

**CHILD HEALTH  
ASSURANCE  
PROGRAM  
(CHAP)**



## CHILD HEALTH ASSURANCE PROGRAM (CHAP)

### I. BACKGROUND

Mandated in Section 2361 of the Deficit Reduction Act of 1984, CHAP originally provided Medicaid coverage to the following two groups who met Aid to Families with Dependent Children (AFDC) income and resource criteria:

- A. Pregnant women in two-parent families where the principal wage earner is unemployed.
- B. Children must be under age 19.

CHAP was implemented in Nevada in March 1985. In November 1985, Nevada opted for a more liberal option available in the regulations to cover certain pregnant women without making an unemployed parent determination. The Consolidated Budget Reconciliation Act of 1985 (COBRA) expanded CHAP coverage to all eligible children under age 5 regardless of when they were born. It also provided coverage to all eligible pregnant women without requiring the unemployed parent determination. These expanded provisions were adopted in Nevada in July 1986.

The Omnibus Budget Reconciliation Act (OBRA) of 1986 gave states the option to cover pregnant women and infants (under age 1) whose income does not exceed 100% of the federal poverty guidelines. OBRA 1987 increased the optional income level up to 185% of poverty for pregnant women and infants and gave states the option to cover children under age 8 whose income does not exceed 100% of poverty. OBRA 1987 also mandated states cover children under age 7, born on or after October 1, 1983 whose income does not exceed AFDC standards.

The Medicare Catastrophic Coverage Act of 1988 enacted July 1, 1988, mandated coverage of pregnant women and infants up to 75% of poverty effective July 1, 1989 and 100% of poverty effective July 1, 1990.

The Omnibus Budget Reconciliation Act (OBRA) of 1989 mandated coverage of pregnant women and children to age 6 whose income does not exceed 133% of poverty and children age 6 at 100% of poverty effective April 1, 1990.

OBRA 1990 mandated states continue to increase the age of eligible children one year at a time until children age 18 are covered.

**II. PURPOSE**

The purpose of this program is to provide Medicaid coverage to poor children, including unborns, not eligible for any other Medicaid program.

**III. FUNDING**

Fifty percent (50%) federal and fifty percent (50%) state funding for medical services, staff and administrative costs.

**IV. APPLICATION PROCESS**

Those requesting assistance must complete an application and submit it to the local Division of Welfare and Supportive Services office for processing. A decision is made within 45 days from the application date unless unusual circumstances exist which may justify a delay in case processing.

Medicaid may be requested and granted when certain criteria are met, for up to three months prior to the application month.

**V. ELIGIBILITY CRITERIA**

Eligibility is determined using criteria similar to the cash benefit programs, with the following exceptions:

**A. LIVING WITH RELATIVE OF SPECIFIED DEGREE**

Children need not be living with a relative of specified degree to be eligible for assistance.

**B. PERSONS WHOSE NEEDS AND INCOME MUST BE CONSIDERED IN DETERMINING ELIGIBILITY**

The following person's needs and income must be considered in determining eligibility:

1. The child/pregnant woman for whom Medicaid is requested; and
2. The unborn of the pregnant women for whom Medicaid is requested (the pregnant woman and the unborn are considered to be two persons); and

**MEDICAL  
ASSISTANCE  
TO THE AGED,  
BLIND AND  
DISABLED  
(MAABD)**



**MEDICAL ASSISTANCE TO THE AGED,  
BLIND AND DISABLED (MAABD)**

MEDICARE

Medicare, or Title XVIII, which was added to the Social Security Act in 1965, refers to a federally administered insurance program for the aged and disabled and should not be confused with Nevada's state-administered Medicaid Program.

MEDICAID

Medicaid, or Title XIX, also added to the Social Security Act in 1965, authorized varying percentages of federal participation to states that offered medical assistance programs to the "medically needy" and those "categorically needy" who are eligible for public assistance.

SSI

In 1974, the Social Security Administration implemented the Supplemental Security Income (SSI) program. Eligibility for cash assistance for the aged, blind and disabled then became the responsibility of the SSI Program. Persons receiving SSI may be eligible for Medicaid coverage if they submit an application to the Division of Welfare and Supportive Services.

NEVADA MEDICAID

In 1967 Medicaid was implemented in Nevada for the categorically needy. The medically needy are not included. Program services are administered by the Division of Health Care Financing and Policy; the Nevada Division of Welfare and Supportive Services determines Medicaid eligibility.

I. PURPOSE

The purpose of the Medicaid program is to ensure necessary medical services are available for eligible individuals.

II. FUNDING

Medicaid is funded with fifty percent (50%) federal and fifty percent (50%) state monies for most expenses.

III. MAABD

A. SSI RECIPIENTS

SSI recipients are eligible for Medicaid if they submit an application and meet residency requirements.

**B. STATE INSTITUTIONAL CASES**

Individuals who are patients in a skilled nursing facility, intermediate care facility or hospital who are aged, blind or disabled may be eligible if certain criteria are met.

**C. SSI RETRO ELIGIBILITY**

Individuals who request prior medical who were not receiving SSI or were not eligible as a state institutional case may be eligible. These individuals are referred to as SSI Retro clients. The Division of Welfare and Supportive Services determines if they would have been eligible for SSI had SSI made a determination. This category of eligibility is used only after all other eligibility categories have been considered.

**D. PUBLIC LAW**

Certain individuals who have lost SSI eligibility, but would still be eligible for SSI if some of their income was disregarded, may be eligible if all other criteria are met. The individual Public Law determines the income that can be disregarded for each group.

**E. DISABLED CHILDREN CARED FOR AT HOME**

Disabled children who require a level of care provided in a medical facility, but can appropriately be cared for at home for less cost, may be eligible if certain criteria are met. These cases are eligible under 1902(e)(3) of the Social Security Act and are referred to as Katie Beckett cases.

**F. HOME AND COMMUNITY BASED WAIVER CASES**

Aged, physically disabled or mentally retarded individuals, who require a level of care provided in a medical facility, but can appropriately be cared for at home for less cost, may be eligible if certain criteria are met. These cases are eligible under a Home and Community Based Waiver.

**G. HEALTH INSURANCE FOR WORK ADVANCEMENT**

This optional category of Medicaid allows employed people with disabilities the opportunity to obtain healthcare coverage. Individuals eligible for this program are required to pay an insurance premium in order to obtain this Medicaid coverage.

**H. MEDICARE SAVINGS PROGRAMS****1. QUALIFIED MEDICARE BENEFICIARIES (QMBs)**

Individuals who have income below 100% of federal poverty level, resources that do not exceed \$6,600 for an individual OR \$9,910 for a couple, and are Medicare eligible may qualify to have Medicaid pay their Medicare premiums, deductibles and co-insurance on Medicare covered services only. These individuals are not eligible for the full scope of Medicaid services. Eligibility begins the month following the month the decision is made.

**2. SPECIAL LOW INCOME MEDICARE BENEFICIARIES (SLMBs)**

Individuals who have income between 100% and 120% of federal poverty level, resources that do not exceed \$6,600 for an individual OR \$9,910 for a couple, and are Medicare eligible, may qualify to have Medicaid pay only their Part B Medicare premiums. These individuals are responsible for paying for their Medicare Part A (hospital) premiums, deductibles and coinsurance. Eligibility begins with the application month with three months of prior medical coverage available.

**3. QUALIFYING INDIVIDUALS (QI)**

Individuals who have income of at least 120% but less than 135% of federal poverty level, with resources that do not exceed \$6,600 for an individual OR \$9,910 for a couple, and are Medicare eligible, may qualify to have Medicaid pay only their Part B Medicare premiums. These individuals are responsible for paying for their Medicare Part A (hospital) premiums, deductibles and coinsurance and may not be eligible for any other Medicaid services. Funding is 100% federal up to the state allocation. Eligibility begins with the application month with three months of prior medical coverage available.

**4. QUALIFIED DISABLED WORKING INDIVIDUALS (QDWIs)**

Individuals, who have income below 200% of poverty and whose resources do not exceed \$4,000 for an individual OR \$6,000 for a couple, may qualify to have their Part A Medicare premiums paid. These individuals are responsible for paying for their deductibles and coinsurance and may not be eligible for any other Medicaid services. Eligibility begins with the application month with three months of prior medical coverage available.

**I. EMERGENCY ASSISTANCE FOR NON-QUALIFIED NON-CITIZENS**

Non-qualified non-citizens, who receive emergency medical services, may qualify to have those emergency medical costs covered by Medicaid if they meet certain criteria. This group does not qualify for the full scope of Medicaid services.

**IV. APPLICATION PROCESS**

Initial requests for application for medical assistance for the aged, blind and disabled may be made verbally, in writing, in person, or through a representative. Every person has the right to apply for assistance. The date a signed application form is received in the district office is the date of application. Applications are processed and an eligibility decision made within the following time frames:

- A. **SSI CASES:** Within ten (10) working days from the date of receipt of the SSI eligibility decision.
- B. **ALL OTHER CASES:** Within 45 days from the Medicaid application date for the aged and 90 days for the disabled and blind.

Eligibility for Medicaid may be granted on a month-by-month basis for up to three months prior to the month of application when requested and if eligibility factors are met.

**V. ELIGIBILITY CRITERIA**

**A. COOPERATION**

Clients or their representatives are responsible for securing all information needed to determine eligibility. Failure or refusal to supply all information requested will cause denial or termination.

**B. RESIDENCE**

In general, applicants must be living in Nevada with the intention of making Nevada their home permanently or for an indefinite period. There are exceptions for out-of-state placements and individuals incapable of indicating intent.



C. CITIZENSHIP (*Except non-qualified non-citizens*)

An applicant/recipient must be a citizen of the United States or a non-citizen legally admitted for permanent residence to the U.S. and meet certain criteria, or is in another eligible non-citizen category and meet certain criteria.

D. AGE

1. Blind and Disabled Programs; No age requirements.
2. Aged Program; Must be 65 years of age or older.

E. DISABILITY/BLINDNESS

SSI and Retirement, Survivors and Disability Insurance (RSDI) disability determinations are acceptable verifications of disability. Clients under 65 years not receiving SSI or RSDI disability benefits require a medical determination by the Nevada Medicaid office. Clients ineligible for SSI and RSDI because they do not meet the Social Security Administration's blindness/disability standards are ineligible for Medicaid.

F. RESOURCES/PROPERTY

Resource limits are determined by whether a person is considered an individual or a member of a couple. As a member of a couple, the client and spouse's resources are counted in determining eligibility.

Resource Limits - When resources exceed the following limits, the case is ineligible: Medicare Savings Program cases; \$6,600 for an individual and \$9,910 for a couple; Health Insurance for Work Advancement \$15,000; Other cases: \$2,000 for an individual and \$3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as:

1. Life insurance policies, when the total face value is less than \$1,500.
2. One vehicle per household regardless of value and any vehicle necessary to produce income, necessary for transportation for medical treatment on a regular basis, specifically equipped vehicles for the handicapped, value of any additional vehicles up to \$4,500.
3. Burial plots/plans.
4. Household goods and personal effects.

When married persons are living separate and apart due to institutionalization, they have the option of dividing their resources equally between them either by written agreement or court order. If this is done, only those resources designated as the applicant's in the written agreement may be considered when determining eligibility. However, if the spouse makes part of his/her resources available to the applicant, that part of the resources is considered the applicant's.

Effective September 30, 1989, at the beginning of a continuous period of institutionalization, a couple's total countable resources are divided equally. If the share of the community spouse is less than the state minimum allowance, the institutionalized spouse may transfer an amount to allow the community spouse to have the full state minimum allowance in his/her own name. The state may raise the state minimum allowance for the community spouse to any level up to the federal maximum. If the community spouse's share, after the division, is more than the federal maximum, amounts in excess are attributed to the institutionalized spouse. For persons receiving home care services, this policy applies effective January 1, 1993.

Effective October 1, 1993, state law was amended regarding court orders giving state courts guidelines when protecting income and resources for the community spouse. The guidelines provide for an equal division of income and resources OR a protection of income not to exceed the Minimum Monthly Maintenance Needs Allowance (\$1,821.25 for 2010) and a protection of resources which does not exceed the maximum Spousal Share (\$109,560 for 2010).

The court may order a greater amount of income for the support of the community spouse upon finding exceptional circumstances resulting in significant financial duress. The court may also transfer a greater amount of resources, in relation to the amount of income generated by the resource, if resources up to \$109,560 are not enough to fund the amount of income ordered, after first subtracting all of the institutional spouse's income with the exception of their personal needs allowance and sets the remainder aside to the community spouse.

**G. FINANCIAL ELIGIBILITY/INCOME LIMITS (*All categories, except SSI and Public Law Categories*)**

All income received is evaluated to determine whether it is budgetable or exempt.

If it is in their best interest for financial eligibility, married spouses who are living separate and apart will have their total income divided equally between them. If this is done, only the applicant's share of the income is considered when determining eligibility, unless a portion of the

spouse's income is made available to the applicant. That portion is counted as income for the client in determining eligibility. (State Institutional categories only)

Gross countable income is then compared to the NEED STANDARD:

QMB Individual -	100% of federal poverty guidelines (\$903 for 2010).
QMB Couple -	100% of federal poverty guidelines (\$1,214 for 2010).
SLMB Individual -	100–120% of federal poverty guidelines (\$903.01-1,083.00 for 2010).
SLMB Couple -	100–120% of federal poverty guidelines (\$1,214.01-1,457.00 for 2010).
QI-1 Individual -	120–135% of federal poverty guidelines (\$1,083.01-1,218.00 for 2010).
QI-1 Couple -	120–135% of federal poverty guidelines (\$1,457.01-1,639.00 for 2010).
QDWI Single -	200% of federal poverty guidelines (\$1,805.00 for 2010).
QDWI Couple -	200% of federal poverty guidelines (\$2,428.00 for 2010).
All other cases -	300% of the Federal Benefit Rate (\$2,022 for 2010).

**H. FINANCIAL ELIGIBILITY (*SSI Retro and other public law categories*)**

SSI financial eligibility criteria are used in determining Medicaid eligibility for SSI Retro applicants and in those cases, which the division must determine if the applicant would be eligible for SSI if some of their income, was disregarded. SSI criteria include determining whether the applicant is an SSI eligible or ineligible spouse. When the applicant is considered an individual, only their income is counted. When they are considered a member of a couple, the spouse's income is counted for a specified time period.

Total countable income is compared to the appropriate SSI payment amount (SPA). If countable income is equal to or greater than the SPA, the client is not eligible. If countable income is less than the SPA, financial eligibility is established.

**VI. PATIENT LIABILITY**

Patient liability is established for patients in medical facilities who qualify for Medicaid as an SSI recipient or who meet the State Institutional eligibility criteria.

Patient liability is an amount that must be paid monthly by the recipient toward their cost of care before Medicaid will pay.

The following are deducted from gross income with the remainder being the patient liability.

- \$35 personal needs allowance, except persons eligible under Community Home Based Waiver Program.
- \$2,022 Maintenance Allowance for Aged Community Home Based Waiver clients.
- \$2,022 Maintenance Allowance for Disabled & MHDS (Mental Health Developmental Services) Community Home Based Waiver clients.
- Spouse's maintenance allowance. The minimum monthly maintenance needs allowance is an amount from the institutionalized spouse's income to bring the total monthly income of the spouse at home to 150% of the federal poverty threshold for a two-person household, plus an excess shelter allowance.
- Family member maintenance allowance equal to one-third of the standard for a community spouse.
- Payments for health insurance premiums, deductibles and co-insurance charges.
- Payments for medical care.

Patient liability is determined for all months of institutionalization including first and last months.

The amount of the patient liability is prorated according to the number of days the client was in a facility when the person is in for a partial month.

The following is a partial list of regulatory sources:

1. Title XIX of the Social Security Act;
2. Parts 20 and 42 of the Code of Federal Regulation;
3. Nevada Revised Statutes, Chapter 422;
4. Court-Ordered Actions.
5. Deficit Reduction Act of 2005

**SUPPLEMENTAL  
SECURITY  
INCOME  
PROGRAM  
(SSI)**

## **SUPPLEMENTAL SECURITY INCOME (SSI) PROGRAM**

### **I. BACKGROUND**

Public Law 92-603 (October 30, 1972) established a Federal program of cash benefits for the aged, blind and disabled under a new Title XVI of the Social Security Act called Supplemental Security Income (SSI). The SSI program is administered by the Social Security Administration and became effective January 1, 1974. It replaced previous financial assistance programs for the aged, blind and disabled in the 50 states and District of Columbia, established uniform nationwide eligibility requirements, expanded the definition of disability to include persons under age 18 and provided for state supplements to the Federal SSI benefit.

### **II. PURPOSE**

The purpose of the SSI program is to assure a minimum level of income for people who are age 65 or over, or who are blind or disabled and who do not have sufficient income and resources to maintain a standard of living at the established Federal minimum income level.

### **III. FUNDING**

The SSI program is funded from general tax revenues of the United States Treasury. States may provide State Supplementary Payments (SSP) in addition to the Federal SSI payment and can enter into agreements for Federal Administration of the State Supplementary Payments with the state paying the administrative costs. Nevada has entered into this type of agreement for aged and blind individuals. The tables in this section show the federal and state payment amounts for the SSI program in Nevada for the calendar years of 1987 through 2010.

### **IV. APPLICATION PROCESS**

Persons applying for SSI must fill out an application form prescribed by the Social Security Administration (SSA). It must be filed at a Social Security office, at another federal or state office designated by SSA or with a person authorized by SSA to receive applications. The applicant or representative must sign the application and the applicant must be living at the time the application is filed.

An eligible individual and eligible spouse must each file an application to establish eligibility as a couple under the SSI program.

**F. RESOURCES**

Resources/property are evaluated to determine if they are countable or excluded. Countable resources cannot exceed \$2,000 for an individual or \$3,000 for a couple.

**G. INCOME**

Applicants/recipients must not have countable income in a month of more than the Federal Benefit Rate (FBR) for an individual or for a couple. The FBR for an individual is \$674 (2010) per month and the FBR for an aged couple is \$1,011 (2010) per month. Certain types of income are excluded in determining eligibility and benefit amount.

Countable income of an eligible spouse, parent of an eligible child, an essential person or sponsor of an alien is considered (deemed) to be the applicant/recipient's income.

The following is a partial list of regulatory sources:

1. Title XVI of the Social Security Act;
2. Part 20 of the Code of Federal Regulations;
3. Court-Ordered Actions.

# DIVISION OF WELFARE AND SUPPORTIVE SERVICES SFY 2010 FACT BOOK

<u>1/1/87 – 12/31/87</u>	<u>Independent Living</u>			<u>Home of Another</u>			<u>AGCF</u>		
	Federal	State	Total	Federal	State	Total	Federal	State	Total
Individual									
Aged	\$340.00	\$ 36.40	\$376.40	\$226.67	\$ 24.27	\$250.94	\$340.00	\$233.00	\$573.00
Blind	340.00	109.30	449.30	226.67	213.96	440.63	340.00	233.00	573.00
Disabled	340.00	0.00	340.00	226.67	0.00	226.67	340.00	0.00	340.00
Member of Couple									
Aged	\$255.00	\$ 37.23	\$292.23	\$170.00	\$ 24.82	\$194.82	\$255.00	\$311.00	\$566.00
Blind	255.00	187.30	442.30	170.00	265.97	435.97	255.00	311.00	566.00
Disabled	255.00	0.00	255.00	170.00	0.00	170.00	255.00	0.00	255.00
<u>1/1/88 – 12/31/88</u>									
Individual									
Aged	\$354.00	\$ 36.40	\$390.40	\$236.00	\$ 24.27	\$260.27	\$354.00	\$253.00*	\$607.00
Blind	354.00	109.30	463.30	236.00	213.96	449.96	354.00	253.00*	607.00
Disabled	354.00	0.00	354.00	236.00	0.00	236.00	354.00	0.00	354.00
Member of Couple									
Aged	\$266.00	\$ 37.23	\$303.23	\$177.34	\$ 24.82	\$202.16	\$266.00	\$331.00*	\$597.00
Blind	266.00	187.30	453.30	177.34	265.97	443.31	266.00	331.00*	597.00
Disabled	266.00	0.00	266.00	177.34	0.00	177.34	266.00	0.00	266.00
<u>1/1/89 – 12/31/89</u>									
Individual									
Aged	\$368.00	\$ 36.40	\$404.40	\$245.34	\$ 24.27	\$369.61	\$368.00	\$253.00	\$621.00
Blind	368.00	109.30	477.30	245.34	213.96	459.30	368.00	253.00	621.00
Disabled	368.00	0.00	368.00	245.34	0.00	245.34	368.00	0.00	368.00
Member of Couple									
Aged	\$276.50	\$ 37.23	\$313.73	\$184.34	\$ 24.82	\$209.16	\$276.50	\$331.00	\$607.50
Blind	276.50	187.30	463.80	184.34	265.97	450.31	276.50	331.00	607.50
Disabled	276.50	0.00	276.50	184.34	0.00	184.34	276.50	0.00	276.50
<u>1/1/90 – 12/31/90</u>									
Individual									
Aged	\$386.00	\$ 36.40	\$422.40	\$257.34	\$ 24.27	\$281.61	\$386.00	\$276.40	\$662.40
Blind	386.00	109.30	495.30	257.34	213.96	471.30	386.00	276.40	662.40
Disabled	386.00	0.00	386.00	257.34	0.00	257.34	386.00	0.00	386.00
Member of Couple									
Aged	\$289.50	\$ 37.23	\$326.73	\$193.00	\$ 24.82	\$217.82	\$289.50	\$354.40	\$643.90
Blind	289.50	187.30	476.80	193.00	265.97	458.97	289.50	354.40	643.90
Disabled	289.50	0.00	289.50	193.00	0.00	193.00	289.50	0.00	289.50
<u>1/1/91 – 12/31/91</u>									
Individual									
Aged	\$407.00	\$ 36.40	\$443.40	\$271.34	\$ 24.27	\$295.61	\$407.00	\$276.40	\$683.40
Blind	407.00	109.30	516.30	271.34	213.96	485.30	407.00	276.40	683.40
Disabled	407.00	0.00	407.00	271.34	0.00	271.34	407.00	0.00	407.00
Member of Couple									
Aged	\$305.00	\$ 37.23	\$342.23	\$203.34	\$ 24.82	\$228.16	\$305.00	\$354.40	\$659.40
Blind	305.00	187.30	492.30	203.34	265.97	469.31	305.00	354.40	659.40
Disabled	305.00	0.00	305.00	203.34	0.00	203.34	305.00	0.00	305.00
<u>1/1/92 – 6/30/92</u>									
Individual									
Aged	\$422.00	\$ 36.40	\$458.40	\$281.34	\$ 24.27	\$305.61	\$422.00	\$276.40	\$ 698.40
Blind	422.00	109.30	531.30	281.34	213.96	495.30	422.00	276.40	698.40
Disabled	422.00	0.00	422.00	281.34	0.00	281.34	422.00	0.00	422.00
Member of Couple									
Aged	\$633.00	\$ 74.46	\$ 707.46	\$471.64	\$ 49.64	\$471.64	\$633.00	\$708.80	\$1,341.80
Blind	633.00	374.60	1,007.60	953.94	531.94	953.94	633.00	708.80	1,341.80
Disabled	633.00	0.00	633.00	422.00	0.00	422.00	633.00	0.00	633.00
<u>7/1/92 – 12/31/92</u>									
Individual									
Aged	\$422.00	\$ 36.40	\$ 458.40	\$281.34	\$ 24.27	\$305.61	\$422.00	\$323.00	\$ 745.00
Blind	422.00	109.30	531.30	281.34	213.96	495.30	422.00	323.00	745.00
Disabled	422.00	0.00	422.00	281.34	0.00	281.34	422.00	0.00	422.00
Member of Couple									
Aged	\$633.00	\$ 74.46	\$ 707.46	\$422.00	\$ 49.64	\$471.64	\$633.00	\$802.00	\$1,435.00
Blind	633.00	374.60	1,007.60	422.00	531.94	953.94	633.00	802.00	1,435.00
Disabled	633.00	0.00	633.00	422.00	0.00	422.00	633.00	0.00	633.00



**DIVISION OF WELFARE AND SUPPORTIVE SERVICES SFY 2010 FACT BOOK**

1/1/93 – 12/31/93	Independent Living			Living in Household of Another			Domiciliary Care		
	Total	SSP	Total	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$470.40	\$ 36.40	\$434.00	\$313.61	\$ 24.27	\$289.34	\$745.00	\$311.00	\$434.00
Blind	543.30	109.30	434.00	503.30	213.96	289.34	745.00	311.00	434.00
Disabled	434.00	0.00	434.00	289.34	0.00	289.34	434.00	0.00	434.00
Member of Couple									
Aged	\$363.23	\$ 37.23	\$326.00	\$242.15	\$ 24.82	\$217.33	\$717.50	\$391.50	\$326.00
Blind	513.30	187.30	326.00	483.30	265.97	217.33	717.50	391.50	326.00
Disabled	326.00	0.00	326.00	217.33	0.00	217.33	326.00	0.00	326.00
1/1/94 – 12/31/94	Independent Living			Living in Household of Another			Domiciliary Care		
Individual									
Aged	\$482.40	\$ 36.40	\$446.00	\$321.61	\$ 24.27	\$297.34	\$757.00	\$311.00	\$446.00
Blind	555.30	109.30	446.00	511.30	213.96	297.34	757.00	311.00	446.00
Disabled	446.00	0.00	446.00	297.34	0.00	297.34	446.00	0.00	446.00
Member of Couple									
Aged	\$371.73	\$ 37.23	\$334.50	\$247.82	\$ 24.82	\$223.00	\$726.00	\$391.50	\$334.50
Blind	521.80	187.30	334.50	488.97	265.97	223.00	726.00	391.50	334.50
Disabled	334.50	0.00	334.50	223.00	0.00	223.00	334.50	0.00	334.50
1/1/95 – 12/31/95	Independent Living			Living in Household of Another			Domiciliary Care		
Individual									
Aged	\$494.40	\$ 36.40	\$458.00	\$329.61	\$ 24.27	\$305.34	\$769.00	\$311.00	\$458.00
Blind	567.30	109.30	458.00	519.30	213.96	305.34	769.00	311.00	458.00
Disabled	458.00	0.00	458.00	305.34	0.00	305.34	458.00	0.00	458.00
Member of Couple									
Aged	\$380.73	\$ 37.23	\$343.50	\$253.82	\$ 24.82	\$229.00	\$735.00	\$391.50	\$343.50
Blind	530.80	187.30	343.50	494.97	265.97	229.00	735.00	391.50	343.50
Disabled	343.50	0.00	343.50	229.00	0.00	229.00	343.50	0.00	343.50
1/1/96 – 12/31/96	Independent Living			Living in Household of Another			Domiciliary Care		
Individual									
Aged	\$506.40	\$ 36.40	\$470.00	\$337.61	\$ 24.27	\$313.34	\$781.00	\$311.00	\$470.00
Blind	579.30	109.30	470.00	527.30	213.96	313.34	781.00	311.00	470.00
Disabled	470.00	0.00	470.00	313.34	0.00	313.34	470.00	0.00	470.00
Member of Couple									
Aged	\$389.73	\$ 37.23	\$352.50	\$259.82	\$ 24.82	\$235.00	\$744.00	\$391.50	\$352.50
Blind	539.80	187.30	352.50	500.97	265.97	235.00	744.00	391.50	352.50
Disabled	352.50	0.00	352.50	235.00	0.00	235.00	352.50	0.00	352.50
1/1/97 – 12/31/97	Independent Living			Living in Household of Another			Domiciliary Care		
Individual									
Aged	\$520.40	\$ 36.40	\$484.00	\$346.94	\$ 24.27	\$322.67	\$795.00	\$311.00	\$484.00
Blind	593.30	109.30	484.00	536.63	213.96	322.67	795.00	311.00	484.00
Disabled	484.00	0.00	484.00	322.67	0.00	322.67	484.00	0.00	484.00
Member of Couple									
Aged	\$400.23	\$ 37.23	\$363.00	\$266.82	\$ 24.82	\$242.00	\$754.50	\$391.50	\$363.00
Blind	550.30	187.30	363.00	507.97	265.97	242.00	754.50	391.50	363.00
Disabled	363.00	0.00	363.00	242.00	0.00	242.00	363.00	0.00	363.00
1/1/98 – 12/31/98	Independent Living			Living in Household of Another			Domiciliary Care		
Individual									
Aged	\$530.40	\$ 36.40	\$494.00	\$353.94	\$ 24.27	\$329.00	\$823.66	\$329.66	\$494.00
Blind	603.30	109.30	494.00	542.24	213.96	329.00	823.66	329.66	494.00
Disabled	494.00	0.00	494.00	329.00	0.00	329.00	494.00	0.00	494.00
Member of Couple									
Aged	\$408.23	\$ 37.23	\$371.00	\$271.82	\$ 24.82	\$247.00	\$785.99	\$414.99	\$371.00
Blind	558.30	187.30	371.00	512.97	265.97	247.00	785.99	414.99	371.00
Disabled	371.00	0.00	371.00	247.00	0.00	247.00	371.00	0.00	371.00
1/1/99 – 2/28/99	Independent Living			Living in Household of Another			Domiciliary Care		
Individual									
Aged	\$536.40	\$ 36.40	\$500.00	\$357.61	\$ 24.27	\$333.34	\$829.66	\$329.66	\$500.00
Blind	609.30	109.30	500.00	547.30	213.96	333.34	829.66	329.66	500.00
Disabled	500.00	0.00	500.00	333.34	0.00	333.34	500.00	0.00	500.00
Member of Couple									
Aged	\$412.73	\$ 37.23	\$375.50	\$275.16	\$ 24.82	\$250.34	\$790.49	\$414.99	\$375.50
Blind	562.80	187.30	375.50	516.31	265.97	250.34	790.49	414.99	375.50
Disabled	375.50	0.00	375.50	250.34	0.00	250.34	375.50	0.00	375.50

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<u>3/1/99 – 6/30/99</u>	<u>Independent Living</u>			<u>Living in Household of Another</u>			<u>Domiciliary Care</u>		
	Total	SSP	Total	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$536.40	\$ 36.40	\$500.00	\$357.61	\$ 24.27	\$333.34	\$840.00	\$340.00	\$500.00
Blind	609.30	109.30	500.00	547.30	213.96	333.34	840.00	340.00	500.00
Disabled	500.00	0.00	500.00	333.34	0.00	333.34	500.00	0.00	500.00
Member of Couple									
Aged	\$412.73	\$ 37.23	\$375.50	\$275.16	\$ 24.82	\$250.34	\$803.00	\$427.50	\$375.50
Blind	562.80	187.30	375.50	516.31	265.97	250.34	803.00	427.50	375.50
Disabled	375.50	0.00	375.50	250.34	0.00	250.34	375.50	0.00	375.50
<u>7/1/99 – 12/31/99</u>	<u>Independent Living</u>			<u>Living in Household of Another</u>			<u>Domiciliary Care</u>		
	Total	SSP	Total	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$536.40	\$ 36.40	\$500.00	\$357.61	\$ 24.27	\$333.34	\$850.00	\$350.00	\$500.00
Blind	609.30	109.30	500.00	547.30	213.96	333.34	850.00	350.00	500.00
Disabled	500.00	0.00	500.00	333.34	0.00	333.34	500.00	0.00	500.00
Member of Couple									
Aged	\$412.73	\$ 37.23	\$375.50	\$275.16	\$ 24.82	\$250.34	\$816.00	\$440.50	\$375.50
Blind	562.80	187.30	375.50	516.31	265.97	250.34	816.00	440.50	375.50
Disabled	375.50	0.00	375.50	250.34	0.00	250.34	375.50	0.00	375.50
<u>1/1/00 – 12/31/00</u>	<u>Independent Living</u>			<u>Living in Household of Another</u>			<u>Domiciliary Care</u>		
	Total	SSP	Total	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$548.40	\$ 36.40	\$512.00	\$365.61	\$ 24.27	\$341.34	\$862.00	\$350.00	\$512.00
Blind	621.30	109.30	512.00	555.30	213.96	341.34	862.00	350.00	512.00
Disabled	512.00	0.00	512.00	341.34	0.00	341.34	512.00	0.00	512.00
Member of Couple									
Aged	\$421.73	\$ 37.23	\$384.50	\$281.16	\$ 24.82	\$256.34	\$825.00	\$440.50	\$384.50
Blind	571.80	187.30	384.50	522.31	265.97	256.34	825.00	440.50	384.50
Disabled	384.50	0.00	384.50	256.34	0.00	256.34	384.50	0.00	384.50
<u>01/1/01 – 12/31/01</u>	<u>Independent Living</u>			<u>Living in Household of Another</u>			<u>Domiciliary Care</u>		
	Total	SSP	SSI	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$567.40	\$ 36.40	\$531.00	\$377.61	\$ 24.27	\$353.34	\$881.00	\$350.00	\$531.00
Blind	640.30	109.30	531.00	567.30	213.96	353.34	881.00	350.00	531.00
Disabled	531.00	0.00	531.00	353.34	0.00	353.34	531.00	0.00	531.00
Member of Couple									
Aged	\$435.23	\$ 37.23	\$398.00	\$290.16	\$ 24.82	\$265.34	\$838.50	\$440.50	\$398.00
Blind	585.30	187.30	398.00	531.31	265.97	265.34	838.50	440.50	398.00
Disabled	398.00	0.00	398.00	265.34	0.00	265.34	398.00	0.00	398.00
<u>1/1/02 – 12/31/02</u>	<u>Independent Living</u>			<u>Living in Household of Another</u>			<u>Domiciliary Care</u>		
	Total	SSP	SSI	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$581.40	\$ 36.40	\$545.00	\$387.61	\$ 24.27	\$363.34	\$895.00	\$350.00	\$545.00
Blind	654.30	109.30	545.00	577.30	213.96	363.34	895.00	350.00	545.00
Disabled	545.00	0.00	545.00	363.34	0.00	363.34	545.00	0.00	545.00
Member of Couple									
Aged	\$445.73	\$ 37.23	\$408.50	\$297.15	\$ 24.82	\$272.335	\$849.00	\$440.50	\$408.50
Blind	595.80	187.30	408.50	538.30	265.97	272.335	849.00	440.50	408.50
Disabled	408.50	0.00	408.50	272.33	0.00	272.335	408.50	0.00	408.50
<u>1/1/03 – 12/31/03</u>	<u>Independent Living</u>			<u>Living in Household of Another</u>			<u>Domiciliary Care</u>		
	Total	SSP	SSI	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$588.40	\$ 36.40	\$552.00	\$392.27	\$ 24.27	\$368.00	\$902.00	\$350.00	\$552.00
Blind	661.30	109.30	552.00	581.96	213.96	368.00	902.00	350.00	552.00
Disabled	552.00	0.00	552.00	368.00	0.00	368.00	552.00	0.00	552.00
Member of Couple									
Aged	\$451.73	\$ 37.23	\$414.50	\$301.15	\$ 24.82	\$276.33	\$855.00	\$440.50	\$414.50
Blind	601.80	187.30	414.50	542.30	265.97	276.33	855.00	440.50	414.50
Disabled	414.50	0.00	414.50	276.33	0.00	276.33	414.50	0.00	414.50
<u>1/1/04 – 12/31/04</u>	<u>Independent Living</u>			<u>Living in Household of Another</u>			<u>Domiciliary Care</u>		
	Total	SSP	SSI	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$600.40	\$ 36.40	\$564.00	\$400.27	\$ 24.24	\$376.00	\$914.00	\$350.00	\$564.00
Blind	673.30	109.30	564.00	589.96	213.96	376.00	914.00	350.00	564.00
Disabled	564.00	0.00	564.00	376.00	0.00	376.00	564.00	0.00	564.00
Member of Couple									
Aged	\$460.23	\$ 37.23	\$ 37.23	\$306.82	\$ 24.82	\$282.00	\$863.50	\$440.50	\$423.00
Blind	610.30	187.30	187.30	547.97	265.97	282.00	863.00	440.50	423.00
Disabled	423.00	0.00	0.00	282.00	0.00	282.00	423.00	0.00	423.00

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1/1/05- 12/31/05	Independent Living			Living in Household of Another			Domiciliary Care		
	Total	SSP	SSI	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$615.40	\$ 36.40	\$579.00	\$410.27	\$ 24.27	\$386.00	\$929.00	\$350.00	\$579.00
Blind	688.30	109.30	557900	599.96	213.96	386.00	929.00	350.00	579.00
Disabled	579.00	0.00	579.00	386.00	0.00	386.00	579.00	0.00	579.00
Member of Couple									
Aged	\$471.73	\$ 37.23	\$434.50	\$314.32	\$ 24.82	\$289.50	\$875.00	\$440.50	\$434.50
Blind	621.80	187.30	434.50	555.47	265.97	289.50	875.00	440.50	434.50
Disabled	434.50	0.00	434.50	289.50	0.00	289.50	434.50	0.00	434.50
1/1/06 - 12/31/06									
	Total	SSP	SSI	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$639.40	\$ 36.40	\$603.00	\$426.27	\$ 24.27	\$402.00	\$994.00	\$391.00	\$603.00
Blind	712.30	109.30	603.00	615.96	213.96	402.00	994.00	391.00	603.00
Disabled	603.00	0.00	603.00	402.00	0.00	402.00	603.00	0.00	603.00
Member of Couple									
Aged	\$489.23	\$ 37.23	\$ 452.00	\$326.32	\$ 24.82	\$301.50	\$892.50	\$440.50	\$452.00
Blind	639.30	187.30	452.00	567.47	265.97	301.50	892.50	440.50	452.00
Disabled	452.00	0.00	452.00	301.50	0.00	301.50	452.00	0.00	452.00
1/1/07 - 12/31/07									
	Total	SSP	SSI	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$659.40	\$ 36.40	\$623.00	\$439.61	\$ 24.27	\$415.34	\$1014.00	\$391.00	\$623.00
Blind	732.30	109.30	623.00	629.30	213.96	415.34	1014.00	391.00	623.00
Disabled	623.00	0.00	623.00	415.34	0.00	415.34	1014.00	0.00	623.00
Member of Couple									
Aged	\$504.23	\$ 37.23	\$ 467.00	\$336.15	\$ 24.82	\$311.33	\$907.50	\$440.50	\$467.00
Blind	654.30	187.30	467.00	577.30	265.97	311.33	907.50	440.50	467.00
Disabled	467.00	0.00	467.00	311.33	0.00	311.33	467.00	0.00	467.00
1/1/08 - 12/31/08									
	Total	SSP	SSI	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$673.40	\$ 36.40	\$637.00	\$448.95	\$ 24.27	\$424.68	\$1028.00	\$391.00	\$637.00
Blind	746.30	109.30	637.00	638.64	213.96	424.68	1028.00	391.00	637.00
Disabled	637.00	0.00	637.00	424.68	0.00	424.68	637.00	0.00	637.00
Member of Couple									
Aged	\$515.23	\$ 37.23	\$ 478.00	\$334.48	\$ 24.82	\$318.66	\$918.50	\$440.50	\$478.00
Blind	665.30	187.30	478.00	584.63	265.97	318.66	918.50	440.50	478.00
Disabled	478.00	0.00	478.00	318.66	0.00	318.66	478.00	0.00	478.00
1/1/09 - 12/31/09									
	Total	SSP	SSI	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$710.40	\$ 36.40	\$674.00	473.61	\$ 24.27	\$449.34	\$1065.00	\$391.00	\$674.00
Blind	783.30	109.30	674.00	663.30	213.96	449.34	1065.00	391.00	674.00
Disabled	674.00	0.00	674.00	449.34	0.00	449.34	674.00	0.00	674.00
Member of Couple									
Aged	\$542.73	\$ 37.23	\$ 505.50	\$361.82	\$ 24.82	\$337.00	\$946.00	\$440.50	\$505.50
Blind	692.80	187.30	505.50	602.97	265.97	337.00	946.00	440.50	505.50
Disabled	505.50	0.00	505.50	337.00	0.00	337.00	505.50	0.00	505.50
1/1/10 - 12/31/10									
	Total	SSP	SSI	Total	SSP	SSI	Total	SSP	SSI
Individual									
Aged	\$710.40	\$ 36.40	\$674.00	473.61	\$ 24.27	\$449.34	\$1065.00	\$391.00	\$674.00
Blind	783.30	109.30	674.00	663.30	213.96	449.34	1065.00	391.00	674.00
Disabled	674.00	0.00	674.00	449.34	0.00	449.34	674.00	0.00	674.00
Member of Couple									
Aged	\$542.73	\$ 37.23	\$ 505.50	\$361.82	\$ 24.82	\$337.00	\$946.00	\$440.50	\$505.50
Blind	692.80	187.30	505.50	602.97	265.97	337.00	946.00	440.50	505.50
Disabled	505.50	0.00	505.50	337.00	0.00	337.00	505.50	0.00	505.50

Average monthly payment, by state or other area, eligibility category, and age, December 2008 (in dollars)							
State or Area	Total	Category			Age		
		Aged	Blind	Disabled	Under 18	18-64	65 or Older
All Areas	477.79	393.46	507.66	493.70	561.25	493.95	396.02
Alabama	429.56	201.15	405.33	451.39	554.62	449.23	248.15
Alaska	435.18	301.18	426.19	463.76	503.52	470.37	324.81
Arizona	457.63	332.83	443.94	477.22	550.76	474.47	345.31
Arkansas	426.78	183.55	396.20	448.09	555.28	435.64	222.61
California	597.16	533.12	659.25	622.68	666.03	633.46	543.81
Colorado	433.23	346.59	441.29	448.33	520.05	451.74	340.15
Connecticut	453.79	364.51	454.24	466.06	545.63	467.51	365.25
Delaware	449.83	298.67	440.25	464.06	530.64	456.84	311.48
District of Columbia	492.92	311.01	451.12	509.93	557.07	515.61	346.86
Florida	443.85	361.66	429.26	468.90	543.73	460.42	363.54
Georgia	429.02	253.24	433.63	453.10	545.19	455.89	274.27
Hawaii	493.51	406.13	505.87	525.05	531.48	532.48	424.85
Idaho	436.99	246.52	436.41	452.53	533.21	444.43	272.56
Illinois	475.18	378.39	466.62	487.97	559.06	486.24	381.25
Indiana	452.92	264.14	418.28	463.65	549.29	450.56	284.71
Iowa	424.21	245.79	412.73	439.10	525.71	433.98	268.92
Kansas	436.37	284.21	438.18	448.90	532.85	441.71	297.72
Kentucky	446.04	214.49	433.12	462.23	561.32	465.27	269.03
Louisiana	444.87	222.85	418.28	468.26	561.76	466.56	264.96
Maine	418.31	205.27	432.50	432.64	530.81	438.41	243.74
Maryland	463.05	363.76	434.88	480.97	534.36	485.18	363.78
Massachusetts	489.56	424.32	523.71	511.19	586.66	501.24	421.71
Michigan	475.19	339.83	457.29	485.60	564.60	482.99	348.81
Minnesota	456.78	381.69	462.49	467.93	537.04	460.67	390.38
Mississippi	423.79	190.64	391.93	450.49	556.22	450.05	243.76
Missouri	437.73	259.99	424.08	451.00	553.46	444.85	279.46
Montana	427.18	220.04	436.97	442.23	543.41	443.35	254.75
Nebraska	418.68	257.55	449.80	433.32	527.55	427.77	277.22
Nevada	449.98	356.81	502.79	481.46	535.80	467.86	354.68
New Hampshire	429.66	294.17	432.20	437.63	509.81	437.18	290.47
New Jersey	461.47	395.78	431.41	479.51	547.75	478.25	395.64
New Mexico	431.81	275.49	437.98	458.43	555.02	462.67	302.04
New York	507.15	414.70	483.78	531.03	577.01	538.35	437.63
North Carolina	417.16	219.21	410.27	441.20	536.26	436.89	258.31
North Dakota	388.48	242.47	377.60	406.08	495.25	407.90	261.20

Average monthly payment, by state or other area, eligibility category, and age, December 2008 (in dollars)							
State or Area	Total	Category			Age		
		Aged	Blind	Disabled	Under 18	18-64	65 or Older
Ohio	468.95	312.59	429.99	478.69	560.53	475.56	326.92
Oklahoma	440.00	238.43	428.67	457.87	545.89	455.83	264.24
Oregon	448.80	333.65	455.71	465.04	541.42	465.47	338.75
Pennsylvania	477.64	321.60	440.65	491.41	549.18	490.85	353.71
Rhode Island	480.34	348.55	433.44	498.67	605.60	494.60	368.87
South Carolina	421.79	217.13	412.67	444.72	538.75	444.51	260.17
South Dakota	404.63	235.56	444.88	426.71	512.06	425.83	270.16
Tennessee	429.99	216.97	448.78	450.63	547.47	455.43	263.63
Texas	420.75	281.58	439.36	453.49	543.33	447.66	289.68
Utah	438.39	363.71	428.74	446.37	493.57	443.64	356.50
Vermont	437.84	231.26	463.61	454.09	582.43	453.68	269.43
Virginia	431.44	318.58	427.58	449.77	530.49	449.47	320.34
Washington	474.63	413.46	460.12	483.43	544.00	483.60	410.87
West Virginia	453.22	206.88	438.77	464.95	550.43	472.86	280.31
Wisconsin	445.19	278.27	440.49	459.39	546.78	450.26	305.64
Wyoming	417.42	206.80	394.94	431.80	519.51	433.19	237.30
Outlying Area							
Northern Mariana Islands	525.70	352.35	481.30	556.36	608.45	529.47	378.72

SOURCE: Social Security Administration, SORD file, 100 percent data.

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**EMPLOYMENT AND SUPPORT  
SERVICES**

**NEW  
EMPLOYEES  
OF  
NEVADA  
(NEON)**

**NEW EMPLOYEES OF NEVADA (NEON)**

**I. PROGRAM STATEMENT**

**A. BACKGROUND**

The Family Support Act of 1988 signed by the President October 13, 1988 required states to implement the JOBS Program. The JOBS Program replaced the Work Incentive (WIN) Program that had been in existence since 1970 as a mandatory employment and training program for Aid to Families with Dependent Children (AFDC) recipients. The Welfare Division changed its Employment and Training Program name from JOBS to New Employees of Nevada (NEON) in 1995. The JOBS Program was incorporated into a block grant with Aid to Families with Dependent Children (AFDC) when the President signed the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) on August 22, 1996. The PRWORA requires defined work activities for the cash assistance program now known as Temporary Assistance for Needy Families (TANF). The Deficit Reduction Act of 2005 legislation reauthorized the TANF program through fiscal year (FY) 2010 with a renewed focus on work, program integrity and strengthening families through healthy marriage promotion and responsible fatherhood. The final regulations were published in February 2008 and require states to establish and maintain a Work Verification Plan.

**B. PURPOSE**

The purpose of the NEON Program is to provide employment, education, training and support services to recipients of cash assistance, by promoting job preparation and work. These services assist clients to become self-sufficient, thereby reducing dependency on cash assistance.

**C. FUNDING**

The TANF block grant allows states to use federal and state matching funds for employment and training functions. The state must maintain a "Maintenance of Effort" level using state general funds to receive the TANF block grant.

**D. PARTICIPATION REQUIREMENTS**

NEON participation is mandatory as a condition of cash eligibility for all work-eligible, non-exempt TANF applicants and recipients. A work-eligible individual is anyone whose participation in work activities contributes to determining whether the family counts in the calculation of the work participation rate.

**WORK-ELIGIBLE PARTICIPANTS INCLUDE:**

- An adult less than sixty (60) years of age receiving assistance under TANF or a separate State program;
- A minor child head-of-household receiving assistance under TANF or a separate State program;
- A non-recipient parent living with a child receiving assistance unless
  - A minor parent who is not a head-of-household or spouse of the head-of-household
  - An alien who is ineligible to receive assistance due to their immigration status
  - A recipient of Supplemental Security Income (SSI) benefits

**EXEMPTION TO WORK PARTICIPATION**

- Under age one exemption. States have the option of exempting individuals who are single custodial parents caring for a child under age one from the work requirement. A state may disregard these individuals from the denominator of the work participation rate calculation for all families. A parent may only receive this exemption for a total of 12 months, although the months need not be consecutive and can be divided among more than one child. Nevada has opted for this exception and allows only three (3) months of the exemption to be used per pregnancy.
- Caring for a disabled family member. Individuals required to care for a disabled family member are exempt.
- Individuals exempt from the five-year lifetime limit on federally funded benefits are not exempt from the work requirement. These individuals will be counted in the denominator of the work participation rate calculation.
- Nothing in the legislation prohibits states from exempting other individuals from the work requirement (i.e., individual's caring for a disabled family member), but these individuals will be counted in the denominator of the work participation rate calculation.

Automatic referrals for work-eligible clients are made to the Employment and Training Unit via the computer system.

Work-eligible individuals required to participate in NEON who fail to comply without good cause are sanctioned.



**E. PROGRAM COMPONENTS/ACTIVITIES**

**THE NEON PROGRAM INCLUDES:**

1. An orientation, assessment and appraisal process.
2. Development of Personal Responsibility Plans (PRP).
3. Signing of an agency/participant contract (PRP) specifying the services the Division will provide and the role of the participant in achieving goals leading to employment within a certain time frame.
4. Employment and training job readiness workshops and network centers.
5. Structured job search requirements.
6. Educational development and vocational training.
7. Community Work Experience Program (CWEP).
8. Referrals to other agencies such as school districts and other educational programs, Career Enhancement Program (CEP), and Vocational Rehabilitation.
9. Counseling and support groups for victims of domestic violence, drug/alcohol screening and treatment, mental health counseling, and parenting classes.
10. Job development and job referrals.
11. Social services to help remove barriers to employment (i.e., domestic violence, substance abuse and mental health services).
12. Job retention counseling.
13. Non-custodial parent program (NCP).

**F. SUPPORT SERVICES**

1. Types of Services

NEON participants are eligible to receive payments for childcare, transportation and special needs items (e.g., clothing, tools necessary to accept employment, vehicle repairs, and relocation

expenses for employment and substance abuse treatment co-payment reimbursement). The cost of tuition and books is paid for some educational courses and for vocational training. Workers' compensation coverage is provided for CWEP workers.

Employed recipients receiving cash assistance may continue to receive transportation support services after the date of hire through the NEON Program. Childcare is available to cash assistance recipients who become employed. Childcare assistance is available from the Child Care Development Block Grant programs administered by non-profit community agencies.

2. Job Retention Bonus Payment

TANF participants, who obtain employment while a TANF participant and retain employment of 25 or more hours per week for six (6) continuous months, are eligible to receive a one-time payment of \$350.

G. REGULATIONS AND LAWS

The Employment and Training programs for cash assistance recipients are governed by a variety of laws and regulations. The governing body is the Office of Family Assistance, Administration for Children and Families, Department of Health and Human Services. Program changes and instructions are transmitted to the states through a variety of means such as Information Memorandums, Action Transmittals and Code of Federal Regulations updates.

Following are the primary regulatory sources:

1. Personal Responsibility and Work Opportunity Reconciliation Act of 1996
2. Deficit Reduction Act of 2005
3. Part 45 of the Code of Federal Regulations
4. Nevada Revised Statutes, Chapter 422A
5. Court Ordered Actions

**II. WORK REQUIREMENTS IN THE TANF BLOCK GRANT**

The DRA of 2005 “reauthorized” TANF, extending program funding through FY2010 and changed work requirements for families receiving cash welfare, among which were including families with an adult receiving assistance in a separate State program funded with qualified State maintenance-of-effort expenditures (SSP–MOE) in the work participation rates and revising the base year of the caseload reduction credit from FY 1995 to FY 2005.

The law also issued regulations to ensure consistent measurement of work participation rates, including defining work activities, determining the circumstances under which a parent who resides with a child who is a recipient of assistance should be required to participate in work activities, and requiring States to establish and maintain work participation verification procedures.

The Deficit Reduction Act retained nearly all of the TANF provisions enacted in the original welfare reform law. For example, the law retained the requirement that 50 percent of all families with an adult participate in the 12 allowable work activities for specified hours each week and that 90 percent of two-parent families similarly participate for certain, specified hours.

The hourly work participation requirements that adults must achieve to count in the State’s work participation rates also did not change.

**III. ANNUAL WORK PARTICIPATION RATE REQUIREMENTS**

States must meet the following annual work participation rates with respect to all families, which include an adult or minor child head of household receiving assistance.

Fiscal Year	ALL FAMILIES		TWO-PARENT FAMILIES	
	Participation Rate	Hours of Work Required Per Week to Count Toward Rate	Participation Rate	Hours of Work Required Per Week to Count Toward Rate
2001	45%	30	90%	35
2002	50%	30	90%	35
2003	50%	30	90%	35
2004	50%	30	90%	35
2005	50%	30	90%	35
2006	50%	30	90%	35
2007	50%	30	90%	35
2008	50%	30	90%	35
2009	50%	30	90%	35
2010	50%	30	90%	35
2011	50%	30	90%	35

- States may be allowed to meet a lower work participation rate if they experience a net caseload reduction compared to FY 2005. (See below.)
- Annual participation rate is the average of the participation rate for each month in the year.
- Individuals must meet the minimum numbers of hours (averaged over a month) to be counted toward meeting the work participation rate.
- States have the option to limit the required number of hours of work to 20 hours for those single custodial parents with a child under age six in every fiscal year.
- The hours of work activities of both parents in a two-parent family may be combined to reach 35 hours per week for the family to be considered to be meeting the participation requirement. In order to meet the All Family rate, one of the two parents must be engaged in countable work activities for a minimum of 30 hours per week.
- Two-parent families that receive federally funded childcare, both parents must work a combined 55 hours per week with one parent working 30 hours. 50 of the 55 hours must be in core work activities. Exceptions are allowed for parents of disabled children or if one parent is disabled.

**PRO RATA REDUCTION OF WORK PARTICIPATION RATE DUE TO NET CASELOAD REDUCTION** – In some fiscal years, states may meet a lower work participation rate requirement than stated in the chart above. Under a provision in the law, a state with a caseload below FY 2005 levels will be "rewarded" by receiving a reduction in the work rate requirement in the next fiscal year.

The law requires the Secretary to establish regulations to grant states a reduction in their work participation rate by the percentage points equal to the percentage points (if any) the average monthly number of families receiving aid under the block grant in the state in the preceding fiscal year is less than the average monthly number of families that received aid under Title IV-A in the state in FY 2005. The participation rate may not be reduced to the extent the Secretary determines the reduction in the number of families leaving such assistance is required by federal law, or the Secretary proves families were diverted as a result of a state changing its eligibility criteria.

**EXAMPLE:** If the Secretary determines a state's average monthly caseload in FY 2005 was 4 percentage points lower than average monthly caseloads in FY 2006, rather than having to meet a 50% work participation rate requirement in FY2007 the rate would be lowered by 4 percentage points to 46%.

If a state's net caseload for a fiscal year should exceed the FY 2005 levels, then the state will face the full work participation rate requirement in the following fiscal year.

**CALCULATION OF MONTHLY PARTICIPATION RATE FOR ALL FAMILIES:**

<b>NUMERATOR:</b>	# of families receiving assistance that includes an adult or minor head of household who is engaged in work for the requisite hours.		
<b>divided by</b>			
<b>DENOMINATOR:</b>	# of families that include an adult or a minor child head of household receiving assistance.	<b>less</b>	# of families sanctioned in that month for failure to participate in work (for up to 3 months in preceding 12-month period).

- A similar calculation is made for two-parent families.
- At state option, families receiving assistance under a tribal family plan may be included in the work participation rate calculation.

**Nevada's Finalized Participation Rate History**

**All Family**

	<b>Federal Mandated Rate</b>	<b>Federal Caseload Reduction Credit</b>	<b>Federal Mandated Adjusted Rate</b>	<b>Nevada Rate Achieved</b>	<b>Nevada Made Participation Rate</b>
<b>FFY2001</b>	45%	51.2%	0%	35.1%	Yes
<b>FFY2002</b>	50%	43.2%	6.8%	21.6%	Yes
<b>FFY2003</b>	50%	23.8%	26.2%	22.3%	No
<b>FFY2004</b>	50%	26.5%	23.5%	34.5%	Yes
<b>FFY2005</b>	50%	42.4%	7.6%	42.8%	Yes
<b>FFY2006</b>	50%	48.2%	1.8%	47.8%	Yes
<b>FFY2007</b>	50%	11.40%	38.6%	33.7%*	No
<b>FFY2008</b>	50%	15.5%	34.5%	42.1%	Yes
<b>FFY2009*</b>	50%	26.3%*	23.7%*	38.96%*	

**Two Parent**

	<b>Federal Mandated Rate</b>	<b>Federal Caseload Reduction Credit</b>	<b>Federal Mandated Adjusted Rate</b>	<b>Nevada Rate Achieved</b>	<b>Nevada Made Participation Rate</b>
<b>FFY2001</b>	90%	51.2%	38.8%	69.3%	Yes
<b>FFY2002</b>	90%	43.2%	46.8%	26.5%	No
<b>FFY2003</b>	90%	23.8%	66.2%	24.1%	No
<b>FFY2004</b>	90%	26.5%	63.5%	29.6%	No
<b>FFY2005</b>	90%	42.4%	47.6%	39.6%	No
<b>FFY2006</b>	90%	48.2%	41.8%	44.6%	Yes
<b>FFY2007</b>	90%	11.40%	78.6%	44%*	No
<b>FFY2008</b>	90%	15.6%	73.4%	51.4%	No
<b>FFY2009</b>	90%	*	*	46.38%*	

\* Data reported for FFY2009 is not final. Preliminary data was provided where available.

**IV. ALLOWABLE WORK ACTIVITIES**

Allowable work activities, which count toward the work participation rate, are divided into two groups. A minimum of 20 hours a week must be spent on the activities in the first list below. After that, recipients can meet the work requirement with additional hours from the second list.

**ALLOWABLE WORK ACTIVITIES FOR FIRST 20 HOURS** - To count toward the work participation rate requirement for all-families, an individual must participate in one or more of the following activities for at least 20 hours a week (or 35 hours per week combined for both parents in two-parent families).

1. Unsubsidized employment.
2. Subsidized private sector employment.
3. Subsidized public sector employment.
4. Work experience (including work associated with refurbishing publicly assisted housing), only if sufficient private sector employment is not available.
5. On-the-job-training.
6. Job search and job readiness assistance for up to 240 hours (no more than 4 weeks may be consecutive). On not more than one occasion, the state may count an individual as having participated in job search for a week if the individual participated for three or four days.
7. Community service programs.
8. Vocational educational training (not to exceed 12 months for any individual).
9. Provision of child care services to an individual who is participating in a community service program.

**ACTIVITIES THAT COUNT AFTER 20 HOURS** - For the all-families rate, participation in the following activities count after 20 hours have been completed in the above activities (30 hours for two-parent rate).

10. Job skills training directly related to employment
11. Education directly related to employment, in the case of a recipient who has not received a high school diploma or certificate of high school equivalency. (See special rule for teens.)
12. Satisfactory attendance at secondary school or course of study leading to GED in the case of a recipient who has not completed secondary school. (See special rule for teens.)

**SPECIAL RULE FOR TEENS** - Married or single teens, under age 20, will count toward meeting the rate if the recipient maintains satisfactory attendance at secondary school or the equivalent; or, participates at least 20 hours per week in education directly related to employment. The law requires unmarried teen parents under age 18 who have not completed a high school education must, as a condition of receiving assistance, participate in educational activities directed toward attaining a high school diploma or GED.

**PENALTIES ON INDIVIDUAL FOR REFUSAL TO WORK** - If an individual refuses to engage in work as required under TANF, a sanction will be imposed against the household's TANF benefits, as appropriate. If the household chooses not to comply during the conciliatory period, cash assistance terminates. Once terminated, all household members are disqualified for TANF for three (3) months and until compliance.

A state may withhold penalties subject to good cause or other exceptions established by the state.

A state may not penalize a single, custodial parent with a child under age six if the individual proves she/he has a demonstrated inability (as determined by the state) to obtain needed child care.

A state may also terminate Medicaid coverage for adults whose benefits are terminated for refusal to work. Nevada has chosen to allow pregnant women and children in the family remain eligible for the Child's Health Assurance Program (CHAP).



**EMPLOYMENT AND SUPPORT  
SERVICES**

**SNAP  
EMPLOYMENT  
AND TRAINING**

## EMPLOYMENT AND SUPPORT SERVICES SNAP EMPLOYMENT AND TRAINING PROGRAM

### I. MISSION STATEMENT

The SNAP Employment and Training Program promotes the employment of 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.

#### A. BACKGROUND

Up until April 1986, states had the option to operate an independent job search program for SNAP recipients. Until October 1986, Nevada contracted with the Employment Security Department (ESD) to operate such a program. Effective October 1986, the Division of Welfare and Supportive Services (DWSS) assumed responsibility for administration of the program.

In April 1987, PL 99 -10 mandated states to implement a Comprehensive Employment and Training program incorporating job readiness activities beyond individual job search. In response, DWSS developed and implemented a SNAP E&T Program including several job readiness components emphasizing a self-directed philosophy. One of the activities/components was a Workshop/Network Center modeled after those operated in the State of Nebraska. Curtis and Associates, a consulting firm from Nebraska, was contracted to provide training to DWSS Employment and Training staff in Reno and Las Vegas during July 1988. The first workshop and network centers began operation in August 1988. By April 1991, due to increased caseloads and poor attendance, which jeopardized the state in meeting its federal performance standards, the workshop was decreased from five days to one day and the network terminated.

Since June 1994, the Food and Nutrition Service (FNS) has encouraged states to plan future SNAP E&T efforts for clients needing more intensive employment related services. To comply with FNS instructions, Nevada's SNAP E&T Program has added limited skills training classes and special needs assistance to improve client's employability.

Prior to December 1, 2008 in accordance with the American Recovery and Reinvestment Act of 2009 the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) established SNAP Program work requirements and participation time limits for non-exempt, able-bodied adults without dependents (ABAWDs). All ABAWD individuals aged 18 through 49 are ineligible to continue receiving SNAP benefits after receiving three (3) issuances if, during a 36-month period, they did not:

- Work at least 20 hours per week (averaged monthly); or
- Participate in and comply with a Workforce Investment Act (WIA) program or Trade Adjustment Assistance Act (TAAA) program at least 20 hours per week; or
- Participate in and comply with an ABAWD work/training program.

ABAWD individuals who reside in an area with unemployment rate over 10% or in a labor surplus area may be exempt from the ABAWD provisions.

A provision of the Balanced Budget Act of 1997 permits states to exempt up to 15 percent of their unwaived, unemployed, childless ABAWD population from the PRWORA three-month time limit. Nevada will provide this exemption to ABAWD individuals who are:

- Physically or mentally unfit for employment and who are unable to provide medical certification from a physician or a professionally qualified person in the field of psychiatric mental health; or
- Residing in rural Nevada (non-waiver areas) when employment opportunities become, or are limited, as determined by the office manager (i.e., mining closures).

Because the State of Nevada has been experiencing very high levels of unemployment statewide, in September 2008, the U.S. Department of Labor determined Nevada qualified for extended UIB benefits due to insufficient jobs in the state under the provisions of 26 U.S.C. 3304 (P.L. 102-318). This designation also qualified the State of Nevada to apply for a waiver from the Food and Nutrition Service to exempt the entire state from the SNAP provision limiting ABAWD individuals 3 months of SNAP benefits in a 36-month period. FNS approved the waiver request exempting the entire state from the ABAWD limitations effective December 1, 2008 and until further notice.

**B. FUNDING**

Federal funding for the SNAP E&T Program is allocated based on a state's population and program requirements. Each fiscal year, Nevada receives a federal grant administered through Food and Nutrition Service of the U.S. Department of Agriculture to operate the program. Each state agency's grant is comprised of 100% SNAP E&T funds authorized for administration and operations of the program and 50% match funds for participant support services. Nevada's total SNAP E&T funding for Federal Fiscal Year (FFY) 2009 was \$580,925 and for 2010 is \$874,056.

**C. REGISTRATION/PARTICIPATION REQUIREMENTS**

Registration and participation in employment and training activities is mandatory and is a condition of SNAP eligibility for all non-exempt SNAP recipients. Persons who are exempt may volunteer. Persons are exempt when they are under age 16, age 60 or older, disabled, caring for young children (under age six) or disabled family members, employed at least 20 hours per week, homeless, complying with the NEON program, living in an area with a federal waiver, or are temporarily laid off from a job.

Registration occurs at initial approval, recertification or when changes occur. Referrals are made to the Employment and Training Unit.

If a household member fails to comply with the work program requirements, that member is disqualified as follows:

- First violation - a minimum of one month and until compliance;
- Second violation - three months minimum and until compliance;
- Third or subsequent violations - six months minimum and until compliance.

**D. PROGRAM COMPONENTS/ACTIVITIES**

The SNAP E&T Program Includes:

- Signing of agency/participant agreements to participation requirements.
- Employment and training job readiness workshops.
- Structured individual and/or group job search requirements.

- Referrals to other agencies such as Department of Education, Workforce Investment Act (WIA) and Vocational Rehabilitation.
- Assessment of employment goals.
- Job development and job referrals.
- Requests for special needs assistance.
- Job Retention support services for the first 30-days of employment.

#### E. SUPPORT SERVICES

##### 1. Types of Services

Employment and Training mandatory participants may receive an allowance for transportation and support services while participating in the program.

##### 2. Payment Amounts

Transportation is provided either on a reimbursement basis up to a maximum of \$50 per month, for no more than 2 months, in a 12 month period or the individual may receive a bus pass for the period of time they are required to participate.

##### 3. Special Needs

Program history has shown a number of the SNAP E&T population would be able to immediately go to paid employment if the program provided payment of employment-related expenses necessary to accept or maintain employment (such as uniforms, shoes, work permits, health cards, tools, etc.). Up to \$200 per participant for reimbursement of these types of expenses is allowed prior to employment. Any transportation expense provided would not be deducted.

#### F. REGULATIONS AND LAWS

The Food and Nutrition Service, United States Department of Agriculture governs the Employment and Training Program for SNAP recipients. Program changes and instructions are transmitted to the states through such means as Administrative Notices and Code of Federal Regulations updates.

Following are the primary regulatory sources:

- The Food and Nutrition Act of 2008
- Part 7 of the Code of Federal Regulations
- Nevada Revised Statutes, Chapters 422A and 207
- Personal Responsibility and Work Reconciliation Act of 1996
- The Balanced Budget Act of 1997
- Farm Bill of 2002

**II. SNAP EMPLOYMENT AND TRAINING PROGRAM STATISTICS**  
 (July 2009 through May 2010 Caseload Reports)

**A. GENERAL SNAP PROGRAM DATA**

- Monthly average authorized cases 121,911  
 (Public Assistance\* –20,777  
 Non-Public Assistance\*\* –98,639)
- Monthly average recipients 257,651  
 (Public Assistance\* –31,813  
 Non-Public Assistance\*\* 225,838)
- Average family size 2.2  
 (Public Assistance\* – 1.5  
 Non-Public Assistance\*\* – 2.3)

\* Public Assistance = Households (all members receiving both SNAP benefits and Public Assistance - TANF or SSI).

\*\* Non-Public Assistance = Households receiving SNAP benefits only or mixed households (receiving SNAP benefits and some, but not all, household members are receiving TANF or SSI).

B. REGISTRATIONS

There were 53,485 SNAP Employment and Training Program registrations completed from July 2008 through June 2009 and 50,680 SNAP Employment and Training Program registrations completed from July 2009 through June 30, 2010.

C. SNAP EMPLOYMENT AND TRAINING PARTICIPANTS

Mandatory participants engaged in the program (monthly field reports):

- July 2008 through June 2009 6,809
- July 2009 through June 2010 8,540

D. SNAP E&T WORK REQUIREMENTS

1. DWSS Employment and Training Workshop

SNAP Family Service Specialists (FSS) will hold a Job Readiness Workshop at least once a month for mandatory participants who are required to complete the job search requirement. Under the Workforce Investment Act (WIA), services such as assessments, career exploration, job search workshops, guided job search assistance and ongoing coaching and monitoring are provided to participants to upgrade their skills in order to obtain and sustain self-sufficient employment.

2. Structured Work Requirements

Participants are required to make at least 10 employer contacts in each of two thirty-day periods. The number of contacts may be reduced in areas experiencing high unemployment or labor surplus.

3. Educational Development

Nevada State Welfare has coordinated efforts with the school districts, community colleges, WIA and the Literacy Council for pre-GED/literacy testing and classes, as well as actual GED testing. Thus far, the participants have primarily been TANF (NEON) recipients. More SNAP recipients are starting to attend pre-GED/GED classes.

4. Job Readiness

DWSS has added Job Readiness for the first 30 days of employment. When participants obtain employment the Division may assist with transportation and other work related needs for the first 30-days.

E. SUPPORT SERVICES

Support service payments and gas reimbursements to participants can be given after completion of a component. Participants who fail to complete components do not receive support services or reimbursements. Participants who obtain employment or have need of a health card, sheriff's card, tools or clothing to be hired are provided funds to obtain these items up to \$200 prior to being hired and/or up to 30 days after being hired. Costs may be shared with other organizations.

Bus passes can be provided in advance to participants in lieu of gas reimbursements when they have no money and public transportation is available.

F. EMPLOYMENT DATA

Of those who began a work component during July 2008 - June 2010 (monthly field reports):

- Average Hourly Rate in 2009 \$9.09
- Average Hourly Rate in 2010 \$9.24
- Average Hours Worked in 2009 31 hours per week
- Average Hourly Rate in 2010 28 hours per week



**ENERGY  
ASSISTANCE  
PROGRAM  
(EAP)**



## **ENERGY ASSISTANCE PROGRAM (EAP)**

### **I. BACKGROUND**

The Energy Assistance Program (EAP) assists low-income Nevadans with the high cost of home energy. Funding is provided from the Low Income Home Energy Assistance Program (LIHEAP) block grant through the U.S. Department of Health and Human Services, and from Universal Energy Charge (UEC) monies distributed through the Nevada Fund for Energy Assistance and Conservation.

### **II. PURPOSE**

The program is designed to help eligible Nevadans maintain essential heating and cooling in their homes during the winter and summer seasons.

### **III. FUNDING**

The Welfare Division first assumed responsibility for the energy assistance program in 1989 and the sole source of funding was from the LIHEAP block grant. In 2001, the Nevada Legislature adopted NRS 702, which established a universal energy charge on the utility bills of certain customers who receive natural gas and electricity services from specified utilities. The universal energy charge is derived through a mill tax assessment based on the amount of electricity and natural gas used by the customer.

### **IV. APPLICATION PROCESS**

Persons seeking assistance may apply for and be awarded a benefit once each program year. The program year begins July 1<sup>st</sup> and applications are accepted through June 30<sup>th</sup> of the following year. Applications are submitted to, and processed by, staff at two EAP offices, one located in Las Vegas and the other in Carson City. Contracted Application Intake sites such as Family Resource Centers, Senior Citizen Centers and County Social Services agencies, assist households in completing the application process and are compensated a nominal fee of \$10 per completed application. Completed applications are forwarded to one of the aforementioned EAP offices for the determination of eligibility. Prior year recipients are not eligible to apply for energy assistance until 11 months after they received their last annual benefit. Prior year recipients are mailed a reminder notice when they are eligible to reapply.

Applications are generally processed in the order in which they are received. Policy requires applications to be processed within sixty (60) days of receipt for 'non-targeted' households and thirty (30) days of receipt for 'targeted households'. Targeted households are defined by federal regulation as households with an elderly, disabled and/or child under the age of six (6) member. Applicants are mailed an eligibility determination notice on the next regular working day following certification. Applicants who meet specific criteria may have their applications/payments expedited to alleviate their energy-related crises.

**V. ELIGIBILITY CRITERIA**

Eligibility is based on an annual projection of all gross income for the 30-90 days prior to the date of application or application review. The total gross income of all members of a household may not exceed 150 percent of the federal Poverty Income Guidelines established by the Office of Management and Budget, as follows for SFY 2010:

Number in Household	Average Monthly Income
1	\$1,354
2	1,821
3	2,289
4	2,756
5	3,224
6	3,691
7	4,159
8	4,626

Households, with annual income in excess of 150 percent of poverty, may qualify if special circumstances exist and allowable qualifying expenses reduce their countable annual income to 150 percent of poverty or less. Qualifying expenses include unreimbursed medical expenses for a long-term or chronic medical condition, unreimbursed compulsory and necessary home repairs, and certain automobile repairs only if transportation is required for ongoing medical care.

A household is defined as an individual or group of individuals, related or not, who are living together and sharing a primary heating or electric source.

The household must be at least partly responsible for home heating or cooling costs by paying a utility company, fuel supplier, or landlord directly.

The benefit is based on the household's gross income and annual energy usage.

The Arrearage Payment Program is available to assist households in eliminating debt owed to an energy vendor for prior energy usage at the household's current address. The total gross income of all members of a household may not exceed 150 percent of the federal Poverty Income Guidelines. This is a once-in-a-lifetime benefit. The previous restriction limiting eligibility for the Arrearage Program to households with a member, who is elderly, disabled or a child under 6 years of age was eliminated in July 2009.

**VI. PAYMENTS**

Eligible households receive an annual, one-time per year benefit paid directly to their energy provider(s). The benefit shows as a credit on the household's energy bill. Households are encouraged to spread the benefit over a 12-month period by dividing the benefit amount by 12 months. Households then pay the difference between their monthly energy bill and the monthly amount of their

energy assistance. By paying towards their energy bill each month and allowing the benefit credit to slowly reduce to zero over 12 months, the benefit is intended to allow the household to meet their annual energy needs. Eligible households who do not use participating energy suppliers are paid directly. Benefit amounts vary depending on the household's size, gross annual income and the total annual energy usage. The minimum assistance payment for an eligible household is \$180.

To ensure all eligible applicants could be served with the funding available, benefit caps were established on July 1, 2008. The caps were set based on household size, energy type and average Fixed Annual Credit (FAC) benefit using a household size of four as the standard. Households utilizing heating oil or propane as their energy source have an established benefit cap separate and distinct from all other energy source users in consideration of the higher cost per British Thermal Unit (BTU) of heating oil and propane. A flat \$50 increase to the cap applies to households with members who are elderly, disabled or a child under 6 years of age. Due to the volatility and unpredictability of the annual LIHEAP Block Grant funding, the UEC and LIHEAP State Plans were amended in SFY10 to provide the administrator with the authority to equitably increase the caps. This flexibility allows the Division to maximize the benefits distributed based on current revenue and caseload projections.

**VII. REGULATIONS AND LAW**

1. Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35)
2. 45 CFR Part 96 Federal Regulations
3. Nevada Revised Statutes, Chapter 702

**FY 2010 ENERGY ASSISTANCE PROGRAM STATISTICS**

CATEGORIES	STATEWIDE	
	TOTAL	PERCENT
<b># HOUSEHOLDS SERVED</b>	27,479	
*Households with ELDERLY	8,485	31%
*Households with DISABLED	10,028	36%
*Households with CHILDREN UNDER 6	7,021	26%
TOTAL FAC Benefits Paid	\$25,528,440	
Average Payment	\$858	
<b># HOUSEHOLDS WITH ARREAGES PAID</b>	5,621	
Total Arrearages Paid	\$1,477,118	
Average Arrearage Paid	\$261	

\* These characteristics may include duplicate counts when appropriate (i.e. if a household member is elderly and disabled they are counted in both categories).

**EMPLOYMENT AND SUPPORT  
SERVICES**

**SOCIAL  
SERVICES**

## **SOCIAL SERVICES**

### **I. BACKGROUND**

The Division of Welfare and Supportive Services (DWSS) re-introduced social workers to provide services to Temporary Assistance for Needy Families (TANF) in 1996. Social workers work closely with employment and training and eligibility staff to help move TANF families to economic and emotional self-sufficiency. Nevada currently has forty social workers and seven social worker supervisors statewide.

### **II. PURPOSE**

The challenges of working with the hardest-to-employ (HtE) participants, who are also facing cash assistance time limits, are addressed by Welfare Division social workers. The HtE families experience a multitude of barriers/issues preventing them from being both emotionally and economically self-sufficient. Some issues addressed by social workers with the HtE family are domestic violence, substance abuse, mental health, health and/or caring for children with severe medical or emotional problems.

### **III. LOCATION OF SOCIAL WORKERS**

Social workers are distributed among the district offices based on the caseload size of that office. Social workers in rural areas may be responsible for more than one office location.

### **IV. SOCIAL WORKER RESPONSIBILITIES**

- ▶ Completing psycho-social assessments on the hardest-to-employ TANF participants, including home visits to determine the home environment, to ensure a comprehensive picture of the participant and his/her family are gathered before a detailed Personal Responsibility Plan (PRP) is developed with the participant. Tools used by social workers to identify participant barriers include the Substance Abuse Subtle Screening Inventory (SASSI), the Learning Disability Inventory, ecomaps, genograms, the South Oaks Gambling Screen (SOG), the Domestic Violence screening tool, and the Fetal Alcohol Syndrome (FAS) screening tool. Social workers provide intensive case management services and follow up with the families on a monthly basis. Home visits are completed a minimum of every 90 days until the barriers/issue(s) are alleviated or resolved.

- ▶ Coordinating with the Substance Abuse Prevention and Treatment (SAPT) providers and Domestic Violence providers to provide further evaluation and non-medical treatment for TANF participants in need of substance abuse and domestic violence services.
- ▶ Evaluating and determining whether alternative living situations for minor parents are appropriate when the minor parent is not living with their parents, legal guardian or in an approved adult-supervised setting and applying for cash assistance.
- ▶ Determining “Good Cause” waivers for TANF clients when domestic violence affects their ability to participate in the Child Support Enforcement and/or NEON programs.
- ▶ Facilitating and participating in both Multi-Disciplinary Teams (MDTs) and Individual-Disciplinary Teams (IDTs) in their communities to help coordinate a continuum of services for participants (for example, a participant receiving a housing subsidy, training and vocational rehabilitation services). Each entity requires a service plan, and the MDT/IDT ensures the plans are coordinated.
- ▶ Providing guidance and field supervision to UNLV/UN social work interns assigned to the Division’s Supporting Teens Achieving Real-life Success (STARS) program.
- ▶ Collaborating with the Division of Mental Hygiene and Developmental Services and Vocational Rehabilitation to effectively address mental health issues with TANF clients through an established protocol.

V. FUNDING

Social service programs are funded through the TANF Block Grant and the State General Fund.

VI. CONTRACT COMMITMENTS FOR FY 2011

<i>Service</i>	<i>Amount</i>
Substance Abuse	\$622,239
Domestic Violence	\$776,848

**CHILD CARE  
DEVELOPMENT  
FUND**





## CHILD CARE SUBSIDY PROGRAM

### I. PROGRAM STATEMENT

The Child Care Subsidy program assists Nevada's low-income families with their child care needs so they can become employed and exit or avoid the welfare system.

#### A. BACKGROUND

History has shown Temporary Assistance for Needy Families (TANF) recipients are able to obtain employment and end their dependency on public assistance programs; however, this independence is often short-lived because of the high cost of child care. Without some assistance, many families end up reapplying for TANF benefits. For many years it has been realized a program is needed to provide clients with child care assistance for a period of time after they go off public assistance to help keep them employed. Since 1988 the state has administered programs to assist low-income families with child care costs.

Title VI of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), signed by the President on August 22, 1996, created a new, integrated child care program under the Child Care and Development Block Grant (CCDBG) effective October 1, 1996. The 1997 legislature consolidated four separate child care programs within the Welfare Division effective July 1, 1997.

#### B. PURPOSE

The purpose of the Child Care Subsidy Program is to provide child care subsidies for individuals who are in one of the following categories:

1. New Employees of Nevada (NEON) status - participating in a NEON pre-eligibility program or the NEON program;
2. At-Risk - at-risk of needing cash assistance with income at or below 130% of Federal Poverty Level; or
3. Discretionary - no longer at-risk of needing cash assistance, with income above 130% of Federal Poverty Level but below 75% of the State Median Income.

### C. FUNDING

The funding for the CCDBG child care block grant has been reconfigured as a single appropriation and renamed the Child Care Development Fund (CCDF). It is made up of three federal funding streams: mandatory, matching and discretionary. The mandatory and discretionary funding streams do not require any match. There are two state funding streams. They are the maintenance of effort (MOE) and the matching funding stream. To participate, a state must do the following:

1. Obligate all funds by the end of the federal fiscal year (September 30);
2. Expend from the state's own funds an amount which is no less than the Maintenance of Effort (MOE) amount; and
3. Provide the state's share of the matching fund.

The Division of Welfare and Supportive Services (DWSS) contracts with the Children's Cabinet in Reno, which covers northern and rural Nevada, and Las Vegas-Clark County Urban League, which covers Clark and Nye Counties to provide child care eligibility services.

### D. APPLICATION PROCESS

Anyone in need of cash assistance may apply for TANF benefits at any DWSS district office. Upon application, individuals may be required to participate in pre-eligibility work activities while their application is pending. During this process, subsidized child care benefits are provided at 100% of the state maximum rate for that individual's child care services while participating in the pre-eligibility work activities.

Upon receipt of cash assistance, the individual may be required to enter the NEON training program, which will help them become more skilled and marketable to the work community. Subsidized child care benefits are provided at 100% of the state maximum rate for the entire time the individual is participating with the NEON program.

When the client is no longer NEON eligible, the client may be eligible for child care subsidy benefits under the "At-risk" category. This category of child care subsidy benefits is for those low income families who are "at-risk" of needing cash assistance.

Following "At-risk" eligibility, a family may still remain eligible for child care subsidy benefits through the "Discretionary" category. This category is available for those families who are not considered "low" income but the family is still in need of child care subsidy benefits.

If households do not qualify for financial assistance or have not applied for TANF, child care benefits may be available from the At-Risk or Discretionary categories, depending on the household's countable income. To apply for child care benefits, the household can submit an application at a child care office or at the local DWSS office.

E. ELIGIBILITY CRITERIA

All families whose income is at or below 75% of the State's Median Income for a family of that size may be eligible for child care subsidy benefits, if they have an eligible child and need child care to continue working or attend training or educational classes. The child must be under the age of 13, or 19 if they are physically or mentally incapable of caring for him or herself as verified by a physician or a licensed/certified psychologist, or under court supervision. The level of benefits the household may be eligible for is based upon the household size and the family's gross monthly income. The current sliding fee scale is as follows:

HOUSEHOLD SIZE & MONTHLY INCOME

Effective October 1, 2009									
ONE			TWO			THREE			Subsidy %
\$ -	-	\$ 903 (P)	\$ -	-	\$ 1,214 (P)	\$ -	-	\$ 1,526 (P)	95-100% **
\$ 904	-	\$ 1,070	\$ 1,215	-	\$ 1,428	\$ 1,527	-	\$ 1,787	90%
\$ 1,071	<b>1,173</b>	\$ 1,237	\$ 1,429	<b>1,578</b>	\$ 1,642	\$ 1,788	<b>1,984</b>	\$ 2,047	80%
\$ 1,238	-	\$ 1,404	\$ 1,643	-	\$ 1,856	\$ 2,048	-	\$ 2,308	70%
\$ 1,405	-	\$ 1,571	\$ 1,857	-	\$ 2,070	\$ 2,309	-	\$ 2,569	60%
\$ 1,572	-	\$ 1,738	\$ 2,071	-	\$ 2,284	\$ 2,570	-	\$ 2,830	50%
\$ 1,739	-	\$ 1,905	\$ 2,285	-	\$ 2,498	\$ 2,831	-	\$ 3,090	40%
\$ 1,906	-	\$ 2,072	\$ 2,499	-	\$ 2,712	\$ 3,091	-	\$ 3,351	30%
\$ 2,073	-	\$ 2,231	\$ 2,713	-	\$ 2,917	\$ 3,352	-	\$ 3,604	20%
\$ 2,232	+		\$ 2,918	+		\$ 3,605	+		
FOUR			FIVE			SIX			Subsidy %
\$ -	-	\$ 1,838 (P)	\$ -	-	\$ 2,149 (P)	\$ -	-	\$ 2,461 (P)	95-100% **
\$ 1,839	-	\$ 2,146	\$ 2,150	-	\$ 2,503	\$ 2,462	-	\$ 2,862	90%
\$ 2,147	<b>2,389</b>	\$ 2,453	\$ 2,504	<b>2,794</b>	\$ 2,858	\$ 2,863	<b>3,199</b>	\$ 3,264	80%
\$ 2,454	-	\$ 2,761	\$ 2,859	-	\$ 3,212	\$ 3,265	-	\$ 3,665	70%
\$ 2,762	-	\$ 3,068	\$ 3,213	-	\$ 3,567	\$ 3,666	-	\$ 4,066	60%
\$ 3,069	-	\$ 3,376	\$ 3,568	-	\$ 3,921	\$ 4,067	-	\$ 4,467	50%
\$ 3,377	-	\$ 3,683	\$ 3,922	-	\$ 4,276	\$ 4,468	-	\$ 4,869	40%
\$ 3,684	-	\$ 3,991	\$ 4,277	-	\$ 4,630	\$ 4,870	-	\$ 5,270	30%
\$ 3,992	-	\$ 4,290	\$ 4,631	-	\$ 4,977	\$ 5,271	-	\$ 5,663	20%
\$ 4,291	+		\$ 4,978	+		\$ 5,664	+		
SEVEN			EIGHT			NINE			Subsidy %
\$ -	-	\$ 2,773 (P)	\$ -	-	\$ 3,084 (P)	\$ -	-	\$ 3,396 (P)	95-100% **
\$ 2,774	-	\$ 3,151	\$ 3,085	-	\$ 3,440	\$ 3,397	-	\$ 3,729	90%
\$ 3,152	-	\$ 3,530	\$ 3,441	-	\$ 3,795	\$ 3,730	-	\$ 4,061	80%
\$ 3,531	<b>3,604</b>	\$ 3,908	\$ 3,796	<b>4,009</b>	\$ 4,151	\$ 4,062	-	\$ 4,394	70%
\$ 3,909	-	\$ 4,287	\$ 4,152	-	\$ 4,506	\$ 4,395	<b>4,414</b>	\$ 4,727	60%
\$ 4,288	-	\$ 4,665	\$ 4,507	-	\$ 4,862	\$ 4,728	-	\$ 5,059	50%
\$ 4,666	-	\$ 5,043	\$ 4,863	-	\$ 5,218	\$ 5,060	-	\$ 5,392	40%
\$ 5,044	-	\$ 5,422	\$ 5,219	-	\$ 5,573	\$ 5,393	-	\$ 5,725	30%
\$ 5,423	-	\$ 5,792	\$ 5,574	-	\$ 5,921	\$ 5,726	-	\$ 6,049	20%
\$ 5,793	+		\$ 5,922	+		\$ 6,050	+		
TEN			ELEVEN			TWELVE			Subsidy %
\$ -	-	\$ 3,708 (P)	\$ -	-	\$ 4,020 (P)	\$ -	-	\$ 4,332 (P)	95-100% **
\$ 3,709	-	\$ 4,018	\$ 4,021	-	\$ 4,307	\$ 4,333	-	\$ 4,596	90%
\$ 4,019	-	\$ 4,328	\$ 4,308	-	\$ 4,594	\$ 4,597	-	\$ 4,860	80%
\$ 4,329	-	\$ 4,637	\$ 4,595	-	\$ 4,881	\$ 4,861	-	\$ 5,124	70%
\$ 4,638	<b>4,819</b>	\$ 4,947	\$ 4,882	-	\$ 5,167	\$ 5,125	-	\$ 5,388	60%
\$ 4,948	-	\$ 5,257	\$ 5,168	<b>5,224</b>	\$ 5,454	\$ 5,389	<b>5,629</b>	\$ 5,652	50%
\$ 5,258	-	\$ 5,567	\$ 5,455	-	\$ 5,741	\$ 5,653	-	\$ 5,916	40%
\$ 5,568	-	\$ 5,876	\$ 5,742	-	\$ 6,028	\$ 5,917	-	\$ 6,180	30%
\$ 5,877	-	\$ 6,178	\$ 6,029	-	\$ 6,307	\$ 6,181	-	\$ 6,436	20%
\$ 6,179	+		\$ 6,308	+		\$ 6,437	+		

(P) Indicates poverty level.

\* Indicates that the figure to the left is 75% of Nevada's median income.

\*\*100% subsidies are reserved for NEON activity participants and certain CPS/Foster parent households. All other households are required to participate in the cost of their child care and may qualify for a maximum of 95% subsidy.

Bold figures in center indicate 130% of Federal poverty level.

Revised: 06/23/2009

**F. CHILD CARE PAYMENT REQUIREMENTS**

All participants must make at least a 5% co-payment to the provider. The actual co-payment is based on their countable income. The only exceptions to this rule are those families in NEON Pre-eligibility status, NEON status, applying for a foster child(ren) or applying for child(ren) placed in a home by a child protective agency. Subsidized child care will be paid at 100% of the state maximum rate for these families.

Child care payments may be made to child care providers who are licensed by the state or a local licensing entity or, if not required to be licensed, are registered with the contractors of the Child Care and Development Program. Child care payments made to the provider are the actual rates charged by the provider or the state maximum rate established for that type of care, whichever is less. The state maximum rates are established by DWSS every two years and are submitted to the federal government in the Child Care State Plan. Currently, the state maximum rates are as follows:

AREA MARKET LIMITS BY PROVIDER CODE

Daily Rate

Market Area	Provider Type	Infants (0 to 1 yr)	Toddlers (1 yr to 3 yrs)	Preschool (3 yrs to 5 yrs)	School Age (6 yrs and older)
<b>CLARK COUNTY:</b>					
	Provider 1	34.00	30.00	29.00	28.00
	Provider 2	28.00	26.00	26.00	26.00
	Provider 3	30.00	29.00	28.00	26.00
	Provider 4	23.00	20.00	19.00	18.00
	Provider 5	N/A	N/A	15.00	15.00
<b>WASHOE COUNTY:</b>					
	Provider 1	39.00	34.00	29.00	26.00
	Provider 2	30.00	29.00	27.00	27.00
	Provider 3	31.00	30.00	29.00	28.00
	Provider 4	23.00	20.00	18.00	17.00
	Provider 5	N/A	N/A	15.00	15.00
<b>CARSON/DOUGLAS COUNTIES:</b>					
	Provider 1	29.00	26.00	24.00	22.00
	Provider 2	30.00	30.00	30.00	30.00
	Provider 3	27.00	26.00	26.00	26.00
	Provider 4	20.00	18.00	17.00	15.00
	Provider 5	N/A	N/A	15.00	15.00
<b>RURAL COUNTIES:</b>					
<i>(Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine)</i>					
	Provider 1	27.00	25.00	23.00	21.00
	Provider 2	35.00	35.00	35.00	21.00
	Provider 3	26.00	26.00	25.00	21.00
	Provider 4	18.00	17.00	16.00	16.00
	Provider 5	N/A	N/A	15.00	15.00
<b>PROVIDER TYPE CODES</b>					
1	= Licensed Child Care Center, Nursery School, Preschool. (Over 13 Children)				
2	= Licensed Group Care Home. (7-12 Children)				
3	= Licensed Family Care Home. (1-6 Children)				
4	= Informal Care				
5	= Before & After School Unlicensed Care Center				

1. DIRECT PROVIDER PAYMENTS

The primary method of payment for DWSS's child care services is a direct payment to the provider for the portion of the subsidy payment the Child Care Program is responsible to make. The parent or family unit is responsible for paying the provider the co-payment portion directly. Payment to the provider should be monthly but may be more often, if necessary, through special arrangements.

2. REIMBURSEMENT TO THE PARENT/FAMILY UNIT FOR CHILD CARE

An allowable method of payment is for the parent to pay their child care first and then be reimbursed. However, this method of payment should only be used when absolutely necessary for unusual circumstances.

G. REGULATIONS AND LAWS

The Child Care Development Fund is governed by a variety of laws and regulations. The governing body is the Office of Family Assistance, Administration for Children and Families, Department of Health and Human Services. Program changes and instructions are transmitted to the states through a variety of means such as Information Memorandums, Action Transmittals and Code of Federal Regulations updates. Following are the primary regulatory sources:

1. Title VI of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
2. Part 45 of the Code of Federal Regulations, Parts 98 & 99.

## OFFICE OF EARLY CARE AND EDUCATION (OECE)

### I. PROGRAM STATEMENT

The Nevada Office of Early Care and Education was established in July 2001 under the Division of Welfare and Supportive Services to oversee the Child Care and Development Funds (CCDF), quality funds. The vision of this office is to promote and provide support, education, and resources to Nevada's child care community thereby increasing the development of high-quality child care environments for providers, families, and children.

The goals of the Office of Early Care and Education are:

1. Improve and maintain the quality and quantity of early care and education programs and services. *Implicit in the definition of "quality" is safe, healthy, and developmentally appropriate services. This includes both licensed and non-licensed services.*
2. Increase the skills, education levels, and professionalism of the child care field.
3. Increase the compensation, wages, benefits, and working conditions for early childhood professionals through public awareness, policy, and funding efforts. *This includes public awareness, policy, and funding efforts to highlight the importance of quality early care and education in child development.*
4. Increase parents'/guardians' knowledge and ability to understand the importance of early care and education, to be involved in their child's learning, and to make informed child care choices.
5. Improve the quality of early care and education programs and services, by providing quality intervention services for identified children with special needs.

### II. OUTCOMES AND EVALUATION

#### History:

In 2003 the Office of Early Care and Education implemented a collaborative evaluation project for all programs funded or partially funded through the Child Care and Development Funds (CCDF) quality improvement earmarks. Through this effort, collaborating agencies defined statewide goals to ensure the most effective use of these quality improvement dollars. This effort involved assisting agencies and programs in reporting program budgets to increase accountability.



In addition, programs began collecting data, which increased understanding of program effectiveness as well as provided the OECE information for their annual statewide reports.

Pacific Research Associates designed and implemented a web-based budget reporting and data collection system. Beginning in FY 2005 agencies were asked to complete web-based budget reporting forms and data collection reports annually for each program funded or partially funded with CCDF quality dollars. Additional technical assistance and training was provided to participants on indicators so information gathered was more consistent across all programs. The first comprehensive report was distributed in November 2007 for FY 2006.

#### Current Status:

The process to develop and implement the outcomes project is on-going and a long-term project. At this time, program implementation (quantity) indicators have been established as well as some outcome (quality) indicators.

#### Future Activities:

- Continue to utilize budget expenditures and data collected to assess each program's effectiveness and fiscal accountability
- To continue work with Pacific Research Associates to help identify additional program outcomes and evaluation of the system as a whole
- To develop additional measurement tools needed for data collection if needed
- The OECE will work with the group to use this information to develop a statewide strategic plan for expending CCDF quality improvement dollars. This plan will include a statewide needs assessment, program evaluations, and larger system change where needed.

### III. QUALITY INITIATIVES

The following documents the work of the Office of Early Care and Education or programs contracted and funded by the CCDF, quality funds. The framework has been provided by the National Child Care Information Center (NCCIC) and consists of five elements: 1) Funding, 2) Core Knowledge Area, 3) Qualifications and Credentials, 4) Quality Assurances, and 5) Access and Outreach. This is the original framework used for Nevada's first professional development plan. The original plan called *Nevada's Professional Recognition Opportunities for Individual Teachers' Success (PROFITS)* dated July 1, 2006 – June 30, 2011 was developed by a committee led by the Office of Early Care and Education. Nevada's professional development plan is now the responsibility of the newly formed Early Childhood Advisory Council.

**ELEMENT 1 - FUNDING**Scholarships for Professional Development, Courses, Degrees

## History:

Nevada has provided college scholarships for Early Care and Education professionals since 1998. Additionally, the Nevada Child Care Apprenticeship Program provided financial assistance, education and training for novice early care and education teachers. Entry-level teachers were encouraged to climb the career ladder. The program also promoted completion of the apprenticeship certification as well as continuing education beyond the apprenticeship and journeyman levels to completion of associate or bachelor degrees in Early Childhood Education.

In 2005 the Nevada Association for the Education of Young Children (NevAEYC) was awarded a grant to administer the T.E.A.C.H. Early Childhood Nevada program. T.E.A.C.H. addresses early childhood education needs, compensation, turn-over, and the professionalism of Early Care and Education providers in Nevada. The program provides scholarships for family home care providers, center providers, or center directors working in a licensed facility. Scholarships pay for 80% of tuition, 80% of books, \$50 per semester for travel, and a \$125-\$500 bonus in conjunction with a minimum 2% wage increase provided by employers. Scholarship recipients commit to working with the sponsoring center for at least one additional year, following the completion of the scholarship.

## Current Status:

## Scholarships for Professional Development/Informal Training

- Scholarships are available for the annual Nevada Association for the Education of Young Children conference (Statewide)

## Scholarships for Courses

- Scholarships for 21 college credits are available through the T.E.A.C.H. program. When completed, apprentices receive a child development certificate from the US Department of Labor. (Statewide)
- Scholarships are available for early childhood certificates for teachers and directors in early childhood education through the T.E.A.C.H. program. (Statewide)
- Scholarships for six college credits are available through the NV Health Division Early Intervention Partners Program. This program was developed to train child care providers in the community to include children with disabilities in their child care settings. Child care providers can receive both formal training through classes offered at TMC and informal technical assistance that is provided on-site by early intervention consultants thereby improving quality child care children with disabilities. (Northern Nevada)

### Pathways Leading to Qualifications, Degrees, and Credentials

#### Current Status:

There is an articulation agreement among the community colleges regarding the early childhood courses available and the ability to transfer classes. This does not include one admission application or an agreement between community colleges and the universities. Under the Head Start State Collaboration there is a sub-committee formed to work with the issues of higher education collaboration and articulation agreements.

### **ELEMENT 4 – QUALITY ASSURANCES**

#### Trainer Approval

#### History:

Nevada has not had an established set of criteria related to the approval of trainers. The inception of The Nevada Registry's Training Approval System in October 2004 brought about the ability to begin creating consistent standards and criteria related to the approval of trainers. Basic requirements for trainers were introduced in the first phase of implementation and as a result all ECE trainers must now apply for Career Ladder placement, complete a standardized request form, and comply with basic training approval criteria.

#### Current Status:

Over 700 trainers and sponsors are currently registered with The Nevada Registry to provide training based on basic trainer requirements. To begin the next phase of implementation, The Nevada Registry has developed a workgroup of early care and education professionals to assist with the development of standards for the approval of trainers. A draft model is in the process of being developed. At this point, the workgroup is proposing that there be several levels based on education and training expertise of the trainer. These levels can be used as a guide to consumers as they are making choices about their own professional development.

#### Future Activities:

- Complete the development of trainer approval criteria and obtain approval from The Nevada Registry Advisory Committee
- Develop a basic orientation based on adult learning principles that all trainers would be required to complete as part of the process for becoming an Approved Trainer
- Develop a directory of Approved Trainers. This directory will allow ECE professionals to locate trainers who have expertise in specific areas and who have met The Nevada Registry's trainer approval criteria.

- Develop a standardized evaluation tool to be used at all Nevada Registry approved trainings to determine the quality of the trainer and content of the training. This tool would be a step toward implementing a quality assurance process within The Nevada Registry's Training Approval System.
- Increase funding for The Nevada Registry to support the development of the components related to the implementation of trainer approval criteria

### Training Approval

#### History:

In the past, training approval was completed by five different licensing entities; each with their own unique requirements and approaches to approval. This resulted in a lack of consistency across the state. In October 2004 the Bureau of Services for Child Care designated The Nevada Registry solely responsible for the approval of informal, not-for-college training on a statewide basis. This has resulted in a more standardized and consistent Training Approval System.

#### Current Status:

Over 21,000 trainings have been approved by The Nevada Registry to date. The program is currently developing an online process for training approval that will allow trainers and sponsors to submit training approval requests electronically.

#### Future Activities:

- Launch the online approval process
- Develop and implement policies to address: consistent application of training request and approval, quality of trainings being offered, and unethical conduct of trainers regarding Training Approval System
- Increase funding for The Nevada Registry to support the increased staffing needs to implement the above policies to ensure quality of The Nevada Registry program

### **ELEMENT 5 – ACCESS AND OUTREACH**

#### Online Database of Training and Education Opportunities, Career Development Advising, and Multiple Professional Development Delivery Methods

#### Current Status:

The Nevada Registry has developed a website which makes it possible for Early Care and Education professionals to have access to an online calendar of statewide approved training opportunities. By visiting the online calendar, individuals are able to search for approved training by date, city, county or Core Knowledge Area. The website also features a course listing for degrees in the field of Early Care and Education offered through the Nevada System of Higher

Education, additional links to community agencies, updates related to ECE and other information intended to support the professional development needs of Early Care and Education professionals.

The Registry has also created a process to assist professionals with the tracking of their completed training. Upon initial application, and upon each annual renewal thereafter, Registry participants are issued a Training Report that reflects their completed Registry-approved workshops/training. The Training Report serves as a tool for verifying compliance with the training requirements of Licensing and is designed to help professionals determine which Core Knowledge Areas they have a strong knowledge base in and those in which further learning and growth is needed.

Career advisement is offered by the T.E.A.C.H. program and all six colleges and universities. The Nevada Registry hosts a statewide job board. It is a service provided to ECE community in Nevada and allows employers to advertise available positions free of charge. It also makes it easy for job-seekers to find open positions in early childhood-related programs.

Distance learning courses are now being developed for easy access on the web, and many already exist. Child care training modules for self-learning are also available.

#### Public Engagement Efforts/Initiatives

##### Current Status:

While there have been some materials published and distributed on choosing quality child care and the Pre-K Standards, there is minimal effort made in the area of explaining quality initiatives and professional development opportunities to families on a statewide basis. In an effort to improve in this area, Children's Cabinet is now providing statewide child care resource and referral services beginning July 2010. This should bring a more coordinated effort in the materials published and distributed.

##### Future Activities:

- Increased public acknowledgement of accredited centers and family home providers
- Funding for the Silver State Stars QRIS which would lead to greater parent and community awareness of quality programs

**CHILD SUPPORT  
ENFORCEMENT  
PROGRAM**



## CHILD SUPPORT ENFORCEMENT PROGRAM

### OVERVIEW

The Child Support Enforcement Program was established in 1975 as Title IV, Part D of the Social Security Act. The program is a federal, state, 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 (OCSE), in the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS), helps states develop, manage and operate child support programs effectively and according to federal law.

Each of the 54 states, territories and tribes, operates under its own unique laws and procedures. Each state receives federal financial and technical assistance to administer the program and operates under a state plan approved by the U.S. Department of Health and Human Services, Office of Child Support Enforcement (OCSE).

Federal Financial Participation (FFP) in the program is provided for most necessary and approved expenditures at the rate of 66%. Additionally, federal incentive payments are granted to qualifying states based upon performance. In Nevada, the state and ten participating counties contribute 34% toward the cost of the program. The majority of incentive awards granted to the state are passed on to the participating county district attorney offices for future program enhancements.

The Nevada CSEP provides five basic services: (1) locating parents who have an obligation to support their child(ren); (2) establishing paternity for children born outside of marriage; (3) establishing financial and medical support orders; (4) enforcing support orders; and (5) collecting and distributing support payments. The program works closely with officials of family courts and uses quasi-judicial processes to establish paternity, establish support orders and enforce support orders.

A variety of families are directly served by the CSEP, including those receiving Temporary Assistance for Needy Families (TANF) or public assistance, children receiving assistance under the foster care program, families receiving assistance under the Medicaid program and all other families who apply for services.

### I. BACKGROUND

The Nevada CSEP is supervised by the Nevada Division of Welfare and Supportive Services (DWSS) and administered by two state program area offices and ten county district attorney offices through cooperative agreements.

## II. PURPOSE

The program was enacted to help strengthen families and to reduce welfare dependency by ensuring parents live up to the responsibility of supporting their children. Concern for the well-being of children who live with only one parent and a desire to promote self-sufficiency for these families prompted the establishment of this program.

## III. FUNDING

Federal Financial Participation (FFP) is available at the rate of 66% for most necessary and approved expenditures under the state's IV-D plan. The state and counties contribute 34% toward the cost of the program. Child support collections on public assistance cases are retained to reimburse the cost of grants paid to families.

## IV. ORGANIZATION AND OPERATION

### A. STATE IV-D OFFICES

The Child Support Enforcement Program consists of a central administrative office and two program area offices. The responsibilities of each state office include the following:

1. Central Office
  - a. Implementation of federal and state laws
  - b. Policy development
  - c. Interstate central registry services
  - d. State case registry
  - e. Federal and state locate services
  - f. Federal Offset intercepts
  - g. Unemployment Insurance Benefit intercepts
  - h. Centralized statewide computer system
  - i. Accounting functions
  - j. Quality control
  - k. Statewide training.
  - l. Oversight of centralized collection and disbursement of payments.

2. Program Area Offices

The program area offices (PAOs) primarily provide services for public assistance cases. Public assistance (PA) cases include: active assistance cases (TANF); child welfare cases; post-public assistance cases; recovery only cases; and medical assistance cases. There are some PAOs that provide services on non-public



assistance (NPA) cases. The PAOs provide locate services, services for establishing parentage, financial and medical obligations, and enforcement of obligations. A breakdown of services provided by each PAO follows.

- a. Reno PAO provides PA and NPA locate, establishment and enforcement services for Storey County and Carson City. It provides locate, establishment and enforcement services for PA cases in Douglas County, Churchill County and Washoe County.
- b. Elko PAO provides PA and NPA locate, establishment and enforcement for Eureka County, Lincoln County and White Pine County. It provides locate, establishment and enforcement services PA cases in Lander County and locate and establishment services for PA cases in Elko County.

#### B. DISTRICT ATTORNEYS' OFFICES

Ten Nevada County District Attorney (DA) offices participate in the CSEP. Each office provides locate services, and services for establishing parentage, financial and medical support obligations, and enforcement of obligations. A breakdown of services provided by each county district attorney office follows:

1. Clark County DA provides locate, establishment and enforcement services for PA and NPA cases in Clark County;
2. Churchill County DA provides locate, establishment and enforcement services for NPA cases in Churchill County;
3. Douglas County DA provides locate, establishment and enforcement services for NPA cases in Douglas County;
4. Elko County DA provides locate, establishment and enforcement for NPA cases in Elko and Lander Counties, and enforcement services for PA cases in Elko County;
5. Humboldt County DA provides locate, establishment, and enforcement services for NPA and PA cases in Humboldt County;
6. Lyon County DA provides locate, establishment, and enforcement services for NPA and PA cases in Lyon County;
7. Mineral County DA provides locate, establishment, and enforcement services for NPA and PA cases in Mineral County;

8. Nye County DA provides locate, establishment, and enforcement services for NPA and PA cases in Nye County;
9. Pershing County DA provides locate, establishment, and enforcement services for NPA and PA cases in Pershing County;
10. Washoe County DA provides locate, establishment and enforcement services for NPA cases in Washoe County.

## V. ELIGIBILITY CRITERIA

### A. PUBLIC ASSISTANCE

A custodial parent who applies for public assistance must assign support rights to the state. The custodial parent must cooperate with the child support agency in all aspects of child support services, including; locating the non-custodial parent, establishing paternity and support, and enforcing child support. To offset welfare payments the federal and state governments retain child support collected for public assistance families while on public assistance.

### B. NON-PUBLIC ASSISTANCE

Federal regulations (45 CFR 302.33) require the state charge an application fee for child support services. Nevada has elected to charge an application fee of one cent (1¢), which is paid by the state for every non-public assistance applicant.

Effective October 1, 2007, in accordance with the Deficit Reduction Act of 2005, Public Law 109-171, and Chapter 425 of the Nevada Revised Statutes, the Child Support Enforcement Program will charge and collect from the custodial parent a \$25 annual fee for each case the state has collected and disbursed more than \$500 and in which the person for whom the collection is made has never received TANF.

### C. CHILD WELFARE CASES

The same services as listed in A. above are also provided to children in foster care.

#### D. MEDICAID ONLY CASES

Medicaid only recipients are required to cooperate with the state in establishing paternity and establishing a medical support obligation. Full child support services are provided to these custodial parents unless they make a written request to have their case reduced to only the mandatory services.

#### E. INTERSTATE CASES

States are required to provide child support enforcement services regardless of whether one or both parents reside in the same state. Child support enforcement services are processed between states by the use of both administrative and court actions. Usually, the request for locating a non-custodial parent or the withholding of income is accomplished through a simple administrative procedure. The Uniform Interstate Family Support Act (UIFSA) allows states to initiate many actions without the necessity of setting up a two-state case, allowing expedited processing of services such as income withholding. If interstate assistance is required, an initiating state can request assistance in the establishment of paternity, the establishment of a child support order or the enforcement of an order by sending a UIFSA petition to the state in which the non-custodial parent resides.

### VI. SERVICES PROVIDED

#### A. CENTRAL REGISTRY

All incoming interstate petitions are processed in a state central registry. The Central Registry reviews the UIFSA petition to ensure it is complete and meets Nevada statutory requirements. Central Registry then forwards the petition to the appropriate county district attorney office to initiate the action requested. Central Registry is located in the Carson City Central Office.

#### B. CENTRAL COLLECTION AND DISBURSEMENT UNIT

Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 amended Title IV-D of the Social Security Act. PRWORA requires states to develop centralized locations for the collection and disbursement of child support payments in all Title IV-D cases and in non IV-D.

Title IV-D cases are those cases in which state child support enforcement (CSE) agencies establish and enforce support obligations for individuals requesting government assistance with child support issues. Non IV-D, or private, cases are those child support cases which do not involve a state CSE agency.

Effective August 1, 2000, all child support payments are processed through the State Collection and Distribution Unit (SCaDU) located in Las Vegas. The intent behind this state centralized unit is twofold:

1. Lessen the burden of income withholding for employers by providing only one location where employers remit payments; and,
2. Ensure income withholding is available as an enforcement tool to all custodians without the necessity of applying for Title IV-D services.

#### C. PARENT LOCATE

One of the primary functions of the Child Support Enforcement Program is locating non-custodial parents. A variety of sources are used to locate parents and/or their assets. Sources for locating non-custodial parents include, but are not limited, to the following:

1. Federal Parent Locate Services (FPLS) which obtains information from the Internal Revenue Service, Social Security Administration, Veterans Administration, National Personnel Records Center, U.S. Postal Service, National Security Agency and the National New Hire Registry;
2. National Case Registry which contains information on all court orders where child support is ordered;
3. State Parent Locator Service (SPLS);
4. State Directory of New Hires;
5. Department of Motor Vehicles (DMV);
6. Employment Security Division (ESD);
7. Consumer reporting agencies;
8. Utility companies;
9. State boards and commissions;

10. State agencies (e.g., State Contractors Board, Department of Wildlife, etc.);
11. Police, parole and probation records;
12. Financial institutions.

#### D. ESTABLISHMENT OF PARENTAGE

Parentage is the legal relationship between a child and the child's biological or adoptive parents that grants or imposes rights, privileges, duties and obligations. To establish and enforce financial obligations, parentage must first be established. Nevada establishes parentage through voluntary acknowledgment or declaration, legal presumption, birth certificates or judicial action. Genetic (DNA) testing is used to determine paternity in contested cases or in cases when multiple fathers are named.

#### E. ESTABLISHMENT OF SUPPORT ORDERS

A court order for child support is obtained through voluntary stipulation by both parties, default or by order of the court. If the custodial parent is receiving public assistance, the court ordered support is retained by the Division of Welfare and Supportive Services to offset a portion of the monthly grant. In some instances, the amount of child support enables the family to leave welfare rolls entirely. Court hearings are expedited by using court appointed hearing masters who make recommendations to the district court judges. The judges accept or reject the masters' recommendations and set the final orders.

Child support obligations are established, pursuant an obligor model guideline which sets a percentage amount per child based on the non-custodial parent's gross monthly income. Nevada Statutes provide certain factors that allow the court to make written findings of fact to increase or decrease the amount of support awarded.

#### F. ESTABLISHMENT OF MEDICAL SUPPORT

Medical support is requested in all petitions to establish new or modified orders through the CSEP. The National Medical Support Notice (NMSN) is sent to employers that maintain or contribute to group health plans and employ persons obligated by child support orders to provide medical support for their children. The federally mandated NMSN provides specific time frames for employers and medical plan administrators to adhere to when the court had ordered a parent to provide medical insurance for a dependant child.

One of the primary objectives of the CSEP is to secure private health insurance coverage. However, it may be determined by the court that a specific dollar amount referred to as cash medical support, in lieu of health insurance, may be the only alternative for medical support on behalf of the child.

#### G. COLLECTION AND ENFORCEMENT OF CHILD SUPPORT

A number of legal tools are available for the collection of child support. The following are the most common:

##### 1. Income Withholding

The Family Support Act of 1988 mandates using an immediate withholding of income (generally wages) for child support regardless of whether the obligor owes past-due support. Immediate income withholding is mandatory when a family is receiving public assistance, unless the court issues specific findings of fact to delay immediate withholding. In non-public assistance cases, immediate income withholding is ordered unless the parties agree in writing it should not be ordered.

In all cases, income withholding is automatic when the obligor becomes delinquent in an amount equal to one month's support.

##### 2. Federal Income Tax Refund Offset

All states must annually submit cases that meet the certification requirements for federal income tax refund offset to the Internal Revenue Service. The criterion for certification in public assistance cases are arrearages must be at least \$150 and in non-public assistance cases, at least \$500.

##### 3. Unemployment Compensation Intercept

State and federal statutes and regulations mandate Unemployment Insurance Benefits (UIB) be intercepted to satisfy child support obligations within five (5) days of identifying the availability of UIB when income withholding is court ordered.

##### 4. Liens

A lien on real property is filed whenever a judgment is rendered in a child support enforcement case. Liens on real property must be satisfied before the property is sold, mortgaged or transferred.

A personal property attachment/lien against vehicles or boats may be filed whenever arrears are at least \$5000; at least \$200 for bank accounts; and the equity value of the property warrants execution and/or satisfies the arrearage debt.

5. Attachments/Garnishments

NRS 31.010 - 31.220 provides authority for attachments. An attachment causes "the property of the [non-custodial parent] to be attached as security for the satisfaction of any judgment that may be recovered...."

NRS sections 31.240 - 31.460 & 31A.025 - 31A. 350 provide authority for garnishments and withholding of income. A garnishment is the process of securing money and property or debts owed to the non-custodial parent in the hands of a third party.

6. Show Cause

Civil contempt of court may be found when the non-custodial parent (NCP) fails to pay his/her support obligation as ordered by the court, if the NCP fails to keep a court-ordered genetic testing appointment, or if he or she fails to appear at a scheduled hearing. The court may order the NCP to show cause why he or she should not be held in contempt. Depending on the circumstances of the case, the court may also issue a bench warrant for the parent's arrest.

7. Criminal

Although used less often, state and federal statutes provide for criminal non-support charges to be brought against a parent for willfully failing to provide for support of his/her child(ren).

8. Driver's License Suspension

NRS 425.510 allows for driver's license suspension.

If a non-custodial parent (NCP) is in arrears more than \$1,000 and delinquent by two months or more, or:

If the NCP failed to provide medical insurance for a child as ordered by the court; or

If the NCP failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or establish, modify or enforce an obligation for the support of a child.

9. Professional/Occupational/Recreational Licenses

Pursuant to NRS 425.520, non-custodial parents owing past-due child support or failing to comply with subpoenas or warrants relating to paternity or child support proceedings are subject to suspension of occupational, professional, and recreational licenses, certificates or permits.

10. Financial Institution Data Match (FIDM)

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) requires every state to enter into agreements with financial institutions doing business within the state to conduct a quarterly data match for the purpose of collecting delinquent child support. This data match is intended to identify accounts belonging to parents who are delinquent in their child support obligations. When a match is identified, child support enforcement agencies may issue liens and levies on the accounts of delinquent obligors to collect the past-due child support.

11. Passport Denial

As part of the Deficit Reduction Act (DRA) of 2005 effective October 1, 2006, obligors with arrears exceeding \$2,500 are submitted to the Department of State (DoS) for passport denial.

12. Uniform Interstate Family Support Act (UIFSA)

On October 1, 2007, Nevada enacted the 2001 version of the Uniform Interstate Family Support Act (UIFSA). The purpose of UIFSA is to facilitate enforcement of child support orders among states. The statutes governing interstate establishment and enforcement commence at NRS 130.092 through NRS 130.802.

H. COLLECTION AND DISTRIBUTION

When collections are received on behalf of public assistance recipients, those collections are retained to offset grant payments for as long as the family continues to receive TANF cash assistance. Once TANF cash assistance terminates, the Division of Welfare and Supportive Services forwards all ongoing child support payments to the family. Federal regulations outlining requirements for child support distribution are contained within the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and the Balanced Budget Act. Past due child support owed at



the time the assistance case closed may be assigned to one or more of many categories depending on when the past due child support accrued. Changes in the distribution rules allow more of the past due child support to be paid to the family after termination of assistance.

Non-public assistance collections are distributed directly to the family.

I. Family Mediation / Access and Visitation

The federal OCSE funds the Access and Visitation Grant in which Nevada was awarded \$100,000. The grant is divided between the Second Judicial District Court, Family Mediation Program that serves the Reno area and the Eighth Judicial District Court, Family Mediation Center that serves the Las Vegas area. Most referrals are made from child support hearing masters during court hearings for child support and paternity issues. Typically both parents voluntarily agree to explore family mediation services. The program has proven to be successful to those parents who choose to participate. Survey results suggest (1) parent communication is enhanced through the mediation process; (2) most parents believe the parenting plans and agreements developed are adhered to over time by the other parent; and (3) a majority of the custodial parents indicate child support payments were paid regularly after mediation.

J. Central Case Registry

PRWORA requires states to develop and maintain a central registry to record all child support orders established or modified within the state. This centralized function is performed in the Carson City Central Office.

VII. REGULATIONS AND LAWS

The CSEP has responsibilities under federal law including but not limited to: Title IV-D of the Social Security Act; the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; the Deficit Reduction Act of 2005. The Program requirements are governed by federal regulations particularly Title 45 of the Code of Federal Regulations (CFR), Part 300.

The Nevada CSEP is also governed by Nevada Revised Statutes (NRS) Chapters 31A, 125B, 126, 130, 201 and 425 and the Child Support Enforcement Manual which contains State Regulations and State Policy.

VIII. PROGRAM ENHANCEMENTS

1. CSEP is committed to providing services that ensure the regular distribution of parents' financial and medical support for their children by strengthening the partnership between the state and county offices administering the program. The CSE Task Force established in 2009,

comprised of eight members of the State of Nevada executive and county branches of government, is committed to providing direction and guidance to CSEP that leads to enhanced efficiencies in service delivery and achieving federal performance measures. This is accomplished by recommending strategic direction and guidance, tactical direction, action steps with assignments and specific measurable expectations, and a decisive/innovative/proactive cultural environment.

2. CSEP was awarded a federal grant in September 2009 for the Clark County District Attorney Family Support (DAFS) Division to develop and implement an early intervention project. The procedures have now been developed whereby contacts are made with custodial parents and non-custodial parents in an effort to educate them about child support, to gain their cooperation earlier in the process than existed before, and to maintain their cooperation with DAFS in an ongoing capacity in the future. The goals are to establish paternity and obtain court orders for child support established faster with input from the parties and to thereafter ensure that the NCP pays the child support order quickly so that arrears do not accrue, and to keep the NCP paying regularly and consistently going forward. The planning phase was completed and the project began the first week of June, 2010. Results will be tracked over the next 2 years and shared with the federal OCSE office and any jurisdiction that wants information about the project.
3. In November 2009, the Clark County DAFS sponsored a one-week "Home for the Holidays" amnesty program. Non-custodial parents were allowed to negotiate a settlement payment on their child support bench warrant without fear of being arrested. In addition, non-custodial parents were able to reinstate a suspended driver's license. Clark County DAFS worked with the Nevada Department of Motor Vehicles, the media, local agencies, civic groups, large employers and the courts to announce the project. In addition, Clark County DAFS sent letters to all non-custodial parents with active warrants or suspended licenses to encourage their participation and also sent letters to the custodial parents on the same cases. During the six day project, Clark County DAFS met with 396 people and collected \$106,414. The county was able to obtain current addresses and employers and establish new working relationships with these clients, many of whom expressed their gratitude at being given a fresh start. Clark County DAFS sponsored similar community outreach projects in August 2010 and December 2010 – "Back to School" and "Help for the Holidays."
4. In 2009 and 2010, Clark County DAFS sponsored the contracts for two major program enhancements that are in progress: (1) Document Imaging and Workflow; and (2) Employer Web Services. The foundation for both of these projects is complete; however, continued enhancements must be made to optimize the efficiencies of the products.

5. Elko County District Attorney, Child Support Enforcement, sponsored a contract to redevelop the federal Office of Child Support Enforcement (OCSE) 157 report in a software application suitable for developing performance dashboard and management reports. Currently, the incentive measures dashboard and two management reports are available for field offices to measure and monitor the performance of their office and staff.

## IX. STATISTICS

1. Caseload (see Exhibit 1)

Exhibit 1 reflects the total number of cases being served by the Nevada Child Support Enforcement Program.

Approximately 65% - 70% of the program's total caseload is in Clark County.

2. Collections (see Exhibits 2, 3 and 4)

Exhibit 2 represents total collections and retained collections. PRWORA resulted in a reduction of TANF caseloads, a reduction of state/federal share of collections and more child support going to Nevada families. However, the continued successful results of PRWORA are linked to the local economic status.

Exhibit 3 reflects Federal Tax Offset amounts intercepted on behalf of child support enforcement cases enforced in Nevada for instate cases.

Exhibit 4 is the amount of Unemployment Insurance Benefits (UIB) intercepted on behalf of families where the court ordered direct income withholding.

EXHIBIT 1

CHILD SUPPORT CASELOAD SFY 2004 - 2010

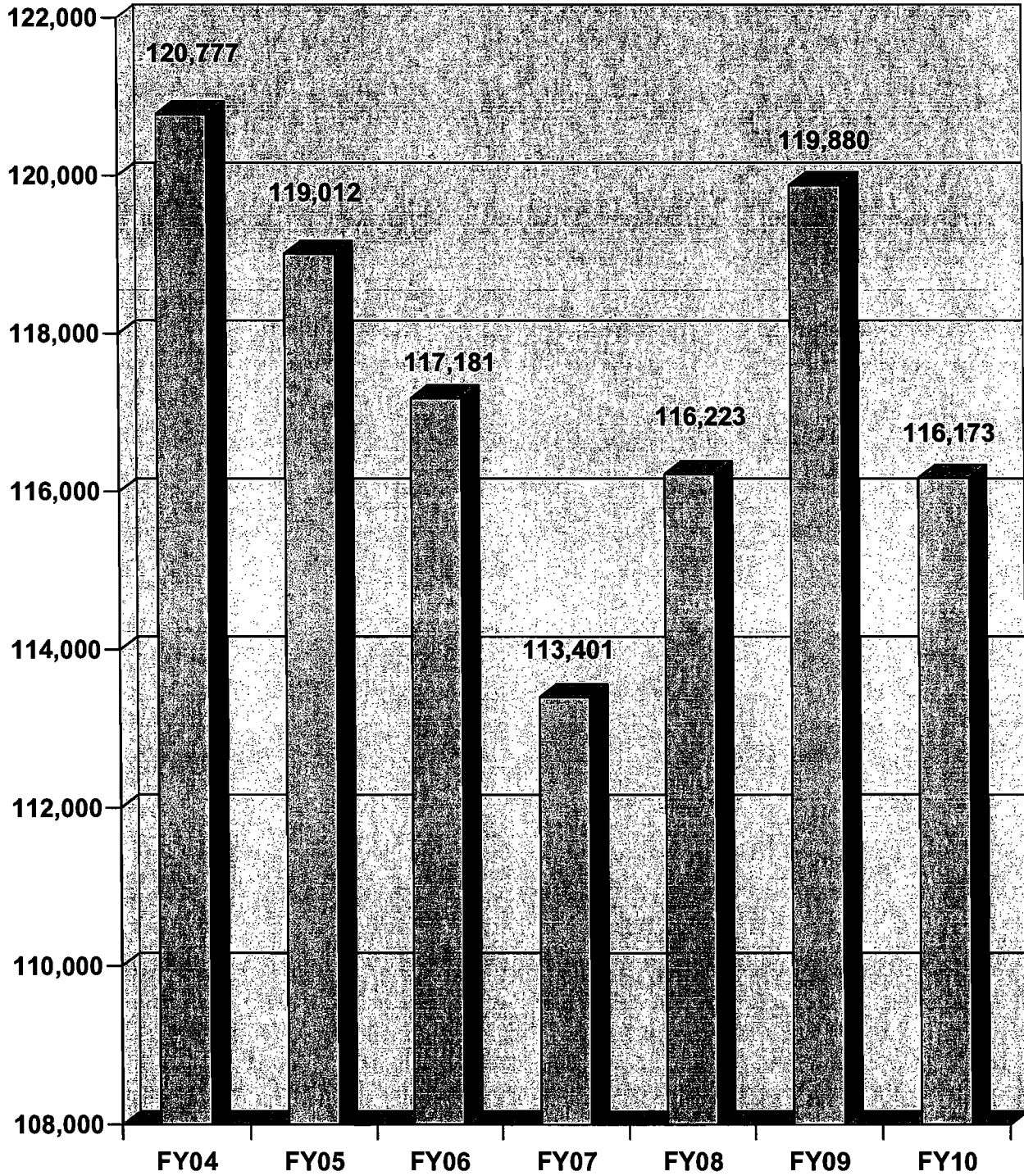


EXHIBIT 2

TOTAL COLLECTIONS & RETAINED COLLECTIONS  
SFY 2004 - 2010

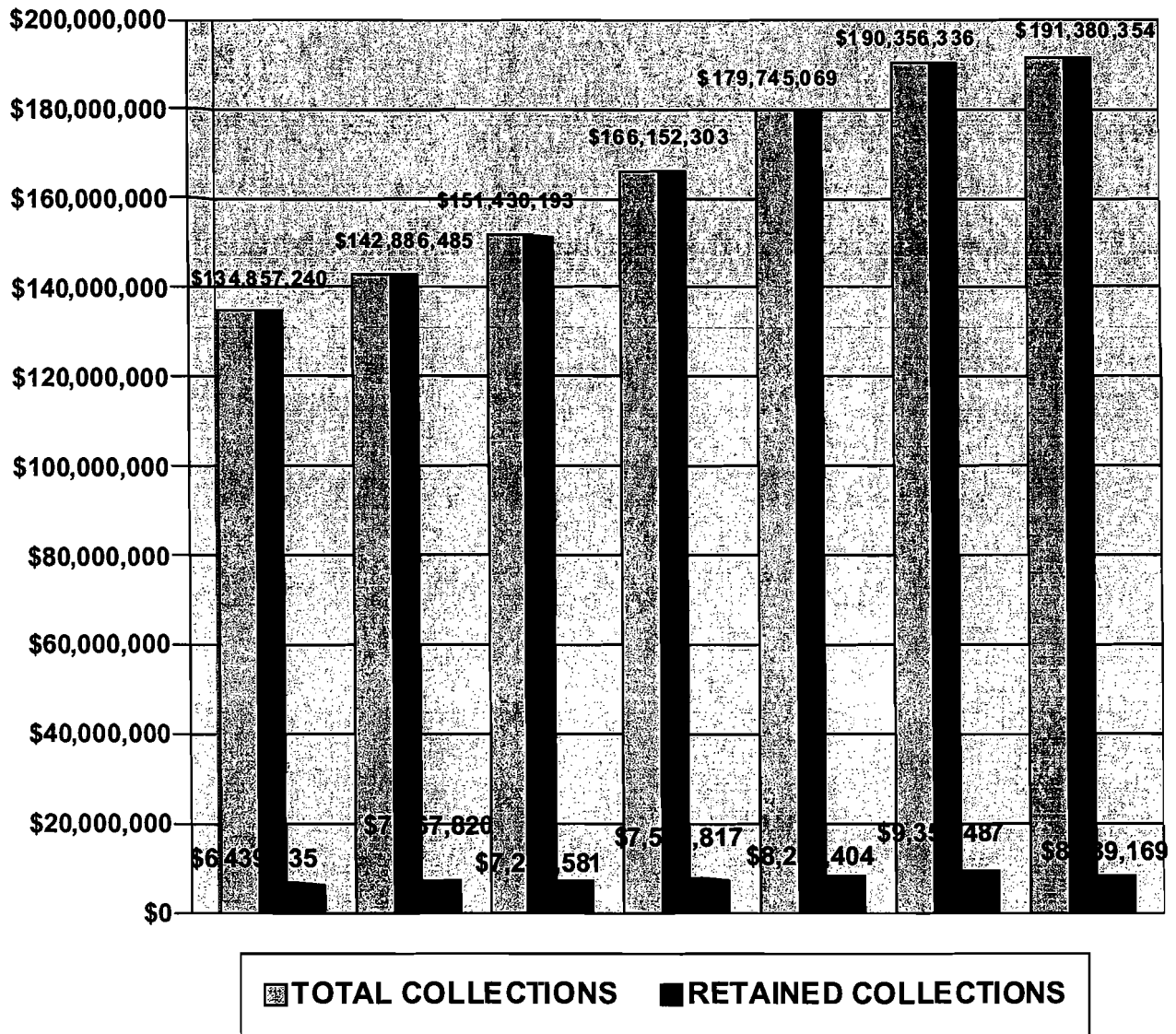


EXHIBIT 3

FEDERAL OFFSET COLLECTIONS  
SFY 2004 - 2010

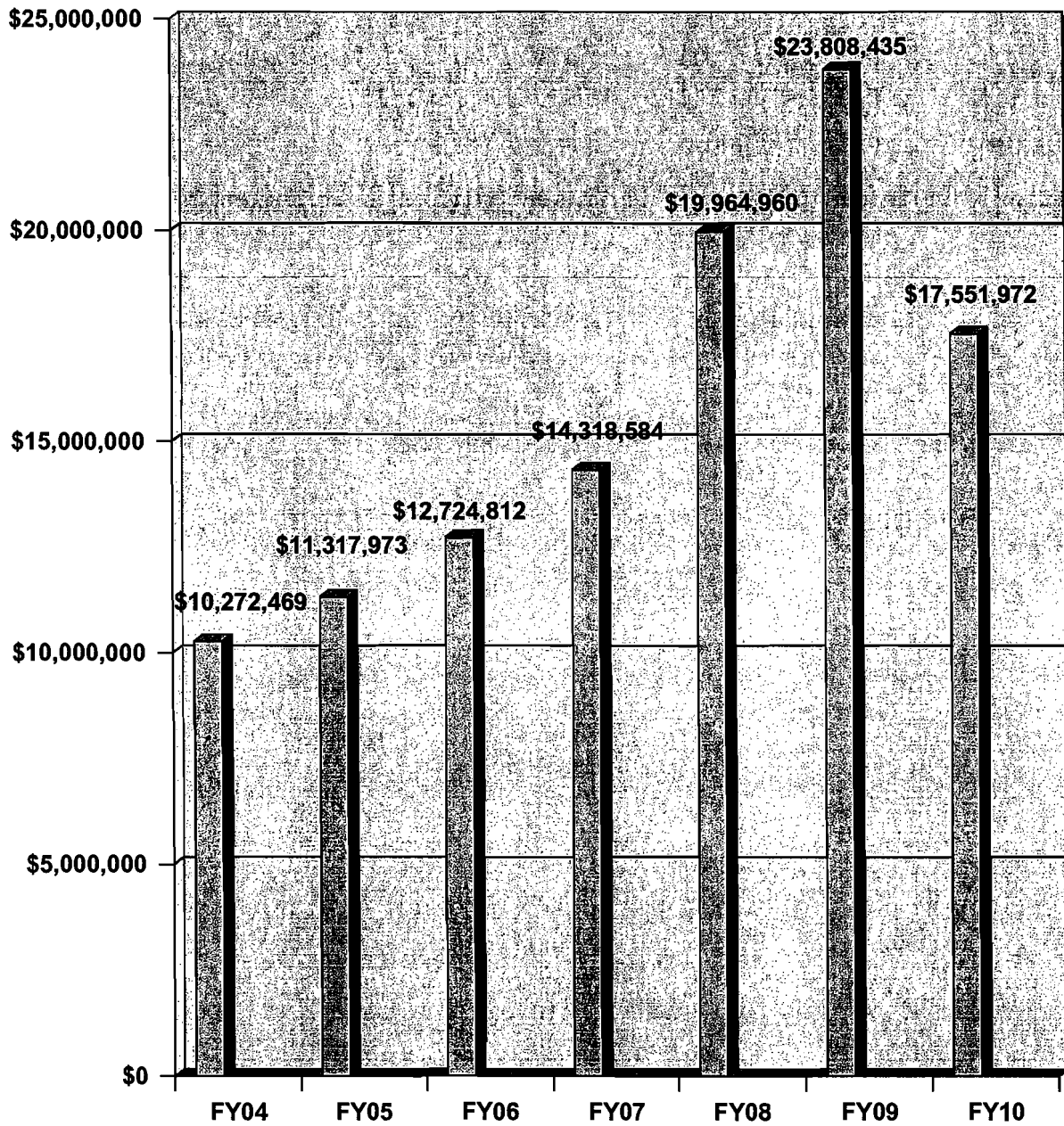
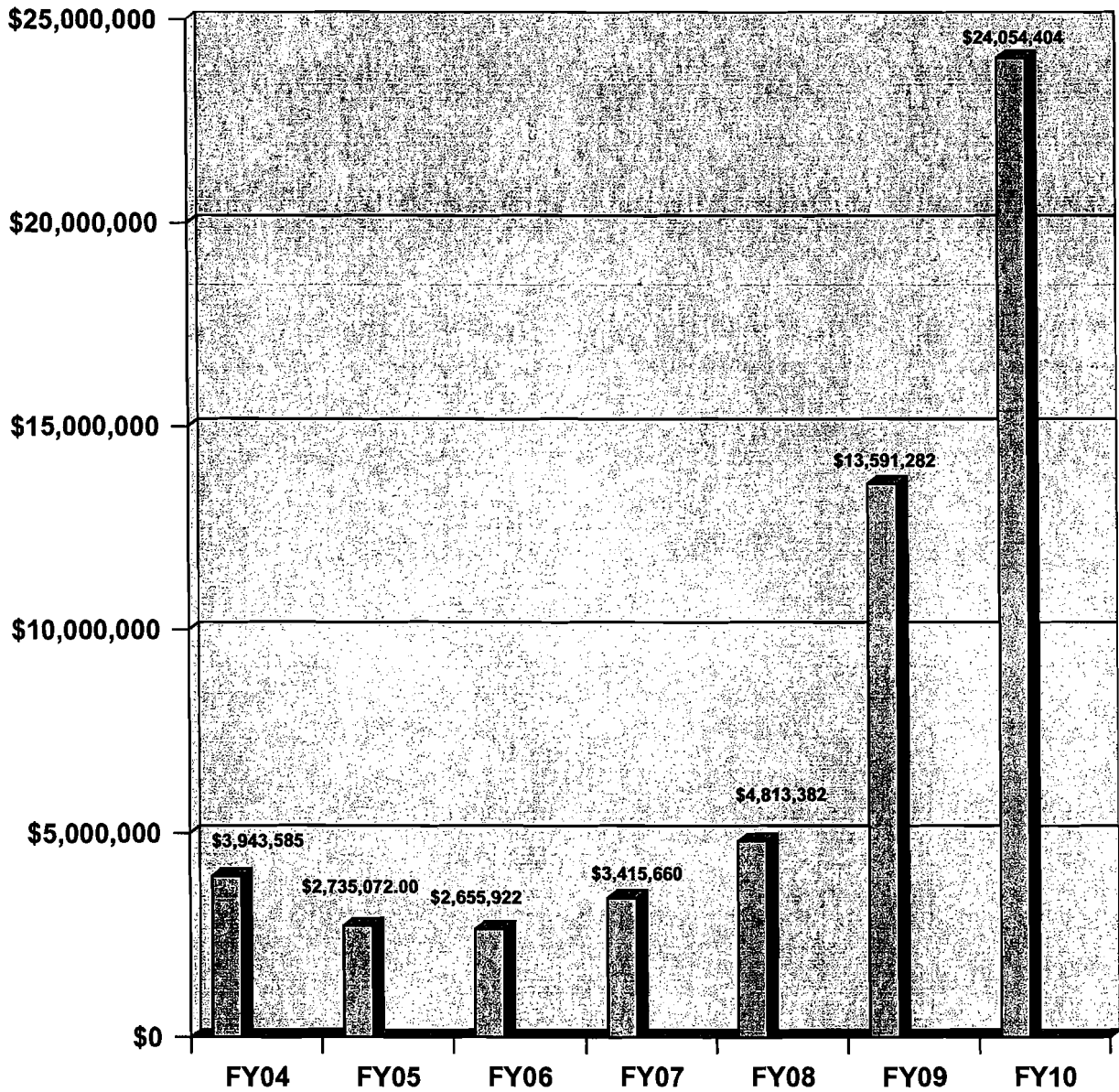


EXHIBIT 4

UIB COLLECTIONS  
SFY 2004 - 2010



# **INFORMATION SYSTEMS**





## INFORMATION SYSTEMS

### BACKGROUND

The Department of Human Resources, Division of Welfare and Supportive Services Information Systems Unit (ISU) continues to engage in progressive projects to ensure that Nevada's families are served by the most revolutionary technology and user-friendly processes.

The following project activities have been undertaken to fulfill the needs of the division:

#### **I. APPLICATION MODERNIZATION AND PRODUCTIVITY SERVICES (AMPS)**

The AMPS project will provide the citizens of Nevada with the opportunity to self-service their active cases and apply for services through a dynamic interview process from any web-connected computer. This project will provide automated tools to the case workers creating a more efficient client worker relationship. The combination of automated client and case worker tools will increase productivity in the division by a target of 20% and possibly as much as 30% while providing clients with the opportunity to complete applications, process changes and obtain valuable information from their own homes, the public library, community partners including neighborhood family resource centers in their neighborhood.

#### **Project Goals**

- Introduce business efficiencies
- Increase client access opportunities
- Improve customer experience
- Enhance community partnerships

#### **Success Factors**

- Develop web based interactive benefit application with a self-service module
- Implement document imaging and work flow;
- Provide a common presentation & retrieval overlay;
- Statewide file accessibility to allow case processing opportunities within all DWSS offices;
- Establish consistent business practices for all DWSS offices;
- Utilize community partners to connect households with DWSS administered programs;
- Provide State Child Health Insurance Program (SCHIP) interface to meet the requirements of SB4;
- Designed to accommodate the addition of future programs

- Realize at least a 20% increase in caseworker efficiency for TANF, SNAP and Medicaid programs.

The AMPS project went live on time, on budget on December 29, 2010 and is selectively operational in 2 northern and 2 southern sites. The remaining offices are scheduled to be operational by June 30, 2011.

### **Standards**

The Application Modernization and Productivity Services (AMPS) project introduces the following standards that will provide a client with the ability to apply for public assistance electronically, and provide our workers with a tool to more efficiently process the application:

- Access Nevada – A web application that guides a client through the application process step by step. The application only requests information that pertains to the program(s) the client is applying for. At the completion of the application process a set of pre-eligibility rules are checked and the client is notified of their potential eligibility or denial (eligibility rules are encapsulated in a rules engine making it easy to add additional rules).
- Portal – A common look and feel entry point will be provided to our workers so they can access a web application to process applications that have been submitted electronically or manually by our clients.
- Workflow – To process an application from start to finish requires many steps, therefore a workflow process has been designed to move the application from one type of worker to another electronically based on the status of the application. The workflow is flexible and can change as business processes change.
- Document Imaging – Document types received in our offices that must be returned to our clients will be scanned, indexed and stored from the front counter. All other documents will be mailed to one of two central processing units to be scanned, indexed and stored.
- Integration – Once the application reaches a certain status in the workflow process the web application will integrate with our mainframe eligibility application through web services. Final eligibility will be determined by NOMADS our mainframe eligibility application.

## **II. ACCESS NEVADA**

Access Nevada is a component of the AMPS project. The purpose of the Access Nevada project is to reduce the need for additional staff to process public assistance cases while providing our customers with a convenient method of applying for benefits and updating eligibility information online.

In response to recently imposed and anticipated budget cuts, Family Support Specialists (FSS) must be able to process more public assistance cases in less time with fewer resources. To accomplish this goal, customers now have the opportunity to seek assistance by accessing the Access Nevada web application. This web application is initially focused on programs with the same eligibility requirements. The public assistance eligibility information entered into the new web application is compared to the basic eligibility rules. The entered data is then available electronically so that it can be imported into NOMADS once the customer has submitted the application. Since the customer enters the information needed to determine eligibility for public assistance themselves, each application submitted through Access Nevada saves the time required for an FSS to enter the information into NOMADS. Access Nevada also has the potential of reducing the time required to conduct intake interviews as well as to update/maintain ongoing cases.

Access Nevada allows customers to electronically submit their benefit application without having to print the form and submit it to a DWSS district office. The data is then be processed by case workers using the new AMPS System. In addition, an interface with Nevada Check-Up is being developed. This will allow applications to be automatically referred to Nevada Check-Up assistance if they do not qualify for medical assistance through DWSS.

### **III. FILE ACCESS SYSTEM TOOL (FAST)**

A recent legislatively sponsored audit recommended the Nevada Division of Welfare and Supportive Services (DWSS) clean up the filing systems and implement an imaging system.

The Clark County District Attorney's Office, Family Support Division (CC DAFS / DAFS) in cooperation with the DWSS procured a commercial off-the-shelf (COTS) document imaging, workflow and document generation system that utilizes FileNet as the content management engine for the Child Support Enforcement Program.

Document imaging and document generation has improved DAFS' ability to provide fair and equal child support services.

### **IV. FILE TRACKING SYSTEM (FTS)**

FTS is a computerized Welfare Records Management system created to track Welfare case records (physical files), both open and closed. When a client record jacket is needed, DWSS staff uses FTS to locate this jacket.

The intent of this project was to improve security by:

- Eliminating the need for staff to handle unneeded files;
- Ensuring the confidentiality of the data located within the files by not allowing it to be viewed by others except the case reviewer/requestor;
- Storing closed files in a secure location;
- Handling the files only when necessary and by fewer staff;
- FTS also has the capability to provide the user with information needed to determine when files become due for destruction, thus reducing the paper storage to only the minimum required by law as well as reducing the potential for lost files.

The FTS project was completed on July 16, 2010.

## **V. DECISION SUPPORT/BUSINESS INTELLIGENCE SYSTEM**

Elko County DA sponsored a contract to verify the data produced by the State of Nevada Child Support Enforcement Program for the Federal Office of Child Support Enforcement (OCSE) 157 Report complies with all OCSE reporting requirements. This includes analyzing the Federal OCSE 157 reporting requirements, conducting data mapping for the information involved in the 157 Report and analyzing the source code that generates the 157 Report for Nevada Operations of Multi-Automated Data Systems (NOMADS).

Based upon the outcome of this analysis, Elko County DA sponsored another contract to create a new OCSE-157 Report program that complies with the federal reporting requirements of the OCSE ensuring that the program accurately reports on the data that exists within the NOMADS database. The new report will be developed within Business Objects along with six (6) additional management reports.

Chase Global Services will also build a universe of all NOMADS child support tables and columns and build an executive dashboard to present the key performance measures from the redeveloped OCSE-157 Report and the operational metrics from the six (6) management reports.

DWSS has multiple applications utilizing FileNet including:

- Forms and Notices - IV-A
- Collections and Disbursement System (SDS) – IV-D
- Quality Control file Scanning
- Nevada Child Care System (NCCS)
- IRIS (Investigation and Recovery Information System).

## VI. SERVICE ORIENTED ARCHITECTURE (SOA)

- In computing, SOA is a flexible set of design principles used during the phases of systems development. The deployed SOA-based architecture provides a loosely-integrated suite of *services* that are used within multiple business domains. A *service* is a discrete function with a defined set of input requirements and a defined set of output results.

This project is DWSS' first endeavor in the SOA. DWSS has hired 7 new FTE's to be trained to manage the implementation of the beginnings of what will become a fully functional enterprise SOA environment, servicing all applications within the DWSS application portfolio.

## VII. ENERGY ASSISTANCE PROGRAM (EAP) SYSTEM ENHANCEMENTS

The following EAP system enhancements are intended to increase the productivity and accuracy of case worker staff in processing applications for the Energy Assistance Program, provide accurate statistical data for management and oversight of the program and comply with mandatory federal reporting requirements.

- Correct and enhance EAP payment options and automate certain types of benefit calculations and payments currently accomplished off line;
- Automate the benefit return and reissue functions;
- Provide a mechanism to track EAP Intentional Program Violations in the system;
- Upgrade screens to add data fields to allow better work flow, simplify case processing activities, and store data additional data elements for federal and case management reporting;
- Fix the narrative function in the system to allow for on-line case documentation;
- Update the online form used to generate a request for information required for an eligibility determination;
- Provide the capacity to track the authorized representative for the case, allowing the customer service unit to respond to inquiries from the same without delay.
- Develop a Crystal Report Universe to access real time EAP data allowing regular standardized reports for case management, worker performance management, federal reporting as well as online querying capacity to extract specific data on demand.

### **Expected Benefits to be Realized**

- Optimization of the average number of cases each worker can accurately process every week. This is expected to provide the Division with the ability to normalize staff to application ratios to ensure applications are processed in a timely matter with the least program cost;
- Dramatically improve customer service response time;
- Track Intentional Program Violations efficiently and better ensure disqualification periods are imposed;
- Provide statistical reports for efficient and effective management of the program;
- Ensure federally mandated reports can be produced accurately, timely and efficiently.

The EAP Enhancements project is scheduled for completion on April 19, 2011.

### **VIII. ON-LINE AUTOMATED SELF-SUFFICIENCY INFORMATION SYSTEM (OASIS) ENHANCEMENTS**

The OASIS system has Food Stamp Employment and Training (FSET) case management functionality, but it has never been fully utilized by field staff due to limitations in system performance, user friendliness and timeliness. Program staff plans to improve customer service and staff efficiency by accomplishing the following system enhancements:

- Update the system to support current business practices versus those that were in place when the system was originally developed and provide flexibility for the differences between urban and rural business practices;
- Allow greater flexibility in entering data and creation of forms to improve efficiency of conducting and tracking orientations, workshops and job search activities;
- Automate the initiation and termination of sanctions for non-compliance with program work activity requirements, reducing the need for copious manual transmittals between E&T and eligibility staff which are prone to delays and errors;
- Allow seamless case management services when recipients move to and from the geographical areas covered by other district offices;
- Track and provide easy access to federal reporting data some of which must be extracted from the system via ad hoc reports and combined with data that is currently manually tracked and collected.

The OASIS Enhancements project is tentatively scheduled for completion the first quarter of 2011.

about changes in levels of errors, evaluate the effect of policies and other changes in administration and to ascertain the progress being made toward completion of the federally required sample size.

Federal financial participation may be reduced or disallowed when the error limit is exceeded. In 2002, a new Farm Bill was signed into law, which revised sanction provisions generally effective for fiscal year 2003 performance. The threshold for sanctions is now 105% of the national average. States will not be subject to sanction until the second consecutive year their error rates exceed the threshold. Any penalties assessed are based on the total dollar issuance. The tolerance level takes into account both the active and negative error rates. The active payment error rate must be no greater than 5.9% and the negative error rate must be less than the national weighted mean negative case rate for the prior fiscal year.

Unlike Medicaid, there are incentives to gain additional administrative funding. The new Farm Bill rules also replaced the former system of enhanced funding with new performance bonuses. Bonuses totaling \$48 million will be distributed to states with the best or most improved performance on measures relating to payment accuracy, negative error rate, increased participation in the SNAP program and application processing timeliness. QC data is used for determining which states qualify for performance bonuses.

Nevada has received the following performance bonuses:

- \$1.2 million for increased participation in the Supplemental Nutrition Assistance Program (SNAP) in 2002.
- \$1.1 million for best performance in payment accuracy in 2005.

### **TANF**

Current Quality Control efforts under the TANF Program are somewhat different from those used for AFDC, the previous cash assistance program. As federally mandated, case characteristics are gathered monthly and reported quarterly to the federal Department of Health and Human Services, Administration for Children and Families. Although states are expected to develop and operate individual QC programs to assure accurate and timely benefit issuances, there is no longer a federal mandate for QC case reviews to be completed. Nevada hopes to develop a state review system for TANF when funds allow.

Effective FFY06, States are required to maintain internal controls to ensure the activity hours reported for TANF participants are accurate and complete. To achieve this, DWSS conducts monthly reviews of a sub-sample of the TANF Data Reporting population. Using the Work Verification Plan as a guide, cases are reviewed to determine if the work activities have been properly verified and documented as well as for the accuracy of reported hours.

**CHILD CARE**

The Nevada Division of Welfare and Supportive Services began administering the Child Care Development Fund (CCDF) in 1997, and today, child care is one of the fastest growing areas of assistance offered by the division. There is currently no federal mandate requiring QC reviews for child care. However, Nevada developed and implemented a state Quality Control child care review process in 2001. Childcare eligibility determinations and services are provided by two outside contractors. Based on a random sampling, reviews of case actions are completed by QC to ensure goals of accurate and timely case processing are being met, and program expenditures are accurate.

In FFY08, ACF mandated a Federal review be completed to determine the accuracy of child care authorizations. This review of 276 cases requires a desk audit of child care eligibility case records and a final report be submitted to ACF on a 3 year cycle. The next Federal reporting cycle for Federal child care reviews will be FFY11.

III. FUNDING

Quality Control operations are included in division administrative costs for the SNAP and Medicaid programs, and are 50% federal and 50% state monies. Costs for TANF and child care are also included in the division administrative costs within the block grants federally provided for these programs.

IV. QUALITY CONTROL PROCESS

The Quality Control program, under the Program Review and Evaluation Unit, consists of one (1) Program Specialist, two (2) QC Supervisors, fifteen (15) QC Specialists, three (3) Administrative Assistants, and one (1) Chief who are responsible for:

1. Completing accurate case record analysis;
2. Completing accurate and thorough field investigations, including personal contacts with program recipients, other household members, public agencies, private businesses and third parties;
3. Making accurate decisions on each case regarding the correctness of eligibility determinations and payments, based on federal and state policy manuals;
4. Compiling and tabulating the data as to the extent of errors noted and the causal factors of errors;
5. Analyzing the data accumulated and achieving logical conclusions;
6. Advising the district and program staff of the decisions reached;



7. Preparing monthly federal and state reports;
8. Preparing annual and semi-annual state and federal narrative reports, statistical reports and corrective action plans.

Successful accomplishment of the objectives of Quality Control depends on sound administration in all aspects of staffing, sample selection, case reviews, analysis and evaluation of case findings, and maintaining caseloads within established limits in order to meet federal time-frame requirements.

**VI. PERFORMANCE HISTORY**

	<b>Federal Fiscal Year</b>	<b>Accuracy Rate</b>	<b>Enhanced Funding</b>
<b>SNAP</b>	1985	96.98%	\$436,711
	1986	96.79%	\$475,328
	1987	96.18%	\$511,258
	1988	97.31%	\$560,703
	1989	95.18%	\$578,338
	1990	93.50%	-0-
	1991	92.50%	-0-
	1992	93.20%	-0-
	1993	90.90%	-0-
	1994	93.15%	-0-
	1995	91.23%	-0-
	1996	89.37%	-0-
	1997	87.77%	-0-
	1998	91.19%	-0-
	1999	91.86%	-0-
	2000	94.89%	-0-
	2001	92.00%	-0-
	2002	93.59%	\$1,200,000*
	2003	91.85%	
2004	92.49%		
2005	97.14%	\$1,146,492	
2006	96.13%		
2007	95.16%		
<b>AFDC</b>	1985	97.38%	No enhanced funding provision.
	1986	97.81%	
	1987	96.78%	
	1988	97.03%	
	1989	98.10%	
	1990	96.90%	
	1991	96.80%	
	1992	95.87%	
	1993	94.10%	
	1994	90.86%	
1995	91.16%		
1996	89.16%		
<b>TANF</b>	1997	98.45%	
	1998-2002	Not Tracked	

<b>MEDICAID</b>	1985	99.94%	No enhanced funding provision.
	1986	99.74%	
	1987	99.47%	
	1988	98.06%	
	1989	99.66%	
	1990	98.04%	
	1991	99.10%	
	1992	98.10%	
	1993	99.12%	
	1994	97.74%	
	1995	97.25%	unofficial state result unofficial state result unofficial state result unofficial state result unofficial state result unofficial 11 months results due to pilot project results due to pilot project
	1996	99.47%	
	1997	98.04%	
	1998	98.07%	
	1999	99.86%	
	2000	99.98%	
	2001	99.53%	
2002*	99.16%*		
2003	Not Tracked – Pilot Project		
2004	Not Tracked – Pilot Project		
2005	98.81%		
2006	99.42%		
2007	95.15%		

**HEARINGS**

The Nevada State Welfare Division Hearings Unit provides two essential services:

- An appeal process for applicants and recipients aggrieved of the TANF, Medicaid, SNAP, New Employees of Nevada (NEON), Child Health Assurance Program (CHAP), Energy Assistance Program (EAP) and Child Care programs; and
- Determining the validity of Intentional Program Violations alleged by Welfare Division staff in the TANF, SNAP, EAP, NEON, and Child Care programs.

A hearing officer, who is appointed by the Division Administrator and reports to the Chief of PRE, acts as an impartial fact-finder who has no connection with the action in question. The hearing officer is responsible for:

- Receiving verbal testimony and documentary evidence from the hearing parties;
- Making a complete record of the hearing proceedings;
- Controlling the hearing and limiting extraneous information; and
- Making a decision based on program policy and the evidence presented within required time frames and notifying appropriate parties of the hearing decision.

A hearing decision made by the Nevada Division of Welfare and Supportive Services may be appealed within ninety (90) days from the date of the decision letter to the District Court of the State of Nevada.

**TANF DATA REPORTING**

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 established the block grants for TANF. The purpose of this welfare reform initiative was to increase the states flexibility in operating a program designed for specific goals. PRWORA allows states discretion as to the mechanisms used in meeting the welfare reform goals set forth in the law. However, it also places a responsibility for measuring, tracking and reporting on the reform initiatives implemented by the state.

To meet the reporting responsibility, PRWORA requires states to collect and report a wide variety of disaggregated case record information on the families receiving TANF assistance and families no longer receiving TANF assistance. This information is collected on a monthly basis by the state, and reported on a quarterly basis to the Department of Health and Human Services (HHS). States have the option of reporting on the entire TANF caseload or on a statistically valid sample of the TANF caseload. Currently, the Nevada Division of Welfare and Supportive Services reports TANF data using a sample of the caseload.

Two important uses of this information are:

- Calculating the Work Participation Rate of each state (explained further in the Employment and Training Section); and
- Caseload Characteristics Studies, by state, nationwide.

Information reported through TANF Data Reporting is compiled and published annually by the Administration for Children and Families in the TANF Annual Report to Congress. This publication serves as a resource to any federal agency making decisions or appropriations which could impact Nevada's TANF populations.