
Aug	320	506
Sep	351	528
Oct	381	528
Nov		
Dec		
Jan 15		
208		
Mar		
Apr		
May		
Jun		
FY15 Total	**1,362**	**2,067**
FY15 Avg	**341**	**517**



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.

Analysis of Trends: There are no identifiable data trends for new ATAP applicants. Applications and New Referrals arrive in bulk with no discernable predictability. ATAP received an increase in funding during the 2013 Legislative Session for FY14-15, causing an increase in caseload.

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.

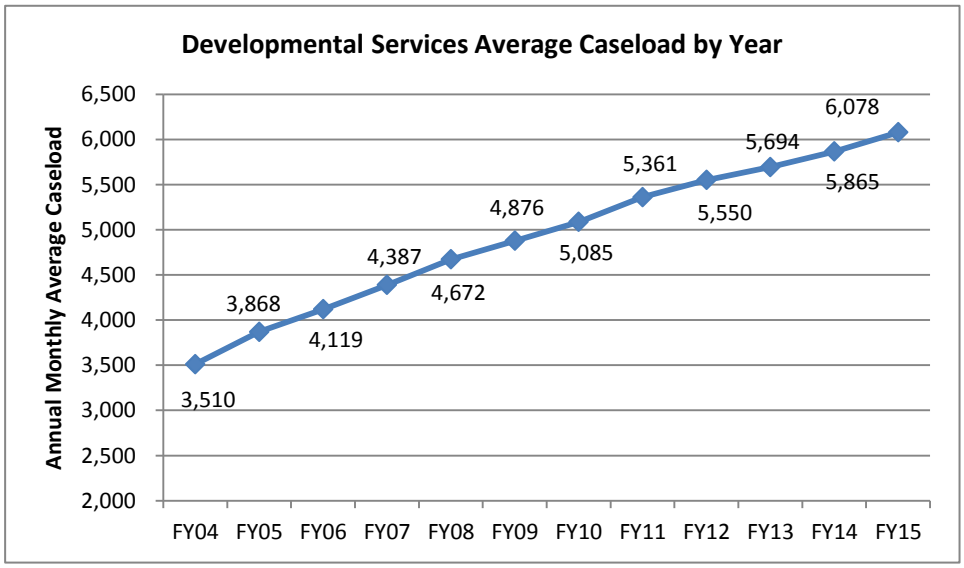
Eligibility: All individuals who meet Developmental Services eligibility requirements of mental retardation diagnosis or related conditions and three of six major life skill limitations who apply for services receive basic service coordination. Developmental Services agencies provide many services to 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	$149,929,411	5,865
FY15 YTD	Not Yet Available	6,078

Caseload FYTD:

Month	Caseload
Jul 2014	6,056
Aug	6,079
Sep	6,100
Oct	
Nov	
Dec	
Jan 2015	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**18,235**
FY15 Avg	**6,078**



Website: http://adsd-intranet.dhhs-ad.state.nv.us/SitePages/Home.aspx

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

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

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, communication, vision, hearing, nutrition, special 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, private 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. IDEA Part C staff monitor all early intervention programs in the State and provide training to ensure that early interventionists have the most current evidence-based, best practice 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	$23,642,678	5,427
FY 14	2,892	$25,637,476	5,737
FY 15 YTD	2,952	$6,005,442	1,617

FYTD:

Month	New Referrals	Total IFSPs*	Waiting for Services	Services Waiting	Exiting with IFSPs*
Jul 14	544	2,954	11	20	215
Aug	512	2,938	9	10	182
Sep	561	2,964	30	37	171
Oct					
Nov					
Dec					
Jan. 15					
Feb					
Mar					
Apr					
May					
Jun					
FY15 Total	**1,617**	**8,856**	**50**	**67**	**568**
FY15 Avg	**539**	**2,952**	**17**	**22**	**189**

*IFSP – Individualized Family Service Plan

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

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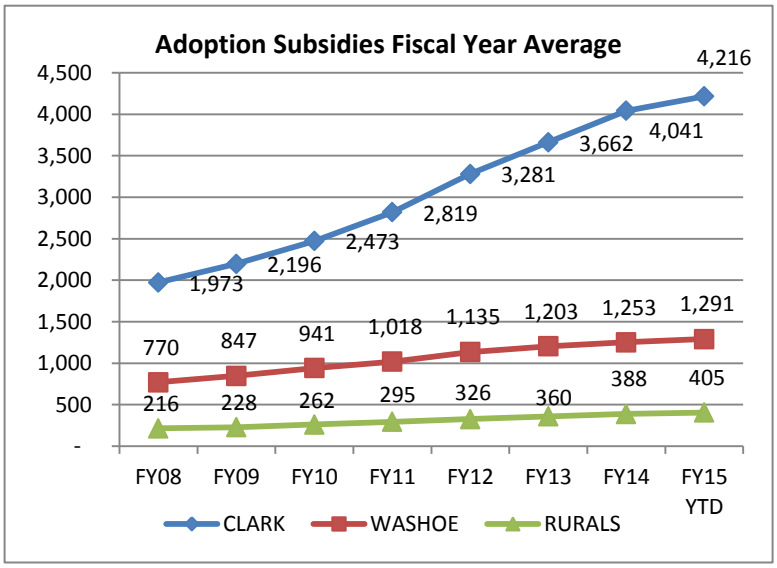
3.01 Adoption Subsidies

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 14	4,180	1,275	396	5,851
Aug	4,228	1,297	412	5,937
Sep	4,240	1,302	408	5,850
Oct				
Nov				
Dec				
Jan 15				
Feb				
Mar				
Apr				
May				
Jun				
FY15 Total	**12,648**	**3,874**	**1,216**	**17,738**
FY15 Avg	**4,216**	**1,291**	**405**	**5,913**



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

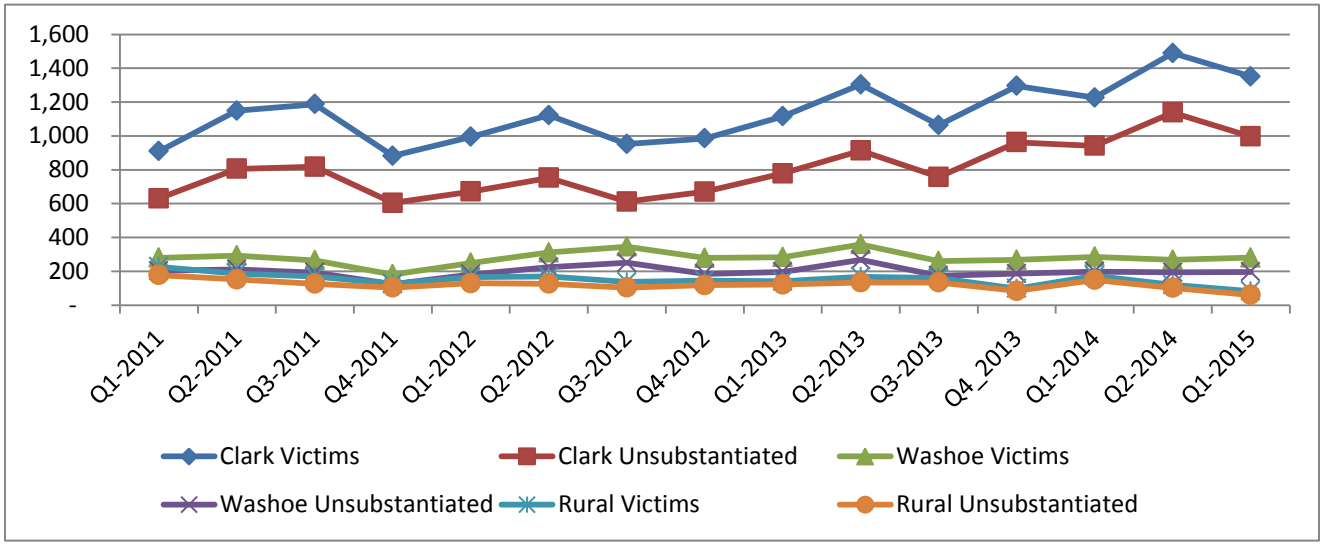
3.02 Child Protective Services (CPS)

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 14	1,597	1,183	241	167	56	43
Aug	1,218	884	195	129	57	41
Sep	1,238	921	406	296	137	99
Oct						
Nov						
Dec						
Jan 15						
Feb						
Mar						
Apr						
May						
Jun						
FY15 Total	**4,053**	**2,988**	**842**	**592**	**250**	**183**
FY15 Avg	**1,351**	**996**	**281**	**197**	**83**	**61**



Analysis of Trends: The number of child abuse and/or neglect victims and unsubstantiated reports has risen in Clark County within the last two years, September 2012 through October 2014. Media attention on this subject has heighted public awareness, resulting in a substantial increase of calls to the DCFS hotline. As a result, the number of investigations has also increased as well as the number of alleged victims.

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

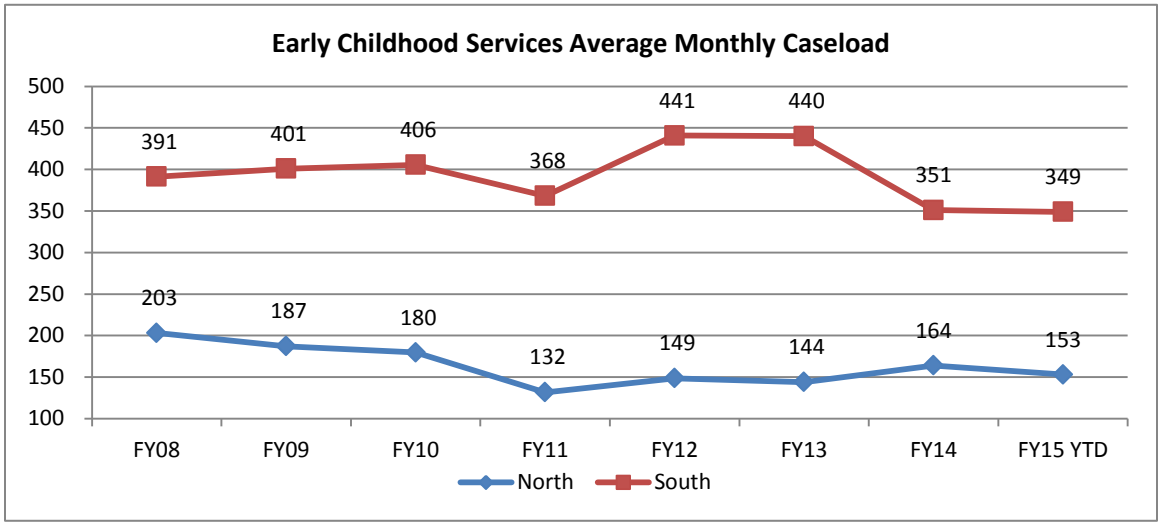
3.03 Early Childhood Services

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 & Adolescent Services is located in Washoe County, and Southern Nevada Child & 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 14	153	375
Aug	147	333
Sep	159	340
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
FY15 Total	**459**	**1,048**
FY15 Avg	**153**	**349**



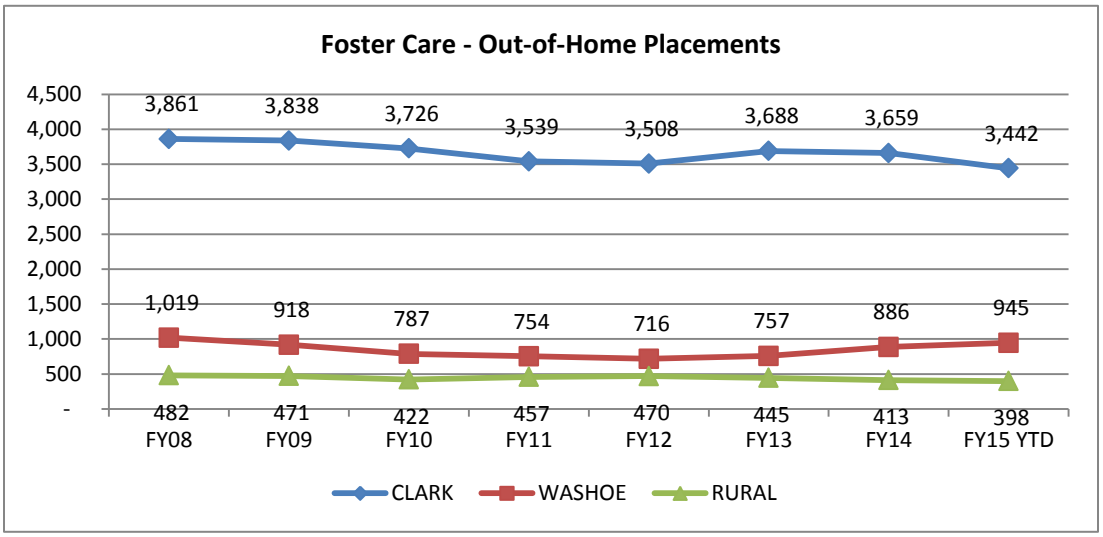
Website: http://www.dcfs.state.nv.us/DCFS_ChildMentalHealth.htm

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 14	3,534	966	410	4,910
Aug	3,524	967	407	4,898
Sep	3,268	902	378	4,548
Oct				
Nov				
Dec				
Jan 15				
Feb				
Mar				
Apr				
May				
Jun				
FY15 Total	**10,326**	**2,835**	**1,195**	**14,356**
FY15 Avg	**3,442**	**945**	**398**	**4,785**



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

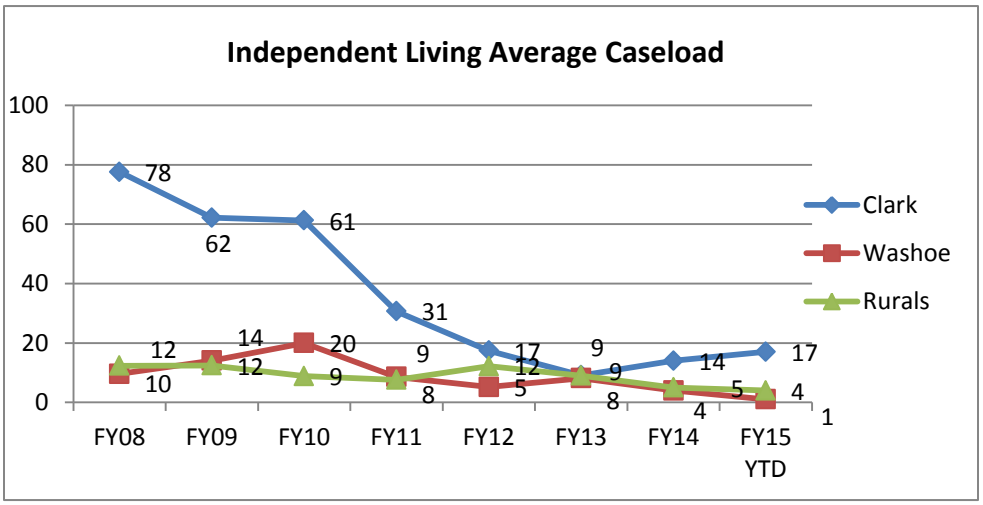
3.05 Foster Care – Independent Living

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 14	19	1	2	22
Aug	17	1	4	22
Sep	14	2	6	22
Oct				
Nov				
Dec				
Jan 15				
Feb				
Mar				
Apr				
May				
Jun				
FY15 Total	**50**	**4**	**12**	**66**
FY15 Avg	**17**	**1**	**4**	**22**



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

3.06 Juvenile Justice – Facilities

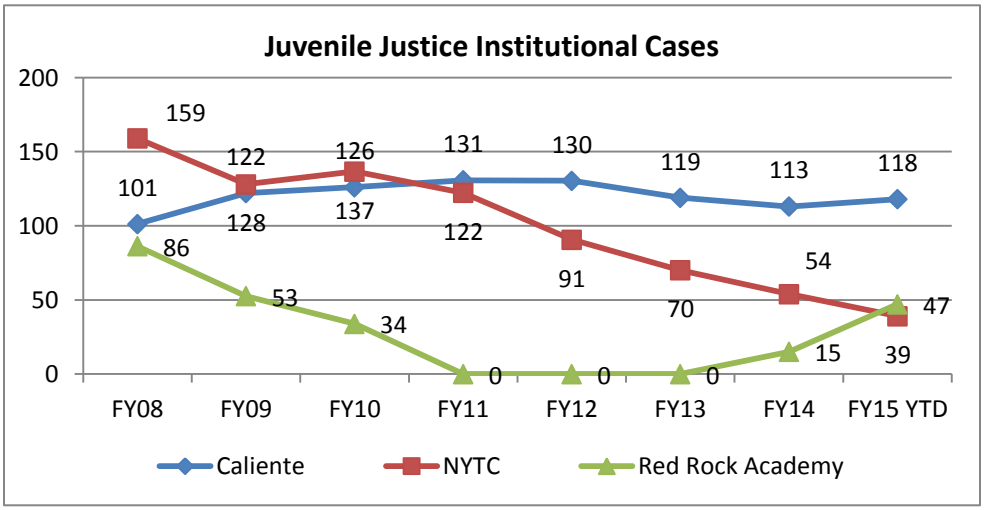
Caliente Youth Center: Opened: 1962. Renovated: 1977 Juvenile facility/training school. Security: minimum. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, violence prevention, prerelease/transitional training, cognitive-skills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

Red Rock Academy: Closed March 2010 under previous name: "Summit View", reopened December 2013 with new name: "Red Rock Academy". Security: maximum. Programs: aggravated/violent behavior; substance abuse counseling; sex offender counseling; restorative solutions; family groups and visitations; skill development; academic education; vocational training.

FYTD:	Caliente	NYTC	Red Rock Academy*	Total
Jul 14	111	48	44	203
Aug	118	33	48	199
Sep	125	35	48	208
Oct				
Nov				
Dec				
Jan 15				
Feb				
Mar				
Apr				
May				
Jun				
FY15 Total	**354**	**116**	**140**	**610**
FY15 Avg	**118**	**39**	**47**	**203**

***Previously "Summit View"**



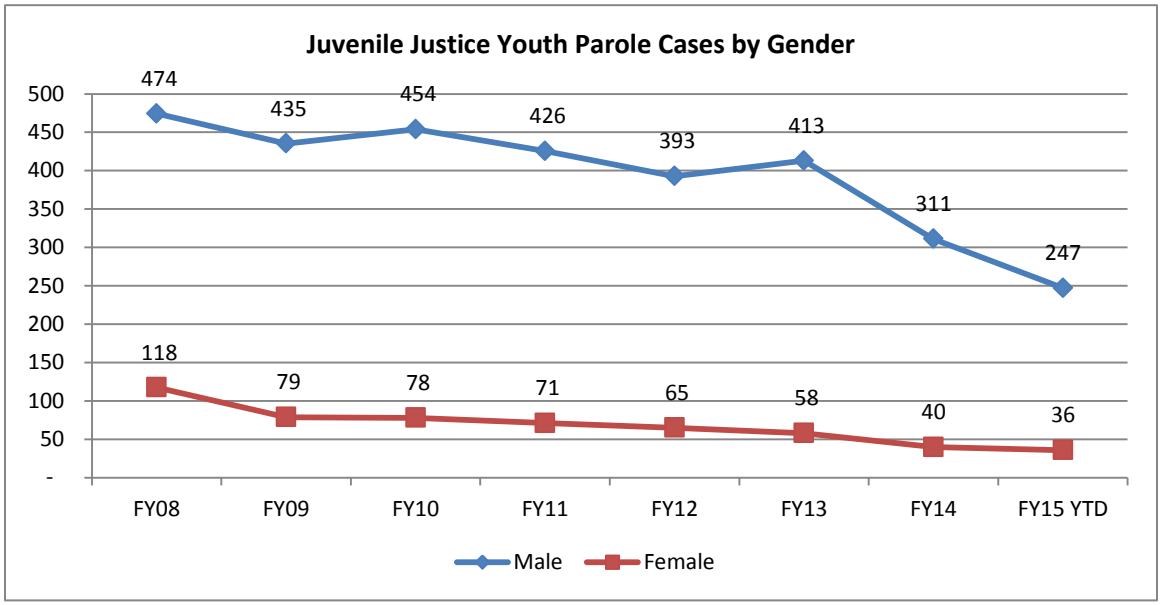
Website: http://www.dcfs.state.nv.us/DCFS_JuvenileJusticeSvcs.htm

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 14	255	38
Aug	244	35
Sep	242	35
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
FY15 Total	**741**	**108**
FY15 Avg	**247**	**36**



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

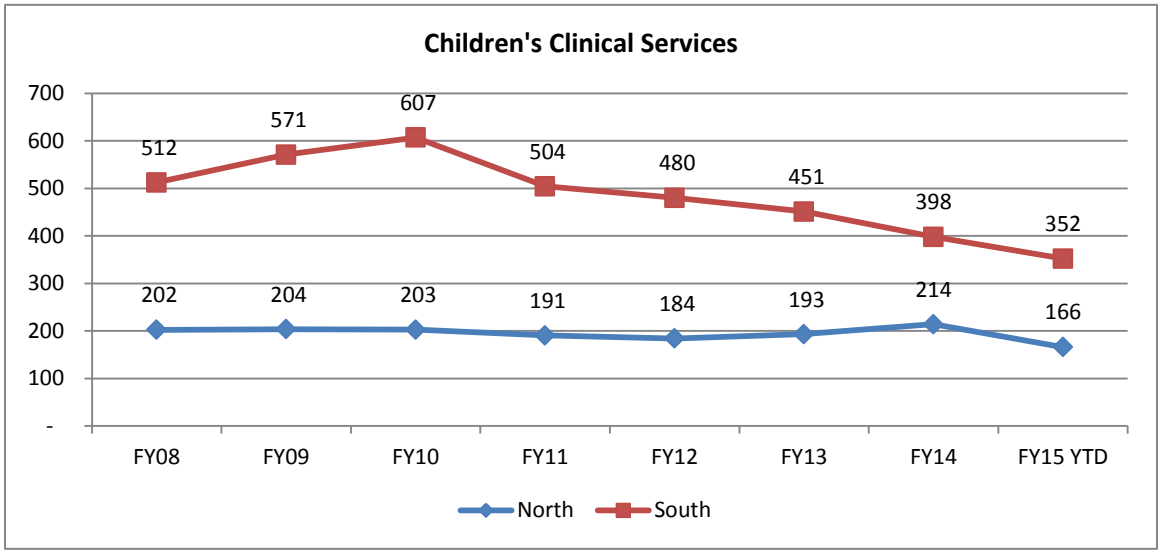
3.08 Children's Clinical Services

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 & Adolescent Services is located in Washoe County, and Southern Nevada Child & 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 Check Up, and children who are uninsured or underinsured.

FYTD:	North	South
Jul 14	168	359
Aug	160	358
Sep	170	340
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
FY15 Total	**498**	**1,057**
FY15 Avg	**166**	**352**



Analysis of Trends Due to a shortage of staff (including nurses, clinical social workers, and psychiatrists, for example), several units had to be closed since 2010, resulting in a decrease in children's clinical services.

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

3.09 Residential Treatment Services

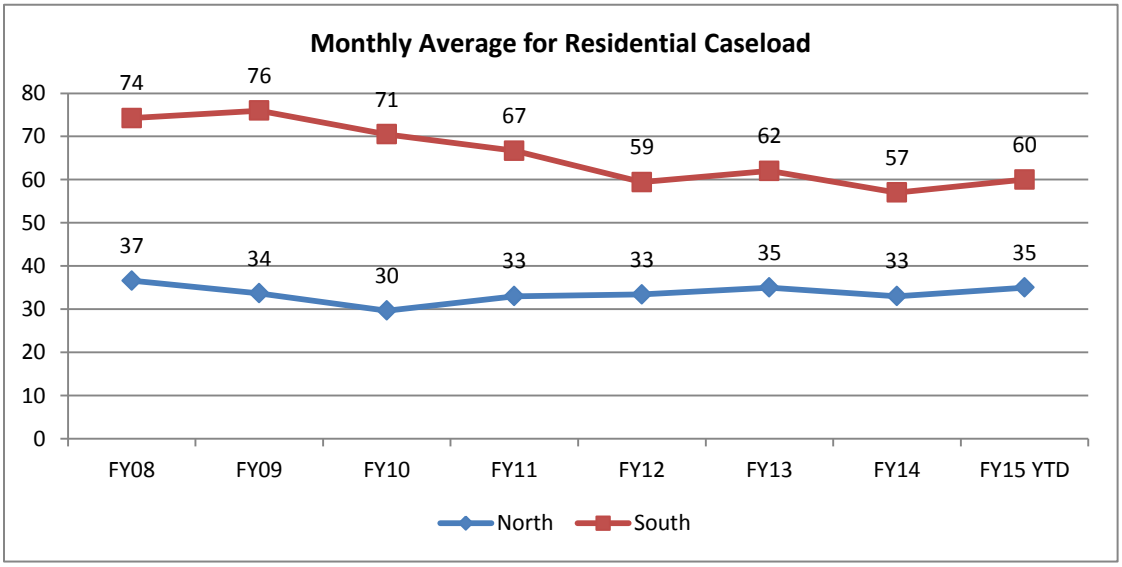
Program: Treatment Home services work in the context of family and community life with children and adolescents whose emotional, mental health, and behavioral needs cannot be met in their own families and who require a higher level of mental health intervention in an out of home setting. Inpatient acute 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 & Adolescent Services is located in Washoe County, and Southern Nevada Child & 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 14	32	59
Aug	37	61
Sep	35	59
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
FY15 Total	**104**	**179**
FY15 Avg	**35**	**60**



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

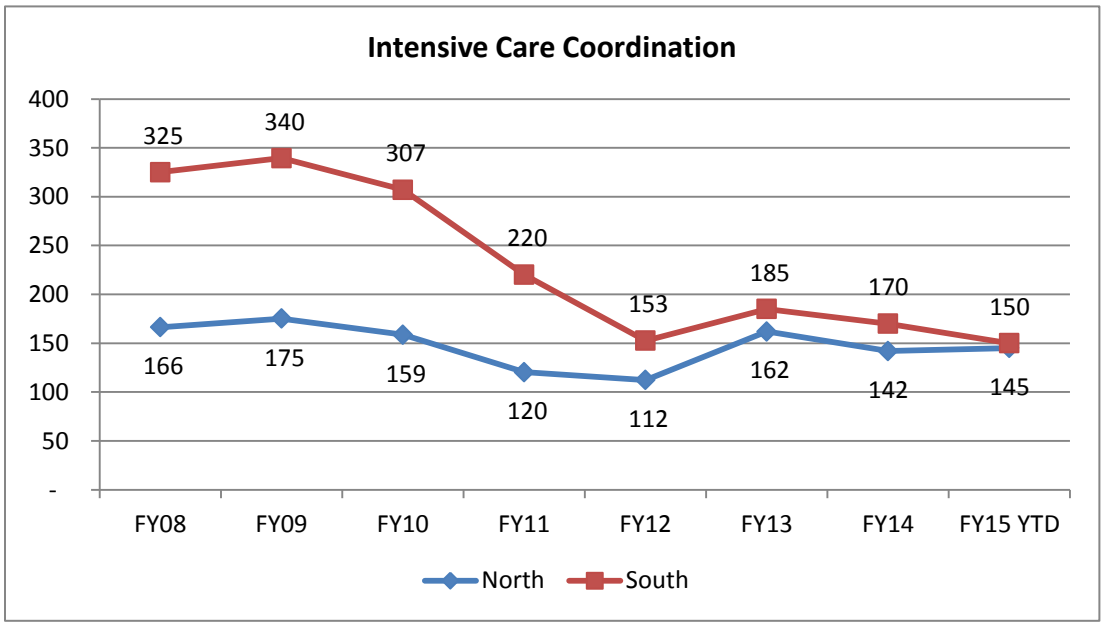
3.10 Intensive Care Coordination Services

Program: Intensive Care Coordination Services is provided using a wraparound model for children birth to eighteen years with severe emotional disturbance and multiple, complex needs across multiple child serving systems. Services include assessment, case planning, crisis response, and monitoring.

Eligibility: Ages 6 to 18.

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

FYTD:	North	South
Jul 14	147	147
Aug	141	152
Sep	146	151
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
FY15 Total	**434**	**450**
FY15 Avg	**145**	**150**



Website: http://www.dcfs.state.nv.us/DCFS_CommunityBasedOPSvcs.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.

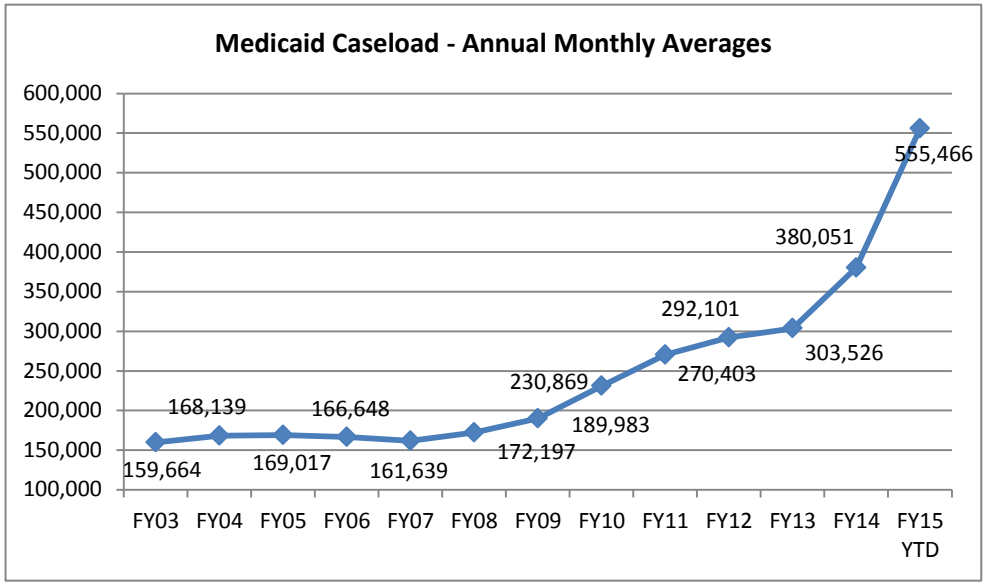
Eligibility: Eligibility for Medicaid is not easily explained as there are a number of different mandatory and several optional categories where eligibility can be approved. For more detailed information about the many different categories of Medicaid eligibility, please access the link below and select "Eligibility & Payments Information Manual" off the Home page. Next select the "Maps" tab.

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	380,051	$2,027,481,858
FY 15 YTD*	555,466	$880,977,370

*FY 15 YTD expenses as of 10/17/2014

FYTD:	Caseload
Jul 14	542,222
Aug	556,850
Sep	567,327
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
Member Months	**1,666,399**
Average Caseload	**555,466**



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. Select the below link and at the bottom right hand corner of the Home page, under "State Employees", select "Budget & Caseload Statistics".

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

4.02 Health Insurance for Work Advancement (HIWA)

Program: HIWA provides necessary health care services and support for competitive employment of persons with disabilities aged 16 through 64. The program is designed so individuals with disabilities who are employed can retain or establish Medicaid eligibility if they meet certain eligibility criteria. Those receiving this coverage pay a monthly premium of between 5 percent and 7.5 percent of their monthly net income.

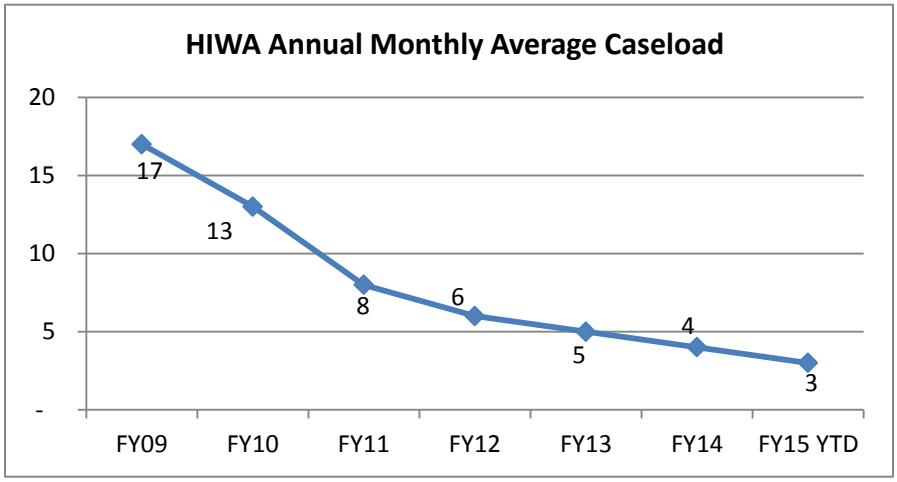
Eligibility: Citizenship, residency, disability and current employment are requirements of the program. The resource limit is $15,000. A vehicle, special needs trusts, medical savings accounts and tax refunds are some of the resources which are excluded. There are several work-related expenses which 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 disregard 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 FPL. 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	Total Expenditures
FY 12	6	$7,552
FY 13	5	$6,276
FY 14	4	$5,800
FY 15 YTD	3	$3,203

FYTD:	Caseload
Jul 14	3
Aug	3
Sep	3
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**9**
FY15 Avg	**3**



Comment: The 2012 American Community Survey of the US Census reported Nevada had an estimate of 1,705,729 persons aged 18-64. Of the 1,167,082 employed, 63,084 (6 percent) people were with a disability and 1,103,998 (94 percent) people were without a disability. Of the 159,170 unemployed, 17,103 (11 percent) people were with a disability and 142,067 (89 percent) people 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.

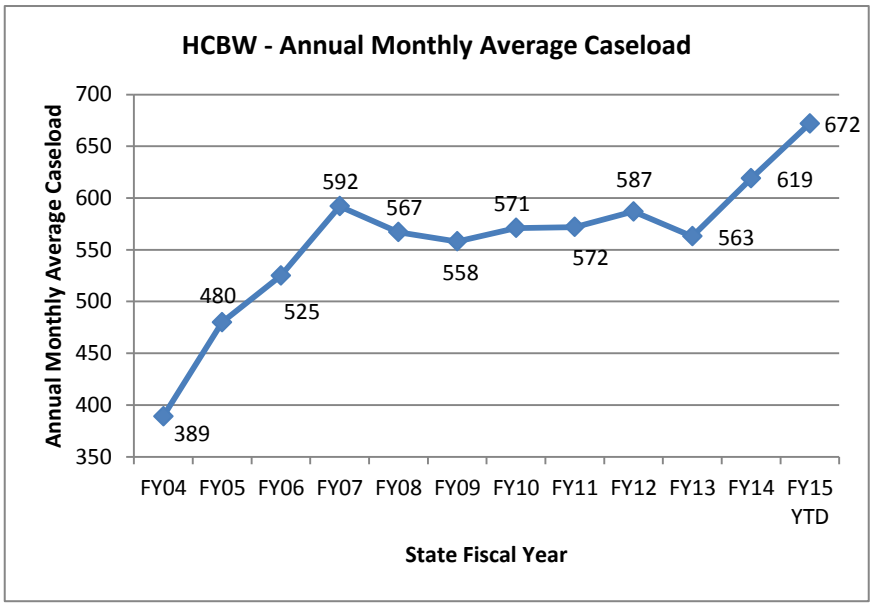
Eligibility: Interest in waiver services initiates a screening process to determine if the individual appears to meet the following eligibility requirements:
*without the waiver services, would require institutional care provided in a skilled nursing facility or intermediate care facility for the mentally 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
FY 14	$3,744,300	619
FY 15 YTD	Not Yet Available	672

Caseload FYTD:

Month	Caseload
Jul 14	665
Aug	663
Sep	686
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**2,014**
FY15 Avg	**672**



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 - Single Parent

Program: This program is a cash assistance program with its focus on employment and self-sufficiency. In order to receive continued monthly benefits, households must meet the conditions of their Personal Responsibility Plan, which includes work participation requirements. Failure to do so results in a full family sanction with no cash benefits for three months. Upon reapplication and approval the household will be required to meet the conditions of their Personal Responsibility Plan.

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 $6,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Need Standard:

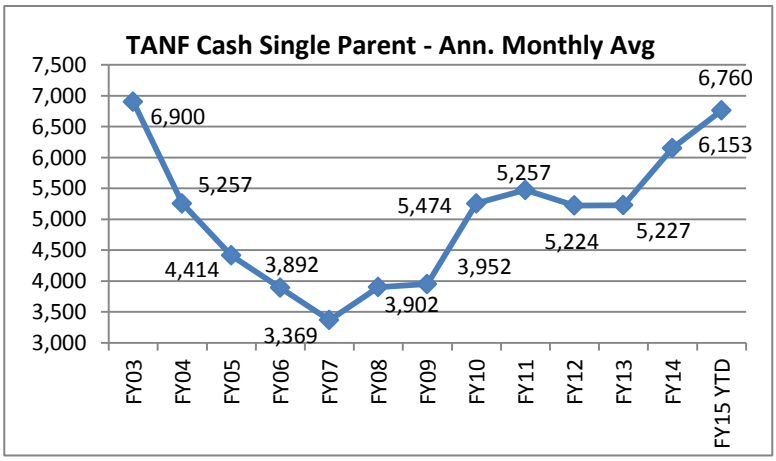
Household Size	Maximum Income Test (130% of FPL)	Need Standard 100%	Payment Allowance 75% of FPL
1	$1,459	$729	$253
2	$1,966	$983	$318
3	$2,474	$1,237	$383
4	$2,981	$1,491	$448
5	$3,489	$1,744	$513
6	$3,996	$1,998	$578
7	$4,504	$2,252	$643
8	$5,011	$2,506	$708

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 11	5,474	$19,000,621
FY 12	5,224	$18,044,184
FY 13	5,227	$18,149,842
FY 14	6,153	$21,676,920
FY 15 YTD	6,760	Not Yet Available

FYTD:

Jul 14	6,861
Aug	6,665
Sep	6,754
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**20,280**
FY15 Avg	**6,760**



Comments: 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), layoffs and high unemployment rates not seen in over 25 years.

5.02 TANF Cash - Two Parent

Program: This program is a cash assistance program with its focus on employment and self-sufficiency. In order to receive continued monthly benefits, households must meet the conditions of their Personal Responsibility Plan, which includes work participation requirements. Failure to do so results in a full family sanction with no cash benefits for three months. Upon reapplication and approval the household will be required to meet the conditions of their Personal Responsibility Plan.

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 $6,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Need Standard:

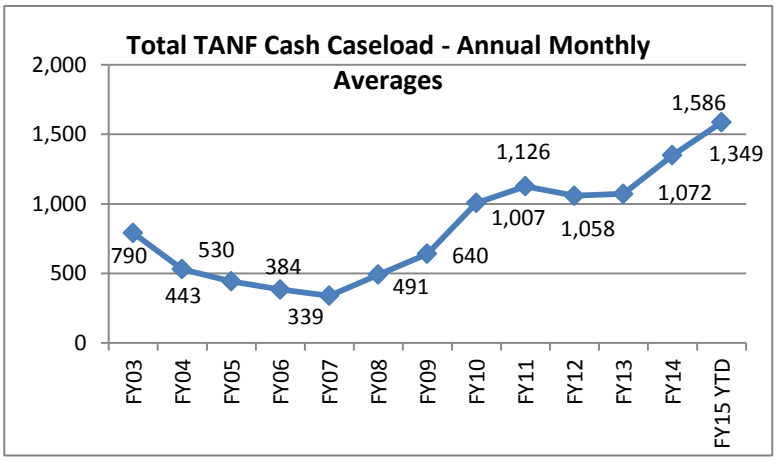
Household Size	Maximum Income Test (130% of FPL)	Need Standard 100%	Payment Allowance 75% of FPL
1	$1,459	$729	$253
2	$1,966	$983	$318
3	$2,474	$1,237	$383
4	$2,981	$1,491	$448
5	$3,489	$1,744	$513
6	$3,996	$1,998	$578
7	$4,504	$2,252	$643
8	$5,011	$2,506	$708

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 11	1,126	$4,318,977
FY 12	1,058	$4,101,907
FY 13	1,072	$4,122,515
FY 14	1,349	$5,456,619
FY 15 YTD	1,586	Not Yet Available

FYTD:

Jul 14	1,580
Aug	1,584
Sep	1,595
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**4,759**
FY15 Avg	**1,586**



Comments: 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), layoffs and high unemployment rates not seen in over 25 years.

5.03 Child Only Cash Programs

Program: These programs are designed for households who do not have a work eligible individual. No adults receive assistance due to ineligibility or because the caretaker is a non-needy relative caregiver. Categories of child only households include: Non-Citizen Parent, SSI Recipient Household, Non-Needy Relative Caregiver (NNRC), and Kinship Care. The caretakers in these cases have no work participation requirements included in their Personal Responsibility Plan. Non-Needy and Kinship Care caretakers receive a higher payment based on the number of children and for Kinship Care the ages of the children in their care.

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 $6,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items). Total household income must be less than or equal to 275 percent of poverty for Non-Needy and Kinship Care caretakers.

Need Standard:

Household Size	Need Standard 100%	Payment Allowance 35%	NNRC* 275% FPL**	NNRC Allowance
1	$729	$253	$2,674	$417
2	$983	$318	$3,605	$476
3	$1,237	$383	$4,535	$535
4	$1,491	$448	$5,466	$594
5	$1,744	$513	$6,396	$654
6	$1,998	$578	$7,326	$713
7	$2,252	$643	$8,257	$772
8	$2,506	$708	$9,187	$831

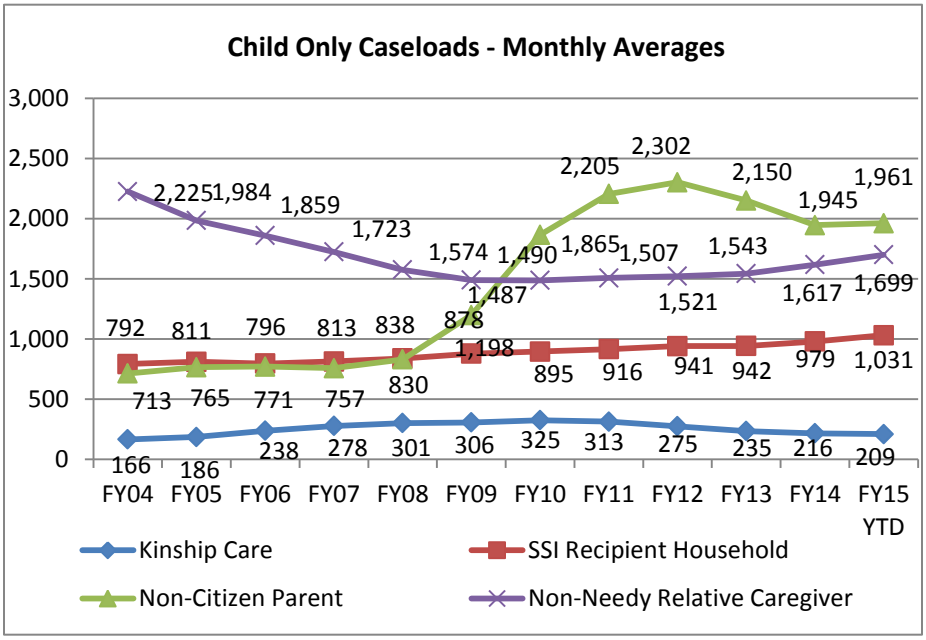
***NNRC-Non-Needy Relative Caregiver. **FPL-Federal Poverty Level. Note: Kinship Care Allowance: Age 0-12=$534 per child; Age 13+=$616 per child.**

Workload History:

Year	Cases	Expenditures
FY11	4,940	$22,131,961
FY12	5,038	$21,816,693
FY13	4,870	$20,926,645
FY14	4,758	$17,619,902
FY15 YTD	4,901	Not Yet Available

FYTD:

Jul 14	4,908
Aug	4,909
Sep	4,886
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**14,703**
FY15 Avg	**4,901**



Note: Total of all Child Only Cash Cases. For statistical purposes only as each aid code is different and cannot be compared.

5.04 Temporary Assistance for Needy Families (TANF) - All Cash Programs

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 $6,000 countable resources per TANF case (exceptions: one automobile, home, household goods and personal items).

Need Standard:

Household Size	Need Standard 100%	Payment Allowance 35%	NNRC* 275% FPL**	NNRC Allowance
1	$729	$253	$2,674	$417
2	$983	$318	$3,605	$476
3	$1,237	$383	$4,535	$535
4	$1,491	$448	$5,466	$594
5	$1,744	$513	$6,396	$654
6	$1,998	$578	$7,326	$713
7	$2,252	$643	$8,257	$772
8	$2,506	$708	$9,187	$831

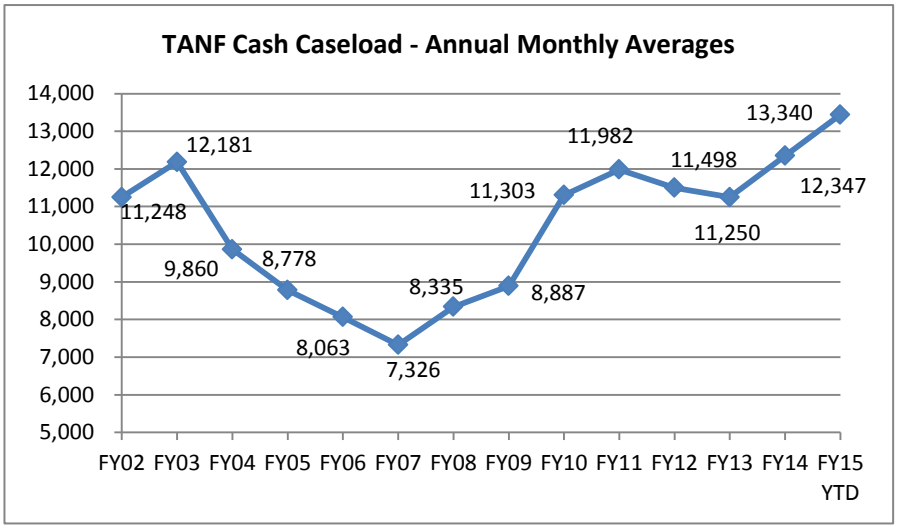
***NNRC-Non-Needy Relative Caregiver. **FPL-Federal Poverty Level. Note: Kinship Care Allowance: Age 0-12=$400 per child; Age 13+=$462 per child.**

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
FY 14	12,347	$48,159,450
FY 15 YTD	13,340	Not Yet Available

FYTD:

Jul 14	13,440
Aug	13,247
Sep	13,332
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**40,019**
FY15 Avg	**13,340**



Comments: 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), layoffs and high unemployment rates not seen in recorded history. Total of all Cash Cases. For statistical purposes only as each aid code is different and cannot be compared.

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 become 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 need items necessary for employment.

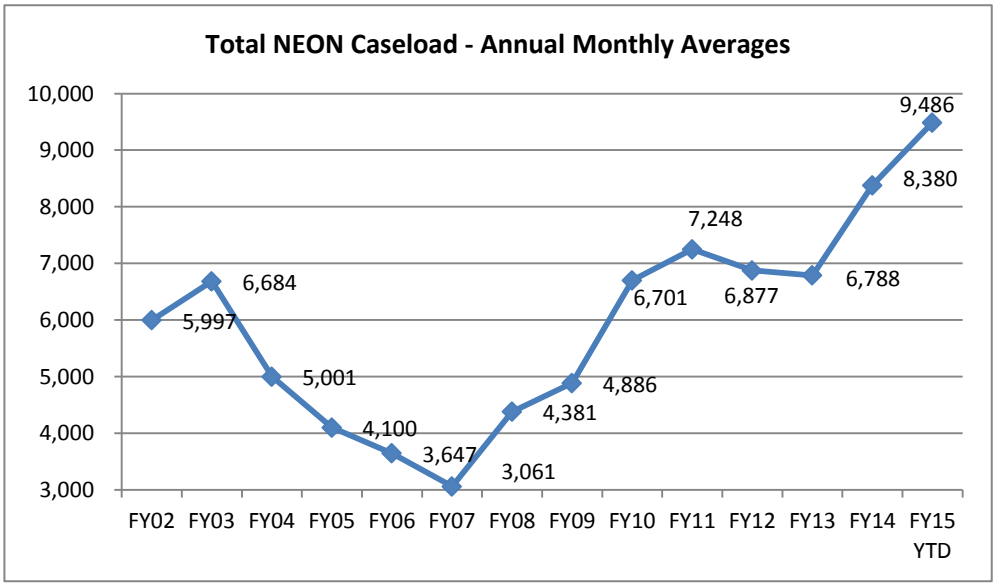
Eligibility: Individuals who meet the definition of a "work eligible individual" are NEON mandatory. This includes all adults or minor head-of-households (HOH) receiving assistance under TANF-NEON program. This excludes minor parents not HOH or married to the HOH, aliens not eligible for TANF, SSI recipients,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

Workload History:

Fiscal Year	Average Cases
FY 11	7,248
FY 12	6,877
FY 13	6,788
FY 14	8,380
FY 15 YTD	9,486

FYTD:

Month	Caseload
Jul 14	9,321
Aug	9,477
Sep	9,661
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**28,459**
FY15 Avg	**9,486**



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 which provided good jobs and low unemployment rates. Caseloads dropped considerably from FY04 through FY07. FY08 caseload figures reflect the results of the current deep recession which started in December 2007. Layoffs and high unemployment rates at this level have not been seen in recorded history. This trend of rising caseloads continued through FY11. Nevada's labor markets gained some momentum in FY13, although the underlying improvement is best described as 'moderate.' With the slow but steady economic gains of FY13 continuing to carry forward into the first quarter of FY14, the recent rise in the NEON caseload is not following its historical correlation to the state's economy. This rise in the caseload is theorized to be a result of the recent implementation of the Affordable Care Act Medicaid expansion and new streamlined eligibility process. New Medicaid applicants are becoming aware of their eligibility for TANF and efficient application business processes are removing barriers and improving program access. If correct, it is anticipated that caseload growth will stabilize by the end of the fiscal year and caseload trends will return to their historical correlation with the economy.

5.06 Adult Medicaid (Original Medicaid Groups)

Program Notes: The Adult Medicaid group covers parents and caretaker relatives who meet income guidelines based on the previous adult group known as TANF related medical, adults who have aged out of the foster care program and parents and caretakers who lost eligibility for Medicaid due to an increase in earnings. There are still some recipients aged 0-18 in this category covered under miscellaneous aid codes. Naming this program "Adult Medicaid" best captures the general population. This is a mandatory coverage group and receives the standard Medicaid FMAP.

Eligibility Medicaid eligibility is determined using modified adjusted gross income (MAGI) which is based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. Adult Medicaid covers individuals with income below the AM Limit, which is the previous TANF related medical limit.

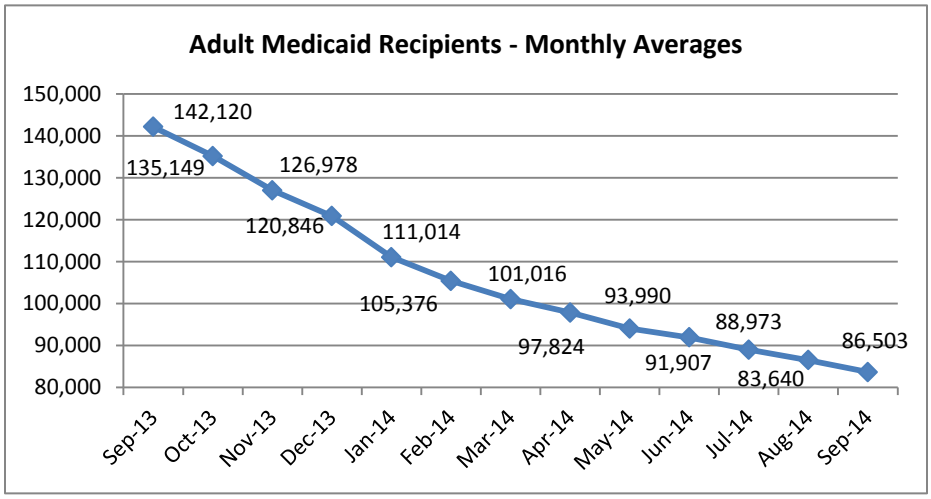
Income Guidelines			
Household Size	AM Limit	138%	165%
	Parent/Caretakers	Children 6-18 and Expanded Adult Group	Pregnant Women & Children 0-5
1	$319	$1,342	$1,605
2	$407	$1,809	$2,163
3	$495	$2,279	$2,721
4	$582	$2,743	$3,279
5	$670	$3,210	$3,838
6	$758	$3,677	$4,396
7	$849	$4,143	$4,954
8	$934	$4,610	$5,512

Workload History:

Fiscal Year	Average Cases
FY 14	117,288
FY 15 YTD	86,372

FYTD:

Jul 14	88,973
Aug	86,503
Sep	83,640
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**259,116**
FY15 Avg	**86,372**



Comments: The ACA now categorizes caseload by recipients where caseload was previously categorized by households. The decreasing trend line reflects this as children previously in households are being transferred out of "Adult Medicaid" and into the Child Health Assurance Program "CHAP". Adult Medicaid does, in fact, include miscellaneous categories of children who will transition thru the Adult Medicaid program. This will be about 15 percent of the total recipients over time. See CHAP section below Page 51. We anticipate this caseload to level out at about 60,000.

5.07 New ACA (Affordable Care Act) Adult Medicaid

Program Notes: This category covers the expanded eligibility for adults under ACA and included parents, caretakers and childless adults. This is an optional coverage group and is entitled to the enhanced FMAP.

Eligibility Medicaid eligibility is determined using modified adjusted gross income (MAGI) rules based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. The new Adult Medicaid group covers individuals with income below 138% of the federal poverty limit.

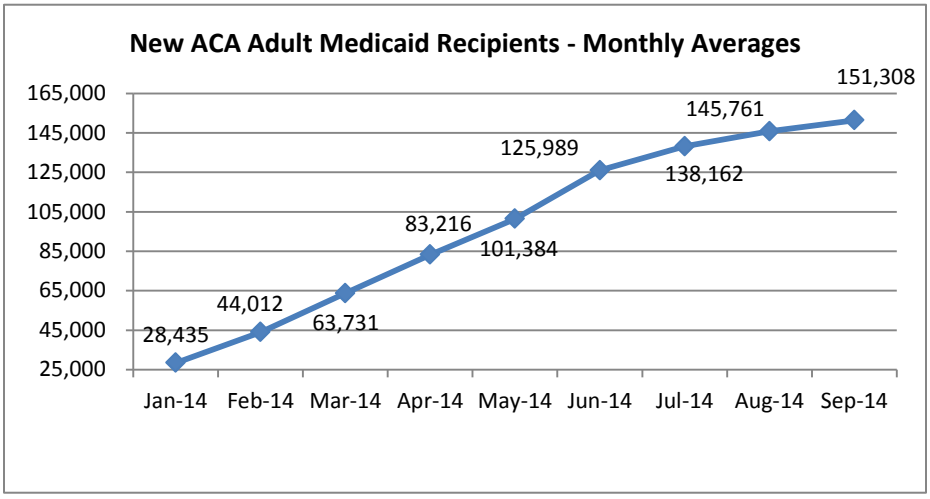
Household Size	AM Limit	138% FPL
	Parent/Caretakers	ACA Adult Medicaid
1	$319	$1,342
2	$407	$1,809
3	$495	$2,279
4	$582	$2,743
5	$670	$3,210
6	$758	$3,677
7	$849	$4,143
8	$934	$4,610

Workload History:

Fiscal Year	Average Cases
FY 14	74,461
FY 15 YTD	145,077

FYTD:

Jul 14	138,162
Aug	145,761
Sep	151,308
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**435,231**
FY15 Avg	**145,077**



Comments: The increasing trend is due to adding adults that are newly eligible under ACA. We anticipate this leveling off at about 160,000 and fluctuating with the business cycle and population growth. Also, in the short term, the enrollment period will influence growth of this caseload.

5.08 Child Health Assurance Program (CHAP)

Program Notes: The Child Health Assurance Program covers pregnant women and children under 19. This is a mandatory coverage group and receives the standard Medicaid FMAP.

Eligibility: Medicaid eligibility is determined using modified adjusted gross income (MAGI) which is based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. The Child Health Assurance program covers pregnant women and children under 6, with income below 165 percent of the federal poverty limit and children 6-18 with income below 122 percent of the federal poverty limit.

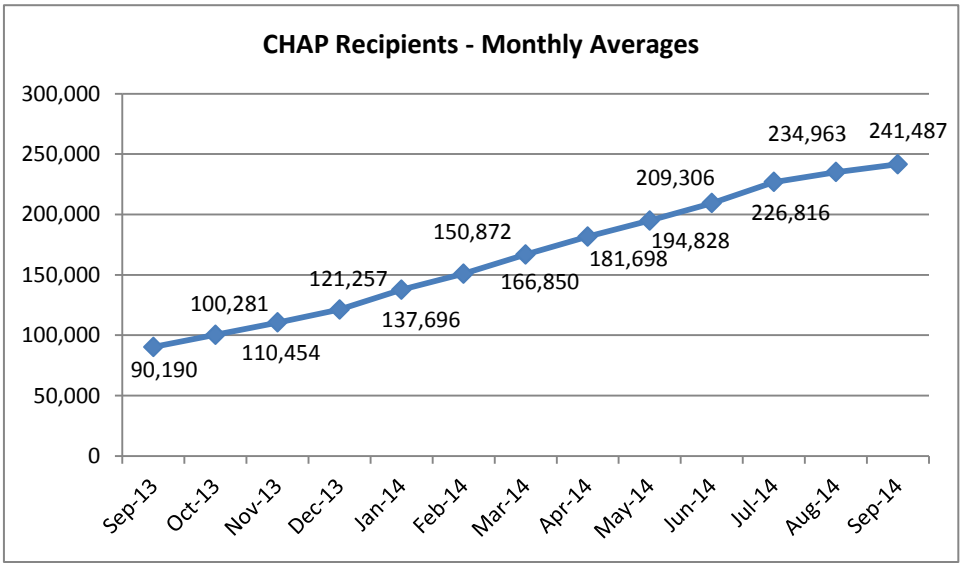
Household Size	122% FPL	165% FPL
	Children 6-18	Pregnant Women & Children 0-5
1	$1,186	$1,605
2	$1,599	$2,163
3	$2,012	$2,721
4	$2,425	$3,279
5	$2,838	$3,838
6	$3,250	$4,396
7	$3,663	$4,954
8	$4,076	$5,512

Workload History:

Fiscal Year	Average Cases
FY 11	77,786
FY 12	85,264
FY 13	87,309
FY 14	136,833
FY 15 YTD	234,422

FYTD:

Jul 14	226,816
Aug	234,963
Sep	241,487
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	703,266
FY15 Avg	234,422



Comments: Children categorized in households under the previous Medicaid criteria are now included in this caseload as individual recipients and driving the growth trend. Also, the woodwork affect may be increasing the recipient caseload. We anticipate this caseload growing to about 260,000 by mid-2017. Thereafter it will fluctuate with the business cycle and population growth.

5.09 New ACA CHAP (New Affordable Care Act - Child Health Assurance Program)

Program Notes: The new ACA CHAP group covers children 6-18 with income between the previous CHAP income limit of 100 percent of the federal poverty limit and 138 percent FPL. This is a mandatory coverage group. These children were previously covered under CHAP and continue to receive the CHAP FMAP.

Eligibility: Medicaid eligibility is determined using modified adjusted gross income (MAGI) which is based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. The ACA mandated the increase income limit for children ages 6-18 to 138 percent of the federal poverty level. The New ACA CHAP covers children between 122 percent and 138 percent of the Federal Poverty Level.

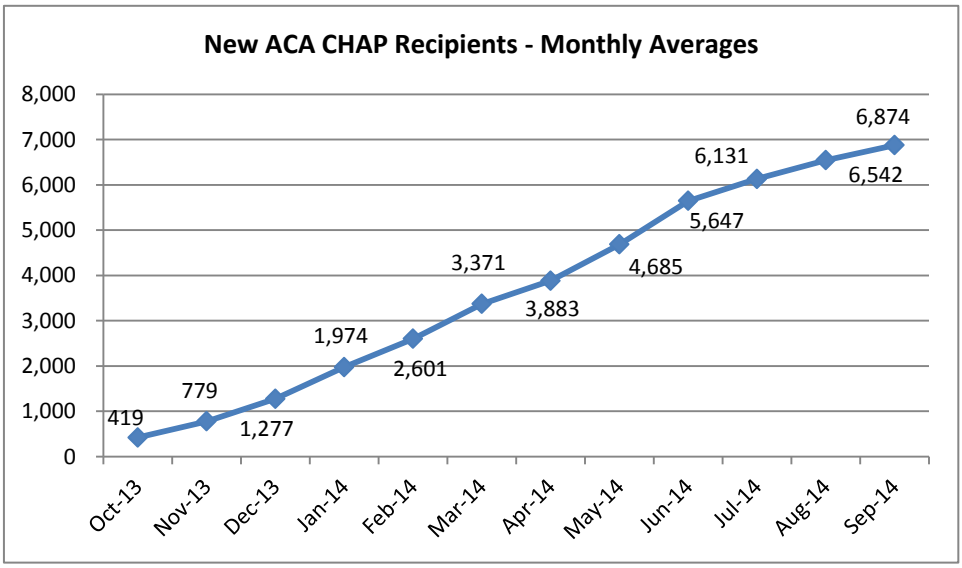
Household Size	122% FPL	138% FPL
1	$1,186	$1,342
2	$1,599	$1,809
3	$2,012	$2,279
4	$2,425	$2,743
5	$2,838	$3,210
6	$3,250	$3,677
7	$3,663	$4,143
8	$4,076	$4,610

Workload History:

Fiscal Year	Average Cases
FY 14	2,737
FY 15 YTD	6,874

FYTD:

Jul 14	6,131
Aug	6,542
Sep	6,874
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	19,547
FY15 Avg	6,516



Comments: The New ACA CHAP category will increase while recipients are moved from Nevada Check Up over the redetermination period currently under way and expected to end in February 2015. Afterward, we expect New ACA CHAP to fluctuate with the business cycle and population growth.

5.10 Nevada Check Up

Program: Effective 01 July 2013 (FY14) the Nevada Check Up program was transferred from DCHFP to DWSS. It was implemented as part of the Affordable Care Act and was integrated into the NOMADS eligibility system. Effective October 1, 2013Nevada Check Up eligibility is determined by DWSS. The state CHIP program requires a monthly premium based on household size and income. Authorized under Title XXI of the Social Security Act, Nevada Check Up is the State of Nevada's Children's Health Insurance Program (CHIP). 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. The NCU program requires a monthly premium based on household size and income.

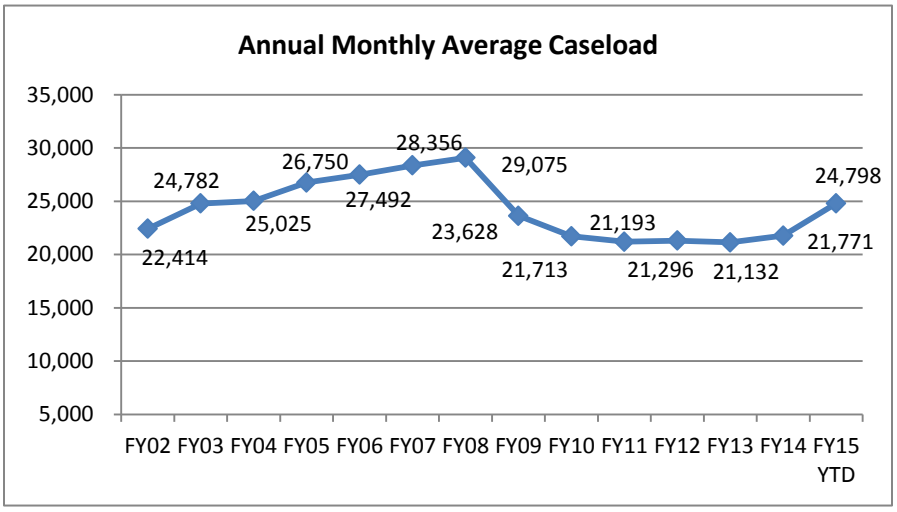
Eligibility: The family's gross annual income is between 139 percent-205 percent FPL (for children 6-18) and 166 percent-205 percent FPL (for children 0-5). Pay monthly premiums (if applicable), the child is a U.S. citizen, "qualified alien" or legal resident with 5 years residency and is under age 19 on the date coverage began.

Income Guidelines	
Household Size	**205%**
1	$1,994
2	$2,687
3	$3,381
4	$4,074
5	$4,768
6	$5,462
7	$6,155
8	$6,849

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 12	21,296	$33,456,579
FY 13	21,132	$33,800,728
FY 14	21,771	$38,321,913
FY 15 YTD	24,798	Not Yet Available

FYTD:	Caseload
Jul 14	24,062
Aug	26,057
Sep	24,276
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**74,395**
FY15 Avg	**24,798**



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

5.11 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 $1,024.01 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.

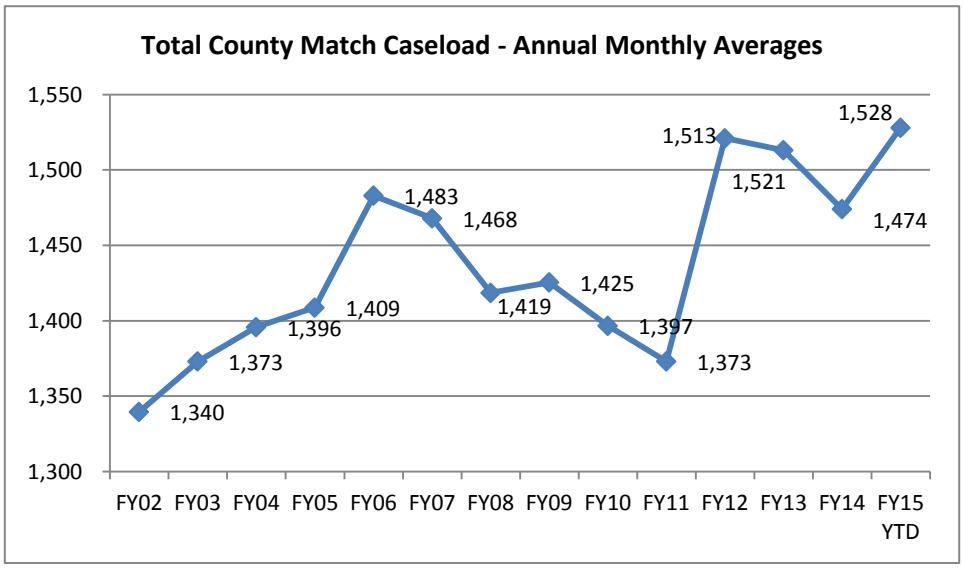
Other: Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. $2,000 for an individual or $3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Term life insurance policies, and 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 (certain exclusions).

Workload History (with Retros*):

Fiscal Year	Average Cases
FY 10	1,397
FY 11	1,373
FY 12	1,521
FY 13	1,513
FY 14	1,474
FY 15 YTD	1,528

FYTD:

Jul 14	1,518
Aug	1,518
Sep	1,548
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**4,584**
FY15 Avg	**1,528**



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. *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 month's eligibility. In FY12 a change in eligibility requirements increased the caseload.

Note: Retro Rate formulas are currently being analyzed and revisions are expected for January 2015

5.12 Medical Assistance to the Aged, Blind, and Disabled

Program: These are medical service programs only. Many applicants are already on Medicare and Medicaid 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.

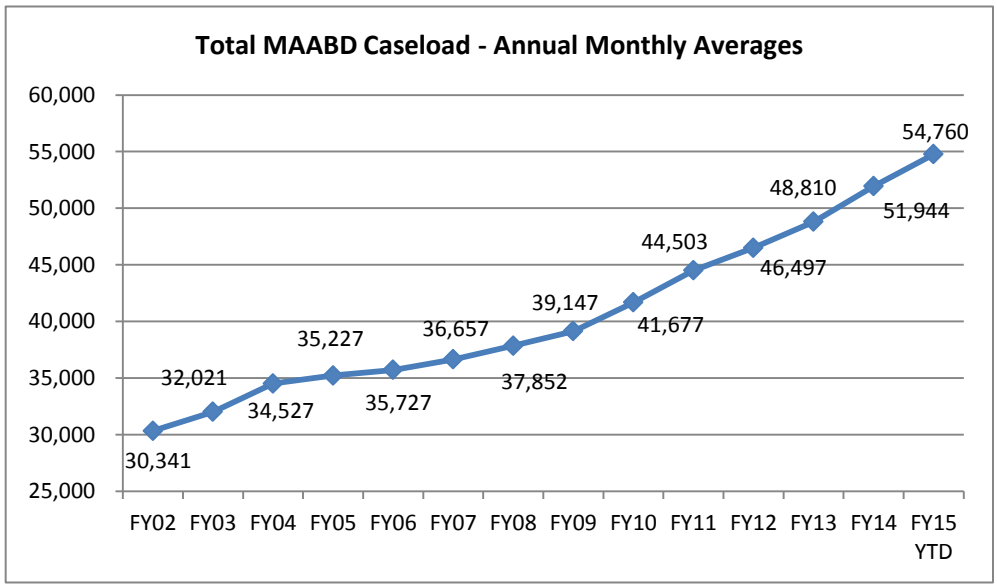
Other: Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. Medicare Savings Program cases: $7,160 - for an individual or $10,750 for a couple. Other cases: $2,000 for an individual 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	46,497
FY 13	48,810
FY 14	51,944
FY 15 YTD	54,760

FYTD:

Jul 14	54,312
Aug	54,774
Sep	55,194
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**164,280**
FY15 Avg	**54,760**



Comments: *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 month's eligibility. SSI cases can take up to 3 years for approval/denial. Total of all MAABD Cases. For statistical purposes only as each aid code is different and cannot be compared.

Note: Retro Rate formulas are currently being analyzed and revisions are expected for January 2015

5.13 Supplemental Nutrition Assistance Program (SNAP)

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

Eligibility: The household's gross income must be less than or equal to 200% of poverty; the household's net income must be less than or equal to 100% of poverty to be eligible. Households in which all members are elderly or disabled have no gross income test. The resource limit for all house- holds 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:

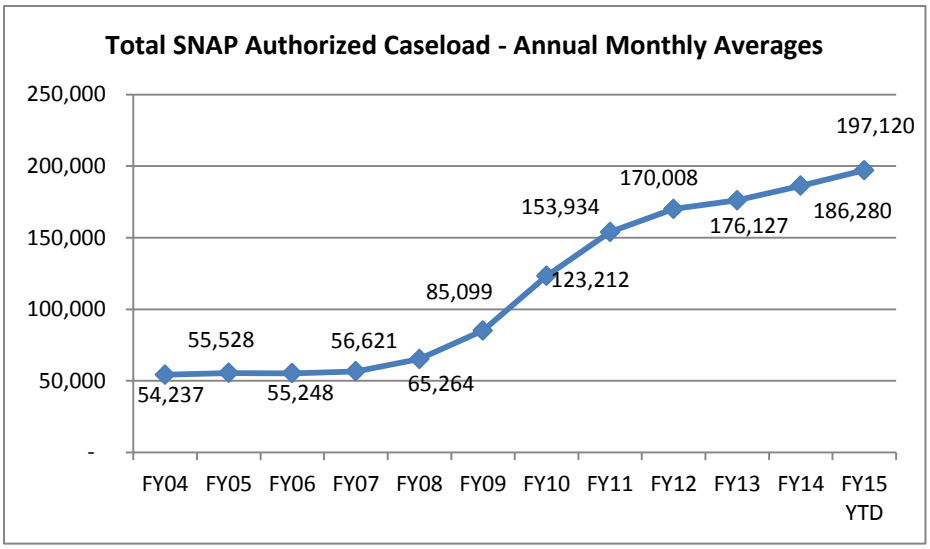
Household Size	200% of Poverty	130% of Poverty	100% of Poverty	Maximum Allotment
1	$1,862	$1,211	$931	$200
2	$2,522	$1,640	$1,261	$367
3	$3,182	$2,069	$1,591	$526
4	$3,842	$2,498	$1,921	$668
5	$4,502	$2,927	$2,251	$793
6	$5,162	$3,356	$2,581	$952
7	$5,822	$3,785	$2,911	$1,052
8	$6,482	$4,214	$3,241	$1,202

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
FY 14	186,280	$527,560,395	346,314
FY 15 YTD	197,120	Not Yet Available	

FYTD:

Jul 14	196,004
Aug	198,236
Sep	
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**394,240**
FY15 Avg	**197,120**



Comments: The household's gross income must be less than or equal to 200% of poverty; the household's net income must be less than or equal to 100% of poverty to be eligible. Households in which all members are elderly or disabled have no gross income test. The resource limit for all house- holds 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).

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

5.14 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 known that one will be required).

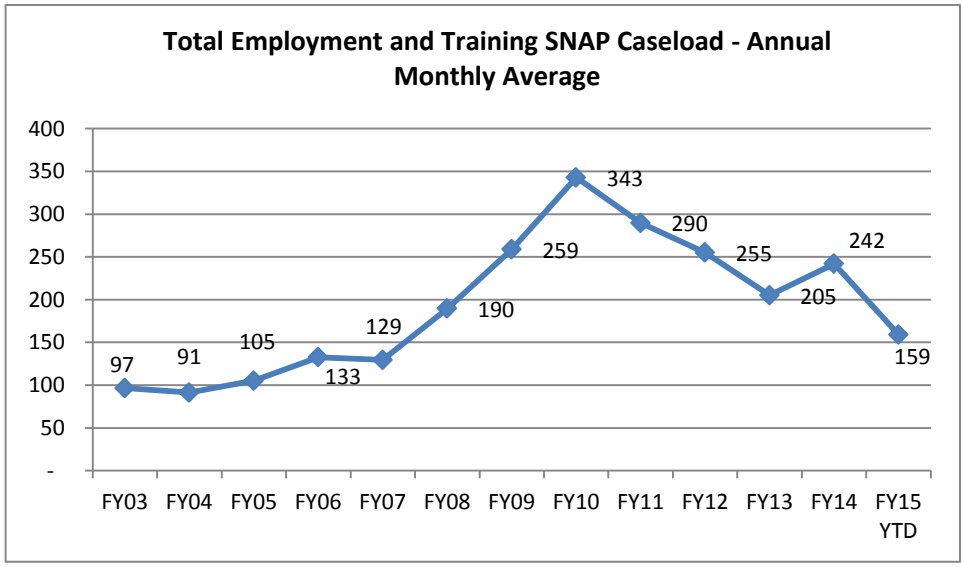
Eligibility: Registration and participation is mandatory and a condition of SNAP eligibility for all non-exempt SNAP participants. Persons who are exempt may volunteer. Persons are exempt when they are under age sixteen (16), age sixty (60) or older, disabled, caring for young children under the age of six (6) or disabled family members, already working, NEON mandatory, participant in drug/alcohol treatment, receiving UIB, age 16/17 attending school or training at least half time or eligible student age 18-49 enrolled at least half time in school or training program.

Workload History:

Fiscal Year	Average Cases
FY 10	343
FY 11	290
FY 12	255
FY 13	205
FY 14	242
FY 15 YTD	159

FYTD:

Jul 14	168
Aug	156
Sep	152
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**476**
FY15 Avg	**159**



Comments: The SNAPET caseload 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 an orientation and a two month job search program or until they have become employed. FY06 and FY07 saw growth. FY08 started showing the effects of the current deep recession (started in December 2007), layoffs and high unemployment rates not seen in recorded history. In FY09 caseloads increased an average of 3.2% per month. This equals to about 38% increase for the year. In FY10 a higher number of participants (that included exempt clients) were invited to orientation than in FY09. In FY11 only mandatory clients invited to orientation were counted. In FY12 and FY13 a decrease in invited participants was seen due to the inconsistent distribution of Federal Funds.

5.15 Child Care and Development Program

Program: The Child Care Program assists low-income families, families receiving temporary public assistance, families with children placed by CPS, and Foster families 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 3 programs: Traditional - certificate for licensed or informal child care; Contracted Slots - Before and After School Programs; and Wrap-Around for 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 directly below provides the income limits for each household size. This is an example for a four person household. The column on the right designates the percentage of the State approved maximum child care rate which would be paid by the Child Care & Development Program.

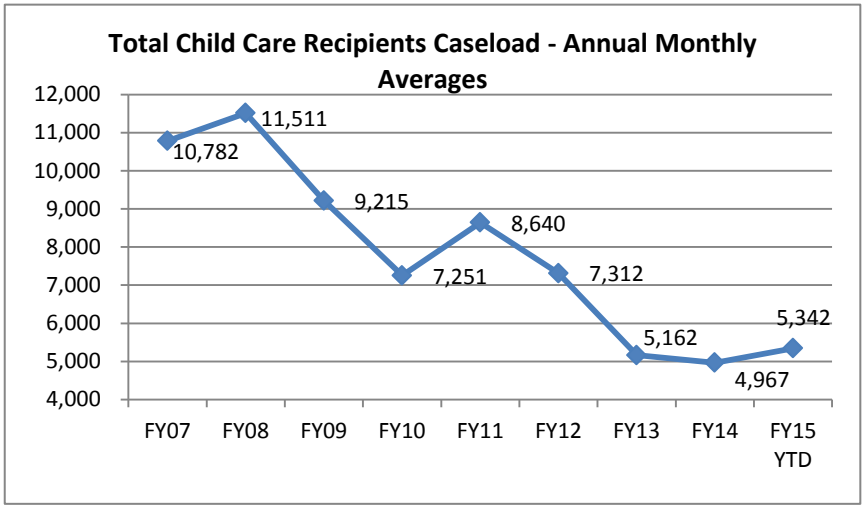
Income Limits for Family of Four		Note	Subsidy Percent
$0	$1,963	$1,963 = Federal Poverty Level	95%-110%
$1,964	$2,261		90%
$2,262	$2,560	$2,551 = 130% Federal Poverty Level	80%
$2,561	$2,858		70%
$2,859	$3,157		60%
$3,158	$3,455		50%
$3,456	$3,753		40%
$3,754	$4,052		30%
$4,032	$4,342	$4,343 = 75% of NV median income	20%

Workload History:

Fiscal Year	Average Cases	Total Payments
FY 11	8,640	$34,536,354
FY 12	7,312	$30,247,720
FY 13	5,162	$21,161,327
FY 14	4,967	$20,141,474
FY 15 YTD	5,342	Not Yet Available

FYTD:

Jul 14	5,280
Aug	5,403
Sep	
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Tot	**10,683**
FY15 Avg	**5,342**



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

5.16 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.

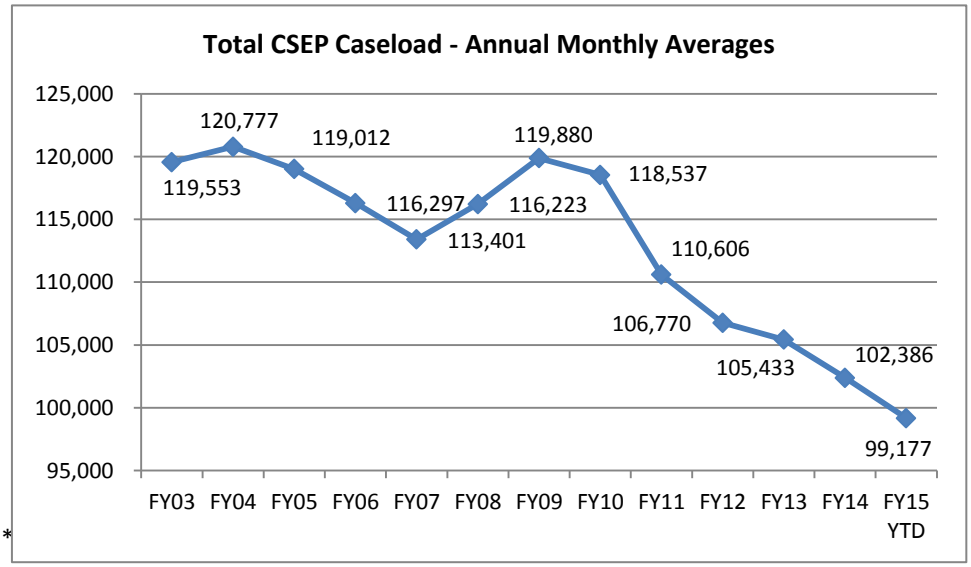
Eligibility: There are no eligibility requirements for child support services, which include locating the non-custodial parent, establishing paternity and support obligations and enforcing the child support order. Non-public assistance custodians complete an application for services. Public assistance custodians must assign support rights to the state and 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
FY 14	102,386	$209,402,698
FY 15 YTD	99,177	Not Yet Available

FYTD:

Jul 14	100,198
Aug	99,358
Sep	97,974
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**297,530**
FY15 Avg	**99,177**



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Comments: As illustrated in the Bureau of Labor Statistics Data, the CSE 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 during an economic downturn and high unemployment rate.

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

5.17 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:

2015 HHS Poverty Guidelines (100%)		Estimated State Median Income FFY 2015
Persons in Family	48 Contiguous States and D.C.	60% of Estimated State Median Income for a Four Person Household
1	$11,670	
2	$15,730	
3	$19,790	
4	$23,850	$39,499
5	$27,910	
6	$31,970	
7	$36,030	
8	$40,090	

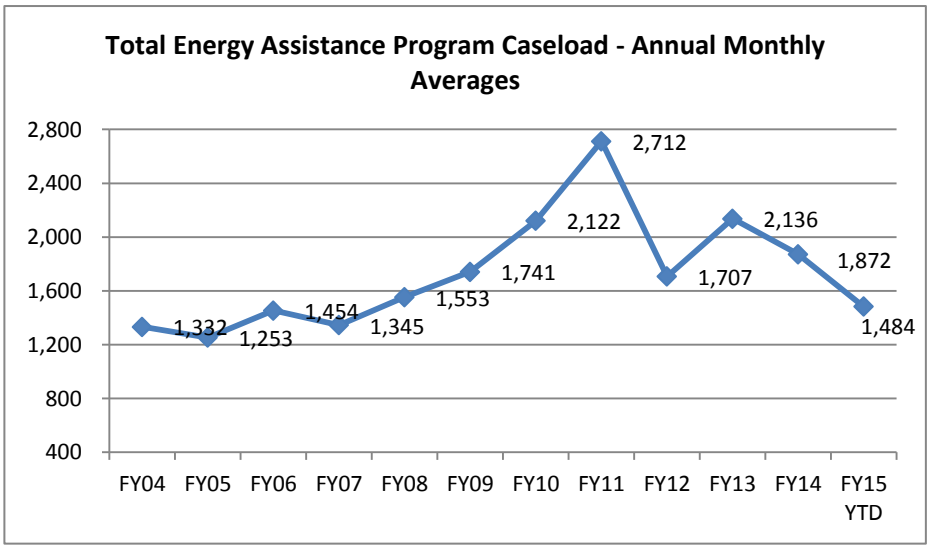
Workload History:

Fiscal year	Average Cases	Total Cases	Total Expenditures	Total Applications
FY 12	1,707	20,484	$11,361,013	38,643
FY 13	2,136	25,631	$18,684,877	36,764
FY 14	1,872	22,463	$16,086,863	41,190
FY 15 YTD	1,484	17,808*	Not Yet Available	Not Yet Available

*FY 15 YTD "Total Cases" data is annualized

FYTD:

Jul 14	532
Aug	1,903
Sep	2,017
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**4,452**
FY15 Avg	**1,484**



Comments: Nevada's Energy Assistance Program in FY 09 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) which was retroactive to July 2012. In April 2013 the benefit cap was increased for households that fall >75 percent of the poverty level guideline to bring their average energy burden in line with households that fall in the 75-125 percent and the 125-150 percent poverty levels. FY14 & FY15 are continuing with the same benefit amounts and poverty level that we ended with in FY13.

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

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6.01 Newborn Screening (NBS) Program

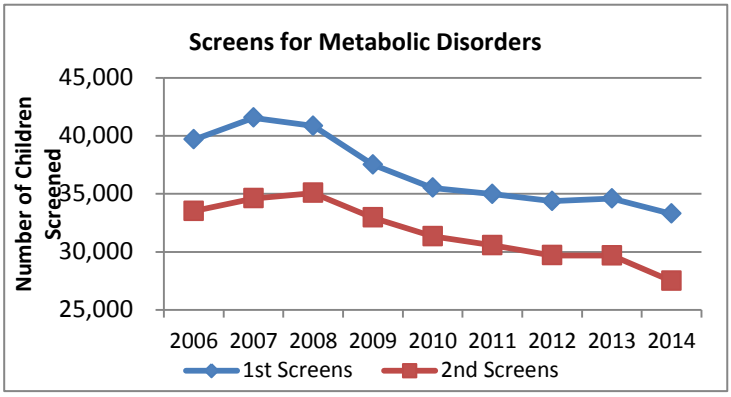
Program: Nevada Revised Statute (NRS) 442.008 mandates that all infants born in Nevada receive newborn Dried Blood Spot (DBS) screening for a panel of congenital disorders. A first screen is collected ideally between 24 and 48 hours of age, and the second screen is ideally collected between the 10th 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 for dried blood screening. Newborn screens are required for 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 with conditions identified in the newborn screening process are eligible for Early Intervention and Home Visiting services.

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
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	34,594	29,683	64,277	85.8%
2014*	33,276	27,492	60,768	82.6%

* 2014 data is an annualized projection based on actual screening data reported for January through June, 2014.



Comments: UPDATE: 10/24/2014 As of July 1, 2014, the Nevada State Public Health Laboratory, in conjunction with the School of Community Health Sciences, is responsible for testing and following Nevada's newborn babies' blood samples shortly after birth and again at two weeks of age, to screen for approximately 46 disorders each year.

The Nevada Division of Public and Behavioral Health no longer maintain a Newborn Screening Program due to the transition to the Nevada State Lab. There is not currently a reporting mechanism for Nassir Notes, though the Division does anticipate reports from the University on a biannual basis.

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

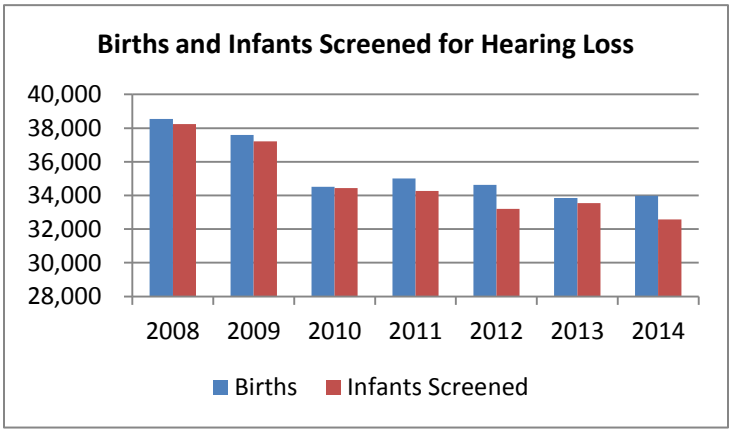
6.02 Early Hearing Detection and Intervention

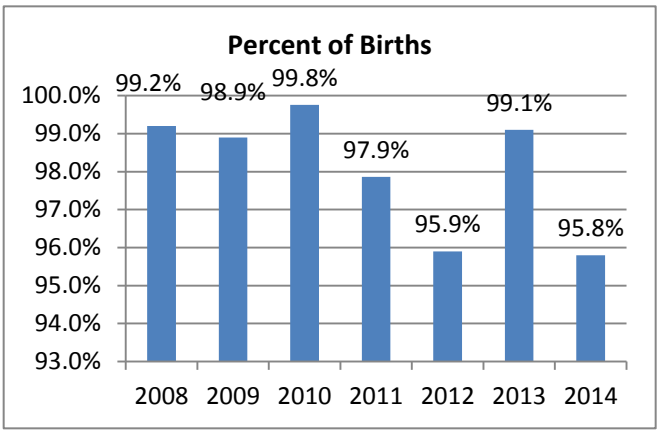
Program: The goals of the Nevada Early Hearing Detection and Intervention (EHDI) program are to ensure that: 1) all infants are screened for hearing loss before one month of age, 2) referred infants receive diagnostic evaluation by three months of age, and 3) infants identified with hearing loss receive appropriate intervention by six months of age. The negative effects of hearing loss can be substantially mitigated through early intervention that may include amplification, speech therapy, cochlear implants, and/or signing. EHDI works with birthing hospitals statewide, pediatric audiologists and with Nevada Early Intervention Services to ensure infants are screened, identified, and entered into services within recommended time frames. The program partners with non-profits, hospitals, and audiologists to develop and update best practices and provides parents with education, support, and trained mentors. The program is entirely funded by grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA).

Eligibility: There are no eligibility requirements for newborn hearing screening. 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 Early Intervention services.

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

Calendar Year	Births	Infants Screened	Percentage of Births
2008	38,541	38,232	99.2%
2009	37,600	37,205	98.9%
2010	34,517	34,433	99.8%
2011	35,013	34,263	97.9%
2012	34,622	33,195	95.9%
2013	33,842	33,535	99.1%
2014*	33,984	32,570	95.8%





Comments: * Calendar Year 2013 January through December data for hearing screenings and number of births are complete based on current program information but birth numbers are still considered to be preliminary by the Office of Vital Records. Calendar Year 2014 is annualized using actual data regarding numbers of births submitted to the Office of Vital Records and hospital screening data reported to the EHDI Program for January through June. Annualized data is still very preliminary, and the percentage of total births receiving screens will change as more actual data is received.

Websites: http://health.nv.gov/NBS_EHDI.htm
http://www.infanthearing.org/states/state_profile.php?state=nevada
http://www.cdc.gov/ncbddd/ehdi/

6.03 Immunization

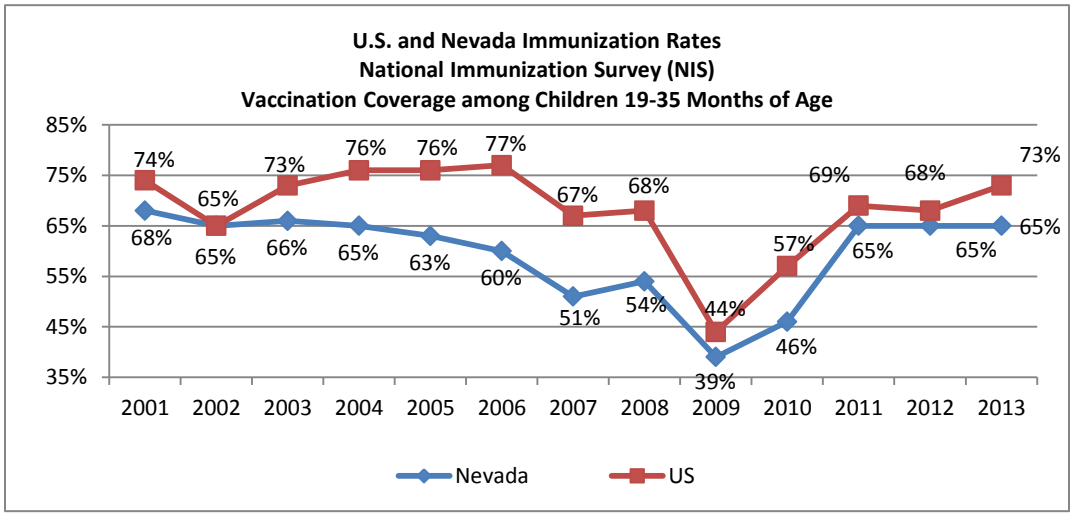
Program: The overall goal of the Nevada State Immunization Program is to decrease vaccine-preventable disease morbidity and mortality through improved immunization rates among children, adolescents and adults in Nevada. The Program collaborates with public and private vaccine providers, schools, pharmacies, immunization coalitions and other stakeholders to improve immunization practices by enrolling providers into the Vaccines For Children (VFC) Program and the Cocooning Program and by 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, as long as they serve the eligible population. The Program provides federally funded vaccines at no cost to these participants, who in turn administer them to eligible children. VFC-eligible children are Medicaid enrolled/eligible, American Indian/Alaska native, or uninsured, and are not charged for the cost of the vaccine. Underinsured children may only receive VFC vaccine from a Federally Qualified Health Center, Rural Health Center, local health district, community health nursing office, or a deputized private provider. Additionally, children enrolled in the NV Check-Up insurance plan are provided state-funded 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	153	1,491
Washoe	47	558
Carson/Rural	83	363
Note:	*274 "Active" providers (currently receiving vaccine supply) and 9 "Temp Leave" providers (vaccine shipments temporarily suspended) Data as of 10/10/2014*	*100 percent of Vaccines for Children participants are enrolled to enter their immunization data in Nevada WebIZ. (All WebIZ data as of 12/31/2013.)*



Comments:

- In 2009, Nevada became a Vaccine for Children (VFC) only state. This means that only federal funds are now used to vaccinate VFC eligible children.
- 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.

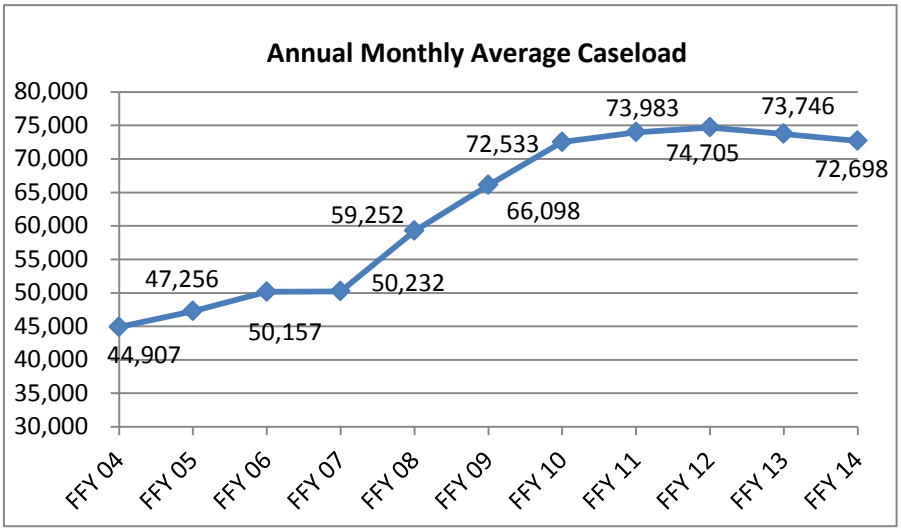
Eligibility: Applicant must be (1) an infant or child under five years of age, (2) a pregnant woman, (3) a postpartum woman (up to 6 months after giving birth), or (4) a breastfeeding woman (up to the breastfed infants first birthday). Must be a Nevada resident and physically live in Nevada at the time 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
FFY10	$14,399,912	72,533
FFY11	$14,280,926	73,983
FFY12	$13,778,416	74,705
FFY13	$14,124,298	73,746
FFY14	$12,954,178	72,698

Caseload FFYTD:

Oct 13	73,644
Nov	72,059
Dec	71,286
Jan 14	72,606
Feb	72,134
Mar	72,400
Apr	72,318
May	72,754
Jun	72,492
Jul	73,692
Aug	74,293
Sep	
FFY14 Total	**799,678**
FFY14 Average	**72,698**



Comments: As one of the fastest growing states in the country, Nevada has experienced a WIC participation growth of 11 percent from FFY09 to FFY13. Further, food dollars expended for the WIC program for the same period has increased 16 percent, from a total of $41,935,901 in FFY09 to $48,868,317 in FFY13.

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 (NDPBH), Oral Health Initiative provides limited technical support to organizations that implement school-based dental sealant programs. The FY 2009 statewide Oral Health Third Grade Basic Screening Survey (BSS) showed 37.5 percent of Nevada's third grade students have at least one dental sealant.

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 (>50 percent Free and Reduced Lunch [FRL]). They operate during the 9-month academic year.

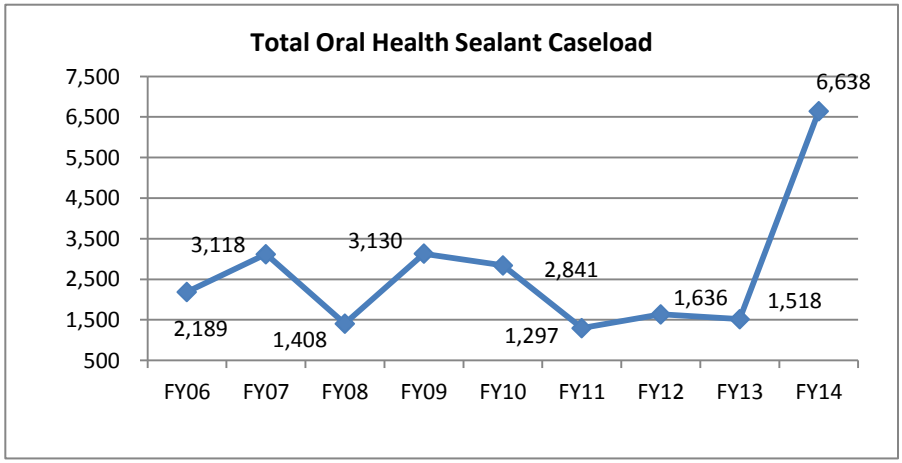
Seal Nevada South is a non-profit school-based sealant program, administered through UNLV School of Dental Medicine (SDM). The program serves uninsured children in second through fifth grade in underserved schools (>50 percent FRL) in Southern Nevada. They operate during the 9-month academic year.

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 UNLV SDM. They operate 12-months of the year.

Eligibility: Eligibility is determined by the individual programs. (Please note: These Community-Based Organizations do not receive funding through the Division of Public and Behavioral Health for their sealant programs.)

Caseload History:

FY 2014	Number of Schools	Children Served	Sealants Placed
Community Health Alliance	21	1,005	1,618
Seal Nevada South	7	312	742
Future Smiles	11	1,204	4,278
Total	39	2,521	6,638



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.

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

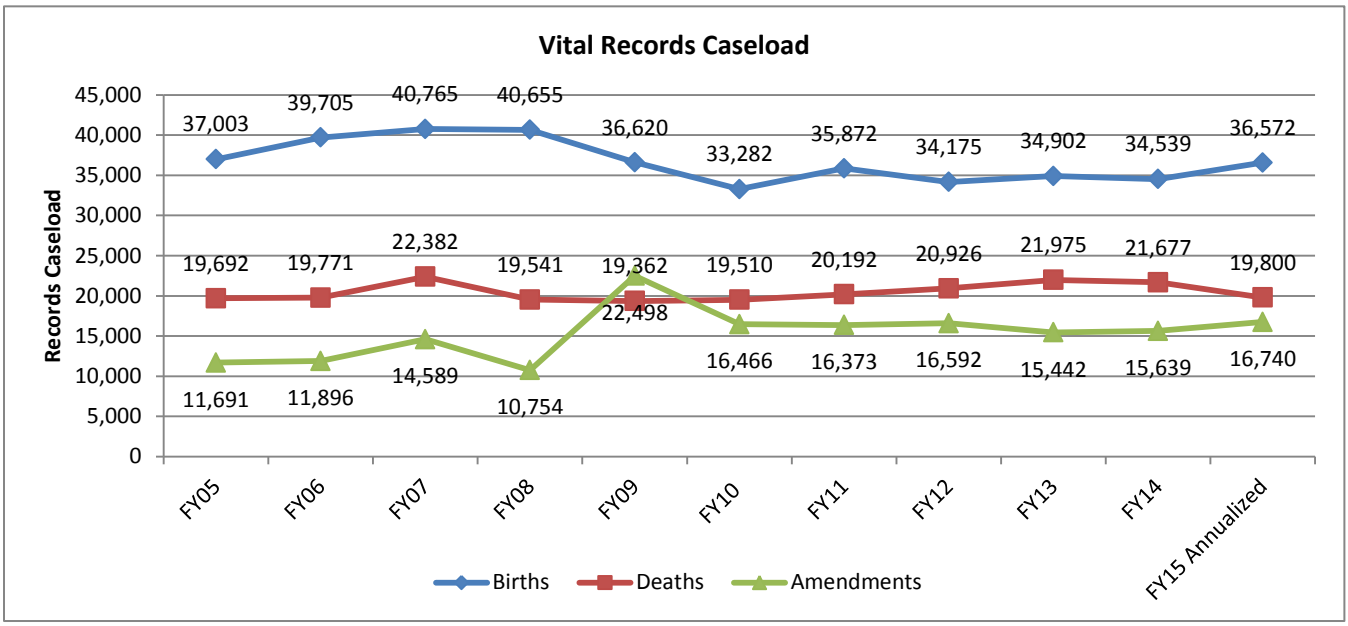
6.06 Vital Records and Statistics

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
FY 14	34,960	21,940	15,639
FY 15 Q1	9,143	4,950	4,185



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

- Birth registration – Avg 12.21 days
- Death Registration – Avg 10.78 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 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, be 40 to 64 years of age, 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	$2,431
2	$3,277
3	$4,123
4	$4,969
5	$5,815
6	$6,660
7	$7,506
8	$8,352

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

*Effective June 30th, 2014

Note: For each additional person, add $4,060

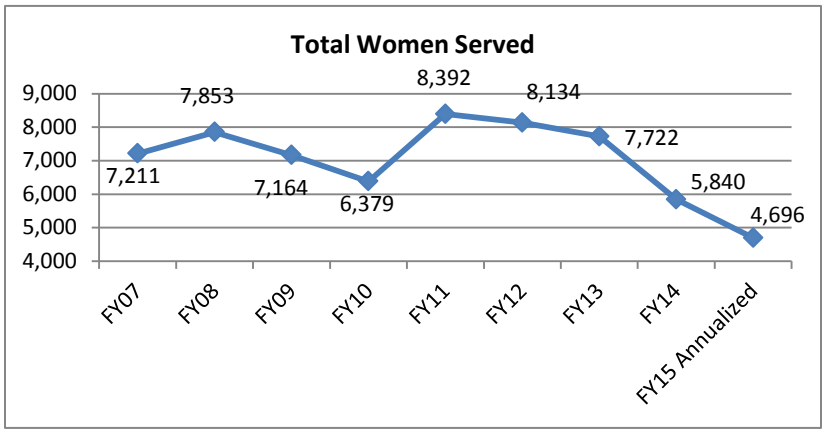
Workload History:

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	534	$2,216,255	2,371
FY15*	98	$2,215,020	379

*Data reported 10/1/2014

FY15TD: Women Served

Jul 14	575
Aug	419
Sep	180
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
June	
FY15 YTD Total	**1,174**
FY15 YTD Avg	**391**



Comments: Update 1st Quarter 2015:
1) The Program received Medicaid data files to identify WHC clients who have transitioned to Medicaid and to ensure appropriate follow-up services are provided for abnormal screening results.
2) The direct service vendor contract for the WHC will expire June 30, 2015 with Access to Healthcare Network. The Program is currently going through a new RFP process and a vendor should be selected by the end of November.

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

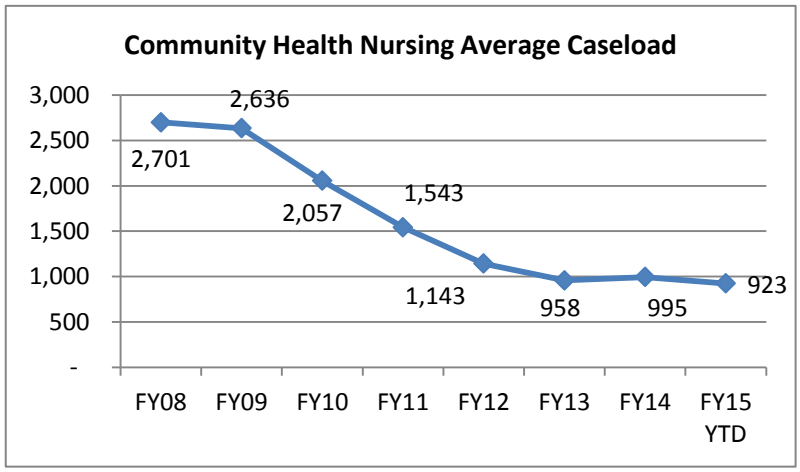
6.08 Community Health Nursing

Program: The Community Health Nursing program promotes optimal wellness in frontier and rural Nevada through the delivery of public health nursing, preventive health care, 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 (14) 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.

Community Health Nursing

FYTD	Caseload
Jul 14	969
Aug	1,057
Sep	744
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Total	**2,770**
FY15 Avg	**923**



Comments: Community Health Nurse caseloads are generally decreasing due to clinics dispensing method controls for nine month time frames instead of monthly. CHN numbers represent clients served.

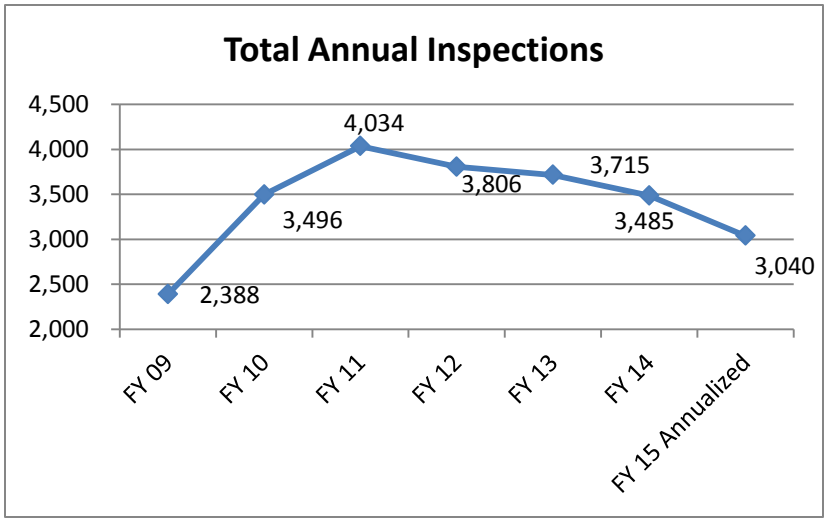
6.09 Environmental Health Food Inspections

Program: The Environmental Health Services program promotes optimal wellness in frontier and rural Nevada through the delivery of food safety inspections which provides early detection of threats to public health.

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. Effective January 1, 2014, Douglas County partnered with Carson City to provide environmental health services. Regulatory responsibilities for approximately 550 permitted facilities were transferred to Carson City resulting in fewer inspections for EHS.

Environmental Health Food Inspections

FYTD	Inspections
Jul 14	239
Aug	253
Sep	268
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY 15 Tot	**760**
FY 15 Avg	**253**



Comments: Health inspections decreased in FY14 due to the transfer of approximately 550 Douglas County permits being transferred to Carson City Health and Human Services. Two EHS positions were eliminated as a result of the decrease in workload. Anticipated inspections for FY15 should be approximately 3,200 for the year.

6.10 Sexually Transmitted Disease Program

Program: The Sexually Transmitted Disease (STD) 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.

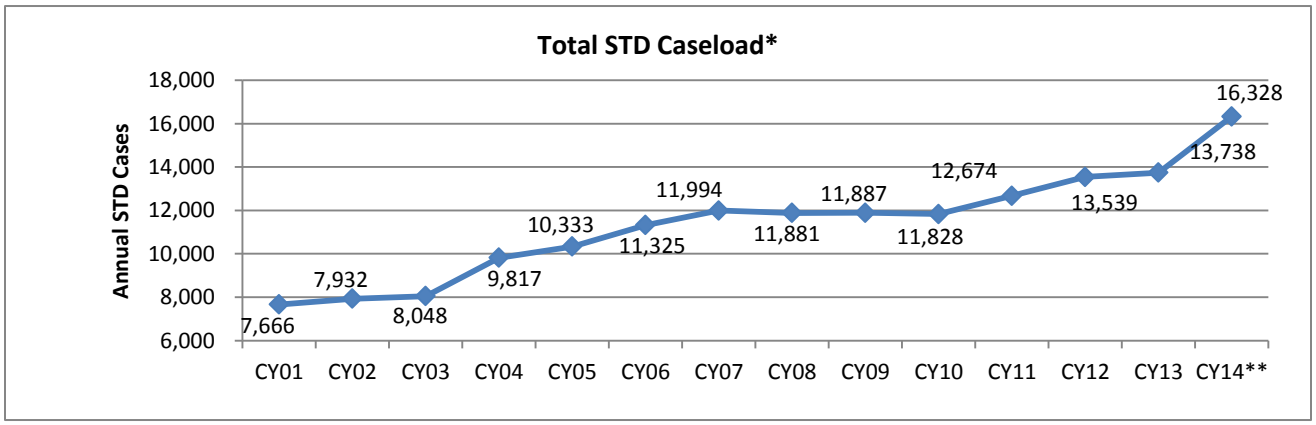
Trends: For CY 2014-Q1 through Q3, there were 9,605 reported chlamydia cases, 2,424 reported gonorrhea cases, and 217 reported primary and secondary (P&S) syphilis cases in Nevada, for a total of 8,066 STD cases. Comparing CY 2013 to the previous reporting year, Chlamydia cases decreased by 1 percent, gonorrhea cases increased by 12 percent, and P&S syphilis cases increased by 71 percent. Overall, the total number of reported STDs (chlamydia, gonorrhea, and P&S syphilis) in Nevada increased by 1.5 percent from 2012 to 2013. 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.

The total number of reported chlamydia cases in Nevada increased from 10,061 in 2009 to 11,013 in 2013, a 9 percent increase during this five year period. The rate of chlamydia in 2013 in Nevada was 395.6 cases per 100,000 population based on 2013 population projections from the Nevada State Demographer-vintage 2012 data. Nevada fell below the national chlamydia rate of 456.7 cases per 100,000 population, as reported by the 2012 CDC STD Surveillance Report.

The total number of reported cases of gonorrhea in Nevada has increased from 1,727 in 2009 to 2,532 in 2013, a 47 percent increase during this five year reporting period. The gonorrhea rate in Nevada in 2013 was 90.9 cases per 100,000 persons based on 2013 population projections from the Nevada State Demographer-vintage 2012 data. Nevada fell below the national gonorrhea rate of 107.5 cases per 100,000 population, as reported by the 2012 CDC STD Surveillance Report.

The total number of reported cases of P&S syphilis in Nevada has increased from 91 in 2009 to 193 in 2013, a 112 percent increase during this five year reporting period. The P&S syphilis rate in Nevada in 2013 was 6.9 cases per 100,000 persons bases on 2013 population projections from the Nevada State Demographer-vintage 2012 data. Nevada was higher than the national P&S syphilis rate of 5.0 cases per 100,000 population, as reported by the 2012 CDC STD Surveillance Report.

Previously, Nevada experienced a syphilis outbreak, with 40 P&S syphilis cases reported in 2004 and 109 P&S syphilis cases reported in 2005. The number of cases reported peaked in 2006, with 137 total P&S cases reported in the state (132 cases reported in Clark County). In 2006, Nevada had the highest rate of congenital syphilis in the United States at 42.6 cases per 100,000 live births and 15 total reported cases.



*Includes Chlamydia, Gonorrhea, and Primary and Secondary Syphilis.
**2014 Data is annualized from Jan-2014 thru Sep-2014 data as of Oct-2014

Analysis of Trends: Nevada rates mirror increases seen nationally. Increases in STD rates are likely due to increases in STD screening activities over time, expanded use of more sensitive tests, and more complete reporting of data. The syphilis rates in Southern Nevada tend to fluctuate from year to year but have increased steadily since 2009. Northern Nevada, specifically Washoe County, is experiencing significant increases in both gonorrhea and infectious syphilis cases. Washoe County Health District-Sexual Health Program has allocated the necessary staff and resources to respond appropriately.

6.11 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.

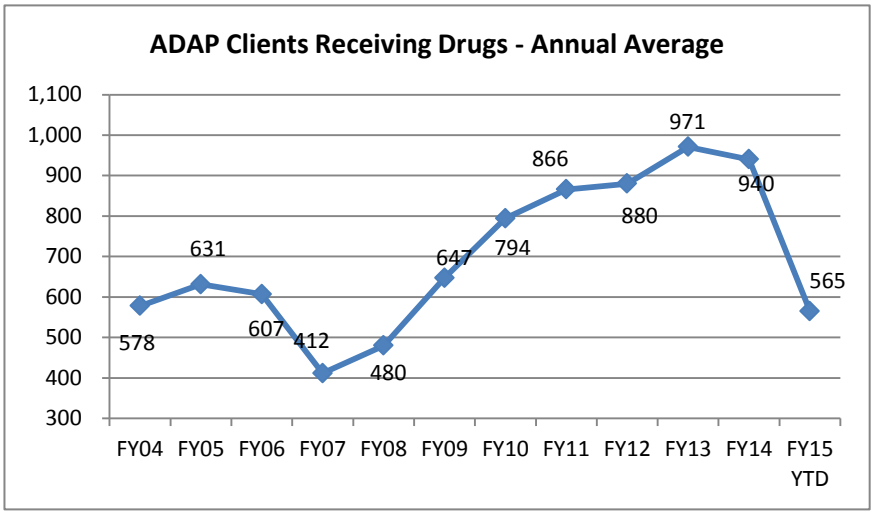
Eligibility: Client income must not exceed 400 percent of federal poverty level guidelines - approximately $45,960 for a single person. A client may own a single-family home and a car. Additional assets of the client may not exceed $20,000. Lab tests for T-cell and viral load must be done every six months. 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
FY10	794	$7,565,496
FY11	866	$8,509,961
FY12	880	$8,100,917
FY13	971	$8,417,531
FY14	940	$9,681,573
FY15 YTD	565	$8,090,361

FYTD:

Jul 14	597
Aug	557
Sep	540
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY15 Tot	**1,694**
FY15 Avg	**565**



Comments: The program identified 652 RW clients to transition during the initial ACA implementation: 407 ADAP clients below the 138 percent FPL (Medicaid eligible) and 245 ADAP clients above the 138 percent FPL (Marketplace eligible). Per HRSA, since we are the payer of last resort, we are required to assist with transitioning clients by enrolling them into QHP's. Therefore, our workload will continue to drop during the second enrollment commencing November 2014. The original 652 clients identified will need to re-enroll and ensure they remain with the Marketplace or Medicaid plans.

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

6.12 HIV Prevention Program

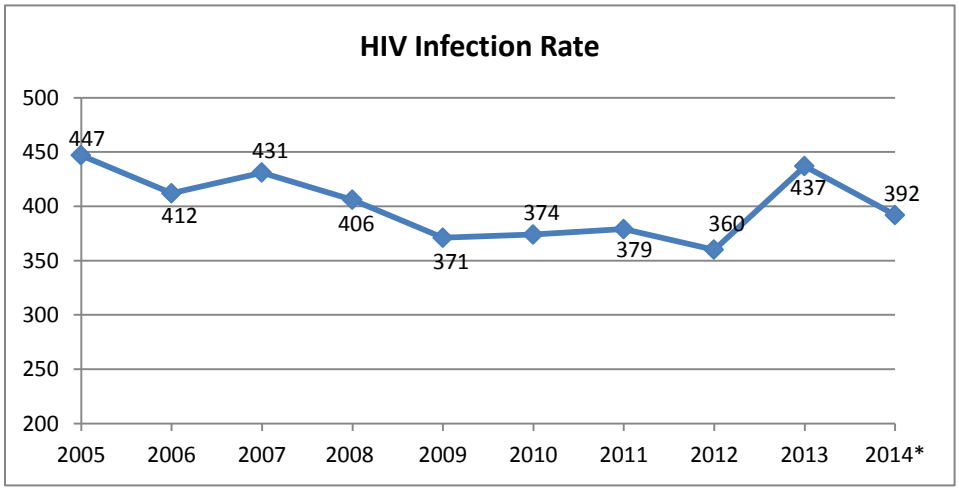
Program: The Human Immunodeficiency Virus (HIV) Prevention Program facilitates a process of jurisdictional HIV prevention planning. At present, the Division of Public and Behavioral Health funds Southern Nevada Health District (SNHD), Washoe County Health District (WCHD), and Carson City Health and Human Services (CCHHS) to provide CDC HIV prevention core services, such as HIV testing to high-risk populations, Partner Services, and to ensure condoms are available to populations most at-risk for HIV. Additionally, the HIV Prevention Program provides HIV testing supplies and condoms to the Community Health Nursing Program to support HIV testing in the rural areas of the state. The Division of Public and Behavioral Health's HIV Prevention also provides funding for social marketing campaigns, HIV prevention information dissemination, 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 increase in new HIV infections can be directly attributed to new targeted HIV testing strategies, targeting those most at-risk for acquiring HIV.

Workload History:

Calendar Year	Total Cases	Total Funding
2009	369	$2,713,662
2010	374	$2,713,662
2011	379	$2,713,662
2012	360	$2,426,284
2013	437	$2,294,816
2014 Q1 – Q3	294	$2,140,521



*2014 Data is annualized

Comments: The HIV Prevention Program is funded by a grant from the Centers for Disease Control and Prevention on a calendar year basis; therefore, data contained in this document is reported annually and year to date. The 2014 data represents the 1st thru 3rd quarters of 2014 (Jan-Sep).

The increase in data between 2012 and 2013 can be attributed to the drop in overall testing in 2012, due to the closure of Southern Nevada Health District's main testing facility. In 2013 the state implemented High Impact Prevention (HIP) strategies statewide, targeting those most at-risk for HIV and getting them and identified high-risk individuals contained in their social networks tested; therefore, identifying more HIV positive individuals.

6.13 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 the 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.

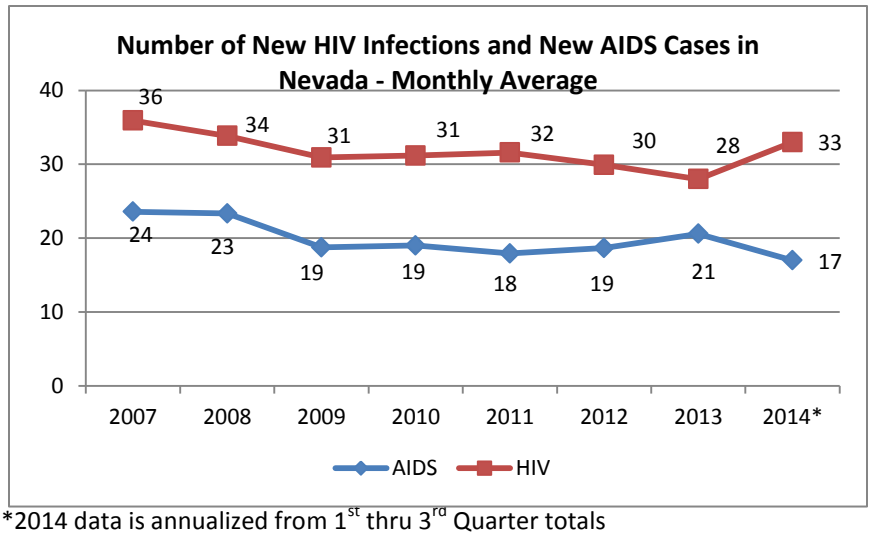
Eligibility: There are no eligibility requirements. The State HIV/AIDS Program tracks all new HIV/AIDS cases reported and persons living with HIV/AIDS including cases from other states and jurisdictions who move to Nevada. Incidence (new cases) and prevalence (old and new cases) are reported separately. 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	32	18
2012	30	19
2013	28	21
2014 Annualized*	33	17

*Annualized from 1st Thru 3rd Quarter data



*2014 data is annualized from 1st thru 3rd Quarter totals

Comment: Overall, from 2009 to 2012, there was a 9% decrease in the number of new HIV diagnoses. 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 2. Intra-state deduplication of reported HIV/AIDS cases, and 3. Inter-state deduplication. The increase from 2012 to 2013 is most likely due to decline in testing that resulted from the closure of Southern Nevada Health District's main building in 2012. FY14 analysis of trends would be premature at this point pending data revisions that are not yet complete.

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

6.14 Nevada Central Cancer Registry

Program: The primary purpose of the Statewide Cancer Registry is to collect and maintain all reportable cancer cases that occur in Nevada. This 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: No eligibility required. This is a population-based Registry collecting data for all cancer cases diagnosed in Nevada.

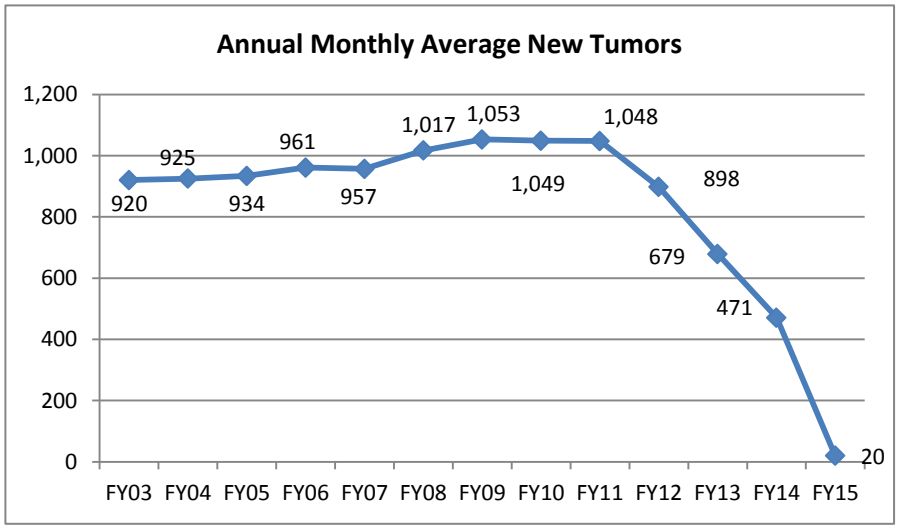
Other: The figures in this report reflect actual cancer (in-situ and invasive cancer) incidence data submitted annually to the Centers for Disease Control and Prevention/National Program of Cancer Registries. This submission follows a 23 month delay to capture all relevant cases.

Workload History

SFY	Total Expenditures	Avg New Tumors
FY12	$582,704	1,044
FY13	$459,160	841
FY14	$807,123	471
FY15 YTD	Not Yet Available	20

FY 15 YTD

Month	New Tumors
Jul-14	38
Aug-14	2
Sep-14	
Oct-14	
Nov-14	
Dec-13	
Jan-15	
Feb-15	
Mar-15	
Apr-15	
May-15	
Jun-15	
FY15 Total	**40**
FY15 Avg	**20**

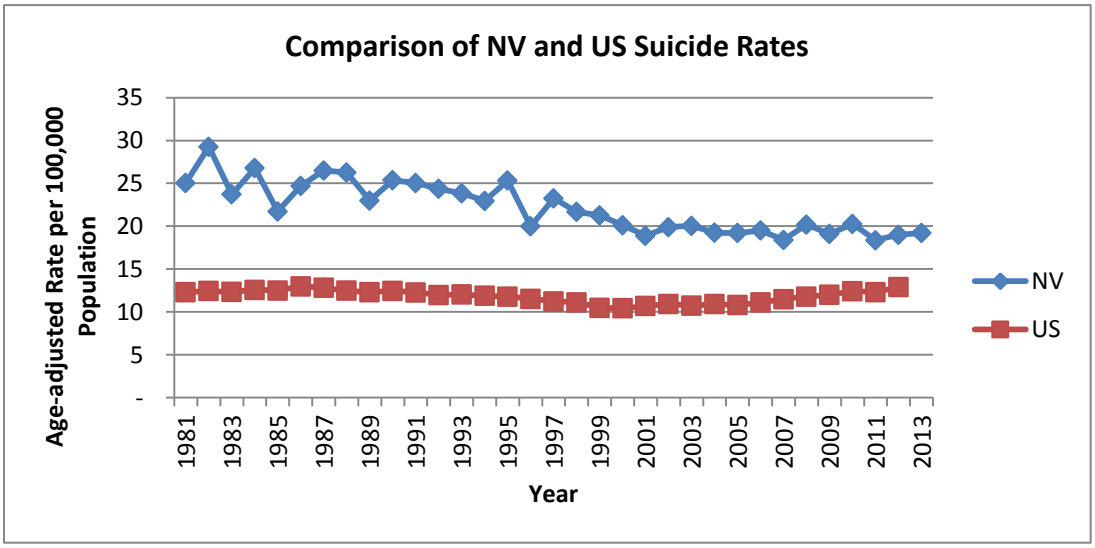


Comments: The NCCR is in the process of transitioning to a new registry database and it's expected to complete transition by the end of August 2015. Cancer data follows a two year delay due to the nature of the condition. From the time of initial diagnosis to treatment it could vary anywhere from a few weeks to months. Due to this, reporters wait to report to us so that they could provide us more information. When we submit data to CDC it follows a 23 month delay and it's the standard cancer reporting procedures. Once the transference of data to the new information system was finalized, and the database completely recovered and complemented, case counts are higher than FY14 QRT4 and FY14 QTR3, showing increase until normalization for all years previous to FY12, which is the year subject to Call for Data on December 2014, as well as increase in reports on FY13 and 14.

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

6.15 Office of Suicide Prevention

Program The Nevada (NV) Office of Suicide Prevention (NOSP) is the clearinghouse for suicide and suicide prevention (SP) information for NV. The Coordinator, the Northern Training/Outreach Facilitator, along with the Assistant is in Reno. The Southern Training/Outreach Facilitator and Youth Program Assistant are in Las Vegas. They are responsible for the development, implementation and evaluation of the NV Plan (NSPP to be updated FY 2015). The NSPP is a comprehensive plan that encompasses the lifespan suicide prevention efforts. 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 prevention is occurring in all regions of the state along with strong partnership from local coalitions, school districts, and the NV Coalition for SP. Some of our most successful initiatives with our partners have been with Signs of Suicide middle and high school awareness curriculum and screening programs in Clark, Washoe, Nye, Lincoln, and Lyon counties, text messaging crisis intervention, safeTALK and Applied Suicide Intervention Skills Trainings. NOSP has staffed NV's first Committee to Review Suicide Fatalities. NOSP is also making great strides toward increasing awareness about reducing access to lethal means through the Suicide-Proof Your Home, Securing Firearms Education and The 11 Commandments of Gun Safety. Collaboration with NV School Districts on SB 164 requirements through suicide awareness training is occurring in partnership with the NV Department of Education. Also Youth Mental Health First Aid training is coming to our state through Project Aware.



Comments/Facts about Suicide:

- Nevada has an age-adjusted suicide rate of 18.92/100,000 for 2008-2012. *
- The rate for the United States for 2008-2012 is 12.06/100,000.*
- Suicide is the 6th leading cause of death for Nevadans and 10th leading cause of death for the US. **
- Suicide is the 2nd leading cause of death for our youth age 10-34.*
- Males make up 78 percent of suicide deaths in the U.S., 77 percent in Nevada. **
- Nevada has the 3rd highest suicide rate (23.55) for seniors over 65 in the nation, more than double the national average rate (15.41) 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.*
- 70 percent of Nevada's firearm fatalities are suicides. Firearms are used in 51 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: Nevada Suicide Infographic 2006-2012 (released December 2013).
***Source: Suicide Prevention Resource Center, State of Nevada Fact Sheet Online, 2006. Methodology for costs at www.sprc.org, State Fact Sheets

Website: http://suicideprevention.nv.gov

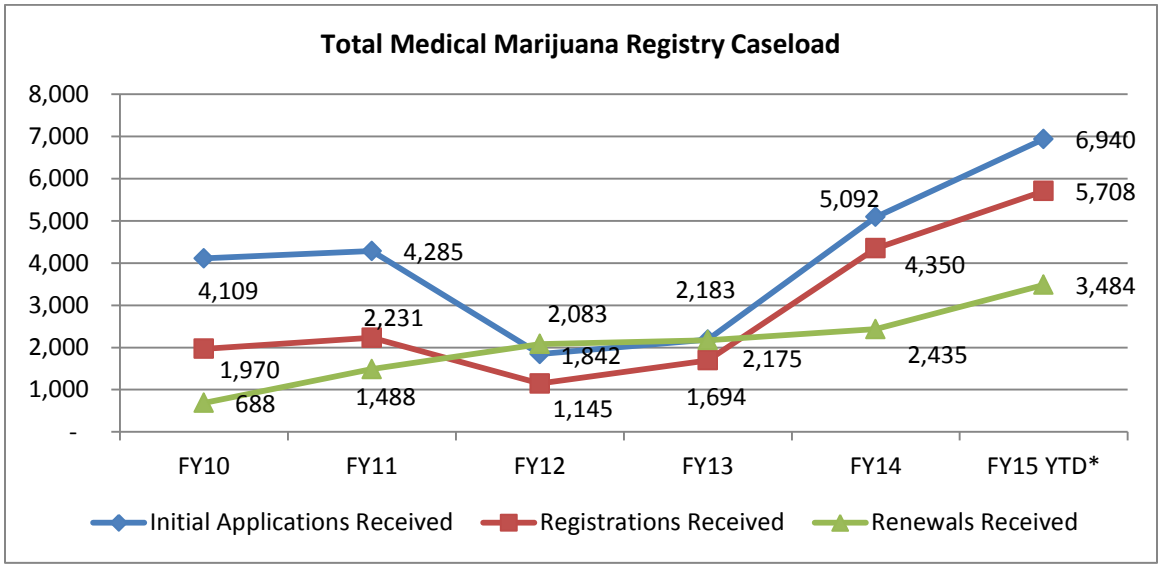
6.16 Medical Marijuana Cardholders

Program: The Nevada Marijuana 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	4,285	2,231	1,488
FY12	1,842	1,145	2,083
FY13	2,183	1,694	2,175
FY14	5,092	4,350	2,435
FY15 YTD	6,940	5,708	3,484

*FY15 YTD data is annualized



Note: The reported data starts in FY10 as no reliable data for FY09 was available. *FY15 YTD data is annualized

Definitions:

Initial applications: Patient submits a request for an application with the required $25.00 fee.

Registrations: Patient submits completed application including attending physician statement and $75.00 application fee.

Renewals: Patients that are registered are required to renew their enrollment each year and pay a $75.00 renewal fee.

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

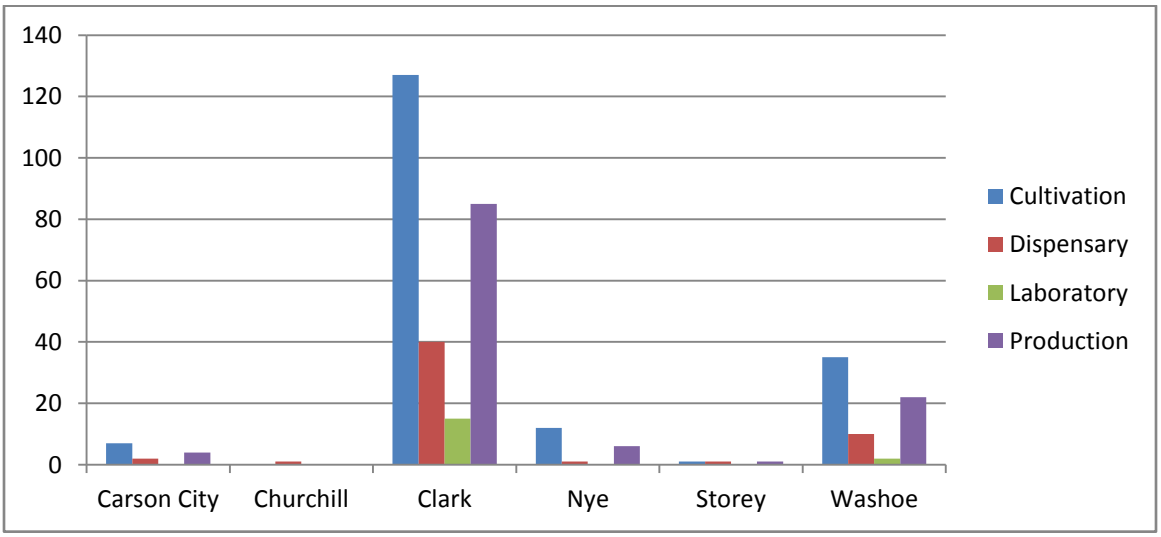
6.17 Medical Marijuana Establishments

Program: The Nevada Medical Marijuana Program is a state registry and licensing 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 defined in NRS and NAC 453A. The program is to carry out the regulations for all aspect related to medical marijuana establishments which are defined as independent testing laboratories, cultivation facilities, a facility for the production of edible marijuana products or marijuana-infused products, and medical marijuana dispensaries.

Authority: Statutory Authority: Nevada Constitution, Article 4, Section 38. Use of plant genus Cannabis for medical purposes and NRS 453A, Medical Use of Marijuana.

Type	Provisional Certificates Issued	Establishment Applications Received
Cultivation	182	183
Dispensary	55	199
Laboratory	17	18
Production	118	119
Total	372	519

Provisional Certificates Issued by County and Type						
Type	**Establishment County**					
	Carson City	**Churchill**	**Clark**	**Nye**	**Storey**	**Washoe**
Cultivation	**7**	**0**	**127**	**12**	**1**	**35**
Dispensary	**2**	**1**	**40**	**1**	**1**	**10**
Laboratory	**0**	**0**	**15**	**0**	**0**	**2**
Production	**4**	**0**	**85**	**6**	**1**	**22**
Total	**13**	**1**	**267**	**19**	**3**	**69**



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

6.18 Substance Abuse Prevention and Treatment Agency (SAPTA)

Program: The Substance Abuse Prevention and Treatment Agency 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:

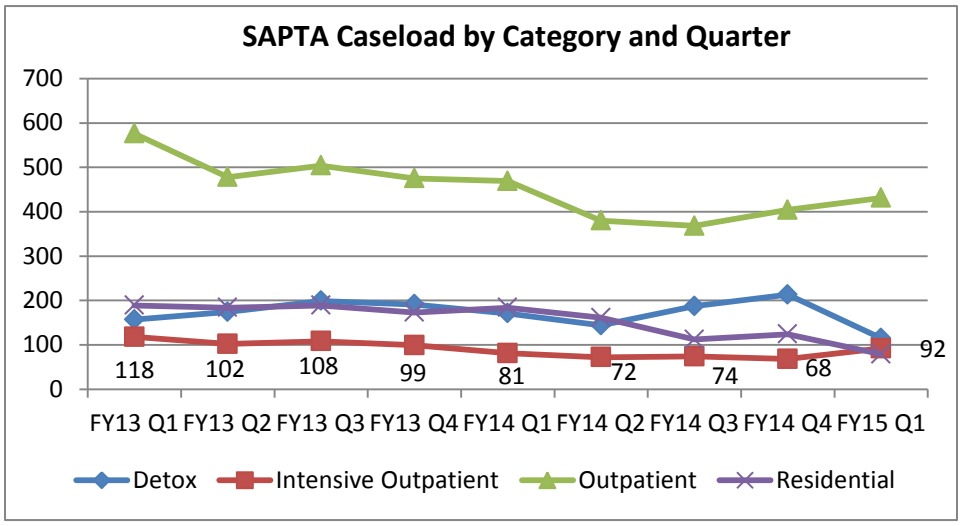
	FY09	FY10	FY11	FY12	FY13	FY14	FY15*
Admissions	13,378	11,131	11,190	11,503	11,907	9,716	8,604
Total Expenditures	$17,410,000	$16,222,000	$17,282,217	$16,948,678	$15,237,284	$12,806,806	$7,971,940

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.

***FY15 is Annualized Data**

Total Duplicated Admissions

FYTD	Admissions
Jul 14	771
Aug	691
Sep	689
Oct	
Nov	
Dec	
Jan 15	
Feb	
Mar	
Apr	
May	
Jun	
FY 15 Total	**2,151**
FY 15 Avg	**717**



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 declined. Outpatient admissions peaked in Q1 SFY13 due to Nevada Treatment Center closing and discharging clients into Adelson Clinic. Also, new business practices involving Co - occurring disorders and encounter based reimbursement inflated admissions in Q1 SFY13. A large drop in admissions occurred in Q2 SFY14 due to budget cuts and programmatic changes. In recent months the numbers of clients admitted to SAPTA programs is declining as providers slowly transition to Medicaid as a payer source. Additionally, at least one large service provider is still backlogged in data input.

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

6.19 Health Care Quality and Compliance

Program: The mission of the Bureau of Health Care Quality and Compliance (HCQC) is to protect the safety and welfare of the public through regulation, licensing, enforcement and education. The health facilities section accomplishes its mission by evaluating the quality of health care provided to residents/patients of medical facilities, medical laboratories and facilities for the dependent. This section also evaluates qualifications and issues licenses to certain allied health professionals, such as medical laboratory personnel, dietitians and music therapists. This section has environmental health specialists that conduct kitchen and pool inspections in health facilities. Evaluation of health facilities is accomplished through periodic inspections and complaint investigations. When necessary, licensees receive appropriate administrative sanctions and fines. The health facilities section is responsible for dissemination of health facility regulation information and education, for the public, other governmental entities and health facility applicants/providers. This section also partners with several industry groups for ongoing communication and strategies regarding regulatory issues.

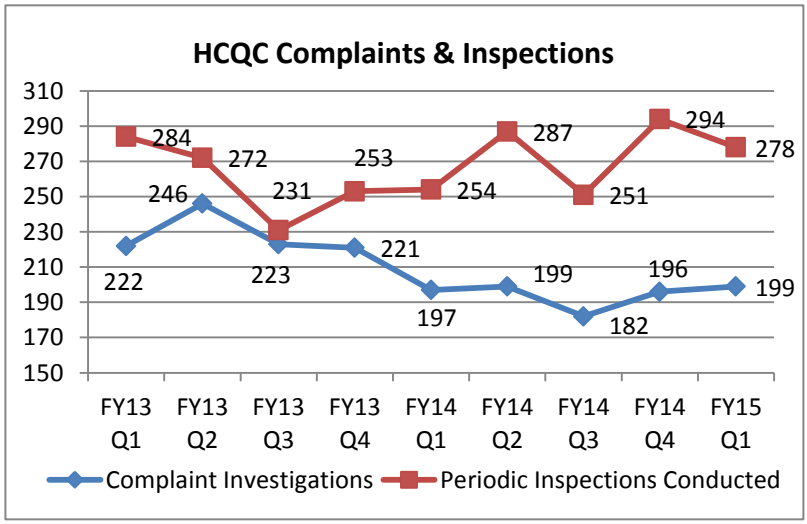
Authority: NRS Chapter 449, NRS Chapter 652, NRS Chapter 640D and NRS Chapter 640E addresses licensing, certification, permits, complaint investigations and periodic inspection criteria for Health Facilities (449), Medical Laboratories and Personnel (652), Music Therapists (640D) and Dietitians (640E).

Other: The Bureau of Health Care Quality and Compliance has two offices, one in Carson City and one in Las Vegas and services the entire state including rural areas. The main workload for the Bureau is processing of applications, complaint investigations and periodic inspections.

Treatment History:

Fiscal Year	Health Facility Applications Received	Allied Health Personnel Applications Received	Complaints & Entity Self-Reported Incidents Received
FY 13	2,499	7,240	3,353
FY 14	2,594	6,340	3,080

FYTD	Complaint Investigations	Periodic Inspections Conducted
Jul 14	74	99
Aug	58	72
Sep	67	107
Oct		
Nov		
Dec		
Jan 15		
Feb		
Mar		
Apr		
May		
Jun		
Jul		
FY 15 Total	**199**	**278**
FY 15 Avg	**66**	**93**



Analysis of Trends: Although the number and types of periodic inspections may fluctuate from month to month, the frequency of inspections has remained relatively constant. While it appears that complaint investigations are trending down, this does not necessarily mean that complaints on the whole are decreasing; rather, due to numerous inspector/investigator vacancies, the agency has a backlog of lower priority complaints that have not yet been investigated. Complaint investigations undergo a triage process which includes setting the priority of the investigation based on the allegations. As a result, some lower priority complaints will be investigated during the next scheduled periotic inspection.

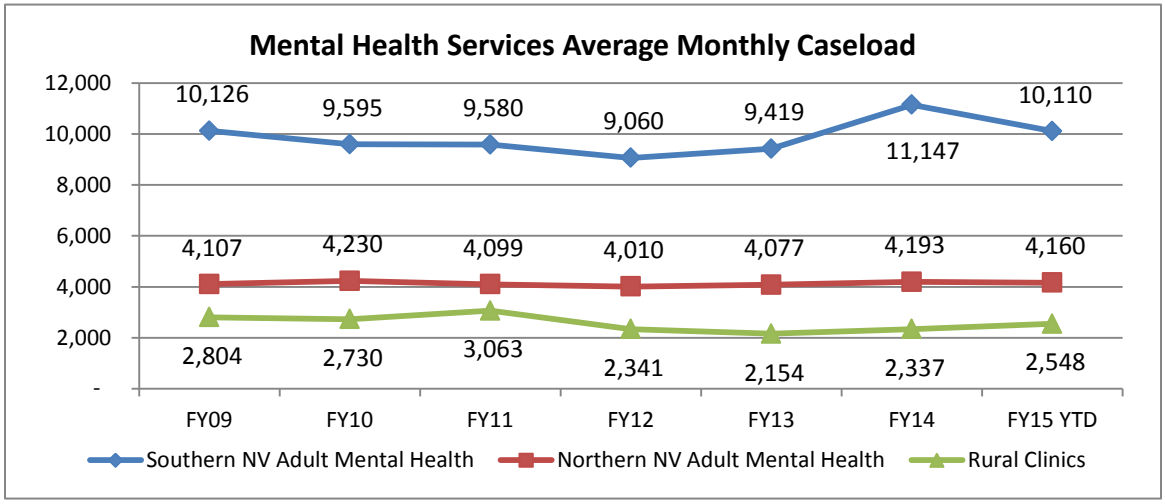
6.20 Mental Health Services

Program: Key Mental Health Services programs includes: Inpatient psychiatric hospital services (in urban areas served by SNAMHS & NNAMHS only); Outpatient Counseling; Service Coordination; Medication Clinic; Psychosocial Rehabilitation; Residential Programs; Psychiatric Emergency Services (urban areas); Mental Health Court counseling and treatment services; Senior Outreach; Mobile Crisis (urban areas); Programs for Assertive Community Treatment (urban areas); Outpatient Co-Occurring disorders treatment; and Consumer-Directed Peer-Support Programs.

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 insurance and income.

FYTD:

Month	State Total	Southern NV Adult Mental Health	Northern NV Adult Mental Health	Rural Clinics
Jul 14	16,850	10,236	4,105	2,509
Aug	16,860	10,163	4,151	2,546
Sep	16,744	9,931	4,224	2,589
Oct				
Nov				
Dec				
Jan 14				
Feb				
Mar				
Apr				
May				
Jun				
FY14 Total	**50,454**	**30,330**	**12,480**	**7,644**
FY14 Avg	**16,818**	**10,110**	**4,160**	**2,548**



Comments: Mental Health Services is undergoing changes and improvements in service delivery and data collection. Changes will result in frequent adjustments to this report until full implementation is completed.

Website: http://pbhnet/SitePages/Home.aspx

6.21 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.

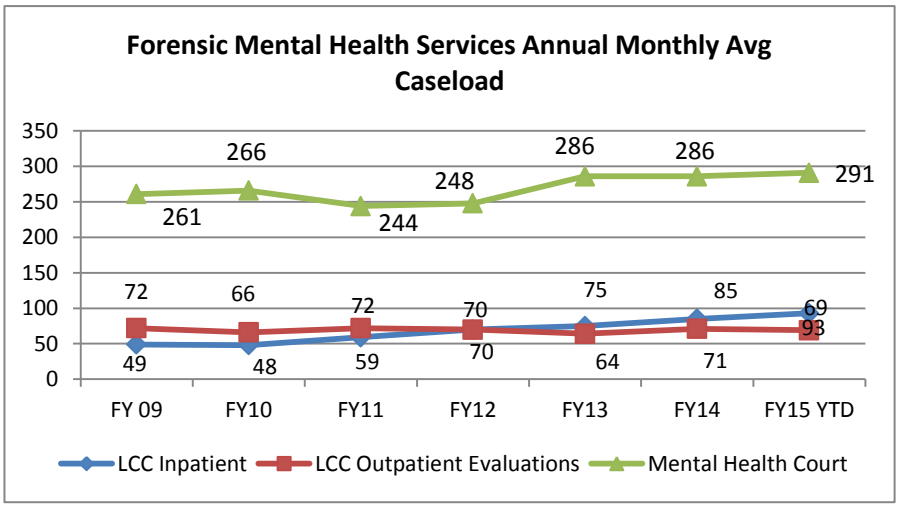
Mental Health Court is a collaboration between the Mental Health and Criminal Justice systems. This program provides opportunity for people with misdemeanor and minor felony criminal charges who would benefit from psychiatric treatment to be diverted from the standard criminal justice system if they participate in treatment. It is a service coordination model.

Eligibility: Clients are admitted to the inpatient program, Lakes Crossing Center, primarily by court order after a pre-commitment examiner has found them incompetent to stand trial and recommended treatment to competency. Occasionally a client without charges is administratively transferred to this program because they cannot be treated elsewhere.

Clients are admitted to Mental Health Court services by criminal justice courts.

Workload History:

Month	Statewide Forensic Caseload	LCC In-Patient	LCC Out-Patient Evaluations	Mental Health Court
Jul 14	455	88	74	293
Aug	447	99	59	589
Sep	459	92	75	292
Oct				
Nov				
Dec				
Jan 15				
Feb				
Mar				
Apr				
May				
Jun				
FY15 Total	1,361	279	208	874
FY15 Avg	454	93	69	291



Comments: The format for this report is new starting with this quarter as a test to incorporate all forensic clients from Lakes Crossing Center's inpatient assessment and treatment programs, and outpatient evaluations with outpatient Mental Health Court services provided through SNAMHS, NNAMHS, and Rural MHS.

Website: http://pbhnet/SitePages/Home.aspx

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7.01 Public Defender

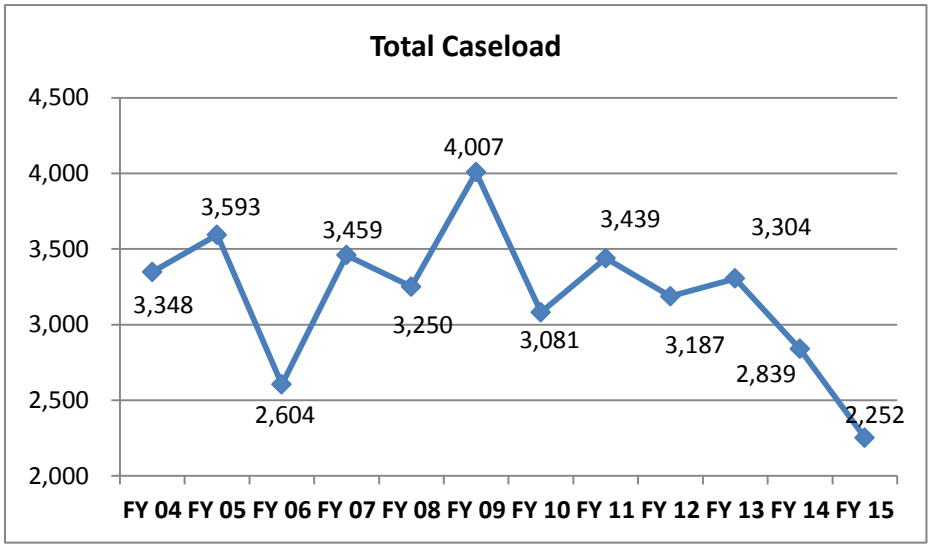
Program: Representation of indigent adults and juveniles charged with a criminal offense or delinquent acts in a participating county and AG prosecuted criminal matters in those counties. The office also represents parents whose children have been removed from the home by DCFS.

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
FY14	2,839
FY15 YTD*	2,252

*FY15 YTD data is annualized



Caseload Fiscal FY14:

Carson City	2,189
Eureka	47
Storey	91
White Pine	377
State	135
Total FY 14	**2,839**

Comments: The case numbers are declining because the method which we used to count the number of cases to which we were appointed changed. We used to count all of the different crimes charged against one client as separate cases. Now, we only count the most serious charge against one client as one case, with the exception of domestic violence and driving under the influence which is always counted as separate cases.

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

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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, 2013 estimated **population** is 2,790,136. *(U.S. Census Population Estimates)*
  - By Gender: Males 50.3 percent, Females 49.7 percent. *(U.S. Census, American Community Survey)*
  - By County: Clark 73 percent, Washoe 15 percent, Carson City 2 percent, and Balance-of-State 10 percent. *(Nevada State Demographer, Estimates by County)*

- **Population growth** - From 2012 to 2013, Nevada is the 5th fastest growing state. From 2011 to 2012 it was the 6th 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	6%	17%	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. Charter school enrollment had high growth again for the last school year. *(Nevada Department of Education)*

Enrollment by School District	2010-11 School Year		2011-12 School Year		2012-13 School Year		2013-14 School Year		2014-15 School Year	
	# of students	% change	# of students	% change	# of students	% change	# of students	% change	# of students	% change
Carson City	7,791	-1%	7,888	1%	7,628	-3%	7,525	-1%	7,586	1%
Churchill	4,169	-1%	4,048	-3%	3,740	-8%	3,675	-2%	3,488	-5%
Clark	314,023	0%	306,300	-2%	311,238	2%	314,643	1%	318,040	1%
Douglas	6,342	-3%	6,292	-1%	6,124	-3%	6,121	0%	6,054	-1%
Elko	9,556	1%	9,744	2%	9,926	2%	9,945	0%	9,859	-1%
Esmeralda	66	-4%	67	2%	67	0%	78	16%	74	-5%
Eureka	239	-8%	255	7%	271	6%	246	-9%	247	0%
Humboldt	3,379	-1%	3,434	2%	3,501	2%	3,517	0%	3,473	-1%
Lander	1,118	-2%	1,111	-1%	1,094	-2%	1,121	2%	1,049	-6%
Lincoln	972	-3%	994	2%	977	-2%	973	0%	996	2%
Lyon	8,500	-3%	8,458	0%	8,076	-5%	8,104	0%	8,082	0%
Mineral	517	-9%	550	6%	499	-9%	459	-8%	475	3%
Nye	5,932	-4%	5,678	-4%	5,384	-5%	5,214	-3%	5,167	-1%
Pershing	679	-6%	690	2%	708	3%	710	0%	692	-3%
Storey	426	-5%	422	-1%	415	-2%	398	-4%	401	1%
Washoe	64,755	0%	66,721	3%	62,424	-6%	62,986	1%	63,108	0%
White Pine	1,425	-1%	1,474	3%	1,420	-4%	1,334	-6%	1,250	-6%
Charter Schools	7,555	26%	16,176	114%	22,245	38%	24,756	11%	29,111	18%
Total	437,444	0%	440,302	1%	445,737	1%	451,805	1%	459,152	2%

- 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	52%	28%	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	2013
Nevada	%	37%	39%	40%	41%	42%	43%	44%	46%	47%	47%	48%
United States	%	32%	33%	33%	34%	34%	34%	35%	36%	37%	37%	38%

Economy

- In 2013, Nevada's **personal income per capita** was $38,920 ranking 37th among states (also 37th in 2012). The per capita income for the U.S. as a whole was $44,543. The U.S. average is 14 percent higher than Nevada (also 14 percent in 2012). 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 had the highest **unemployment rate level** in the country in 2013. 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 October 2014, Nevada's **foreclosure rate** was 1 of every 596 homes is currently under foreclosure. This is 47th in the nation. Maryland was the worst state with 1 of every 400 homes in foreclosure. The U.S. average was 1 of every 1,069 homes. Nevada has consistently ranked near the bottom since the housing crisis began. *(RealtyTrac)*

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

Unemployment Rate		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	6 Month Average
Nevada	%	8.0%	7.9%	7.7%	7.7%	7.6%	7.3%	7.7%
	Rank	49	49	48	46	46	46	49
United States	%	6.3%	6.3%	6.1%	6.2%	6.1%	5.9%	6.2%

- Nevada's **average annual unemployment rate** has continued to decrease, but has remained significantly above the national rate. *(U.S. Bureau of Labor Statistics)*

Unemployment Rate		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	4.4%	4.5%	4.3%	4.7%	6.7%	11.7%	14.0%	13.5%	11.1%	9.8%	
	Rank	12	18	23	35	45	48	50	50	50	50	=
United States	%	5.5%	5.1%	4.6%	4.6%	5.8%	9.3%	9.6%	8.9%	8.1%	7.5%	

- 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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	67.2	67.5	67.8	67.4	68.3	68.5	67.5	66.4	64.7	63.5	
	Rank	22	21	20	22	17	17	17	18	24	28	▼
United States	%	66.0	66.0	66.2	66.0	66.0	65.4	64.7	64.1	63.7	63.3	

Poverty

- The 2014 US Department of Health and Human Services **poverty guideline** for one person at 100 percent of poverty is $11,670 per year, and $23,850 for a family of four. *(Federal Register, 79 FR 3593, January 22, 2014)*

- 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%)		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	13%	11%	10%	11%	11%	12%	15%	16%	16%	16%	
	Rank	29	16	10	14	15	20	27	28	32	27	▲
United States	%	13%	13%	13%	13%	13%	15%	15%	16%	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%)		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	19%	15%	14%	15%	15%	15%	22%	22%	24%	23%	
	Rank	30	18	14	17	15	19	32	29	34	31	▲
United States	%	18%	19%	18%	18%	18%	19%	22%	22%	23%	22%	

- 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%)		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	45%	32%	35%	34%	35%	44%	35%	32%	36%	36%	
	Rank	28	2	7	7	7	14	11	7	14	12	▲
United States	%	44%	44%	44%	44%	43%	46%	40%	41%	42%	41%	

- 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%)		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	6%	9%	7%	8%	8%	7%	8%	9%	8%	9%	
	Rank	4	23	6	7	10	9	16	31	22	24	▼
United States	%	9%	10%	10%	10%	10%	10%	9%	9%	10%	10%	

- **Poverty and gender** - A higher percentage of older women are impoverished than older men. *(U.S. Census, American Community Survey)*

Age 65+ in Poverty (100%)		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Nevada	Females %	8%	10%	8%	9%	8%	9%	7%	11%	9%	10%
	Males %	5%	7%	6%	6%	7%	6%	6%	7%	7%	7%
United States	Females %	11%	12%	12%	12%	12%	12%	9%	11%	11%	11%
	Males %	7%	7%	7%	7%	7%	7%	6%	7%	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, but has been steady since. *(Kids Count)*

Working Poor Families with Children		2004	2005	2006	2007	2008*	2009	2010	2011	2012	2013	
Nevada	%	20%	21%	18%	17%	20%	21%	21%	26%	26%	24%	
	Rank	26	33	24	17	23	32	26	45	45	32	▲
United States	%	19%	19%	18%	18%	20%	20%	21%	22%	22%	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 2013, Nevada had 661,647 **children under 18**, and 286,895 **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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	26%	25%	25%	26%	26%	26%	25%	24%	24%	24%	
	Rank	12	13	13	10	10	7	16	16	16	18	▼
United States	%	25%	25%	25%	25%	25%	24%	24%	24%	24%	23%	

- 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		2004	2005	2006	2007	2008*	2009	2010	2011	2012	2013	
Nevada	%	36%	31%	30%	32%	26%	34%	36%	34%	34%	34%	
	Rank	36	16	14	20	17	42	41	34	37	38	▼
United States	%	33%	34%	33%	33%	27%	31%	33%	32%	31%	31%	

* 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%)		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	45%	39%	38%	37%	39%	42%	46%	50%	51%	49%	
	Rank	36	28	23	22	26	26	32	41	41	35	▲
United States	%	40%	40%	40%	39%	40%	42%	42%	45%	45%	45%	

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

Children in Single Parent Families		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	31%	32%	34%	33%	33%	35%	36%	36%	39%	37%	
	Rank	29	31	36	31	29	34	35	31	42	35	▲
United States	%	31%	32%	32%	32%	32%	34%	34%	35%	35%	35%	

- In 2013, 5.4 percent of Nevadans ages 5 to 17 had some **disability**, which is the same as the nationwide average of 5.4 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 Mental and Self-Care and higher in Vision or Hearing. *(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	21	6	35	6
	Rank	44	18	10	1
United States	# per 1,000	15	6	41	9

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	2012	
Nevada	Total	5,345	5,417	4,877	4,708	4,947	5,355	5,724	
	Rank	18 of 49	17 of 49	16	15	18	21 of 49	22 of 49	▼
	# Per 1,000	8.3	8.1	7.2	6.9	7.4	8.1	8.6	
United States	# Per 1,000	11.3	10.3	10.1	10.0	10.0	9.1	9.2	

- **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		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# per 100,000	0.5	0.3	2.8	2.2	3.2	2.6	4.3	2.2	2.9	2.7	
	Rank	4	4	42	34	39	35	47	33	41	37	▲
States Reporting		48	48	50	48	49	49	47	50	49	47	
United States	# per 100,000	2.0	2.0	2.0	2.0	2.3	2.3	2.3	2.1	2.1	2.2	

- **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	2012	
Nevada	Hours	42	33	26	15	13	13	15	
	Rank	9	7	7	4	4	2	2	=
States Reporting		34	30	35	38	36	33	34	
United States	Hours	84	80	79	69	78	71	69	

- 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	2012	
Nevada	Days	58	61	63	60	57	46	46	45	
	Rank	25	32	34	32	33	28	20	26	▼
States Reporting		38	41	40	42	43	44	38	44	
United States	Days	46	43	40	41	40	41	48	47	

- The **median** length of stay for children in **foster care** in Nevada has improved for the last three years. *(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	2012	
Nevada	Number	4,612	5,008	5,021	4,794	4,820	4,654	4,765	
	Months	12.9	13.3	14.8	15.8	14.8	13.9	12.1	
	Rank	20	19	24	34	30	31	20	▲
United States	Months	15.5	15.5	15.8	15.4	14.0	13.5	14.0	

- **Adoption** - In 2013 in Nevada, 721 children were adopted through public welfare agencies. 1,956 awaited adoption on September 30th. The ratio of adoptions to children waiting for adoptions declined slightly in 2013 compared to 2012 for Nevada. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Agency Adoptions		FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	
Nevada	# Adoptions	287	380	446	466	475	525	644	821	766	721	
	# Waiting	1,573	1,701	1,786	1,936	2,200	2,098	2,094	1,970	1,880	1,956	
	Ratio	18%	22%	25%	24%	22%	25%	31%	42%	41%	37%	
	Rank	50	49	46	49	50	50	48	38	40	44	▼
United States	Ratio	39%	39%	37%	39%	44%	50%	49%	48%	51%	50%	

- For Nevada children the **median length of stay** in care (in months) of all children discharged from foster care to a finalized adoption during the year has improved significantly. The length of stay is from the date of latest removal from the home to the date of discharge to adoption. *(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	2012	
Nevada	Months	34	34	37	36	36	35	31	
	Rank	39	39	46	46	44	46	37	▲
United States	Months	31	31	31	30	31	30	29	

Seniors

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

Population Age 65+		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	11%	11%	11%	11%	11%	12%	12%	12%	13%	14%	
	Rank	43	40	44	44	44	44	44	44	40	38	▲
United States	%	12%	12%	12%	12%	12%	13%	13%	13%	14%	14%	

- Percent of people 65 years and over **below poverty level** in the past 12 months in Nevada is still 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	2013	
Nevada	%	9%	7%	7%	9%	8%	8%	9%	9%	9%	
	Rank	23	6	6	21	9	16	18	22	24	▼
United States	%	10%	10%	9%	10%	9%	9%	9%	10%	10%	

- In 2013, 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 close to the national average for most of the 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	224	227	86	70	132
	Rank	22	28	23	11	14
United States	# per 1,000	220	233	92	85	154

- 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		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	Residents	4,308	4,294	4,399	4,664	4,724	4,724	4,699	4,735	4,717	4,625	
	Residents per 1,000 population aged 85+	195	179	171	168	158	146	145	160	133	137	
	Rank	6	5	5	6	6	6	6	6	5	5	=
United States	Residents per 1,000 population aged 85+	308	297	282	271	259	251	249	251	244	237	

Disability

- In 2013, 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%	6%	14%	36%
	Rank	24	22	32	28
United States	%	5%	6%	13%	36%

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

Disabled Population		2008	2009	2010	2011	2012	2013	
Nevada	# per 1,000	100	101	106	113	130	130	
	Rank	5	8	11	16	27	26	▲
United States	# per 1,000	121	120	119	121	126	126	

- 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 since the recession. (*U.S. Census, American Community Survey*)

Employed Disabled		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	34%	40%	40%	40%	43%	40%	38%	36%	36%	39%	
	Rank	34	23	21	20	19	17	18	18	21	16	▲
United States		36%	38%	37%	36%	39%	35%	33%	33%	33%	34%	

Health

- Nevada's **overall ranking** from the Annie E. Casey Foundation's 10 infant, children and teen indicators stayed at 48th in 2014. *(Kids Count)*

Kids Count Overall Rank		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	Rank	32	36	33	36	39	36	40	48	48	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	2012	
Nevada	%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	
	Rank	26	22	27	25	25	22	23	23	29	24	▲
United States	%	8%	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 at the national average. *(United Health Foundation, America's Health Rankings)*

Infant Mortality		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	# per 1,000	6	6	6	6	6	6	6	6	6	6	
	Rank	17	17	17	17	17	16	19	12	15	18	▼
United States	# per 1,000	7	7	7	7	7	7	7	7	7	6	

- 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 a little higher than the national average. *(Kids Count)*

Child & Teen Deaths		2005	2006	2007	2008	2009	2010	2011	
Nevada	# per 100,000	37	38	34	29	29	27	31	
	Rank	32	35	31	25	29	23	36	▼
United States	# per 100,000	32	31	31	29	27	26	26	

- 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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	# per 1,000	56	54	53	51	50	56	55	54	39	36	
	Rank	39	40	41	39	41	44	42	41	35	36	▼
United States	# per 1,000	45	43	42	41	41	42	42	42	34	31	

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

Poor Health Status		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	18%	18%	17%	19%	17%	19%	16%	17%	20%	19%	
	Rank	40	40	35	42	36	42	34	35	41	37	▲
United States	%	15%	15%	15%	15%	15%	14%	15%	15%	17%	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 2013, Nevadans reported suffering slightly more poor physical health days in the previous 30 days than previously and slightly more than the national rate. *(United Health Foundation, America's Health Rankings)*

Poor Physical Health Days		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	# of Days	3.4	3.5	3.7	3.7	3.7	3.5	3.6	3.8	3.9	4.2	
	Rank	22	25	35	38	36	28	30	36	25	34	▼
United States	# of Days	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.7	3.9	4.0	

- The percent of adults that report consuming at least five **servings of fruits and vegetables** each day has been just 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	2013	
Nevada	# of Vegetables	0.8	0.8	
	Rank	38	38	=
United States	# of Vegetables	0.8	0.8	

Daily Fruits		2012	2013	
Nevada	# of Fruits	1.0	1.0	
	Rank	19	19	=
United States	# of Fruits	1.0	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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	75%	76%	73%	73%	76%	72%	76%	77%	76%	79%	
	Rank	32	31	36	42	35	38	30	20	17	18	▼
United States	%	77%	78%	76%	77%	77%	75%	76%	76%	74%	77%	

- The percentage of Nevada **adults who are current smokers** is the same as 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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013*	
Nevada	%	23%	23%	22%	22%	22%	22%	21%	23%	23%	19%	
	Rank	28	39	36	35	42	41	42	35	34	27	▲
United States	%	21%	21%	20%	20%	19%	18%	17%	21%	21%	19%	

* 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.

- 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 lower than the national average as both populations' binge drinking decreased. *(United Health Foundation, America's Health Rankings)*

Binge Drinking		2007	2008	2009	2010	2011	2012	2013	
Nevada	%	17%	16%	18%	18%	17%	19%	15%	
	Rank	NA	32	41	42	38	28	13	▲
United States	%	15%	16%	16%	16%	16%	18%	17%	

- In 2012, approximately eleven percent of Nevadans participated in **illicit drug use** compared to nine percent nationwide. *(SAMHSA, Substance Abuse and Mental Health Services Administration)*

Illicit Drug Use in the Past Month		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	10%	9%	8%	8%	9%	9%	10%	10%	10%	11%	
	Rank	43	37	32	32	35	41	41	36	38	42	▼
United States	%	8%	8%	8%	8%	8%	8%	8%	9%	9%	9%	

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

Obesity		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	21%	21%	25%	25%	26%	26%	23%	23%	26%	26%	
	Rank	11	8	24	13	19	21	5	4	17	11	▼
United States	%	23%	24%	25%	26%	27%	27%	27%	28%	28%	29%	

- **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 lower than the national average. *(United Health Foundation, America's Health Rankings)*

Diabetes		2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	6%	7%	8%	8%	9%	8%	9%	10%	9%	
	Rank	15	21	26	25	30	16	22	37	15	▲
United States	%	7%	7%	8%	8%	8%	8%	9%	9%	10%	

- 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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	24%	24%	24%	24%	27%	27%	28%	28%	31%	31%	
	Rank	16	16	15	15	24	24	17	17	24	24	=
United States	%	25%	25%	26%	26%	28%	28%	29%	29%	31%	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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	37%	37%	39%	39%	37%	37%	39%	39%	37%	37%	
	Rank	48	48	48	48	19	19	30	30	18	18	=
United States	%	33%	33%	36%	36%	38%	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	2013	
Nevada	%	3%	3%	2%	2%	2%	3%	3%	3%	
	Rank	35	30	17	7	23	36	33	30	▼
United States	%	3%	3%	3%	3%	2%	3%	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	2013	
Nevada	%	4%	5%	4%	4%	4%	4%	4%	4%	
	Rank	17	38	28	22	25	19	24	24	=
United States	%	4%	5%	4%	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	2013	
Nevada	%	5%	5%	4%	4%	5%	5%	5%	5%	
	Rank	39	37	25	31	42	38	38	28	▲
United States	%	4%	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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	# per 100,000	335	329	328	323	320	313	299	284	273	272	
	Rank	31	30	33	35	38	39	37	36	33	35	▼
United States	# per 100,000	333	327	319	309	298	288	278	270	265	259	

- 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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	# per 100,000	209	208	205	201	199	196	194	193	192	191	
	Rank	36	34	33	34	32	27	25	27	24	25	▼
United States	# per 100,000	200	199	197	195	193	192	192	191	191	191	

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	

- **Immunization** Nevada vaccinates children ages 19-35 months at a rate lower than the national average. In 2012, varicella and PCV were added to DTP, poliovirus vaccine, any measles-containing vaccine, and HepB when determining whether children were completely vaccinated. This created a break in the series, making comparisons before and after 2012 inconsistent. *(United Health Foundation, America's Health Rankings)*

Immunization Coverage		2005	2006	2007	2008	2009	2010	2011	2012*	2013	
Nevada	%	83%	82%	81%	82%	85%	84%	85%	65%	65%	
	Rank	50	50	50	50	49	49	49	39	38	▲
United States	%	90%	90%	91%	91%	91%	90%	90%	69%	68%	

*Break in series caused by additional vaccine requirements

- 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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	59%	53%	58%	62%	57%	64%	59%	54%	50%	52%	
	Rank	49 of 49	50	50	50	50	49	50	49	50	50	=
United States	%	68%	66%	70%	72%	71%	70%	68%	61%	60%	63%	

- 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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	68%	68%	67%	67%	71%	71%	76%	76%	72%	72%	
	Rank	47	47	47	47	46	46	27	27	39	39	=
United States	%	73%	73%	73%	73%	75%	75%	77%	77%	76%	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%	

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

- 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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	65%	65%	65%	66%	66%	64%	64%	67%	67%	61%	
	Rank	45	44	44	39	39	44	44	36	36	40	▼
United States	%	71%	71%	71%	70%	70%	71%	71%	70%	70%	67%	

- 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	2013	
Nevada	# per 100,000	84	85	86	85	87	86	86	84	85	
	Rank	46	46	46	46	46	46	46	47	47	=
United States	# per 100,000	119	119	120	120	121	121	121	120	121	

- 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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	# per 1,000	66	63	62	65	65	62	57	59	58	57	
	Rank	12	11	11	13	13	11	12	15	16	16	=
United States	# per 1,000	81	80	77	78	78	71	71	68	67	65	

- 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	2012	
Nevada	%	91%	92%	93%	94%	92%	95%	93%	
	Rank	44 of 45	45 of 46	38 of 46	25 of 46	43 of 45	17 of 48	49	▼
United States	%	95%	95%	94%	95%	95%	95%	95%	

Health Insurance

- In 2013 in Nevada, 53 percent of private sector establishments **offered health insurance to employees** (rank=14th highest, down from 63 percent in 2008). The national average was 50 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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	18%	17%	20%	17%	19%	20%	23%	22%	22%	21%	
	Rank	46	39	44	40	44	47	49	49	49	49	=
United States	%	15%	15%	16%	15%	15%	17%	16%	15%	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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	16%	14%	19%	14%	19%	17%	17%	16%	18%	15%	
	Rank	48	46	47	47	50	49	50	50	48	50	▼
United States	%	11%	11%	12%	11%	10%	10%	8%	7%	12%	7%	

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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	# of Days	3.9	3.9	3.5	3.5	3.8	3.6	4.0	3.8	3.9	4.1	
	Rank	43	46	36	36	43	35	45	38	28	35	▼
United States	# of Days	3.4	3.5	3.3	3.4	3.4	3.4	3.5	3.5	3.8	3.9	

- 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		FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	
Nevada	$ Per Capita	$63	$54	$63	$61	$79	$81	$64	$68	$65	$59	
	Rank	34	40	39	42	33	36	42	41	43	43	=
United States	$ Per Capita	$92	$98	$103	$104	$113	$121	$123	$121	$124	$125	

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		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# per 100,000	20	19	20	20	18	19	19	20	18	18	
	Rank	48	49	49	47	46	46	46	47	44	43	▲
United States	# per 100,000	11	11	11	11	11	12	12	12	13	13	

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

Suicide Rate Age 65+		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# per 100,000	39	34	36	33	31	28	35	30	27	24	
	Rank	50	50	50	50	50	50	50	50	48	47	▲
United States	# per 100,000	15	14	15	14	14	15	15	15	15	15	

- In 2013, 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	5	1	1	2	3	6	11	18	18	6
United States	3	2	2	4	5	8	13	17	>20	10

- In 2013, approximately eleven 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	2013
Nevada	%	9%	11%	9%	9%	9%	10%	NA	11%
United States	%	8%	9%	9%	8%	7%	6%	8%	8%

Public Assistance

- In 2013 the number of Nevada households that receive **public assistance** income per 1,000 households was 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	2013	
Nevada	# per 1,000	47	60	79	109	117	134	127	
	Rank	1	4	7	15	16	19	15	▲
United States	# per 1,000	84	93	111	127	137	143	142	

  - 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)		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Nevada	Maximum Income	$1,133	$1,168	$1,185	$1,230	$1,341	$1,375	$1,430	$1,430	$1,448	$1,448	$1,526
United States	Maximum Income	$770	$771	$766	$777	$789	$785	$817	$822	$800	$823	$829

- 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		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Nevada	Maximum Income	$348	$348	$348	$348	$348	$383	$383	$383	$383	$383	$383
United States	Maximum Income	$415	$413	$413	$417	$419	$475	$431	$436	$436	$430	$424

- In 2013, 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		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	
Nevada	%	22%	22%	35%	42%	48%	34%	42%	39%	38%	38%	
	Rank	43	43	27	15	12	28	17	20	21	26	▼
United States	%	33%	31%	32%	33%	33%	30%	29%	29%	29%	30%	

- The **average number of hours of participation in work activities** per week for all adult TANF recipients participating in work activities in Nevada is slightly higher than 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		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	
Nevada	Hours	22	23	23	18	20	27	27.5	26	25	26	
	Rank	43	44	44	50	48	23	15	14	21	16	▲
United States	Hours	29	28	28	28	28	27.4	25	25	25	24	

- 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	FFY11	
Nevada	%	37%	37%	39%	40%	28%	25%	23%	17%	17%	15%	
	Rank	19 of 48	15 of 49	13 of 49	11	46	44	42	37	43	48	▼
United States	%	36%	34%	36%	35%	36%	36%	35%	26%	25%	28%	

- 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	FFY11	
Nevada	%	63%	63%	65%	67%	71%	72%	72%	68%	71%	72%	
	Rank	13 of 48	13 of 49	10 of 49	12	3	2	3	4	4	4	=
United States	%	59%	59%	60%	63%	64%	64%	63%	61%	60%	65%	

- 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	FFY11	
Nevada	%	35%	29%	38%	37%	44%	38%	22%	19%	26%	24%	
	Rank	26 of 48	39 of 49	32 of 49	37	20	33	47	46	43	45	▼
United States	%	38%	38%	42%	44%	43%	37%	33%	30%	30%	31%	

Medicaid

- For FFY 2013 Nevada's **Medicaid spending per capita** is among the lowest in the nation. *(National Association of State Budget Officers, State Expenditure Report; U.S. Census, Annual Population Estimates)*

Medicaid Expenditures		FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	
Nevada	$ per capita	$501	$476	$468	$487	$435	$504	$561	$573	$703	$715	
	Rank	50	50	50	50	50	50	50	50	49	49	=
United States	$ per capita	$902	$967	$983	$1,016	$1,021	$1,092	$1,170	$1,280	$1,246	$1,331	

- 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 2014)*

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	$18,525	$39,000	$83,403	$89,936
	Rank	28	32	16	28	28
United States	$	$43,472	$16,900	$42,000	$77,380	$87,600

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 Copay		FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13
Nevada	%	51%	38%	24%	15%	18%	23%	23%	25%	18%	23%	29%
United States	%	25%	25%	24%	24%	23%	21%	20%	23%	21%	21%	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		FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	
Nevada	%	4%	5%	6%	6%	6%	5%	3%	4%	3%	3%	
	Rank	21	30	38	34	32	25	18	17	11	8	▲
United States	%	5%	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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	9%	8%	9%	10%	12%	13%	15%	15%	17%	16%	
	Rank	8	9	10	24	34	25	31	35	43	40	▲
United States	%	11%	11%	11%	11%	12%	14%	15%	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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	3%	3%	3%	4%	5%	5%	5%	6%	7%	7%	
	Rank	14	12	13	27	33	25	28	34	43	43	=
United States	%	4%	4%	4%	4%	5%	5%	6%	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		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	46%	41%	42%	54%	53%	51%	50%	56%	62%	69%	
	Rank	49	49	50	42	49	38	49	46	48	42	▲
United States	%	60%	54%	56%	65%	67%	65%	66%	72%	75%	79%	

- Between May 2013 and May 2014, the number of Nevadans receiving **food stamps** increased by 7.8 percent, giving Nevada the fastest growing caseload nationwide. The national average year-over-year increase was -3.0 percent. *(U.S. Dept. of Agriculture, Food and Nutrition Service Program Data)*

- 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		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Nevada	%	4%	4%	4%	4%	4%	4%	5%	10%	11%	13%	12%
United States	%	7%	7%	8%	8%	8%	8%	8%	12%	13%	14%	13%

- For FFY13, Nevada's **average monthly food stamp benefit** per person was $123.57 and per household was $255.46. The national averages were $133.07 and $274.98 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 very slight improvements in most of the five performance indicators for FFY 2013. *(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	FFY13	
Nevada	%	66%	69%	80%	84%	86%	100%	109%	117%	118%	
	Rank	49	49	49	49	46	14	3 of 24*	2 of 24*	3 of 26	▼
United States	%	92%	95%	95%	95%	96%	96%	99%	100%	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	FFY13	
Nevada	%	62%	67%	69%	68%	70%	76%	81%	82%	83%	
	Rank	45	44	44	43	43	38	32	34	34	=
United States	%	77%	78%	79%	79%	79%	80%	81%	82%	83%	

Current Support Collected		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	
Nevada	%	46%	46%	48%	48%	48%	49%	51%	56%	58%	
	Rank	49	50	50	50	50	50	49	42	38	▲
United States	%	59%	60%	61%	62%	61%	62%	62%	63%	64%	

Arrearages Collected		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	
Nevada	%	50%	52%	52%	53%	52%	57%	60%	57%	59%	
	Rank	48	48	49	49	49	45	33	44	39	▲
United States	%	61%	61%	62%	63%	64%	62%	62%	62%	62%	

Cost Effectiveness		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	
Nevada	Ratio	3.0	3.3	3.5	3.5	3.9	2.9	4.0	4.1	3.9	
	Rank	48	47	45	47	41	48	42	41	42	▼
United States	Ratio	5.0	5.1	5.2	4.8	5.3	4.9	5.1	5.1	5.3	

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		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	$ per capita	$3,250	$3,406	$3,694	$3,801	$3,900	$3,827	$3,665	$3,449	$3,386	$3,221	
	Tax Rate	7.7%	8.0%	8.1%	7.6%	7.7%	7.6%	7.7%	8.2%	8.6%	8.1%	
	Rank	5	7	7	4	5	4	5	6	9	8	▲
United States	$ per capita	$3,948	$3,981	$4,131	$4,296	$4,479	$4,637	$4,589	$4,368	$4,245	$4,217	
	Tax Rate	9.6%	9.8%	9.8%	9.8%	9.9%	10.0%	10.0%	10.1%	10.2%	9.8%	

  - 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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	Per Capita	$1,953	$2,348	$2,466	$2,458	$2,365	$2,123	$2,158	$2,325	$2,456	$2,518	
	Rank	26	32	30	26	21	17	24	25	27	23	▼
United States	Per Capita	$2,000	$2,199	$2,391	$2,530	$2,532	$2,326	$2,728	$2,435	$2,531	$2,682	

  - 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)*

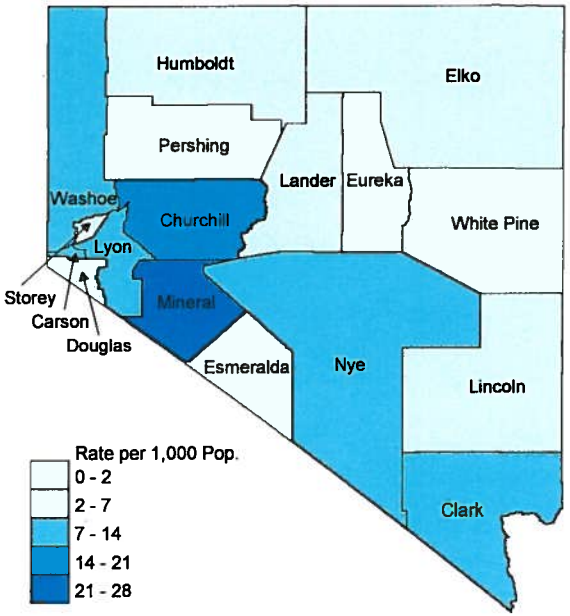
Federal Government Expenditures Per Capita		2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	Per Capita	$4,940	$5,192	$5,469	$5,288	$5,852	$6,032	$6,638	$7,148	$6,986	
	Rank	50	50	50	50	50	50	49	50	50	=
United States	Per Capita	$6,650	$7,089	$7,381	$7,295	$8,200	$8,538	$9,184	$10,548	$10,489	

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

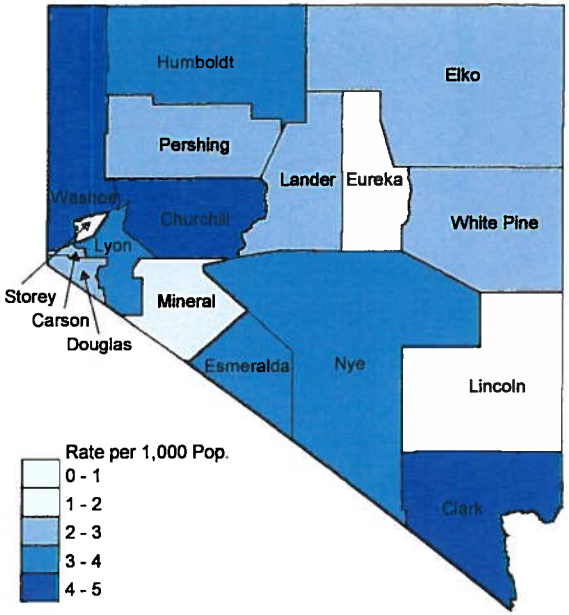
Maps – Program Participation Rates by County

Source: DHHS Caseload Data

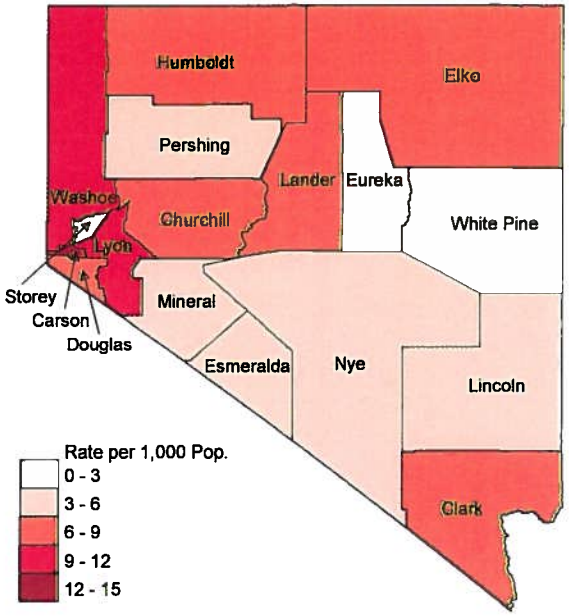
TANF Cash Participation Rate - Oct 2014



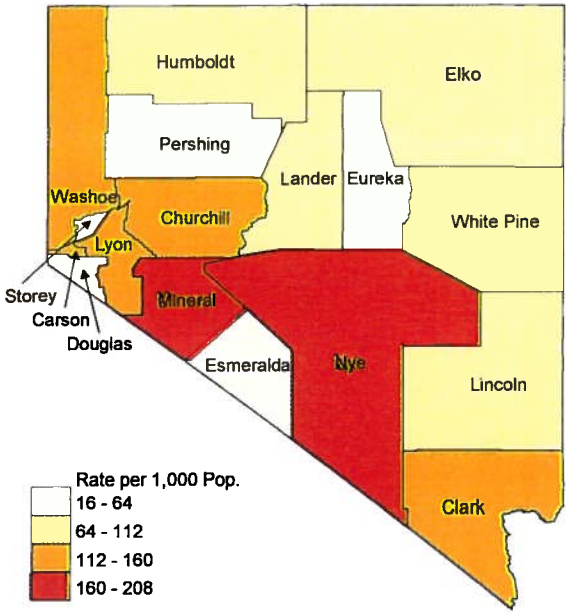
Child Welfare Participation Rate - Oct 2014



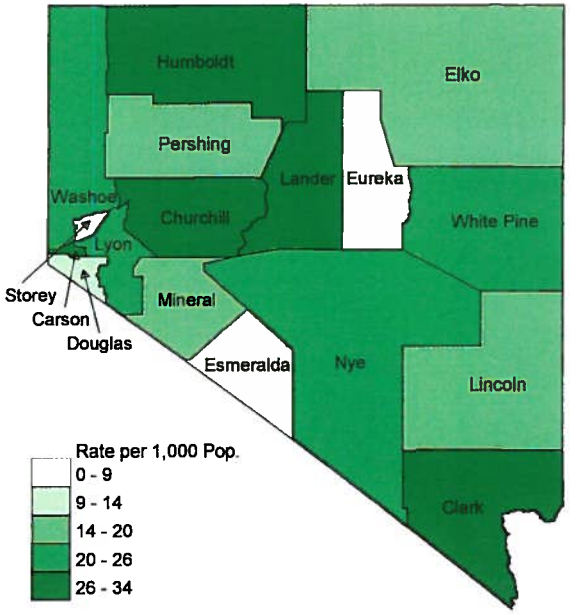
NV Check Up Participation Rate - Oct 2014



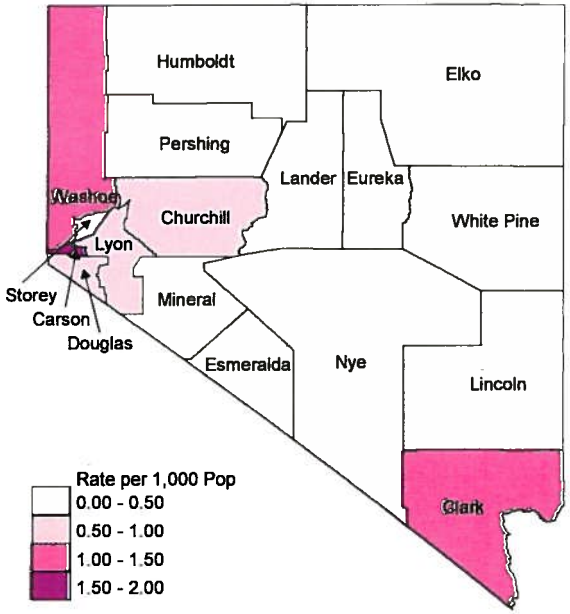
SNAP Participation Rate - Oct 2014



WIC Participation Rate - Aug 2014



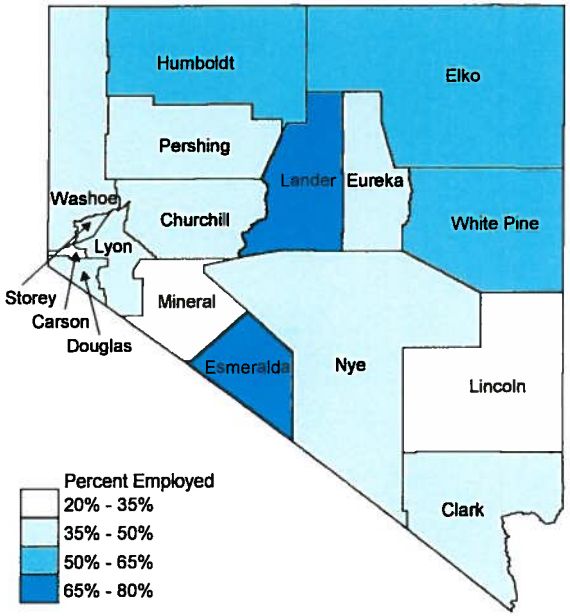
Childcare Participation Rate - Oct 2014



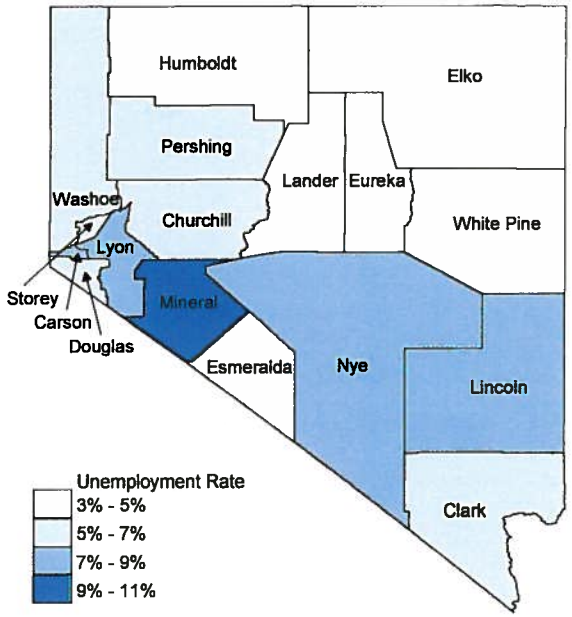
Maps – Socioeconomic Indicators by County

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

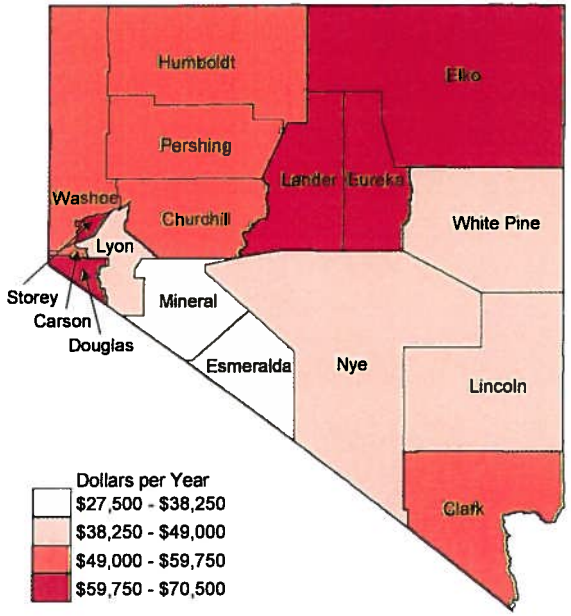
Employment to Population Ratio - Oct 2014



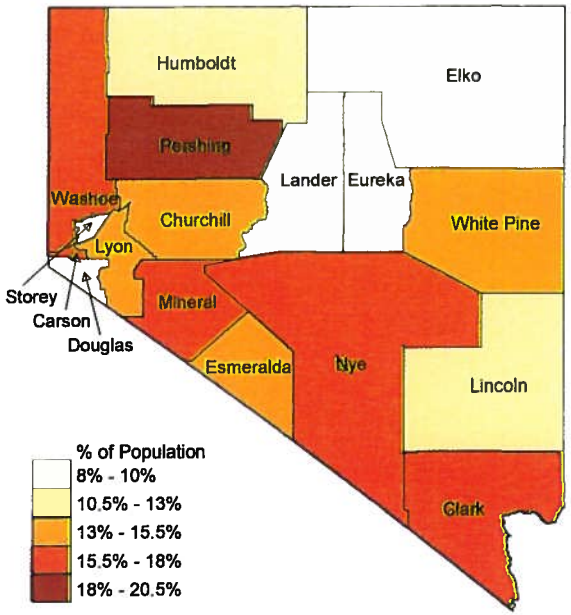
Unemployment Rate - Oct 2014



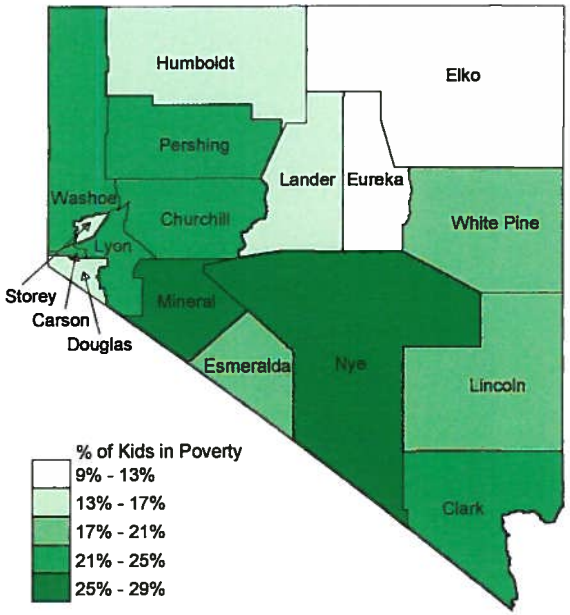
Median Household Income - 2008-2012



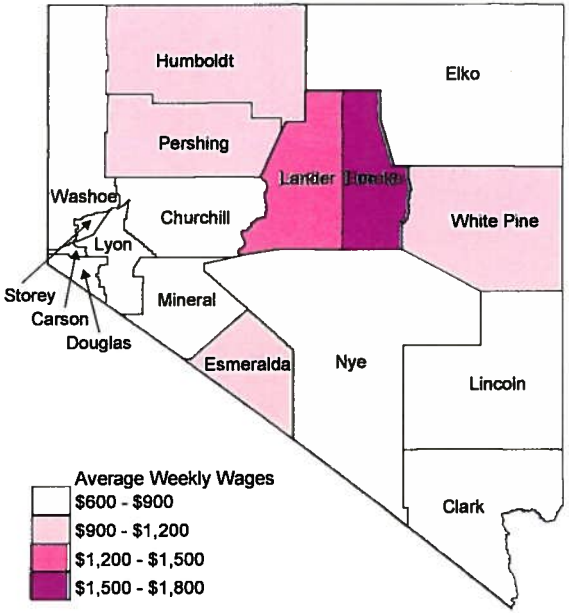
Persons below Poverty - 2012



Child Poverty - 2012



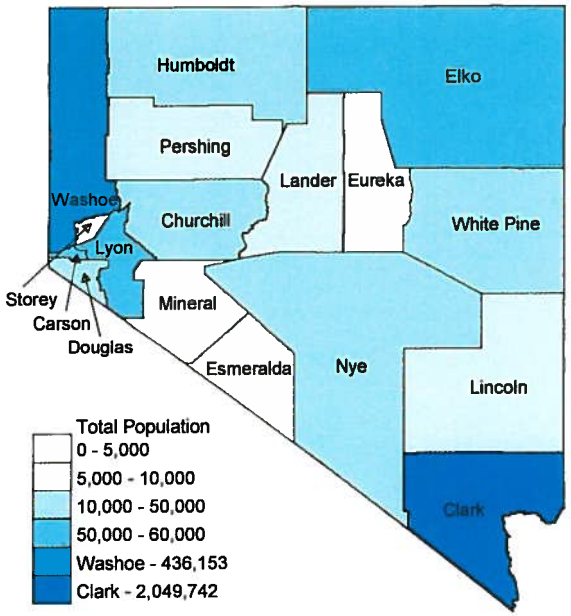
Average Wages - Oct 2014



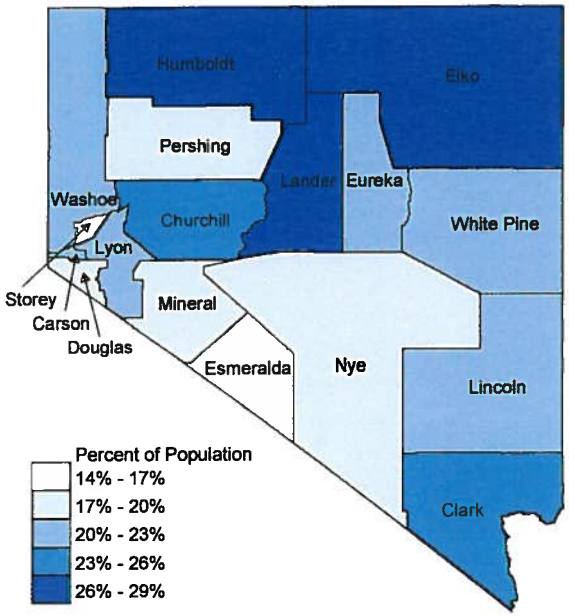
Maps – Demographic Indicators by County

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

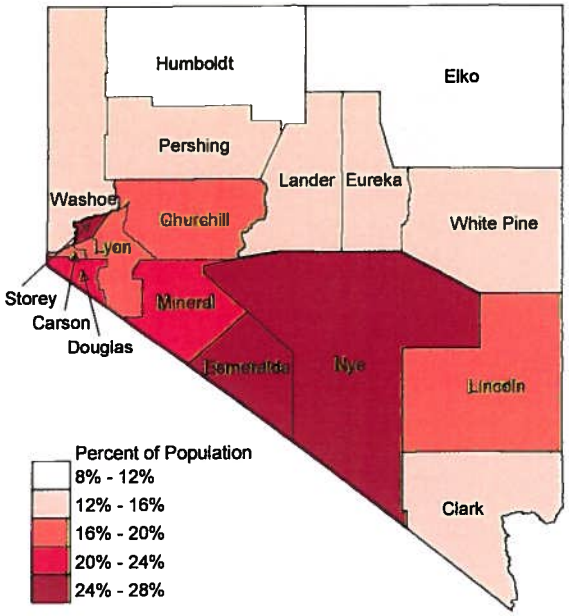
Total Population - 2014



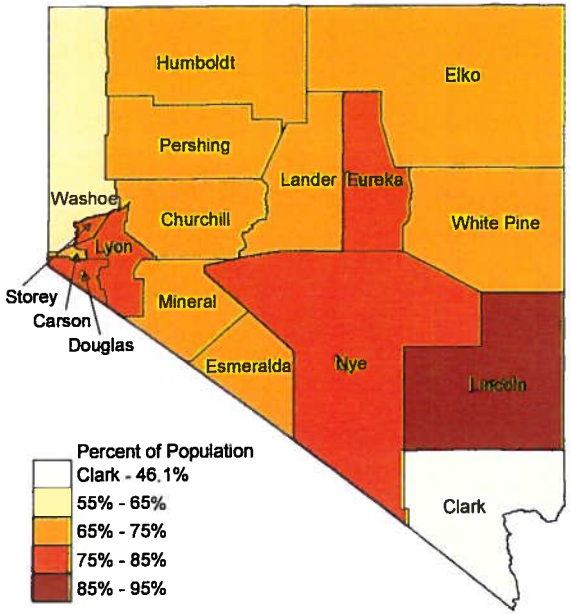
Persons under 18 Years - 2013



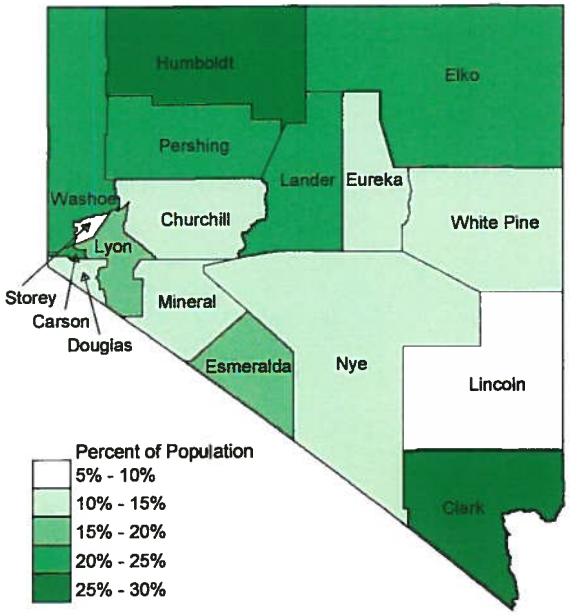
Persons Age 65 and Over - 2013



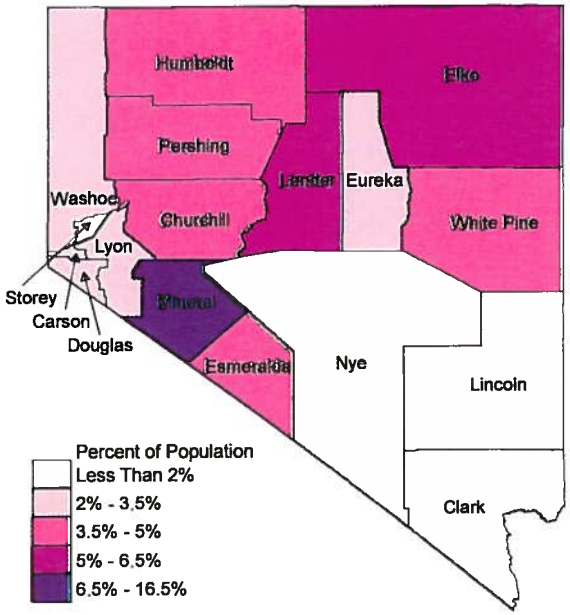
White Persons not Hispanic - 2013



Persons of Hispanic Origin - 2013



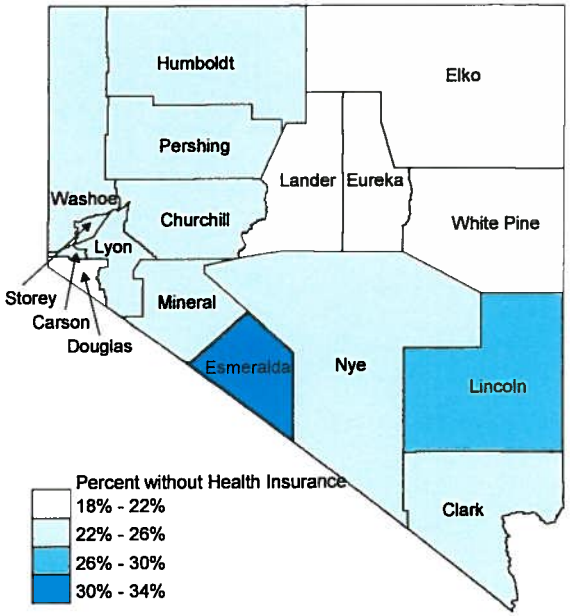
Native American Persons - 2013



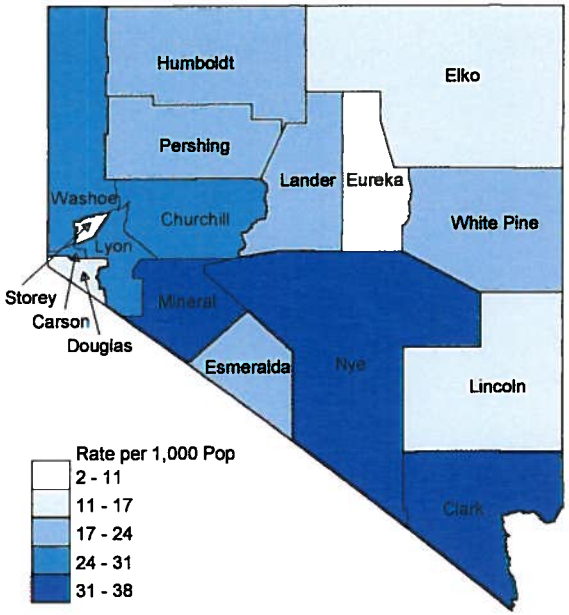
Maps – ACA Outcomes by County

Source: Uninsured – CPS; Medicaid Totals DWSS ILD File; Other - DHCFP

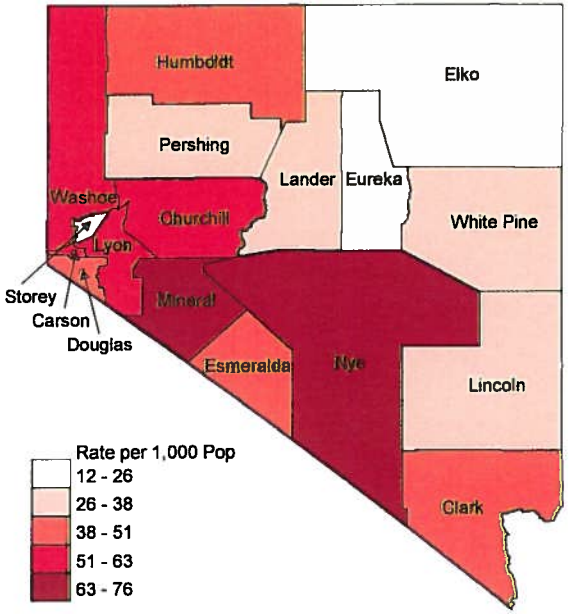
Uninsured < age 65 - 2012



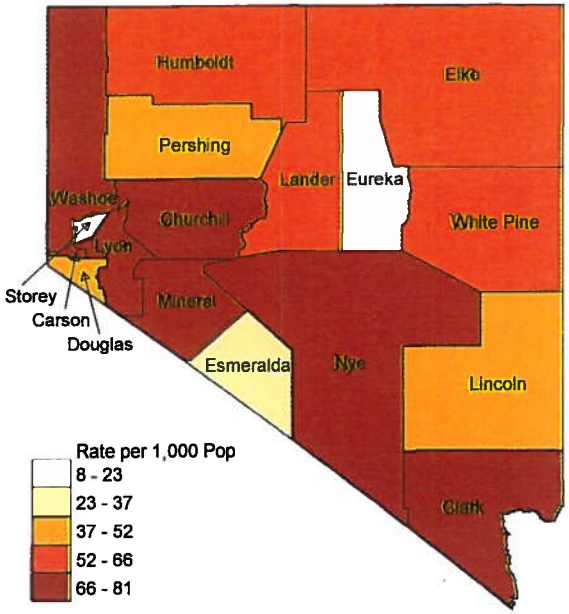
Adult Medicaid - Oct 2014



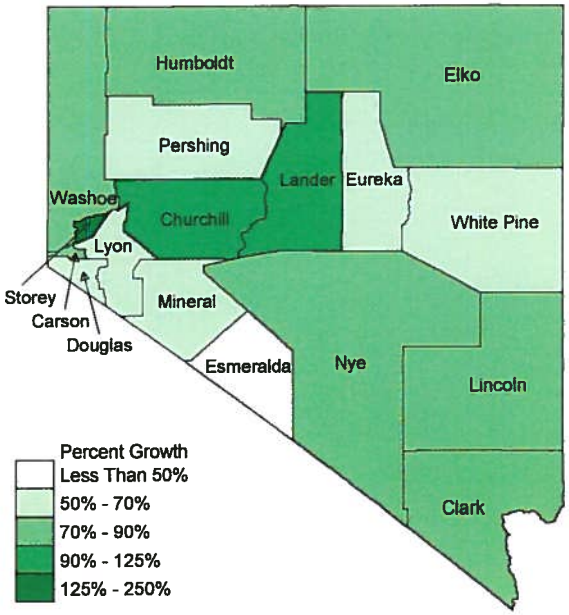
New ACA Adult Medicaid - Oct 2014



CHAP - Oct 2014



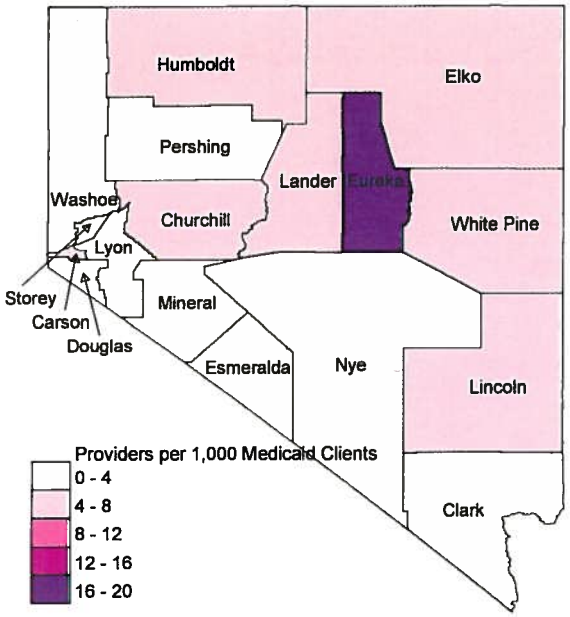
Post ACA Medicaid Growth - Jun 13 To Oct 14



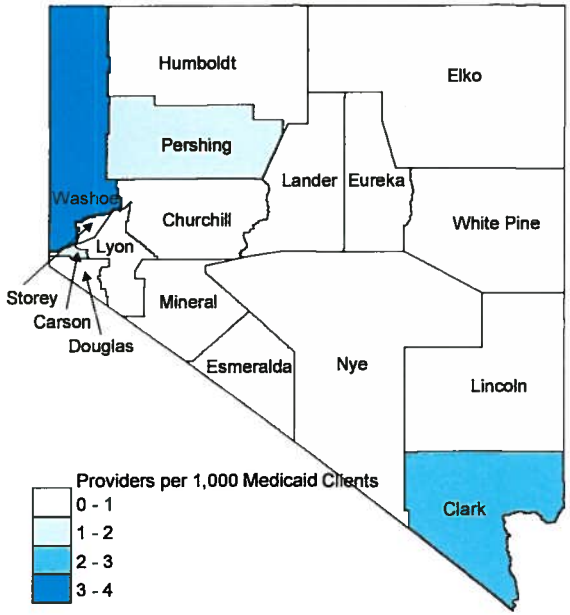
Maps – ACA Outcomes by County - Continued

Source: Uninsured – CPS; Medicaid Totals DWSS ILD File; Other - DHCFP

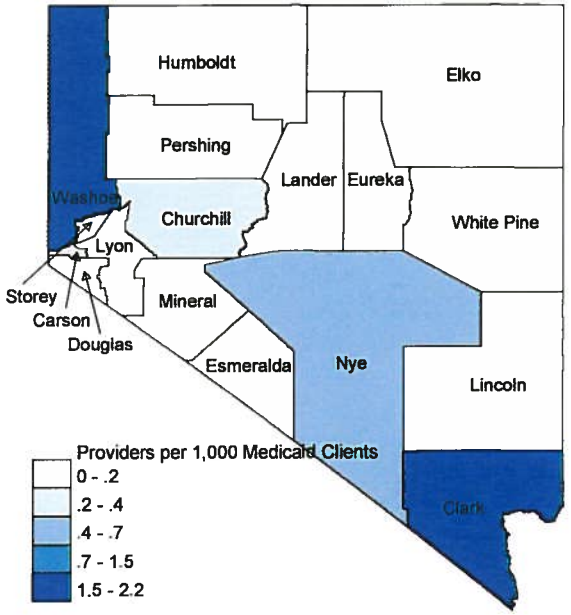
FFS Providers - Oct 2014



HPN Providers - Oct 2014



Amerigroup Providers - Oct 2014

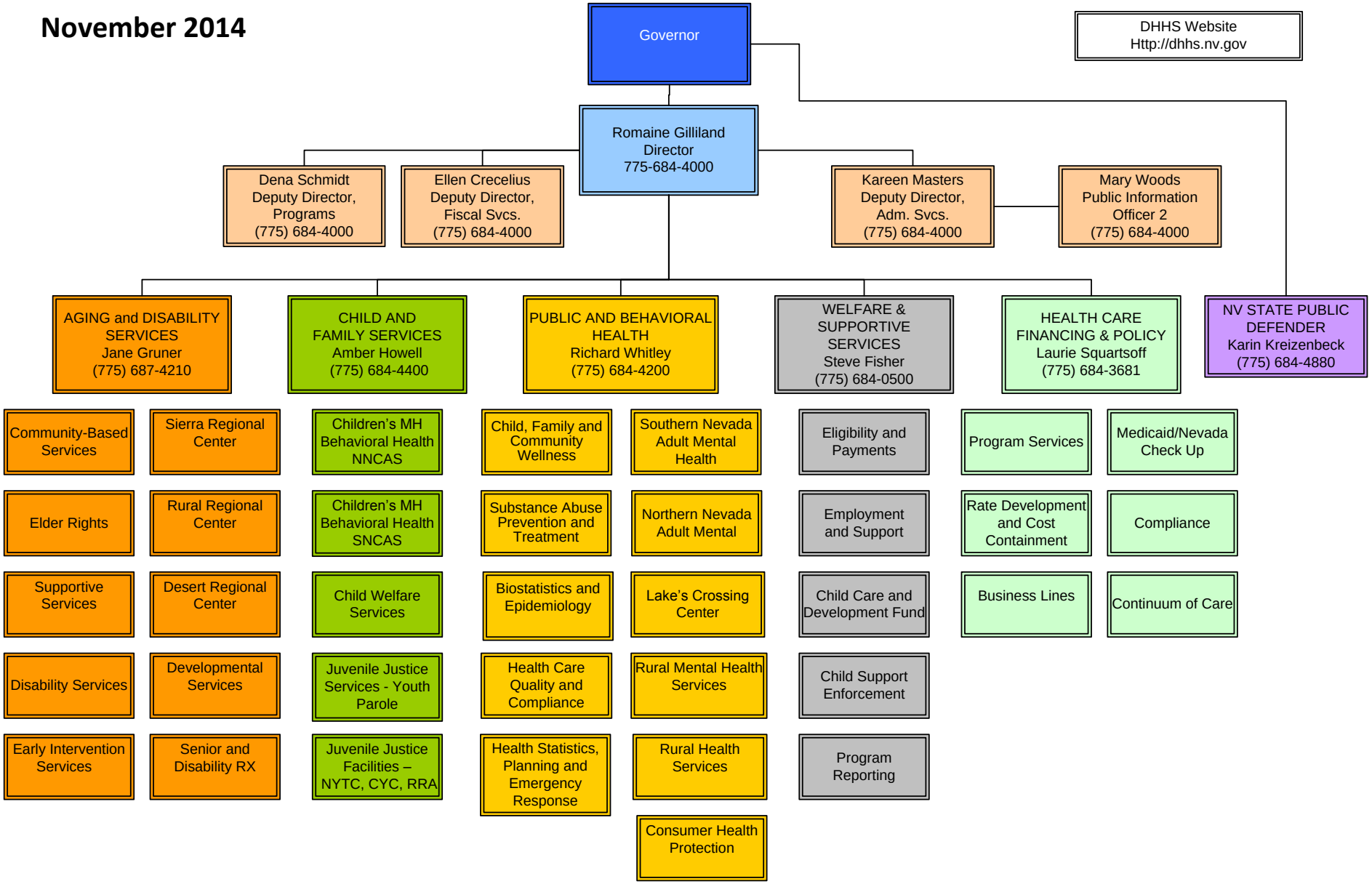


Nevada Department of Health and Human Services, Organizational Chart

Organizational Chart

DEPARTMENT OF HEALTH AND HUMAN SERVICES

November 2014



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Nevada Department of Health and Human Services, NRS by Division

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)

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128 Termination of Parental Rights
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424 Foster Homes for Children
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432B Protection of Children from Abuse and Neglect
433B Mental Health (Additional Provisions Relating to Children)

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146 Support of Family - Distribution of Small Estates (DHHS Claims)
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232 State Departments; Appointment of Deputies
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Nevada Department of Health and Human Services, Nassir Notes Phone List

Phone Numbers of Key Personnel

Updated November 2014

Director's Office		***775-684-4000***
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	Kareen Masters, Deputy Director	**775-684-4012**
	Ellen Crecelius, Deputy Director	**775-684-4004**
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Grants Management	Toby Hyman (Las Vegas)	702-486-3527
Office of Food Security	Angela Owings, Food Security Strategist	775-684-4028
IDEA Part-C	Brenda Bledsoe	775-687-0554

Aging and Disability Services Division		***775-687-4210***
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	Tina Gerber-Winn, Deputy Administrator	**775-687-0557**
	Julie Kotchevar, Deputy Administrator	**702-687-0583**
	Michele Ferrall, Deputy Administrator	**775-486-8868**
	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	Laura Valentine, Chief	775-687-0523
Elder Rights Unit	Jill Berntson, Chief	775-687-0534
Social Services Unit	Jeff Duncan, Chief	702-486-3558
Desert Regional Center	Leslie Brown, Agency Manager	702-486-6199
Rural Regional Center	Robin Williams, Agency Manager	775-687-5162 x 238
Sierra Regional Center	Cara Paoli, Agency Manager	775-688-1930
Early Intervention	Thomas Kapp, Clinical Program Manager	775-688-1341
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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, Nassir Notes 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	Bruce Burgess, Acting Superintendent	775-726-8207
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*
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	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
Program Integrity Officer	Tammy Moffitt, Chief	775-684-3623
Long Term Support Services	Jennifer Frischmann	775-684-3747
Grants Management	Gloria Macdonald, ASO III	775-687-8407
IT/MMIS	Sandie Ruybalid, Acting Manager	775-684-3736
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Rates and Cost Containment	Jan Prentice, Chief	775-684-3791

Division of Welfare and Supportive Services		*775-684-0500*
	Steve Fisher, Administrator	**775-684-0509**
	David Stewart, Deputy Administrator	**775-684-0767**
	Naomi Lewis, Deputy Administrator	**775-684-0618**
	Sue Smith, Deputy Administrator	**775-684-0647**
Budget and Statistics	Tami Dufresne, Chief	775-684-0655
Accounting	Lynn Massell	775-684-0660
Program Review & Evaluation	Laura King	775-684-0597
Child Care	Jack Zenteno, Chief	775-684-0630
Child Support Enforcement	Louise Bush, Chief	775-684-0705
Eligibility and Payments (TANF and Medicaid eligibility)	Nova Murray, Chief	775-684-0553
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**
	Christina Griffith, Executive Assistant	775-684-4217
	Mary Wherry, Deputy Administrator of Community Services	**775-684-4018**
	Marta Jensen, Deputy Administrator of Administrative Services	**775-684-4180**
	Chelsea Szklany, Deputy Administrator of Clinical Services	**702-486-8894**
	Laura Freed, Deputy Administrator of Regulatory and Planning Services	**775-684-4204**
Chief Medical Officer	Tracey Green, M.D.	775-684-3215
Rates & Cost Containment	Brandi Johnson, Manager	775-684-5959
Bureau of Child, Family and Community Wellness	Christine Mackie, Chief	775-684-5914
Bureau of Health Care Quality and Compliance	Kyle Devine, Chief	775-684-1062
Bureau of Preparedness, Assurance Inspections and Statistics	Chad Westom	775-684-4155
Chief Biostatistician	Jay Kvam	775-684-4161
State Epidemiologist	Ihsan Azzam	775-684-5946
SNAMHS	Chelsea Szklany, Acting Director	702-486-8894
NNAMHS	Cody Phinney, Director	775-688-2010
NNAMHS	Yvette Kaunismaki, M.D., NNAMHS Medical Director	775-688-2015
Lakes Crossing	Betsy Neighbors, Ph.D., Director	775-688-1900 x 254
Rural Regional Center and Rural Clinics	Kathryn Baughman, Director	775-687-5162 x 327
Substance Abuse Prevention and Treatment Agency	Kevin Quint	775-684-4077
Director of Program Planning	Dave Caloiaro	775-684-5970
ASO IV	Mark Winebarger	775-684-4262

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

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Acronyms

ABA – Applied Behavioral Analysis
ACA – Affordable Care Act
ACF – Administration of Children and Families
ACL – Administration for Community Living
ADSD – Aging and Disability Services Division
AFDC – Aid Families with Dependent Children
AGP – Amerigroup
AMCHP – Association of Maternal and Child Health Programs
AOT – Assisted Outpatient Treatment
ASPR – Assistant Secretary for Preparedness and Response
ASTHO - Association of State and Territorial Health Officials
ARRA – American Recovery and Reinvestment Act
ATAP – Autism Treatment Assistance Program
BEARS – (Baby) Birth Evaluation and Assessment of Risk Survey
BHCQC – Bureau of Health Care Quality and Compliance
BHWC – Behavioral Health and Wellness Council
BIPP – Balancing Incentive Payment Program
CASAT – Center for the Application of Substance Abuse Technologies
CCDP – Child Care and Development Program
CCHD - Critical Congenital Heart Disease
CDPHP – Chronic Disease Prevention and Health Promotion
CDS – Core Data Set
CFR – Code of Federal Regulations
CHIP – Children's Health Insurance Program
CMO – Care Management Organization
CMS – Centers for Medicare and Medicaid Services
COA – Commission on Aging
COOP – Continuity of Operations Plan
CSA – Core Standardized Assessment
CSPD – Commission on Services to Persons with Disabilities
DAFS – District Attorney Family Support
DBT – Digital Breast Tomosynthesis
DCFS – Division of Child and Family Services
DHCFP – Division of Health Care Financing and Policy
DPBH – Division of Public and Behavioral Health
DSH – Disproportionate Share Hospitals
DSRIP – Delivery System Reform Incentive Payment
DWSS – Division of Welfare and Supportive Services
ECHO – Extension for Community Health Outcomes
EITS – Enterprise IT Services
EMS – Emergency Medical Systems
EMSC – Emergency Medical Services for Children
EMR – Electronic Medical Record
EPSDT – Early and Periodic Screening, Diagnostic and Treatment Services
EQRO – External Quality Review Organization

FDA – Federal Drug Administration
FFS – Fee For Service
FMAP – Federal Medical Assistance Percentage
GovCHA – Governor's Office of Consumer Health Advocates
HAZTRAK – Hazardous Materials Notification System
HCGP – Health Care Guidance Program
HCBW-AL – Home and Community Based Waiver for Assisted Living
HCBW-FE – Home and Community Based Waiver for the Frail Elderly
HCQC – Health Care Quality and Compliance
HER – Electronic Health Record
HPN – Health Plan of Nevada
HPV – Human Papillomavirus
HRSA – Health Resources and Services Administration
HSAG – Health Services Advisory Group
IAF – Indigent Accident Fund
LBGTQ – Lesbian, Gay, Bisexual, Trans-Gender, or Questioning
LCC – Lake's Crossing Center
LHA – Local Health Authority
LLRW – Low Level Radioactive Waste
LOC – Level of Care
LOI – Letter of Intent
LTSS – Long Term Services and Supports
MCHB – Maternal and Child Health Bureau
MCO – Managed Care Organizations
MERS – Middle East Respiratory Syndrome
MICPD – Medicaid Incentives for the Prevention of Chronic Disease
MITA – Medicaid Information Technology Architecture
MMIS – Medicaid Management Information System
NASADAD – National Association of Alcohol and Drug Abuse Directors
NET – Non-Emergency Transportation
NF – Nursing Facility
NHA – Nevada Hospital Association
NICHQ – National Institute for Children's Health Quality
NIS – National Immunization Survey
NITT-AWARE-SEA- Now Is The Time-Aware-State Educational Agency
NNAMHS – Northern Nevada Adult Mental Health Services
NNSA – National Nuclear Security Administration
NOGA – Notice of Grant Award
NSHE – Nevada System of Higher Education
NWD – No Wrong DoorOJJDP – Office of Juvenile Justice and Delinquency Prevention
OCSE – Office of Child Support Enforcement
ONDCP – Office of National Drug Control Policy
OPHIE – Office of Public Health Informatics and Epidemiology
OSP – Office of Suicide Prevention
PAIS – Preparedness, Assurance, Inspections and Statistics
PCP – Primary Care Physician
PCS – Personal Care Services
PD – Public Defender
PE – Presumptive Eligibility
PHP – Public Health Preparedness
PIC – Program Integrity Contractor

PIP – Performance Improvement Projects
PIRE – Pacific Institute for Research and Evaluation
PPACA – Patient Protection and Affordable Care Act
PPHF – Prevention and Public Health Foundation
PRAMS – Pregnancy Risk Assessment Monitoring Survey
PREA – Prison Rape Elimination Act
RCHS – Rural Counseling and Community Health Services
RCP – Radiation Control Program
RFI – Request for Information
RFP – Request for Proposal
RSS – Receive, Stage, Store Warehouse
SALT – Seniors and Law Enforcement Together
SAPTA – Substance Abuse Prevention and Treatment Agency
SCaDU – State Collections and Distribution Unit
SCT – Specialty Care Transportation
SIM – State Innovation Model
SMI – Serious Mental Illness
SMP – Senior Medicare Patrol
SNAMHS – Southern Nevada Adult Mental Health Services
SNAP – Supplemental Nutrition Assistance Program
SNHPC – Southern Nevada Health Preparedness Coalition
SNHD – Southern Nevada Health District
SPA – State Plan Amendment
SS/HS – Safe Schools/Healthy Students
STD – Sexually Transmitted Disease
SSBM – Supported State Based Marketplace
TANF – Temporary Assistance to Needy Families
TAP – Taxi Assistance Program
TFAG – Tribal Family Assistance Grant
TIR – Technology Investment Request
TPL – Third Party Liability
UNSOM – University of Nevada School of Medicine
WebIZ – Statewide Immunization Information System
WGA – Western Growers Association
WICHE – Western Interstate Commission for Higher Education
WPR – Work Participation Rate
YEP – Youth Empowerment Program

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