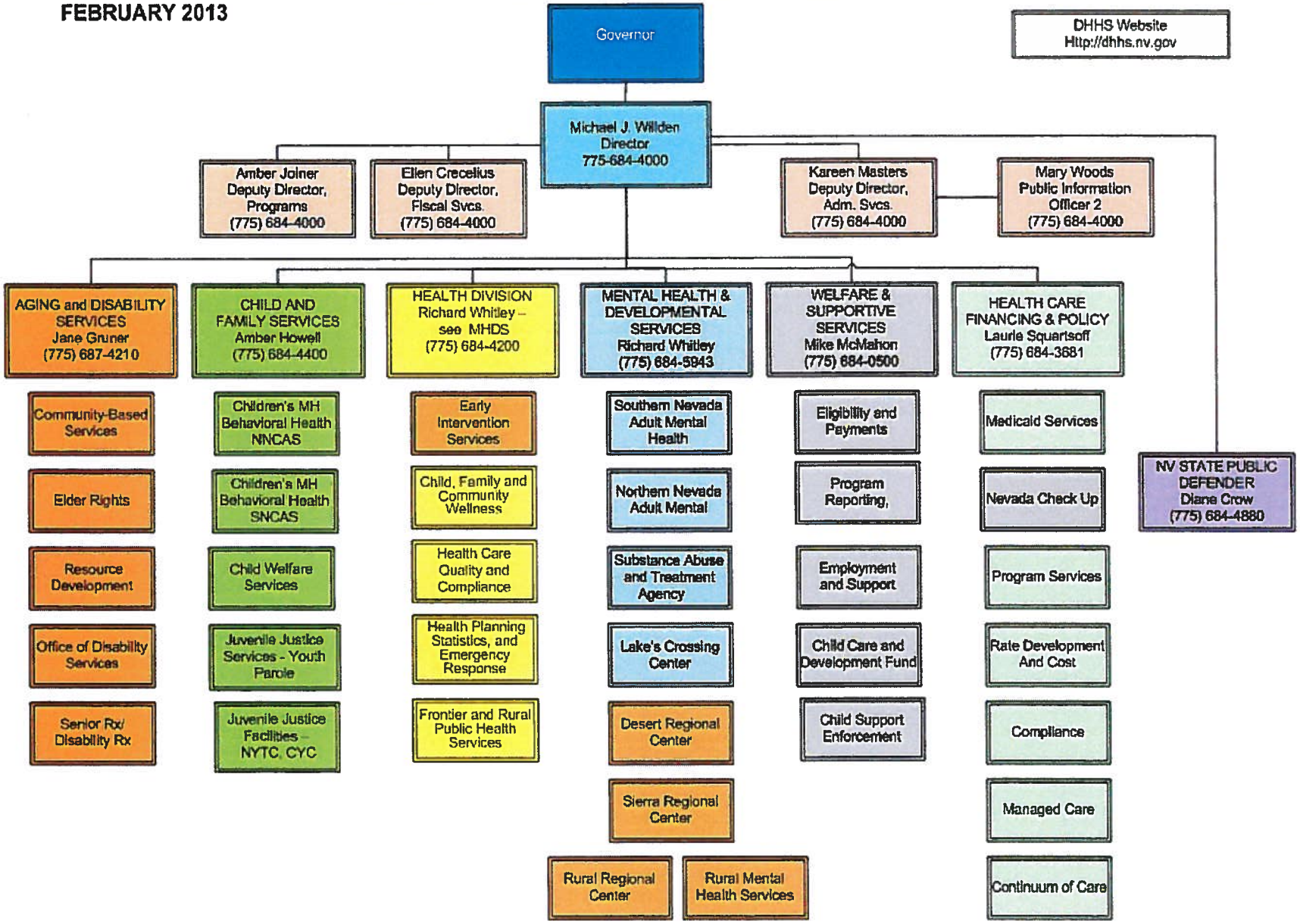
SENATE HEALTH AND HUMAN SERVICES PRESENTATION/DEPARTMENTAL OVERVIEW

Department of Health and Human Services

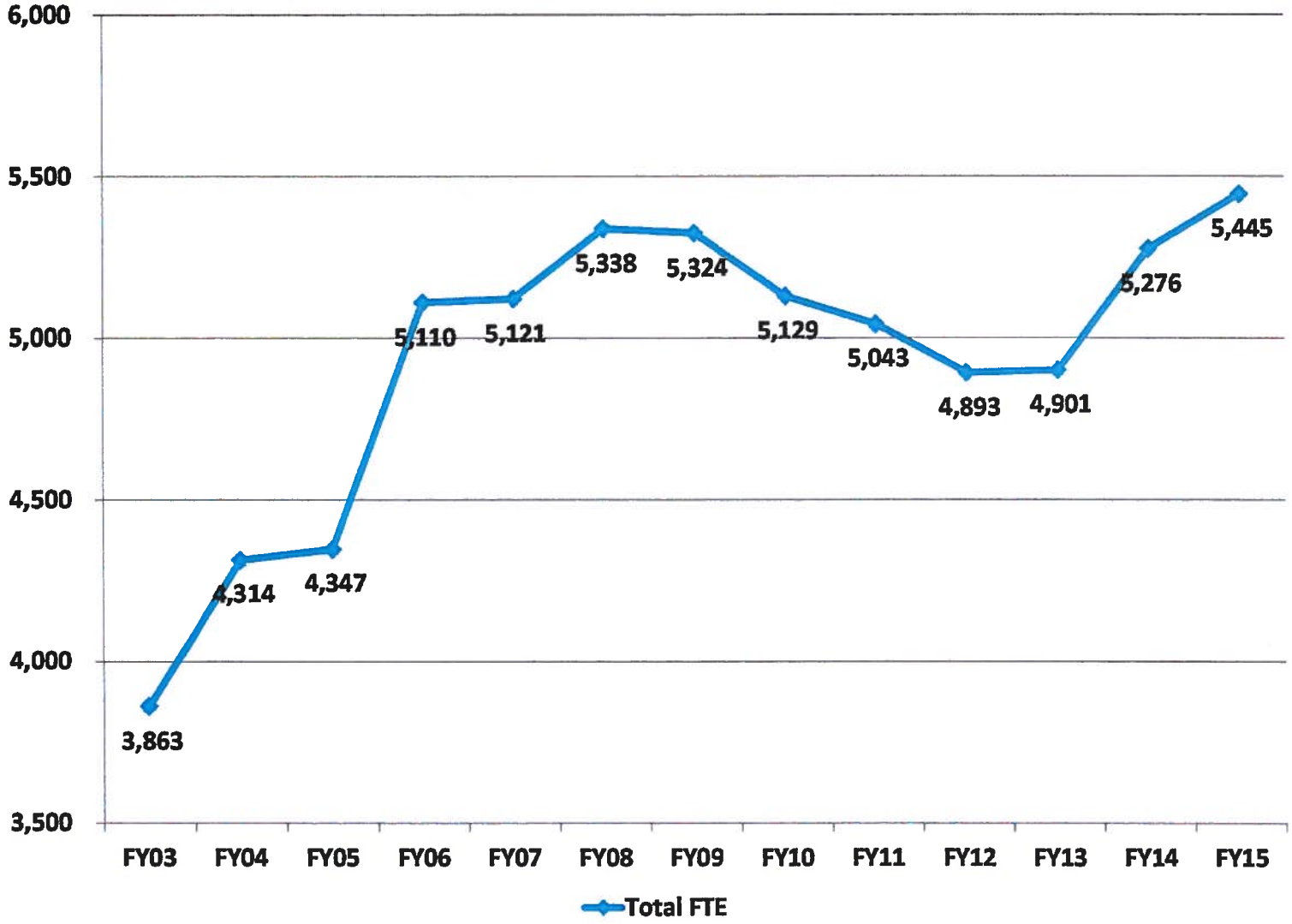
February 5, 2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES

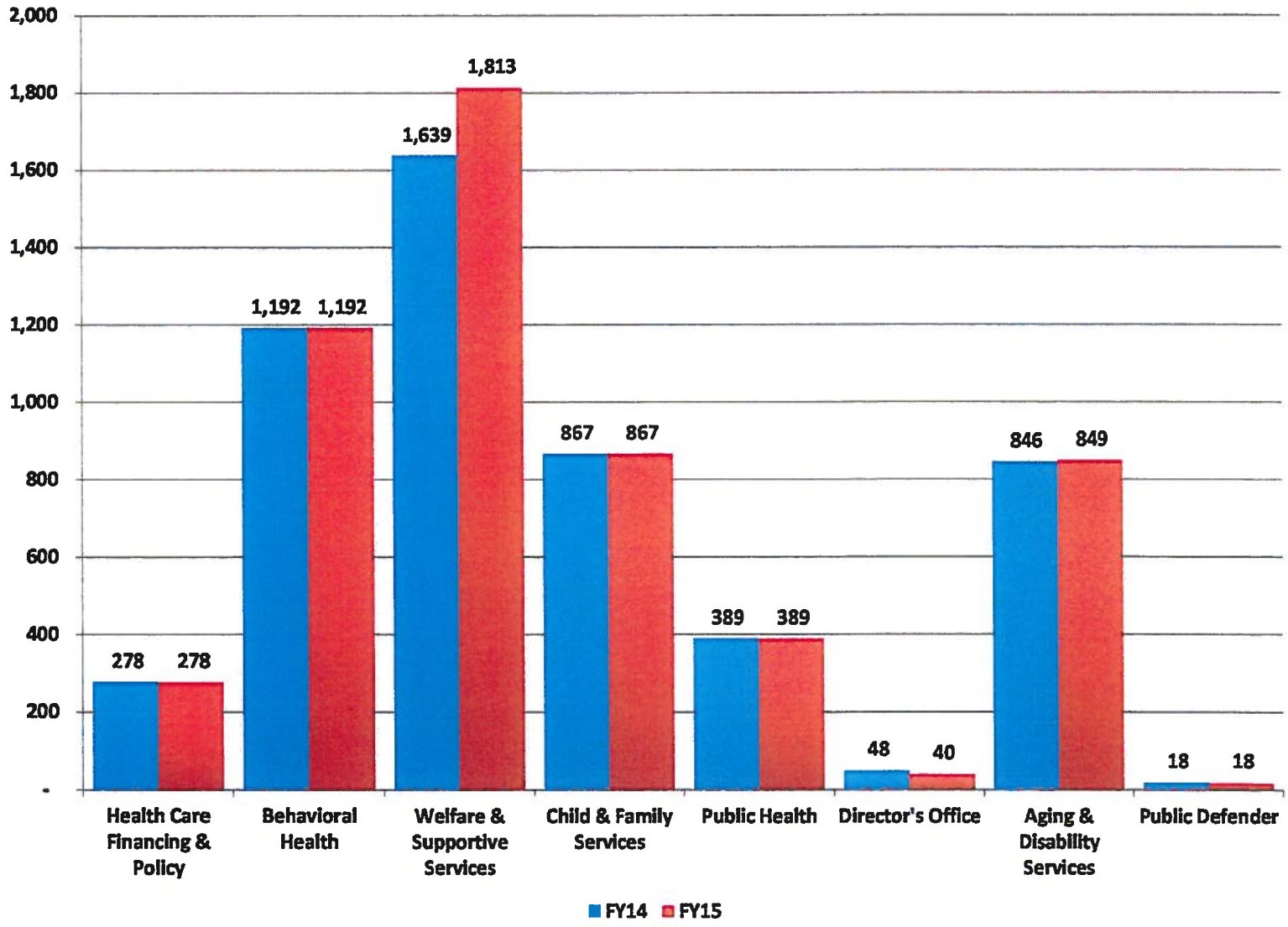
FEBRUARY 2013



Total DHHS FTE, Fiscal Years 2003-2015



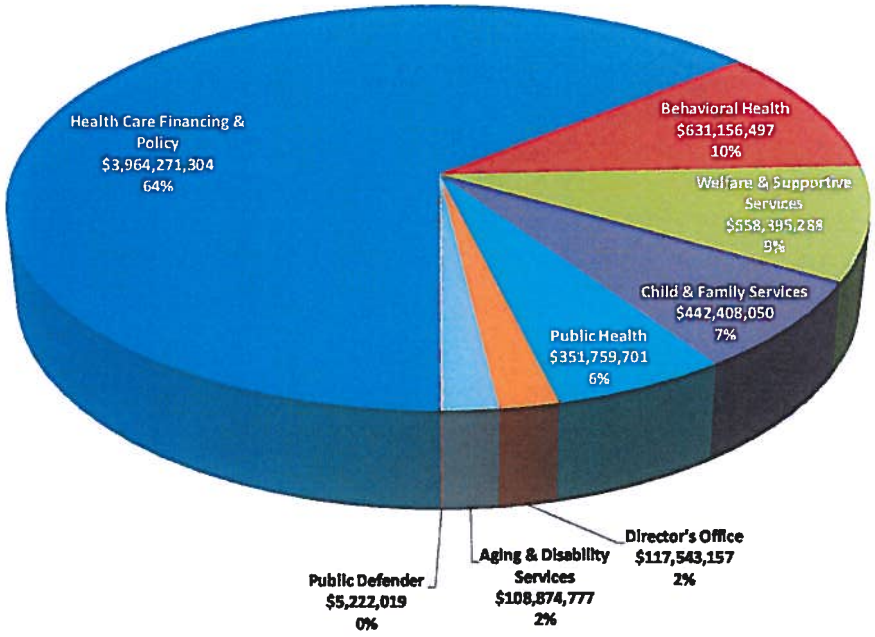
FTE by Division, Fiscal Years 2014 and 2015



FISCAL SUMMARY

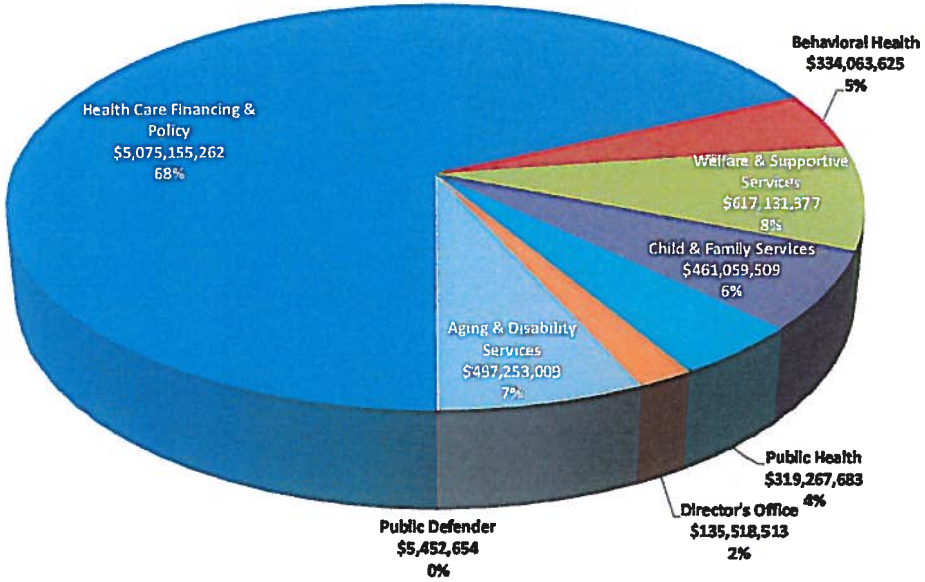
Revenues by Division, 2012-13 and 2014-15 Biennia

Legislative Approved 2012-13 Biennium



Total $6,179,630,793

Governor's Recommended 2014-15 Biennium

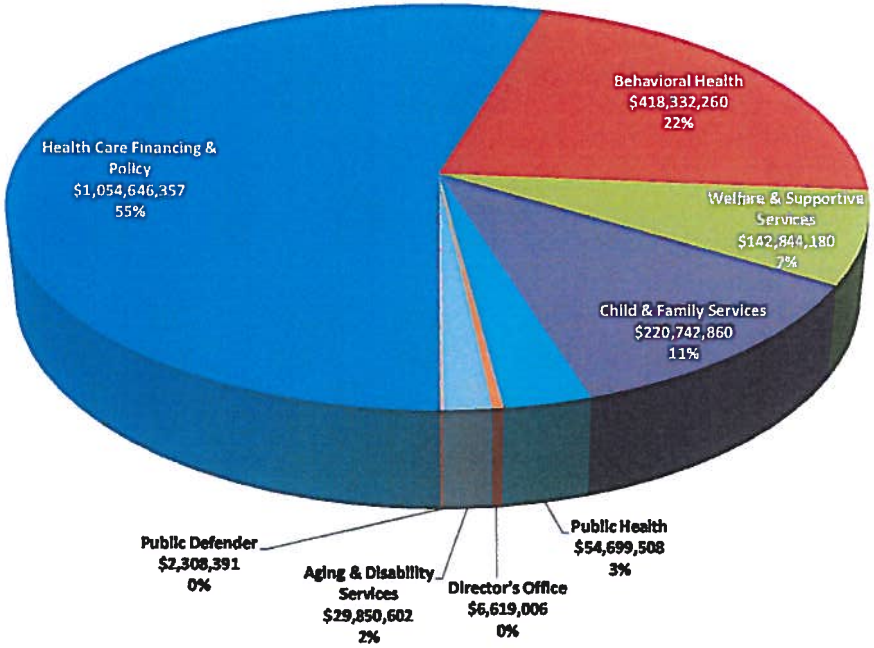


Total $7,444,901,632

Note: Revenue amounts include reserves.

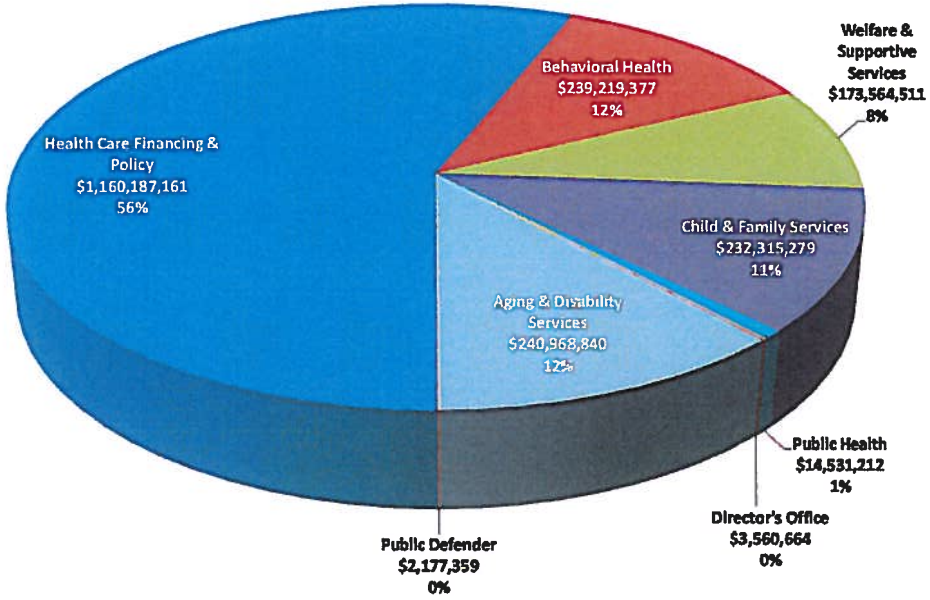
General Funds by Division, 2012-13 and 2014-15 Biennia

Legislative Approved General Funds 2012-13 Biennium



Total $1,930,043,164

Governor's Recommended General Funds 2014-15 Biennium



Total $2,066,524,403

Budget Account Summary

			Fiscal Year 2014				Fiscal Year 2015			
			General Fund	Federal Funds	Other	Total	General Fund	Federal Funds	Other	Total
	DEPARTMENT OF HEALTH AND HUMAN SERVICES TOTAL		1,000,060,295	1,856,516,812	635,665,367	3,492,242,474	1,066,464,108	2,213,687,966	672,507,084	3,952,659,158
	BIENNIAL TOTAL						2,066,524,403	4,070,204,778	1,308,172,451	7,444,901,632
400	**State Public Defender**									
PD	1499	Public Defender	1,089,095	-	1,639,351	2,728,446	1,088,264	-	1,635,944	2,724,208
									Biennial Total	*5,452,654*
400	**Director's Office**									
DO	3150	Administration	1,122,289	1,790,688	1,176,726	4,089,703	1,196,527	125,000	359,352	1,680,879
DO	3154	Developmental Disabilities	165,923	497,304	-	663,227	165,926	497,304	-	663,230
DO	3195	Grants Management Unit	160,313	18,219,376	10,576,433	28,956,122	161,286	18,224,026	10,594,227	28,979,539
DO	3200	Problem Gambling	-	-	2,054,491	2,054,491	-	-	1,959,002	1,959,002
DO	3201	Children's Trust Account	-	-	746,875	746,875	-	-	782,660	782,660
DO	3204	Consumer Health Assistance	295,456	447,385	976,200	1,719,041	292,944	455,355	429,369	1,177,668
DO	3244	Indigent Supplemental Account	-	-	21,014,650	21,014,650	-	-	21,014,650	21,014,650
DO	3261	Healthy Nevada Fund	-	-	10,001,042	10,001,042	-	-	10,015,734	10,015,734
		Director's Office Total	*1,743,981*	*20,954,753*	*46,546,417*	*69,245,151*	*1,816,683*	*19,301,685*	*45,154,994*	*66,273,362*
									Biennial Total	*135,518,513*
402	**Aging And Disability Services Division**									
ADSD	3140	Tobacco Settlement Program	-	-	5,422,841	5,422,841	-	-	5,432,024	5,432,024
ADSD	3151	Federal Programs And Administration	3,273,342	11,457,563	6,167,544	20,898,449	3,250,110	11,468,995	6,289,839	21,008,944
ADSD	3156	Senior Rx And Disability Rx	100	-	5,007,511	5,007,611	100	-	5,150,758	5,150,858
ADSD	3166	Family Preservation Program	1,557,876	-	1,200,000	2,757,876	1,659,604	-	1,200,000	2,859,604
ADSD	3167	Rural Regional Center	8,528,063	-	7,060,825	15,588,888	8,528,974	-	7,322,325	15,851,299
ADSD	3208	Early Intervention Services	27,423,929	169,616	4,340,445	31,933,990	31,181,337	169,616	4,340,445	35,691,398
ADSD	3266	Home And Community Based Services	11,027,267	403,379	13,473,908	24,904,554	13,020,715	403,379	13,806,146	27,230,240
ADSD	3276	Idea Part C	-	3,972,105	-	3,972,105	-	3,972,105	-	3,972,105
ADSD	3279	Desert Regional Center	47,022,520	-	48,531,535	95,554,055	50,210,249	-	52,953,841	103,164,090
ADSD	3280	Sierra Regional Center	16,887,415	-	17,778,605	34,666,020	17,397,239	-	18,788,819	36,186,058
		Aging and Disability Service Division Total	*115,720,512*	*16,002,663*	*108,983,214*	*240,706,389*	*125,248,328*	*16,014,095*	*115,284,197*	*256,546,620*
									Biennial Total	*497,253,009*
403	**Health Care Financing and Policy**									
DHCFP	3155	HIFA Holding Account	-	-	-	-	-	-	-	-
DHCFP	3157	Intergovernmental Transfer Program	-	-	112,345,141	112,345,141	-	-	120,512,322	120,512,322
DHCFP	3158	Administration	25,955,691	101,969,703	3,657,869	131,583,263	24,645,880	94,618,152	3,672,206	122,936,238
DHCFP	3160	Increased Quality Of Nursing Care	-	-	30,947,740	30,947,740	-	-	32,204,514	32,204,514
DHCFP	3178	Nevada CheckUp	9,707,564	28,841,226	2,303,779	40,852,569	9,481,729	29,533,834	2,361,380	41,376,943
DHCFP	3243	Nevada Medicaid, Title XIX	516,658,618	1,318,866,576	172,285,729	2,007,810,923	573,737,679	1,679,132,573	181,715,357	2,434,585,609
DHCFP	3247	HIFA Medical	-	-	-	-	-	-	-	-
		Health Care Financing and Policy Total	*552,321,873*	*1,449,677,505*	*321,540,258*	*2,323,539,636*	*607,865,288*	*1,803,284,559*	*340,465,779*	*2,751,615,626*
									Biennial Total	*5,075,155,262*

Budget Account Summary (cont.)

			Fiscal Year 2014				Fiscal Year 2015			
			General Fund	Federal Funds	Other	Total	General Fund	Federal Funds	Other	Total
406	**Health Division**									
HEALTH	3101	Radiation Control	-	215,001	3,805,248	4,020,249	-	215,000	3,638,809	3,853,809
HEALTH	3149	Child Care Services	26,146	-	1,545,344	1,571,490	83,778	-	1,545,344	1,629,122
HEALTH	3152	Low-Level Radioactive Waste Fund	-	-	1,007,129	1,007,129	-	-	1,143,647	1,143,647
HEALTH	3153	Cancer Control Registry	-	689,056	512,228	1,201,284	-	689,055	553,080	1,242,135
HEALTH	3190	Health Statistics And Planning	-	-	1,600,057	1,600,057	-	-	1,784,146	1,784,146
HEALTH	3194	Consumer Health Protection	-	276,615	2,052,539	2,329,154	-	276,615	1,992,211	2,268,826
HEALTH	3213	Immunization Program	1,024,567	3,546,882	1,361,219	5,932,668	1,024,567	3,103,534	1,362,048	5,490,149
HEALTH	3214	WIC Food Supplement	-	53,334,260	15,226,891	68,561,151	-	53,334,260	15,226,891	68,561,151
HEALTH	3215	Communicable Diseases	2,088,431	11,149,850	3,108,250	16,346,531	2,088,586	11,149,850	3,108,250	16,346,686
HEALTH	3216	Health Facilities Hospital Licensing	-	2,557,515	12,380,528	14,938,043	-	2,557,488	11,565,748	14,123,236
HEALTH	3217	Health Facilities Admin Penalty	-	-	404,632	404,632	-	-	504,529	504,529
HEALTH	3218	Public Health Preparedness Program	-	10,768,034	26,640	10,794,674	-	10,616,569	27,426	10,643,995
HEALTH	3219	Biostatistics And Epidemiology	319,341	3,421,446	620,402	4,361,189	323,574	3,427,146	637,520	4,388,240
HEALTH	3220	Chronic Disease	-	5,656,165	101,464	5,757,629	-	5,656,165	104,419	5,760,584
HEALTH	3222	Maternal Child Health Services	1,069,798	4,371,210	3,690,207	9,131,215	1,077,958	4,356,327	3,830,957	9,265,242
HEALTH	3223	Office Of Health Administration	953,024	-	6,121,980	7,075,004	946,173	-	5,620,083	6,566,256
HEALTH	3224	Community Health Services	988,965	645,000	1,776,208	3,410,173	1,043,120	645,000	1,774,140	3,462,260
HEALTH	3235	Emergency Medical Services	817,379	130,000	103,340	1,050,719	655,805	130,000	108,225	894,030
HEALTH	4547	Marijuana Health Registry	-	-	1,040,702	1,040,702	-	-	805,947	805,947
		Health Division Total	*7,287,651*	*96,761,034*	*56,485,008*	*160,533,693*	*7,243,561*	*96,157,009*	*55,333,420*	*158,733,990*
									Biennial Total	*319,267,683*
407	**Welfare And Support Services**									
DWSS	3228	Administration	11,567,873	21,189,176	7,794,902	40,551,951	10,930,600	21,478,697	6,959,961	39,369,258
DWSS	3230	TANF	24,609,064	20,822,067	-	45,431,131	24,609,064	19,619,024	-	44,228,088
DWSS	3232	Assistance To Aged And Blind	8,511,527	-	-	8,511,527	8,810,604	-	-	8,810,604
DWSS	3233	Field Services	36,449,572	38,521,870	19,308,886	94,280,328	42,900,741	40,842,874	23,426,402	107,170,017
DWSS	3238	Child Support Enforcement Program	-	10,474,586	8,042,621	18,517,207	-	10,193,300	8,978,828	19,172,128
DWSS	3239	Child Support Federal Reimbursement	-	38,855,627	172,007	39,027,634	-	40,796,573	172,005	40,968,578
DWSS	3267	Child Assistance And Development	2,577,999	32,744,147	-	35,322,146	2,597,467	32,852,836	-	35,450,303
DWSS	4862	Energy Assistance Program	-	11,051,317	9,019,513	20,070,830	-	11,044,420	9,205,227	20,249,647
		Welfare and Support Services Total	*83,716,035*	*173,658,790*	*44,337,929*	*301,712,754*	*89,848,476*	*176,827,724*	*48,742,423*	*315,418,623*
									Biennial Total	*617,131,377*
408	**Mental Health And Developmental Services**									
MHDS	3161	So NV Adult Mental Health Services	70,664,943	5,782,603	6,573,766	83,021,312	64,534,912	5,782,603	11,301,588	81,619,103
MHDS	3162	No NV Adult Mental Health Svcs	24,752,631	1,580,849	3,992,013	30,325,493	22,821,146	1,585,983	6,169,851	30,576,980
MHDS	3164	Mental Health Information System	2,398,769	118,190	157,295	2,674,254	2,433,962	118,183	162,364	2,714,509
MHDS	3168	Administration	1,911,851	4,513,238	1,302,394	7,727,483	2,010,897	4,513,238	1,315,756	7,839,891
MHDS	3170	Substance Abuse Prev & Treatment Agcy	6,648,372	13,057,777	1,255,099	20,961,248	6,384,016	13,057,777	1,198,344	20,640,137
MHDS	3255	Alcohol Tax Program	-	-	1,654,321	1,654,321	-	-	1,772,107	1,772,107
MHDS	3645	Facility For The Mental Offender	8,835,816	-	262,752	9,098,568	8,959,473	-	262,752	9,222,225
MHDS	3648	Rural Clinics	9,220,577	428,653	2,440,741	12,089,971	7,642,012	428,653	4,055,358	12,126,023
		Mental Health and Developmental Services Total	*124,432,959*	*25,481,310*	*17,638,381*	*167,552,650*	*114,786,418*	*25,486,437*	*26,238,120*	*166,510,975*
									Biennial Total	*334,063,625*

Budget Account Summary (cont.)

			Fiscal Year 2014				Fiscal Year 2015			
			General Fund	Federal Funds	Other	Total	General Fund	Federal Funds	Other	Total
409	**Division Of Child And Family Services**									
DCFS	1383	Community Juvenile Justice Programs	2,349,807	1,989,947	441,216	4,780,970	2,349,807	1,989,947	327,449	4,667,203
DCFS	3141	Washoe County Child Welfare	15,258,993	14,397,738	690,350	30,347,081	15,781,672	14,971,621	690,350	31,443,643
DCFS	3142	Clark County Child Welfare	45,087,427	36,042,402	2,077,013	83,206,842	46,729,301	37,884,937	2,077,013	86,691,251
DCFS	3143	Unity/SACWIS	3,194,196	2,620,642	282,767	6,097,605	3,074,842	2,529,907	276,803	5,881,552
DCFS	3145	Children, Youth & Family Administration	5,390,675	10,693,725	1,060,931	17,145,331	5,575,276	10,720,698	1,072,197	17,368,171
DCFS	3147	Youth Alternative Placement	2,184,481	-	1,347,618	3,532,099	2,184,481	-	1,347,618	3,532,099
DCFS	3148	Juvenile Correctional Facility	18,167,144	-	644,371	18,811,515	19,352,154	-	674,897	20,027,051
DCFS	3179	Caliente Youth Center	-	-	-	-	-	-	-	-
DCFS	3181	Victims Of Domestic Violence	-	-	3,767,543	3,767,543	-	-	4,109,606	4,109,606
DCFS	3229	Rural Child Welfare	6,180,868	7,894,136	4,558,237	18,633,241	7,010,260	8,177,180	4,558,237	19,745,677
DCFS	3242	Child Welfare Trust	-	-	253,597	253,597	-	-	253,597	253,597
DCFS	3250	Transition From Foster Care	-	-	1,814,096	1,814,096	-	-	1,701,700	1,701,700
DCFS	3251	Review Of Death Of Children	-	-	333,653	333,653	-	-	344,404	344,404
DCFS	3259	Nevada Youth Training Center	-	-	-	-	-	-	-	-
DCFS	3263	Youth Parole Services	2,791,820	-	2,834,344	5,626,164	2,867,632	-	2,910,156	5,777,788
DCFS	3278	Wraparound In Nevada	-	-	-	-	-	-	-	-
DCFS	3281	Northern NV Child & Adolescent Services	3,249,664	-	4,535,231	7,784,895	3,310,376	-	4,707,912	8,018,288
DCFS	3646	Southern NV Child & Adolescent Services	9,893,114	342,167	13,853,842	24,089,123	10,331,289	342,167	14,600,268	25,273,724
		Division of Child and Family Services Total	*113,748,189*	*73,980,757*	*38,494,809*	*226,223,755*	*118,567,090*	*76,616,457*	*39,652,207*	*234,835,754*
									Biennial Total	*461,059,509*

FMAP

FMAP Projected through FFY20

	Nevada	United States
	Personal Income Per Capita	Personal Income Per Capita
2000	30,977	30,319
2001	31,125	31,157
2002	31,205	31,481
2003	32,496	32,295
2004	35,019	33,909
2005	37,760	35,452
2006	38,786	37,725
2007	39,872	39,506
2008	39,879	40,947
2009	35,919	38,637
2010	35,777	39,791
2011	36,964	41,560
2012	38,659	42,664
2013	40,193	44,256
2014	42,786	46,686
2015	45,793	49,226
2016	48,485	51,494
2017	51,299	53,361

	Nevada		United States					
	Average	Average Squared	Average	Average Squared	Ratio	State Share = Ratio * 45%	FMAP	Enhanced FMAP
FFY14	36,220	1,311,888,400	39,996	1,599,680,016	82.01%	36.90%	63.10%	74.17%
FFY15	37,133	1,378,888,265	41,338	1,708,857,148	80.69%	36.31%	63.69%	74.58%
FFY16	38,605	1,490,368,219	42,826	1,834,108,703	81.26%	36.57%	63.43%	74.40%
FFY17	40,546	1,643,968,846	44,535	1,983,394,453	82.89%	37.30%	62.70%	73.89%
FFY18	42,924	1,842,461,490	46,723	2,182,993,229	84.40%	37.98%	62.02%	73.41%
FFY19	45,688	2,087,390,144	49,135	2,414,266,053	86.46%	38.91%	61.09%	72.76%
FFY20	48,526	2,354,747,578	51,360	2,637,841,519	89.27%	40.17%	59.83%	71.88%

Source: 2009-2011 personal income per capita is from the U.S. Bureau of Economic Analysis, Table SA1-3 Personal Income Summary. For Nevada, the 2012-2020 forecast of personal income per capita uses Moody's Analytics (Economy.com) September 2012 baseline projection of personal income and the Nevada State Demographer's October 2012 projection of population. For the US, the personal income per capita projection is from Moody's September 2012 baseline forecast.

FMAP Calculation

1. For each state, calculate the square of the three year average per capita personal income. (For the FFY2014 FMAP, we would take the average of 2009, 2010,
2. Do the same thing for the US.
3. Find the ratio of (1) and (2) from above.
4. Multiply the number from (3) by 45%.
5. The FMAP is 1 – (4), but it cannot be below 50% or above 83%.

Enhanced FMAP

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

Blended FMAP for State Fiscal Years 2003-2020

State Fiscal Year	FMAP	Enhanced (CHIP) FMAP	New Eligibles FMAP
FY03	51.79%	66.25%	
	52.53%	66.77%	
FY04	54.30%	68.01%	
	55.34%	68.74%	
FY05	55.66%	68.96%	
FY06	55.05%	68.53%	
FY07	54.14%	67.90%	
FY08	52.96%	67.07%	
FY09	50.66%	65.46%	
	61.11%	72.78%	
FY10	50.12%	65.08%	
	63.93%	74.75%	
FY11	51.25%	65.87%	
	57.77%	70.44%	
FY12	55.05%	68.54%	
FY13	58.86%	71.20%	
FY14	62.26%	73.58%	100.00%
FY15	*63.54%*	*74.48%*	*100.00%*
FY16	*63.50%*	*74.45%*	*100.00%*
FY17	*62.88%*	*74.02%*	*97.50%*
FY18	*62.19%*	*73.53%*	*94.50%*
FY19	*61.32%*	*72.93%*	*93.50%*
FY20	*60.15%*	*72.10%*	*91.50%*

NOTE: The green cells reflect a 2.95% increase for the period April 2003 through June 2004. The blue cells reflect the ARRA stimulus adjusted FMAP for October 2008 through December 2010. The FMAP values for FY14 through FY20 are projections.

Increased FMAP for Newly Eligible Mandatory Individuals (ACA Section 2001)

"(y) INCREASED FMAP FOR MEDICAL ASSISTANCE FOR NEWLY ELIGIBLE MANDATORY INDIVIDUALS.—

"(1) AMOUNT OF INCREASE.—*[Replaced by section 1201(1)(B) of HCERA]* Notwithstanding subsection (b), the Federal medical assistance percentage for a State that is one of the 50 States or the District of Columbia, with respect to amounts expended by such State for medical assistance for newly eligible individuals described in subclause (VIII) of section 1902(a)(10)(A)(i), shall be equal to—

"(A) 100 percent for calendar quarters in 2014, 2015, and 2016;

"(B) 95 percent for calendar quarters in 2017;

"(C) 94 percent for calendar quarters in 2018;

"(D) 93 percent for calendar quarters in 2019; and

"(E) 90 percent for calendar quarters in 2020 and each year thereafter.

Nevada Data & Key Comparisons

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

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

Population/Demographics

- Nevada's July 1, 2011 estimated **population** is 2,723,322. *(U.S. Census, American Community Survey)*
  - By Gender: Males 50.4 percent, Females 49.6 percent. *(U.S. Census, American Community Survey)*
  - By County: Clark 72 percent, Washoe 15 percent, Carson City 2 percent, and Balance-of-State 11 percent. *(Nevada State Demographer, Estimates by County)*

- **Population growth** - From 2010 to 2011 Nevada is the 25th fastest growing state. From 2010 to 2011 it was the 27th fastest growing state. It had been among the top four fastest growing states for each year from 1984-2007. *(U.S. Census)*

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

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

- Growth in **school enrollments** has accelerated slightly. Charter school enrollment has grown significantly for the last school year with an added boost from virtual schooling and growth in Clark County. *(Nevada Department of Education)*

Enrollment by School District	2007-08 School Year		2008-09 School Year		2009-10 School Year		2010-11 School Year		2011-12 School Year	
	# of students	% change	# of students	% change	# of students	% change	# of students	% change	# of students	% change
Carson City	8,255	-2%	8,010	-3%	7,834	-2%	7,791	-1%	7,888	1%
Churchill	4,409	-1%	4,352	-1%	4,206	-3%	4,169	-1%	4,048	-3%
Clark	312,546	2%	311,240	0%	313,558	1%	314,023	0%	306,300	-2%
Douglas	6,818	-1%	6,548	-4%	6,517	0%	6,342	-3%	6,292	-1%
Elko	9,811	-1%	9,669	-1%	9,474	-2%	9,556	1%	9,744	2%
Esmeralda	77	13%	68	-12%	69	1%	66	-4%	67	2%
Eureka	236	0%	242	3%	260	7%	239	-8%	255	7%
Humboldt	3,394	0%	3,336	-2%	3,406	2%	3,379	-1%	3,434	2%
Lander	1,273	1%	1,193	-6%	1,140	-4%	1,118	-2%	1,111	-1%
Lincoln	953	-3%	991	4%	1,005	1%	972	-3%	994	2%
Lyon	9,275	1%	8,937	-4%	8,768	-2%	8,500	-3%	8,458	0%
Mineral	624	-6%	574	-8%	571	-1%	517	-9%	550	6%
Nye	6,532	0%	6,348	-3%	6,167	-3%	5,932	-4%	5,678	-4%
Pershing	722	-9%	714	-1%	719	1%	679	-6%	690	2%
Storey	428	-6%	435	2%	447	3%	426	-5%	422	-1%
Washoe	65,677	1%	63,310	-4%	64,844	2%	64,755	0%	66,721	3%
White Pine	1,443	2%	1,432	-1%	1,442	1%	1,425	-1%	1,474	3%
Charter Schools	1,412	150%	9,799	594%	6,017	-39%	7,555	26%	16,176	114%
Total	433,885	2%	437,198	1%	436,444	0%	437,444	0%	440,302	1%

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

Population by Race	White, not Hispanic Origin	Hispanic or Latino	African American	Asian or Pacific Islander	Native American	Other/Mixed
Nevada	53%	27%	8%	8%	1%	4%
United States	63%	17%	13%	5%	1%	3%

- Nevada's **minority population** as a share of total population exceeds the U.S. average. *(U.S. Census, Annual Population Estimates, 2011 ACS)*

Minority Population		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nevada	%	36%	37%	39%	40%	41%	42%	43%	44%	46%	47%
United States	%	32%	32%	33%	33%	34%	34%	34%	35%	36%	37%

Economy

- In 2011, Nevada's **personal income per capita** was $36,964, ranking 30th among states. The per capita income for the U.S. as a whole was $41,560. The U.S. average is 9% higher than Nevada. From 2003 thru 2007 Nevada's **personal income per capita** exceeded the U.S. average due to our outsized housing boom. *(U.S. Bureau of Economic Analysis)*

- The Kaiser Family Foundation measures **state economic distress** by taking into account the number of foreclosures, the change in the unemployment rate, and the change in the number of people receiving food stamps. Nevada's current ranking is 23rd due to positive changes in the foreclosure rate and the decrease in food stamp growth. Nevada is now 45th in foreclosure rate (sixth highest) after leading the nation for many years. Nevada ranked 1st in the largest drop in unemployment rate among all 50 states. Even though Nevada ranked high in the **unemployment rate change**, Nevada still has the highest **unemployment rate level** in the country *(Kaiser Family Foundation, State Health Facts)*

- In July 2012, Nevada's **foreclosure rate** was ranked 45th (the 6th highest of all states), with 1 of every 415 homes currently under foreclosure. California was highest with 1 of every 325 homes in foreclosure followed by Arizona with 1 in every 346 homes in foreclosure. The U.S. average was 1 of every 686 homes. *(RealtyTrac)*

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

Unemployment Rate		Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	6 Month Average
Nevada	%	12.0%	11.7%	11.6%	11.6%	12.0%	12.1%	11.8%
	Rank	50	50	50	50	50	50	50
United States	%	8.2%	8.1%	8.2%	8.2%	8.3%	8.1%	8.2%

- Nevada's 2011 **average unemployment rate** decreased from 2010 but remained significantly above the national rate. *(U.S. Bureau of Labor Statistics)*

Average Unemployment Rate		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	5.7%	5.2%	4.4%	4.5%	4.3%	4.7%	6.7%	11.7%	14.0%	13.5%	
	Rank	30	16	12	18	23	35	45	48	50	50	=
United States	%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%	5.8%	9.3%	9.6%	8.9%	

- Nevada's **Labor Force Participation Rate (LFPR)** has fallen since the recession began. Nevada's rank has remained steady as the US LFPR has also fallen. *(U.S. Bureau of Labor Statistics)*

Labor Force Participation Rate		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	69.2	68.3	67.2	67.5	67.8	67.4	68.3	68.4	67.2	66.2	
	Rank	16	18	22	21	20	22	17	17	18	18	=
United States	%	66.6	66.2	66.0	66.0	66.2	66.0	66.0	65.4	64.7	64.1	

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Poverty

- The 2012 US Department of Health and Human Services **poverty guideline** for one person at 100 percent of poverty is $11,170 per year, and $23,050 for a family of four. *(Federal Register, Vol. 77, No. 17, January 26, 2012)*

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

Total Poverty (100%)		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	12%	11%	13%	11%	10%	11%	11%	12%	15%	16%	
	Rank	26	27	29	16	10	14	15	20	27	28	▼
United States	%	12%	13%	13%	13%	13%	13%	13%	15%	15%	16%	

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

Under Age 18 in Poverty (100%)		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	17%	15%	19%	15%	14%	15%	15%	15%	22%	22%	
	Rank	31	23	30	18	14	17	15	19	32	29	▲
United States	%	18%	18%	18%	19%	18%	18%	18%	19%	22%	22%	

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

Female-Headed Households with Children Under 18, No Husband, in Poverty (100%)		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	31%	27%	45%	32%	35%	34%	35%	44%	35%	32%	
	Rank	11	4	28	2	7	7	7	14	11	7	▲
United States	%	36%	36%	44%	44%	44%	44%	43%	46%	40%	41%	

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

Age 65+ in Poverty (100%)		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	10%	8%	6%	9%	7%	8%	8%	7%	8%	9%	
	Rank	30	15	4	23	6	7	10	9	16	31	▼
United States	%	10%	10%	9%	10%	10%	10%	10%	10%	9%	9%	

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

Age 65+ in Poverty (100%)		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nevada	Females %	11%	9%	8%	10%	8%	9%	8%	9%	7%	11%
	Males %	8%	7%	5%	7%	6%	6%	7%	6%	6%	7%
United States	Females %	12%	12%	11%	12%	12%	12%	12%	12%	9%	11%
	Males %	7%	7%	7%	7%	7%	7%	7%	7%	6%	7%

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

- The percentage of Nevada's families that are **working poor families** with children is at the national average. *(Kids Count)*

Working Poor Families with Children		2001	2002	2003	2004	2005	2006	2007	2008*	2009	2010	
Nevada	%	19%	20%	22%	20%	21%	18%	17%	20%	21%	21%	
	Rank	22	31	36	26	33	24	17	23	32	26	▲
United States	%	19%	18%	19%	19%	19%	18%	18%	20%	20%	21%	

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

Children

- In 2011, Nevada had 663,103 **children under 18**, and 296,472 **families with related children less than 18 years**. *(U.S. Census, American Community Survey)*

- The share of Nevada's **population that is under age 18** has been consistent between 2000 and 2010. *(U.S. Census, American Community Survey)*

Population Under Age 18		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	26%	26%	26%	25%	25%	26%	26%	26%	25%	24%	
	Rank	11	14	12	13	13	10	10	7	16	16	=
United States	%	26%	25%	25%	25%	25%	25%	25%	24%	24%	24%	

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

Children in families where no parent has full-time, year-round employment		2001	2002	2003	2004	2005	2006	2007	2008*	2009	2010	
Nevada	%	29%	34%	30%	36%	31%	30%	32%	26%	34%	36%	
	Rank	18	30	17	36	16	14	20	17	42	41	▲
United States	%	31%	33%	33%	33%	34%	33%	33%	27%	31%	33%	

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

- Nevada's share of **children in families that are low-income** (income less than 200 percent of the federal poverty level) is higher than the U.S. average. *(Kids Count)*

Children in Poverty (200%)		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	40%	42%	38%	45%	39%	38%	37%	39%	42%	46%	
	Rank	32	33	28	36	28	23	22	26	26	32	▼
United States	%	39%	39%	39%	40%	40%	40%	39%	40%	42%	42%	

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

Children in Single Parent Families		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	28%	31%	32%	31%	32%	34%	33%	33%	35%	36%	
	Rank	20	33	33	29	31	36	31	29	34	35	▼
United States	%	31%	31%	31%	31%	32%	32%	32%	32%	34%	34%	

- In 2011, 5.5 percent of Nevadans ages 5 to 17 had some **disability**, which is below the nationwide average of 6.4 percent. *(U.S. Census, American Community Survey)*

- Except for vision or hearing disability the prevalence of different **types of disability** among Nevada's children is lower than the national average. *(U.S. Census, American Community Survey)*

Population Aged 5 to 17, by Type of Disability		Vision or Hearing	Ambulatory	Mental	Self-Care
Nevada	# per 1,000	13	4	30	6
	Rank	21	3	6	6
United States	# per 1,000	14	6	39	9

Child Welfare

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

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

- **Child maltreatment fatalities** in Nevada have recently trended toward the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Child Maltreatment Fatalities		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 100,000	0.7	0.5	0.5	0.3	2.8	2.2	3.2	2.6	4.3	2.2	
	Rank	7	7	4	4	42	34	39	35	47	33	▲
States Reporting		49	50	48	48	50	48	49	49	47	50	
United States	# per 100,000	1.8	2.0	2.0	2.0	2.0	2.0	2.3	2.3	2.3	2.1	

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

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

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

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

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- The length of stay for children in **foster care** in Nevada is shorter than the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Foster Care Length of Stay in Months		2006	2007	2008	2009	2010	
Nevada	Number	4,612	5,008	5,021	4,794	4,820	
	Months	12.9	13.3	14.8	15.8	14.8	
	Rank	20	19	24	34	30	▲
United States	Months	15.3	16.2	16.5	16.0	15.2	

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

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

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

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

Seniors

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

Population Age 65+		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	11%	11%	11%	11%	11%	11%	11%	12%	12%	12%	
	Rank	43	40	43	40	44	44	44	44	44	44	=
United States	%	12%	12%	12%	12%	12%	12%	12%	13%	13%	13%	

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

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

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- In 2011, approximately 34 percent of Nevadans aged 65+ have some **disability**, compared to 37 percent nationwide. *(U.S. Census, American Community Survey)*
  - The prevalence of different **types of disability** among Nevada's seniors is below the national average for 5 primary disabilities. *(U.S. Census, American Community Survey)*

Population Age 65+, by Type of Disability		Vision or Hearing	Ambulatory	Mental	Self-Care	Go-Outside-Home
Nevada	# per 1,000	199	219	80	67	136
	Rank	11	19	13	7	13
United States	# per 1,000	218	236	94	89	162

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

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

Disability

- In 2011, a generally smaller percent of Nevada's non-institutionalized population was **disabled** than for the U.S. average. This is true in three of the four age groups listed. *(U.S. Census, American Community Survey)*

Disabled Population by Age		5 to 17 years	18 to 34 years	35 to 64 years	65 years & over
Nevada	%	4%	4%	13%	34%
	Rank	6	5	26	17
United States	%	5%	6%	13%	37%

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

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

- Nevada's **spending on developmental services** in 2009 fell below the national average. *(State of the States in Developmental Disabilities, 2011)*

Developmental Services Spending per $1,000 of Personal Income	Community Services	Institutional Settings	Total
Nevada	$1.48	$0.11	$1.59
United States	$3.67	$0.68	$4.34

- For 2009, **family support spending per participant** in Nevada was $2,651. The national average was $7,761. *(State of the States in Developmental Disabilities, 2011)*

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- Nevada's **percent of disabled that are working** consistently remains higher than the national average. However, the total disabled working population has dropped significantly in 2011. (*U.S. Census, American Community Survey*)

Employed Disabled		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	46%	41%	34%	40%	40%	40%	43%	40%	38%	24%	
	Rank	23	22	34	23	21	20	19	17	18	17	▲
United States		44%	37%	36%	38%	37%	36%	39%	35%	33%	22%	

Health

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

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

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

Low Birth Weight Babies		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	8%	8%	8%	8%	8%	8%	8%	8%	8%	
	Rank	22	19	26	22	27	25	25	22	23	▼
United States	%	8%	8%	8%	8%	8%	8%	8%	8%	8%	

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

Infant Mortality		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	# per 1,000	7	6	6	6	6	6	6	6	6	6	
	Rank	18	13	17	17	17	17	17	16	19	12	▲
United States	# per 1,000	7	7	7	7	7	7	7	7	7	7	

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

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

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

Teen Birth Rate		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	# per 1,000	64	63	56	54	53	51	50	56	55	54	
	Rank	44	45	39	40	41	39	41	44	42	41	▲
United States	# per 1,000	50	48	45	43	42	41	41	42	42	42	

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

Poor Health Status		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	14%	17%	18%	18%	17%	19%	17%	19%	16%	17%	
	Rank	22	39	40	40	35	42	36	42	34	35	▼
United States	%	14%	15%	15%	15%	15%	15%	15%	14%	15%	15%	

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- When a person indicates that their **activities are limited due to physical health difficulties**, this is considered to be a "poor physical health day". In 2011, Nevadans reported suffering from a higher number of poor physical health days in the previous 30 days than the national average. *(United Health Foundation, America's Health Rankings)*

Poor Physical Health Days		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	# of Days	3.5	3.5	3.4	3.5	3.7	3.7	3.7	3.5	3.6	3.8	
	Rank	33	38	22	25	35	38	36	28	30	36	▼
United States	# of Days	3.5	3.5	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.7	

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

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

- The percent of adults that report participating in **physical activities** during the previous month is slightly higher for Nevada than the national average in 2011. *(United Health Foundation, America's Health Rankings)*

Physical Activity		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	77%	75%	75%	76%	73%	73%	76%	72%	76%	77%	
	Rank	15	30	32	31	36	42	35	38	30	20	▲
United States	%	75%	76%	77%	78%	76%	77%	77%	75%	76%	76%	

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

Adults Who Are Current Smokers		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	26%	25%	23%	23%	22%	22%	22%	22%	21%	23%	
	Rank	38	28	28	39	36	35	42	41	42	35	▲
United States	%	23%	22%	21%	21%	20%	20%	19%	18%	17%	21%	

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

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

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

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

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

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

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

Infectious Disease Cases		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	8	6	6	5	5	6	8	8	6	5	
	Rank	22	16	18	14	7	11	15	21	14	4	▲
United States	%	11	9	9	9	11	13	12	9	9	10	

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

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

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

High Blood Pressure		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	26%	26%	24%	24%	24%	24%	27%	27%	28%	28%	
	Rank	26	26	16	16	15	15	24	24	17	17	=
United States	%	26%	26%	25%	25%	26%	26%	28%	28%	29%	29%	

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

High Cholesterol		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	37%	37%	37%	37%	39%	39%	37%	37%	39%	39%	
	Rank	49	49	48	48	48	48	19	19	30	30	=
United States	%	30%	30%	33%	33%	36%	36%	38%	38%	38%	38%	

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

Stroke		2006	2007	2008	2009	2010	2010	
Nevada	%	3%	3%	2%	2%	2%	3%	
	Rank	35	30	17	7	23	36	▼
United States	%	3%	3%	3%	3%	2%	3%	

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

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

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

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

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

Cardiovascular Deaths		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	# per 100,000	349	340	335	329	328	323	320	313	299	284	
	Rank	31	31	31	30	33	35	38	39	37	36	▼
United States	# per 100,000	344	340	333	327	319	309	298	288	278	270	

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

Cancer Deaths		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	# per 100,000	207	210	209	208	205	201	199	196	194	193	
	Rank	29	37	36	34	33	34	32	27	25	27	▼
United States	# per 100,000	200	201	200	199	197	195	193	192	192	191	

Health Care

- **Early prenatal care** (the percent of pregnant women who receive care during the first trimester) is lower for Nevada than the national average. The United States average is not available for 2010 or 2011 *(United Health Foundation, America's Health Rankings)*

Early Prenatal Care		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	67%	68%	70%	72%	67%	67%	61%	72%	73%	75%	
	Rank	48	46	39	36	45	45	43	50	49	49	=
United States	%	76%	76%	75%	75%	75%	75%	69%	69%	NA	NA	

- Nevada is ranked 49th in terms of the percentage of children ages 19-35 months who have received the recommended number of doses of **vaccinations** (DTP, poliovirus vaccine, any measles-containing vaccine, and HepB). *(United Health Foundation, America's Health Rankings)*

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

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

Adults Aged 65+ Who Have		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	60%	60%	59%	53%	58%	62%	57%	64%	59%	54%	
	Rank	47	50	49 of 49	50	50	50	50	49	50	49	▼
United States	%	69%	70%	68%	66%	70%	72%	71%	70%	68%	61%	

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

Cholesterol Check		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	72%	72%	68%	68%	67%	67%	71%	71%	76%	76%	
	Rank	25	25	47	47	47	47	46	46	27	27	=
United States	%	72%	72%	73%	73%	73%	73%	75%	75%	77%	77%	

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

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

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

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

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

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

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

Recent Dental Visit		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	59%	65%	65%	65%	65%	66%	66%	64%	64%	67%	
	Rank	49	45	45	44	44	39	39	44	44	36	▲
United States	%	70%	71%	71%	71%	71%	70%	70%	71%	71%	70%	

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

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

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

Preventable Hospitalizations		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	# per 1,000	65	65	66	63	62	65	65	62	57	59	
	Rank	12	11	12	11	11	13	13	11	12	15	▼
United States	# per 1,000	81	81	81	80	77	78	78	71	71	68	

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

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

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

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

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

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

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

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

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

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

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

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

Health Insurance

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

- In 2011 in Nevada, the average **health insurance premium** (employer and worker share combined) for an individual was lower than the national average. Nevada's workers also pay a lower share of the premium than is typical nationwide. For family coverage, Nevadans pay a higher worker premium while total premiums are lower. *(Kaiser Family Foundation, State Health Facts)*

Annual Health Insurance Premiums		Individual Coverage		Family Coverage	
		Employee	Total	Employee	Total
Nevada	$	$1,032	$4,528	$4,216	$13,633
	Rank	16	2	32	10
	Share of Premium	23%		27%	
	Rank	40		42	
United States	$	$1,090	$5,222	$3,962	$15,022
	Share of Premium	21%		26%	

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

Uninsured Population		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	19%	18%	18%	17%	20%	17%	19%	20%	23%	22%	
	Rank	48	44	46	39	44	40	44	47	49	49	▼
United States	%	15%	15%	15%	15%	16%	15%	15%	17%	16%	15%	

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

Uninsured Population Age 0-18		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	19%	17%	16%	14%	19%	14%	19%	17%	17%	16%	
	Rank	49	47	48	46	47	47	50	49	50	50	=
United States	%	11%	11%	11%	11%	12%	11%	10%	10%	8%	7%	

Mental Health

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

Poor Mental Health Days		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	# of Days	3.9	3.9	3.9	3.9	3.5	3.5	3.8	3.6	4.0	3.8	
	Rank	47	47	43	46	36	36	43	35	45	38	▲
United States	# of Days	3.4	3.4	3.4	3.5	3.3	3.4	3.4	3.4	3.5	3.5	

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

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

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

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

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

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

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

Suicide

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

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

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

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

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

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

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

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

Public Assistance

- In 2011 the number of Nevada households that receive **public assistance** income per 1,000 households is lower than the national average. This outcome occurred as public assistance participation rates have surged nationwide. *(U.S. Census, American Community Survey)*

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

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

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

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

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

Maximum TANF Benefit for a Family of Three with No Income		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Nevada	Maximum Income	$348	$348	$348	$348	$348	$348	$348	$383	$383	$383
United States	Maximum Income	$408	$413	$415	$413	$413	$417	$419	$475	$431	$436

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- In 2010, the **asset limit** for TANF recipients in Nevada is $2,000. The minimum is $1,000, and the maximum is unlimited assets in Alabama, Maryland, Ohio and Virginia. *(Urban Institute, Welfare Rules Databook)*

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

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

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

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

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

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

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

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

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

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

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

Medicaid

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

Medicaid Expenditures		FFY01	FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	$ per capita	$352	$424	$519	$501	$476	$468	$487	$435	$504	$561	
	Rank	50	50	47	50	50	50	50	50	50	50	=
United States	$ per capita	$708	$791	$845	$902	$967	$983	$1,016	$1,021	$1,092	$1,170	

- Historically, Nevada ranked low in providing **Medicaid coverage to pregnant women**; Nevada was one of nine states that provided minimum coverage at 133% of poverty through January 2012. *(Kaiser Family Foundation, State Health Facts)*

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

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

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

Costs of Care, Average Median Annual Expense		Homemaker Services	Adult Day Care	Assisted Living Facility (private 1 bdrm)	Nursing Home (semi-private room)	Nursing Home (private room)
Nevada	$	$45,760	$17,225	$35,940	$80,300	$87,600
	Rank	35	31	16	32	32
United States	$	$41,184	$15,860	$39,600	$73,000	$81,030

Child Care

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

Families with $0 Copay		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10
Nevada	%	47%	51%	38%	24%	15%	18%	23%	23%	25%
United States	%	26%	25%	25%	24%	24%	23%	21%	20%	22%

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

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

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

Food Insecurity

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

Food Insecurity		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	9%	9%	9%	8%	9%	10%	12%	13%	15%	15%	
	Rank	20	17	8	9	10	24	34	25	31	35	▼
United States	%	11%	11%	11%	11%	11%	11%	12%	14%	15%	15%	

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

Very Low Food Security		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	3%	3%	3%	3%	3%	4%	5%	5%	5%	6%	
	Rank	26	29	14	12	13	27	33	25	28	34	▼
United States	%	3%	3%	4%	4%	4%	4%	5%	5%	6%	6%	

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

Food Stamp Participation		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	43%	46%	41%	42%	54%	53%	51%	51%	61%	
	Rank	50	49	49	50	42	49	38	48	47	▲
United States	%	60%	60%	54%	56%	65%	67%	65%	66%	72%	

- Between June 2011 and June 2012, the number of Nevadan's receiving **food stamps** increased by 4.5 percent, ranking Nevada 34th in improvement nationwide. The national average year-over-year increase was 3.3 percent. *(Kaiser Family Foundation, State Health Facts)*

- During 2011, a lower percentage of Nevada's **families received food stamps** than average for the U.S. *(U.S. Census, American Community Survey)*

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

- For FFY11, Nevada's **average monthly food stamp benefit** per person was **$124.36** and **per household** was **$264.88**. The national averages were **$133.85** and **$283.99** respectively. *(U.S. Dept. of Agriculture, Food Stamp Program State Activity Report)*

Child Support Enforcement

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

Paternity Established		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	66%	69%	80%	84%	86%	100%	
	Rank	49	49	49	49	46	14	▲
United States	%	92%	95%	95%	95%	96%	96%	

Support Orders Established		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	62%	67%	69%	68%	70%	76%	
	Rank	45	44	44	43	43	38	▲
United States	%	77%	78%	79%	79%	79%	80%	

Current Support Collected		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	46%	46%	48%	48%	48%	49%	
	Rank	49	50	50	50	50	50	=
United States	%	59%	60%	61%	62%	61%	62%	

Arrearages Collected		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	50%	52%	52%	53%	52%	57%	
	Rank	48	48	49	49	49	45	▲
United States	%	61%	61%	62%	63%	64%	62%	

Cost Effectiveness		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	3.0%	3.3%	3.5%	3.5%	3.9%	2.9%	
	Rank	48	47	45	47	41	48	▼
United States	%	5.0%	5.1%	5.2%	4.8%	5.3%	4.9%	

Funding

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

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

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

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

State Government Tax Collections Per Capita		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	Per Capita	$1,820	$1,842	$1,953	$2,348	$2,466	$2,458	$2,365	$2,123	$2,158	$2,325	
	Rank	29	26	26	32	30	26	21	17	24	25	▼
United States	Per Capita	$1,862	$1,892	$2,000	$2,199	$2,391	$2,530	$2,532	$2,326	$2,728	$2,435	

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

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

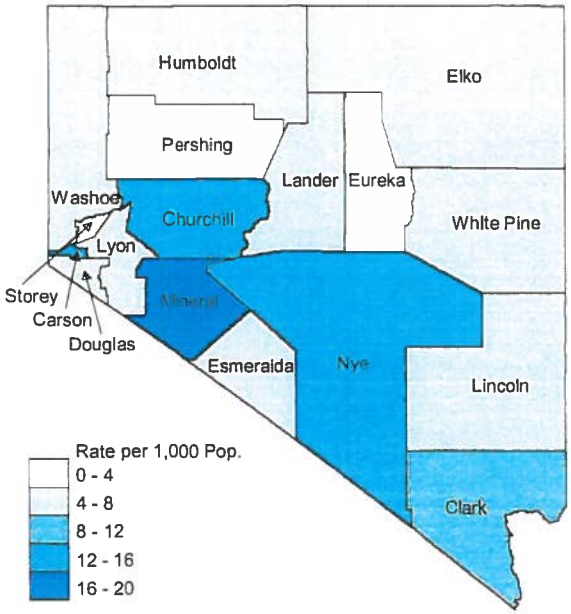
- Nevada receives lower **federal government expenditures per capita** than all other states. *(Consolidated Federal Funds Report and U.S. Census, American Community Survey)*

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

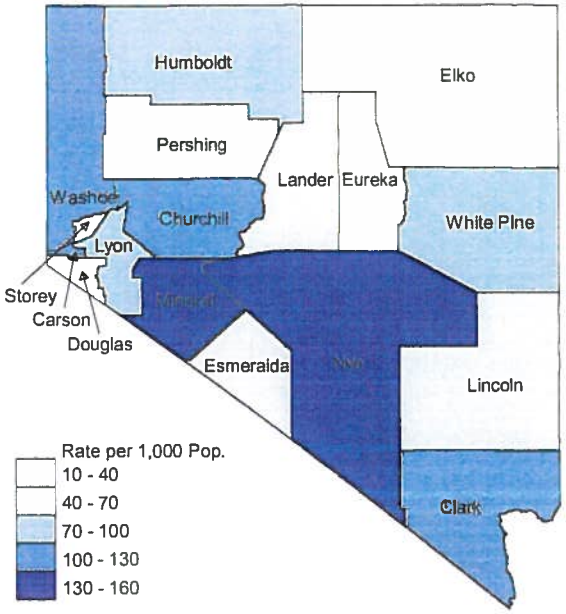
Maps – Program Participation Rates by County

Source: DHHS Caseload Data

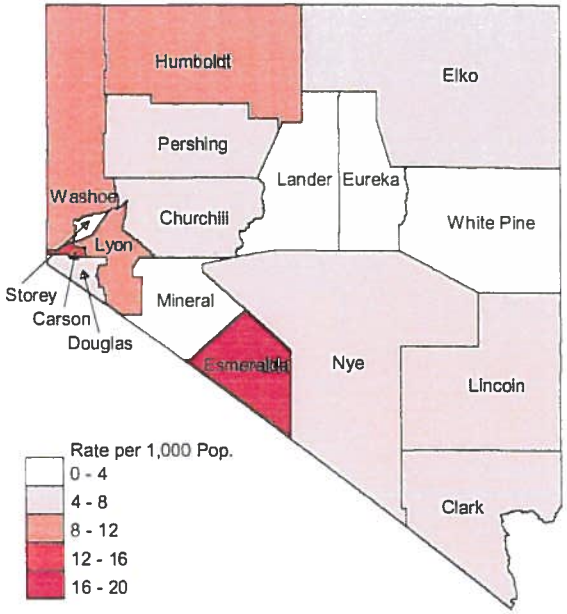
TANF Cash Participation Rate - Sep. 2012



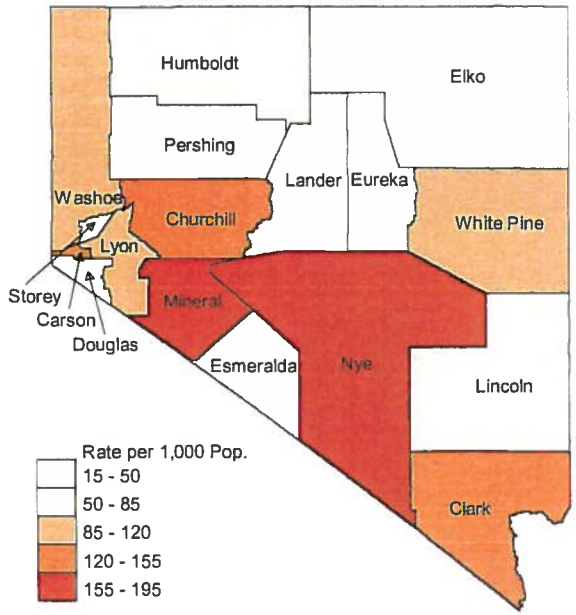
Total Medicaid Participation Rate - Sep. 2012



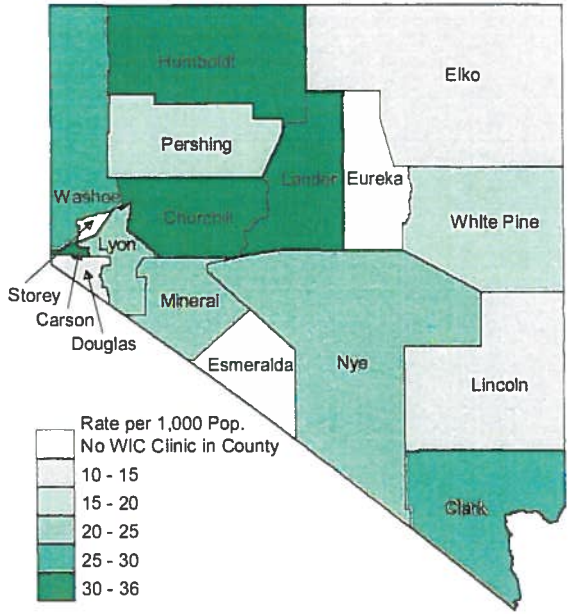
NV CheckUp Participation Rate - Oct. 2012



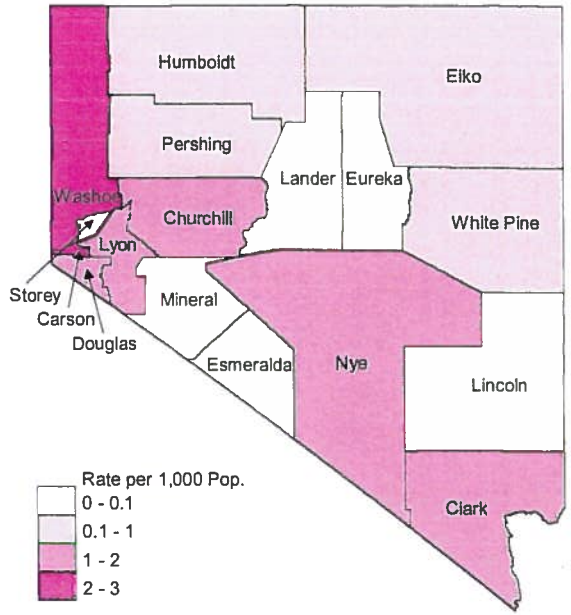
SNAP Participation Rate - Aug. 2012



WIC Participation Rate - Oct. 2012



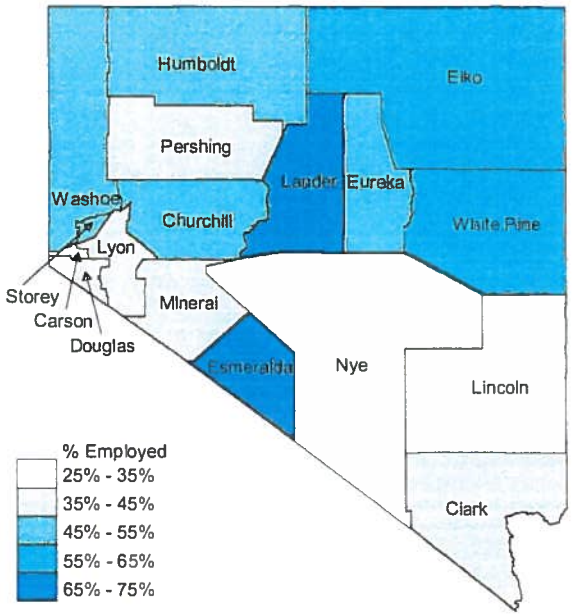
Childcare Participation Rate - Aug. 2012



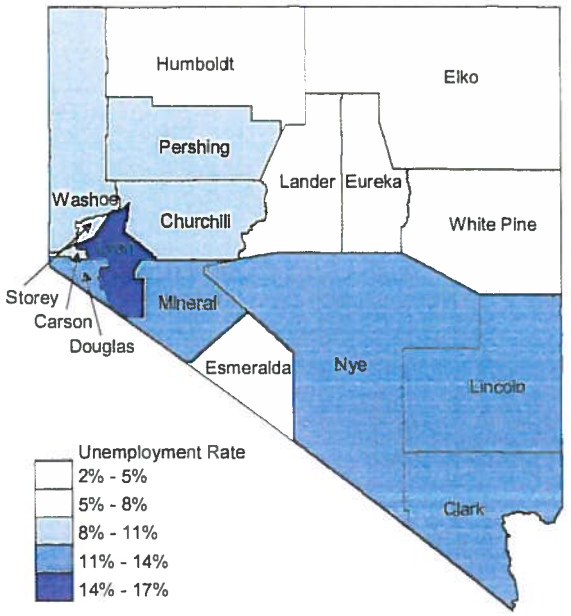
Maps – Socioeconomic and Demographic Indicators by County

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

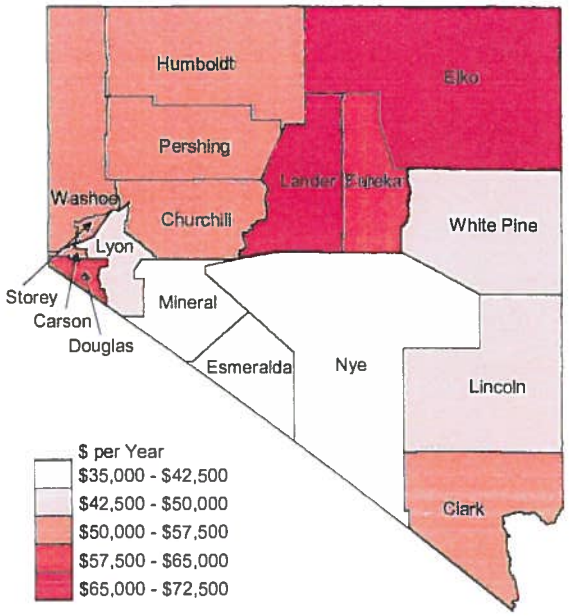
Employment to Population Ratio - Sep. 2012



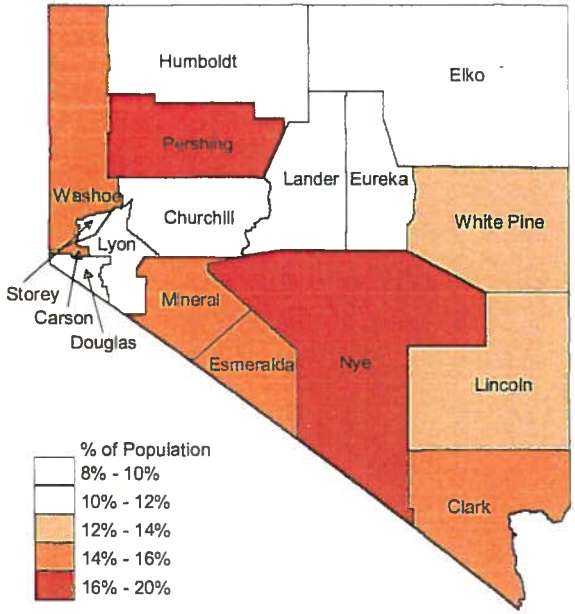
Unemployment Rate - Sep. 2012



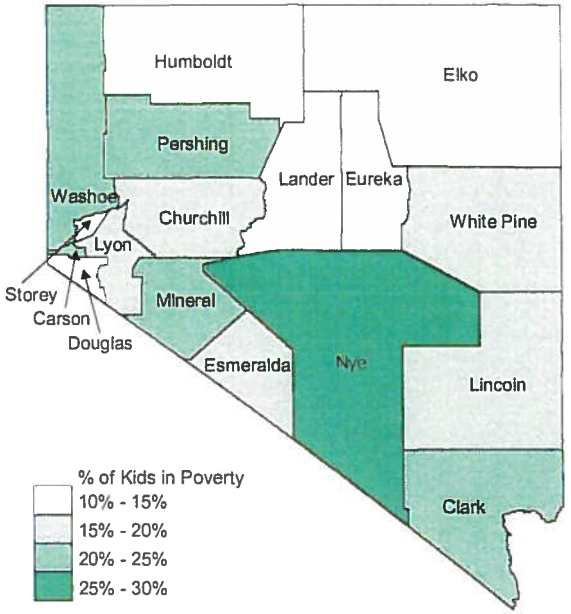
Median Household Income - 2010



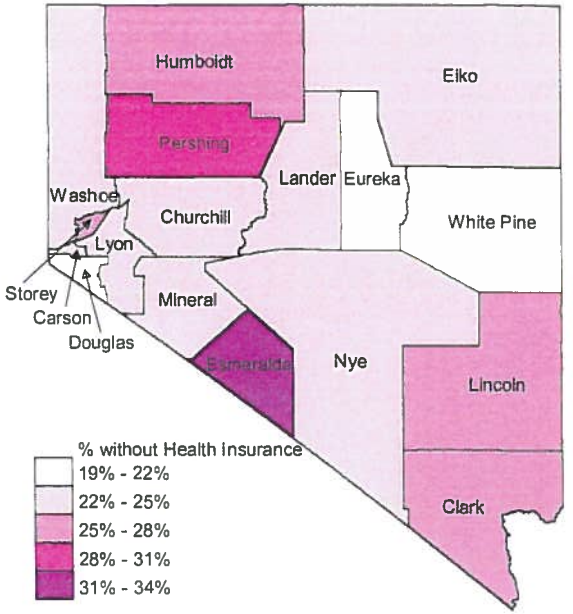
Persons below Poverty - 2010



Child Poverty - 2010



Uninsured < age 65 - 2010



PROGRAM INFORMATION AND STATISTICS

Nassir Notes

http://www.dhhs.nv.gov/Documents/NassirNotes.pdf

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5.10 Supplemental Nutrition Assistance Program (SNAP)

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

Eligibility: The household's gross income must be less than or equal to 130 percent of poverty; the household's net income must be less than or equal to 100 percent of poverty to be eligible. Households in which all members are elderly or disabled have no gross income test. The resource limit for all households except those with elderly or disabled members is $2,000; households with elderly or disabled members have a resource limit of $3,250 (exceptions: one vehicle, home, household goods, and personal items.

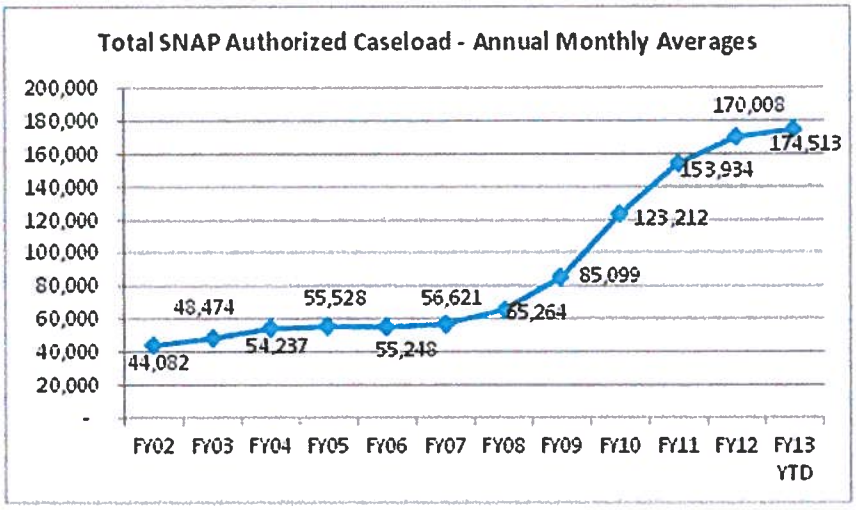
Need Standard:

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

Workload History:

Fiscal Year	Average Cases	Total Expenditures	Total Applications
FY 11	153,934	$477,682,415	287,710
FY 12	170,008	$518,493,663	312,302

FYTD:	
Jul 12	174,151
Aug	174,874
Sep	
Oct	
Nov	
Dec	
Jan 13	
Feb	
Mar	
Apr	
May	
Jun	
FY13 Total	**349,025**
FY13 Avg.	**174,513**



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

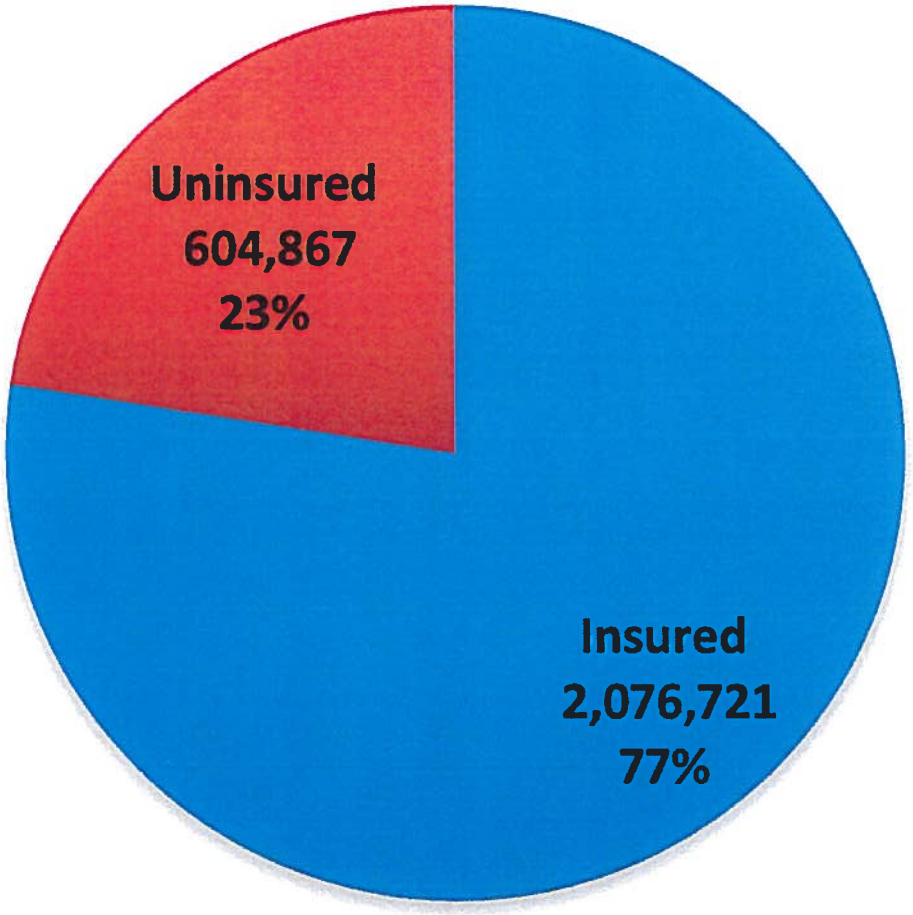
Website: https://www.dwss.nv.gov/index.php?option=com_contentandtask=viewandid=84anditemid=234
https://www.dwss.nv.gov/

Uninsured & the Affordable Care Act

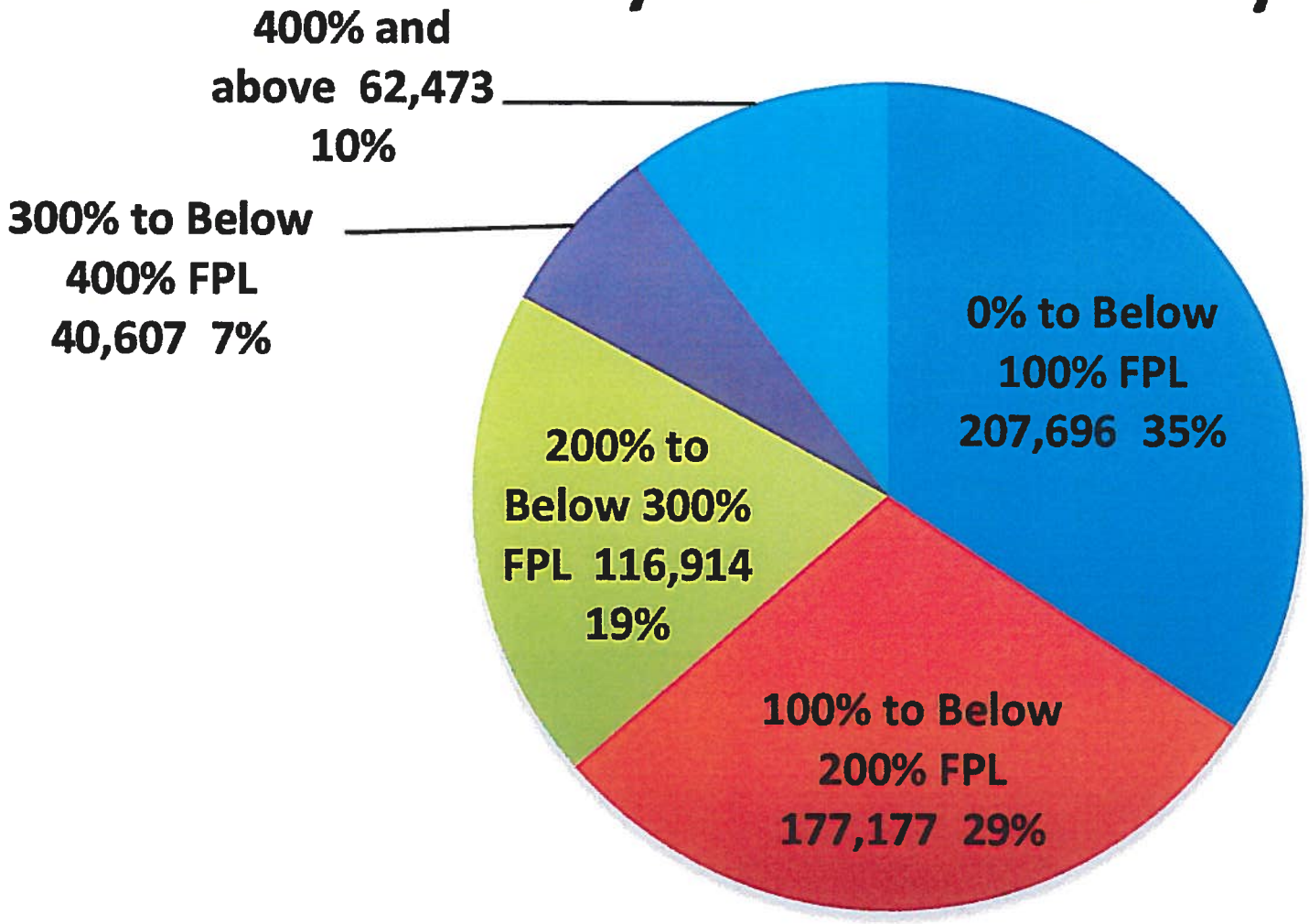
The Moving Parts:

- Caseload growth without the impact of ACA;
- Impact on the state's uninsured population;
- FMAP vs. state share (Regular FMAP, Enhanced FMAP, and 100% Federal);
- Primary care physician rate increases;
- PMPM estimates;
- ACA caseload growth and medical costs;
- Medicaid/CHIP admin. costs;
- DWSS admin. costs;
- DSH impact (net state benefit impact);
- UPL/GME impact (net state benefit/voluntary contribution impact);
- Mental Health savings opportunity;
- County savings opportunities;
- Unanswered questions.

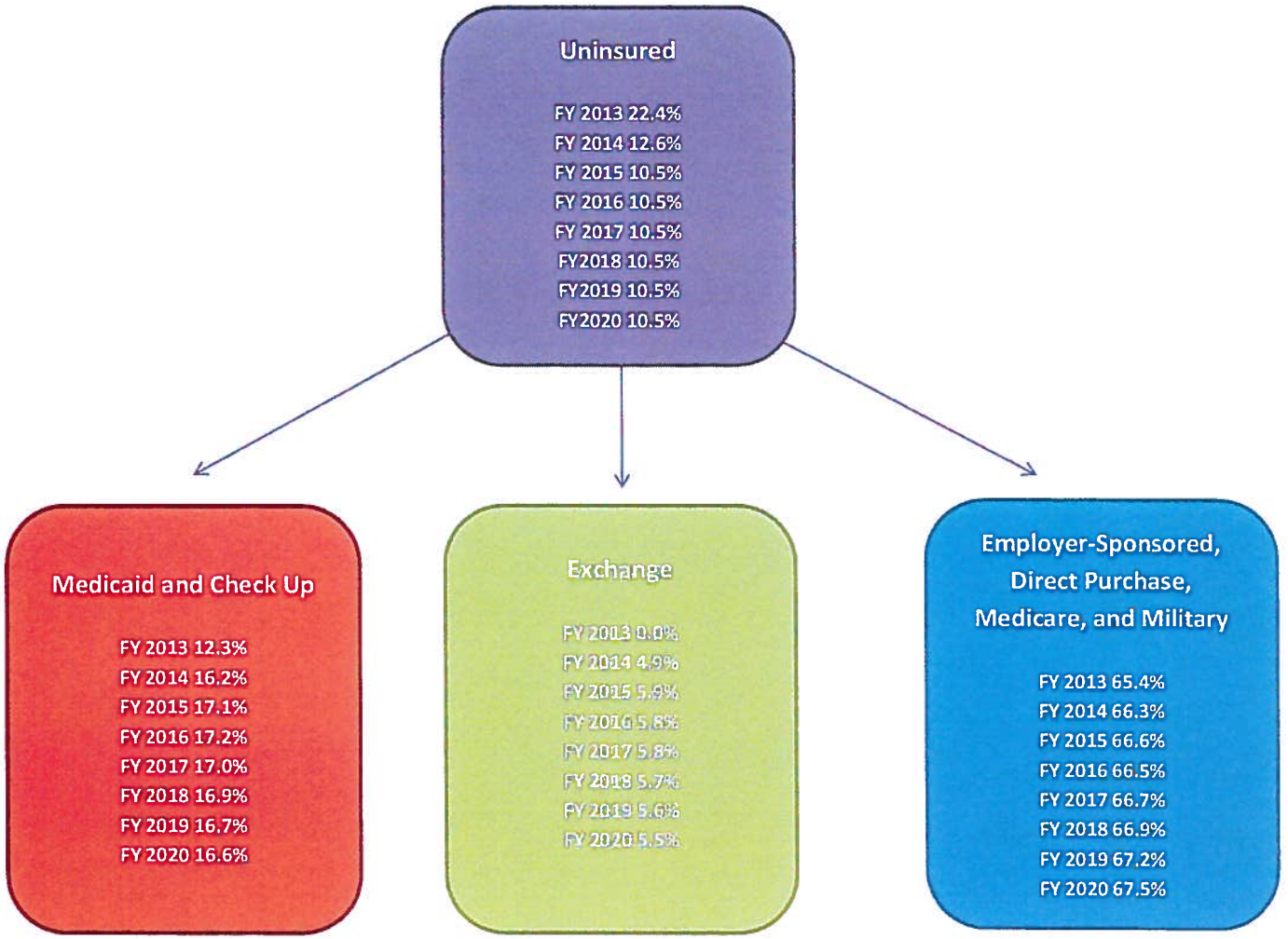
Insurance Status



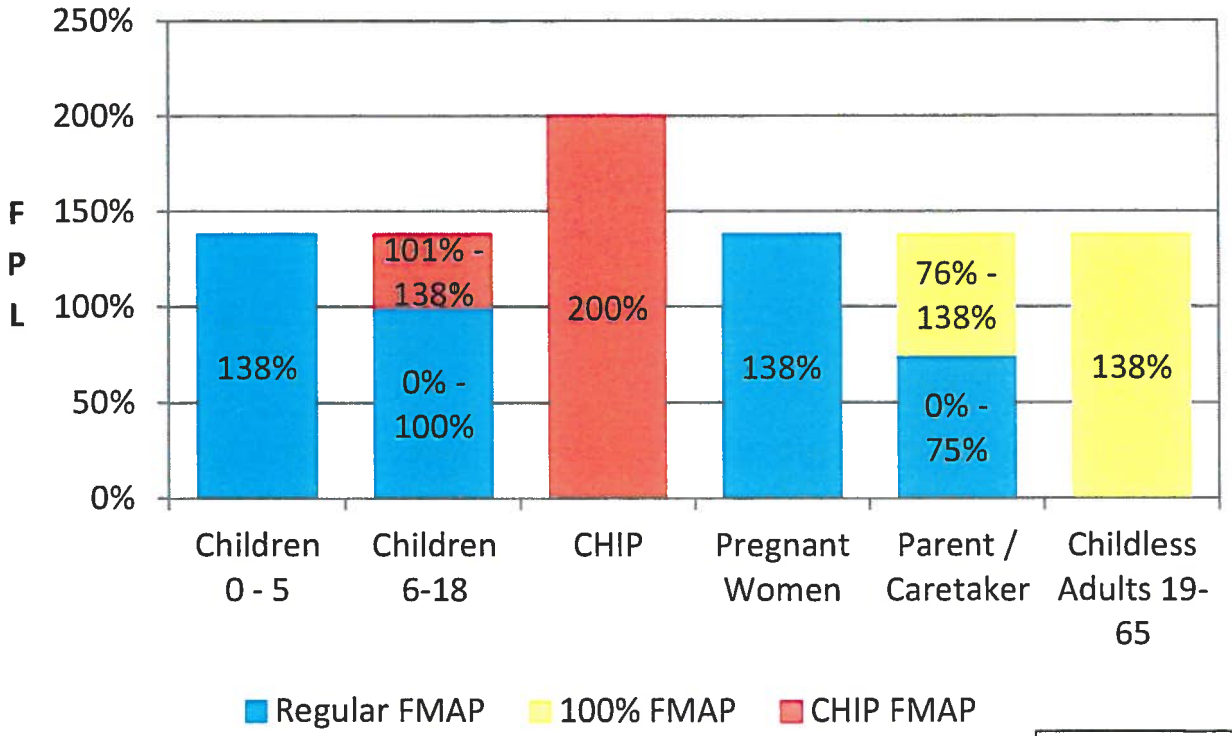
Uninsured by Income-to-Poverty Ratio



Health Insurance Coverage with Medicaid Expansion to 100% FPL



Medicaid Expansion Eligibility and FMAP



2013 Federal Poverty Guidelines		
FPL	**Household Size 1**	**Household Size 4**
50%	$5,745	$11,775
100%	$11,490	$23,550
138%	$15,856	$32,499
150%	$17,235	$35,325
200%	$22,980	$47,100
250%	$28,725	$58,875

Total Medicaid Caseload and Projections with Expansion

	Total Medicaid Actuals with Retro
Jul-09	224,861
Aug-09	230,258
Sep-09	234,138
Oct-09	238,338
Nov-09	241,463
Dec-09	244,806
Jan-10	249,668
Feb-10	253,462
Mar-10	258,741
Apr-10	261,381
May-10	265,371
Jun-10	268,415
Jul-10	272,661
Aug-10	277,145
Sep-10	279,264
Oct-10	280,138
Nov-10	281,604
Dec-10	283,335
Jan-11	286,880
Feb-11	288,187
Mar-11	290,909
Apr-11	292,432
May-11	295,866
Jun-11	296,960

	Total Medicaid Actuals with Retro	Leg. Approved	Projections (Nov. 2012)
Jul-11	296,400	290,009	
Aug-11	298,213	291,802	
Sep-11	298,723	292,179	
Oct-11	300,178	292,929	
Nov-11	300,337	292,908	
Dec-11	302,432	295,181	
Jan-12	304,850	295,986	
Feb-12	305,635	295,950	
Mar-12	306,161	297,184	
Apr-12	307,727	298,904	
May-12	308,355	299,834	
Jun-12	308,954	300,513	
Jul-12	310,260	301,296	
Aug-12	310,901	302,737	
Sep-12	310,172	303,075	
Oct-12	313,414	304,143	
Nov-12		304,371	313,515
Dec-12		306,590	314,360
Jan-13		307,430	315,358
Feb-13		307,373	316,198
Mar-13		308,606	317,589
Apr-13		310,413	318,199
May-13		311,190	319,093
Jun-13		311,851	319,827

	Total Medicaid Actuals with Retro	Leg. Approved	Projections (Nov. 2012)	with ACA Mandatory Caseload	With ACA Mandatory and Optional Caseloads to 100% FPL	With ACA Mandatory and Optional Caseloads to 138% FPL
Jul-13			320,451			
Aug-13			321,841			
Sep-13			323,148			
Oct-13			324,618	329,094	329,094	329,094
Nov-13			325,466	334,417	334,417	334,417
Dec-13			326,664	340,091	340,091	340,091
Jan-14			327,693	349,528	368,350	378,514
Feb-14			328,677	356,685	380,212	392,917
Mar-14			330,084	364,265	392,498	407,744
Apr-14			330,756	371,111	404,048	421,836
May-14			331,816	378,344	415,987	436,316
Jun-14			332,765	385,467	427,816	450,685
Jul-14			333,451	387,920	430,922	454,206
Aug-14			334,680	390,916	434,571	458,269
Sep-14			335,771	393,775	438,084	462,195
Oct-14			336,946	396,717	441,679	466,205
Nov-14			337,495	399,033	444,649	469,588
Dec-14			338,413	401,719	447,987	473,341
Jan-15			339,295	403,372	450,295	476,062
Feb-15			340,151	405,037	452,612	478,794
Mar-15			341,475	407,208	455,437	482,033
Apr-15			342,048	408,614	457,496	484,506
May-15			343,007	410,388	459,924	487,347
Jun-15			343,895	412,076	462,265	490,103

Medicaid Caseloads with Expansion

	100% FMAP					CHIP FMAP			Regular FMAP								
	ACA Optional Caseload					ACA Mandatory Caseload			ACA Mandatory Caseload								
	Age 19-64 (with no children < age 18) between 0%-100% FPL	Age 19-64 (with no children < age 18) between 101%-138% FPL	Parents age 19-64 (with children < age 18) between 76%-100% FPL	Parents age 19-64 (with children < age 18) between 101%-138% FPL	*Subtotal for 100% FMAP (ACA Optional Caseload)*	Age 6-18 between 100%-138% FPL	Current CheckUp recipients below 138% FPL (100% uptake)	*Subtotal for CHIP FMAP (ACA Mandatory Caseload)*	Age 0-5 below 133% FPL	Age 0-5 between 133%-138% FPL	Age 6-18 below 100% FPL	Parents age 19-64 (with children < age 18) below 75% FPL	Pregnant women between 133%-138% FPL (100% uptake)	*Subtotal for Regular FMAP (ACA Mandatory Caseload)*	*Subtotal of Mandatory Caseloads*	*Subtotal of Optional Caseloads*	*Total*
Jul-13	0	0	0	0	***0***	0	0	***0***	0	0	0	0	0	***0***	***0***	***0***	***0***
Aug-13	0	0	0	0	***0***	0	0	***0***	0	0	0	0	0	***0***	***0***	***0***	***0***
Sep-13	0	0	0	0	***0***	0	0	***0***	0	0	0	0	0	***0***	***0***	***0***	***0***
Oct-13	0	0	0	0	***0***	0	0	***0***	819	0	1,797	1,859	0	***4,476***	***4,476***	***0***	***4,476***
Nov-13	0	0	0	0	***0***	0	0	***0***	1,639	0	3,594	3,718	0	***8,951***	***8,951***	***0***	***8,951***
Dec-13	0	0	0	0	***0***	0	0	***0***	2,458	0	5,391	5,577	0	***13,427***	***13,427***	***0***	***13,427***
Jan-14	15,108	5,895	3,713	4,269	***28,986***	2,699	953	***3,652***	3,278	156	7,189	7,436	125	***18,183***	***21,835***	***28,986***	***50,821***
Feb-14	18,886	7,369	4,641	5,336	***36,232***	3,374	1,906	***5,280***	4,097	195	8,986	9,295	156	***22,729***	***28,008***	***36,232***	***64,240***
Mar-14	22,663	8,843	5,570	6,404	***43,478***	4,048	2,859	***6,907***	4,917	234	10,783	11,154	187	***27,275***	***34,182***	***43,478***	***77,660***
Apr-14	26,440	10,316	6,498	7,471	***50,725***	4,723	3,812	***8,535***	5,736	272	12,580	13,013	219	***31,820***	***40,355***	***50,725***	***91,080***
May-14	30,217	11,790	7,426	8,538	***57,971***	5,398	4,765	***10,162***	6,556	311	14,377	14,872	250	***36,366***	***46,529***	***57,971***	***104,500***
Jun-14	33,994	13,264	8,354	9,605	***65,218***	6,073	5,718	***11,790***	7,375	350	16,174	16,731	281	***40,912***	***52,702***	***65,218***	***117,920***
Jul-14	34,526	13,496	8,476	9,787	***66,285***	6,186	6,670	***12,857***	7,516	356	16,407	17,053	281	***41,612***	***54,469***	***66,285***	***120,754***
Aug-14	35,057	13,728	8,598	9,969	***67,353***	6,300	7,623	***13,924***	7,656	361	16,639	17,376	281	***42,313***	***56,236***	***67,353***	***123,589***
Sep-14	35,589	13,960	8,719	10,151	***68,420***	6,414	8,576	***14,990***	7,796	367	16,871	17,699	280	***43,013***	***58,004***	***68,420***	***126,424***
Oct-14	36,121	14,192	8,841	10,333	***69,487***	6,528	9,529	***16,057***	7,936	372	17,104	18,022	280	***43,714***	***59,771***	***69,487***	***129,258***
Nov-14	36,653	14,424	8,963	10,515	***70,555***	6,642	10,482	***17,124***	8,076	378	17,336	18,345	280	***44,415***	***61,538***	***70,555***	***132,093***
Dec-14	37,184	14,656	9,085	10,697	***71,622***	6,755	11,435	***18,190***	8,217	383	17,568	18,668	280	***45,115***	***63,306***	***71,622***	***134,928***
Jan-15	37,716	14,888	9,206	10,879	***72,690***	6,869	11,392	***18,261***	8,357	388	17,801	18,991	279	***45,816***	***64,077***	***72,690***	***136,767***
Feb-15	38,248	15,120	9,328	11,061	***73,757***	6,983	11,387	***18,370***	8,497	394	18,033	19,314	279	***46,516***	***64,886***	***73,757***	***138,643***
Mar-15	38,779	15,352	9,450	11,243	***74,825***	7,097	11,420	***18,516***	8,637	399	18,265	19,637	279	***47,217***	***65,733***	***74,825***	***140,558***
Apr-15	39,311	15,584	9,571	11,425	***75,892***	7,211	11,437	***18,648***	8,777	405	18,497	19,959	278	***47,917***	***66,565***	***75,892***	***142,457***
May-15	39,843	15,816	9,693	11,607	***76,959***	7,324	11,438	***18,763***	8,917	410	18,730	20,282	278	***48,618***	***67,381***	***76,959***	***144,340***
Jun-15	40,375	16,048	9,815	11,789	***78,027***	7,438	11,424	***18,862***	9,058	416	18,962	20,605	278	***49,319***	***68,181***	***78,027***	***146,208***

Presumptive Eligibility – ACA Section 2202

- **ACA Section 2202 Permitting hospitals to make presumptive eligibility determinations for all Medicaid eligible populations.**
- Social Security Act Section 1902(a)(47)
- (47) provide—
  - (A) at the option of the State, for making ambulatory prenatal care available to pregnant women during a presumptive eligibility period in accordance with section 1920 and provide for making medical assistance for items and services described in subsection (a) of section 1920A available to children during a presumptive eligibility period in accordance with such section and provide for making medical assistance available to individuals described in subsection (a) of section 1920B during a presumptive eligible period in accordance with such section and provide for making medical assistance available to individuals described in subsection (a) of section 1920B during a presumptive eligibility period in accordance with such section and provide for making medical assistance available to individuals described in subsection (a) of section 1920C during a presumptive eligibility period in accordance with such section;
  - (B) that any hospital that is a participating provider under the State plan may elect to be a qualified entity for purposes of determining, on the basis of preliminary information, whether any individual is eligible for medical assistance under the State plan or under a waiver of the plan for purposes of providing the individual with medical assistance during a presumptive eligibility period, in the same manner, and subject to the same requirements, as apply to the State options with respect to populations described in section 1920, 1920A, 1920B, or 1920C (but without regard to whether the State has elected to provide for a presumptive eligibility period under any such sections), subject to such guidance as the Secretary shall establish;

Affordable Care Act

The Governor's Recommended Budget (Gov Rec) includes $218.9 million in expenditures in FY14 and $549.6 million in FY15 ($17.0 million and $55.2 million in General Fund). This corresponds to an additional 343 FTE by the end of FY15.

ACA Mandatory Caseloads

These caseloads include: (1) individuals who are currently eligible but not served by Medicaid or Nevada Check Up, and (2) individuals who are eligible due to the modernized Modified Adjusted Gross Income (MAGI) eligibility criteria.

Division	Budget Account, Dec. Units	Description	FY14		FY15	
			General Fund	Total	General Fund	Total
DHCFP	3178 M741	Nevada Check Up Medical Costs for Clients Under 138% Moving to Medicaid	-406,051	-1,640,229	-2,869,841	-12,091,802
DHCFP	3178 M740	Nevada Check Up Medical Costs for Currently Eligible but not Served Caseload	1,717,606	6,874,378	4,137,660	17,411,615
DHCFP	3243 M740	Medicaid Medical Costs for Mandatory Caseloads	16,011,223	42,425,070	48,281,666	132,423,663
DHCFP	3243 M741	Medicaid Medical Costs for Individuals between 100%-138% FPL who are Currently Eligible but Not Served by Nevada Check Up	2,000,998	7,573,800	7,879,147	30,874,400
DHCFP	3243 M744	Medicaid Primary Care Physicians Rate Increase (100% federally funded for first 18 months of the biennium)	0	41,834,979	0	25,135,302
		Medical Costs Subtotal	*19,323,776*	*97,067,998*	*57,428,632*	*193,753,178*
DHCFP	3158 M742	Medicaid Management Information System (MMIS)	1,252,433	5,009,730	375,000	1,500,000
DHCFP	3158 M749	Business Operations Solution (BOS) Implementation at the Silver State Health Insurance Exchange	272,773	560,791	339,175	697,306
DHCFP	3158 M748	Health Information Exchange	410,385	3,293,853	275,373	1,101,492
DHCFP	3158 M745	Screening of New and Existing Medicaid Providers	212,564	425,129	212,564	425,129
DHCFP	3158 M746	Dispensing Fee and Ingredient Cost Surveys for Outpatient Pharmaceuticals	50,000	100,000	0	0
DHCFP	3158 M747	Business Lines Unit support for care management, medical homes, and implementation of the ACA (3 positions)	87,122	178,588	104,959	216,075
		DHCFP Total	*21,609,053*	*106,636,089*	*58,735,703*	*197,693,180*
DWSS	3228 M740	Welfare Administration (8 administrative support staff by the end of FY15)	201,439	402,879	376,020	752,039
DWSS	3233 M740	Welfare Field Services (174 Medicaid and SNAP eligiblity-related positions by the end of FY15)	2,709,906	5,419,981	5,558,390	11,237,906
DWSS	3228 M744	Eligibility Engine	356,105	4,468,076	317,470	3,428,392
		DWSS Total	*3,267,450*	*10,290,936*	*6,251,880*	*15,418,337*
Behavioral Health	3161 M740	Outpatient Savings for Southern Nevada	-412,164	0	-560,850	0
Behavioral Health	3162 M740	Outpatient Savings for Northern Nevada	-184,100	0	-250,514	0
Behavioral Health	3648 M740	Outpatient Savings for Rural Clinics Nevada	-139,537	0	-189,874	0
		Outpatient Savings Subtotal	*-735,801*	*0*	*-1,001,238*	*0*
Behavioral Health	3161 M745	Pharmaceutical Savings for Southern Nevada	-251,560	-251,560	-349,501	-349,501
Behavioral Health	3162 M745	Pharmaceutical Savings for Northern Nevada	-49,500	-49,500	-68,772	-68,772
Behavioral Health	3648 M745	Pharmaceutical Savings for Rural Clinics Nevada	-6,880	-6,880	-9,558	-9,558
		Pharmaceutical Savings Subtotal	*-307,940*	*-307,940*	*-427,831*	*-427,831*
		Behavioral Health Total	*-1,043,741*	*-307,940*	*-1,429,069*	*-427,831*
		MANDATORY CASELOADS TOTAL	**23,832,762**	**116,619,085**	**63,558,514**	**212,683,686**

Affordable Care Act

ACA Optional Caseloads

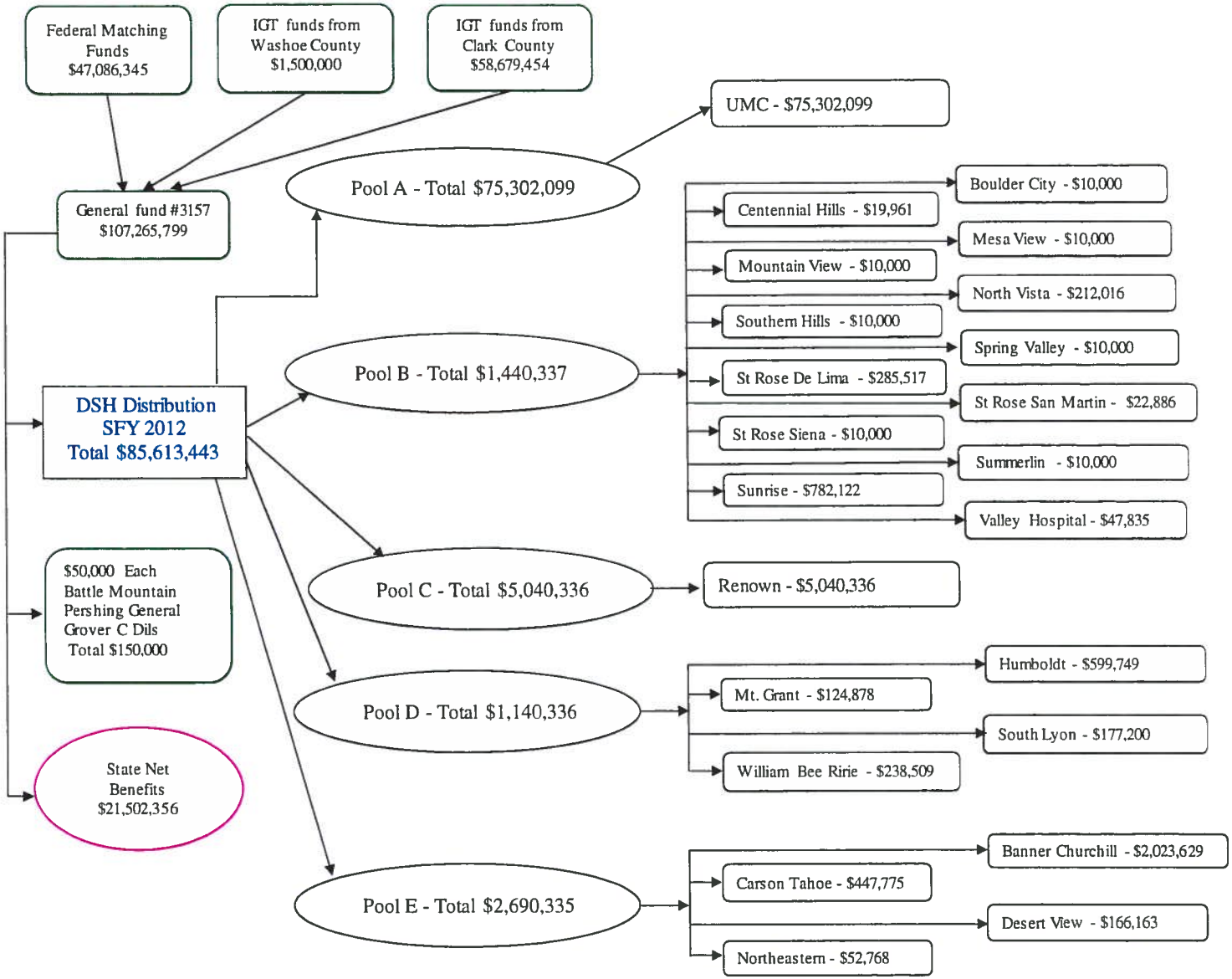
These caseloads include newly eligible individuals (primarily childless adults) up to 138% FPL. The Governor's Recommended Budget includes coverage of the "optional" caseloads.

Division	Budget Account, Dec. Units	Description	FY14		FY15	
			General Fund	Total	General Fund	Total
DHCFP	3243 E740	Medicaid Medical	-632,226	96,263,953	-2,116,524	299,914,451
DHCFP	3243 E744	Medicaid Primary Care Physician Rate Increase	0	0	8,900,989	25,135,302
DHCFP	3178 E744	Nevada CheckUp Primary Care Physician Rate Increase	396,860	1,451,574	386,270	1,513,600
		Medical Costs Subtotal	*-235,366*	*97,715,527*	*7,170,735*	*326,563,353*
DHCFP	3157 E740	Intergovernmental Transfer	0	2,023,692	0	6,307,476
DHCFP	3158 E740	Medicaid Fiscal Agent	110,326	441,302	335,694	1,342,775
		DHCFP Total	*-125,040*	*100,180,521*	*7,506,429*	*334,213,604*
DWSS	3228 E740	Welfare Administration (6 administrative support staff)	203,298	406,596	277,165	554,329
DWSS	3233 E740	Welfare Field Services (149 eligiblity-related positions by the end of FY15)	3,023,353	6,046,703	4,478,723	8,957,452
		DWSS Total	*3,226,651*	*6,453,299*	*4,755,888*	*9,511,781*
Behavioral Health	3161 E741	Outpatient Savings for Southern Nevada	-3,089,353	0	-7,649,825	0
Behavioral Health	3162 E741	Outpatient Savings for Northern Nevada	-1,379,914	0	-3,416,930	0
Behavioral Health	3648 E741	Outpatient Savings for Rural Clinics Nevada	-1,045,892	0	-2,589,828	0
		Outpatient Savings Subtotal	*-5,515,159*	*0*	*-13,656,583*	*0*
Behavioral Health	3161 E746	Pharmaceutical Savings for Southern Nevada	-1,173,947	-1,173,947	-3,029,006	-3,029,006
Behavioral Health	3162 E746	Pharmaceutical Savings for Northern Nevada	-231,001	-231,001	-596,028	-596,028
Behavioral Health	3648 E746	Pharmaceutical Savings for Rural Clinics Nevada	-32,105	-32,105	-82,836	-82,836
		Pharmaceutical Savings Subtotal	*-1,437,053*	*-1,437,053*	*-3,707,870*	*-3,707,870*
Behavioral Health	3168 E744	Behavioral Health Administration (3 positions to support revenue collection and service delivery goals)	118,317	158,815	155,800	216,481
Behavioral Health	3170 E740	Substance Abuse Prevention and Treatment (SAPTA) Savings	-3,066,776	-3,066,776	-3,367,440	-3,367,440
		Behavioral Health Total	*-9,900,671*	*-4,345,014*	*-20,576,093*	*-6,858,829*
		OPTIONAL CASELOADS TOTAL	**-6,799,060**	**102,288,806**	**-8,313,776**	**336,866,556**

TOTAL OF MANDATORY AND OPTIONAL CASELOADS	**17,033,702**	**218,907,891**	**55,244,738**	**549,550,242**

DISPROPORTIONATE SHARE HOSPITALS (DSH), UPPER PAYMENT LIMIT (UPL), AND GRADUATE MEDICAL EDUCATION (GME)

Fiscal Year 2012 DSH Distribution



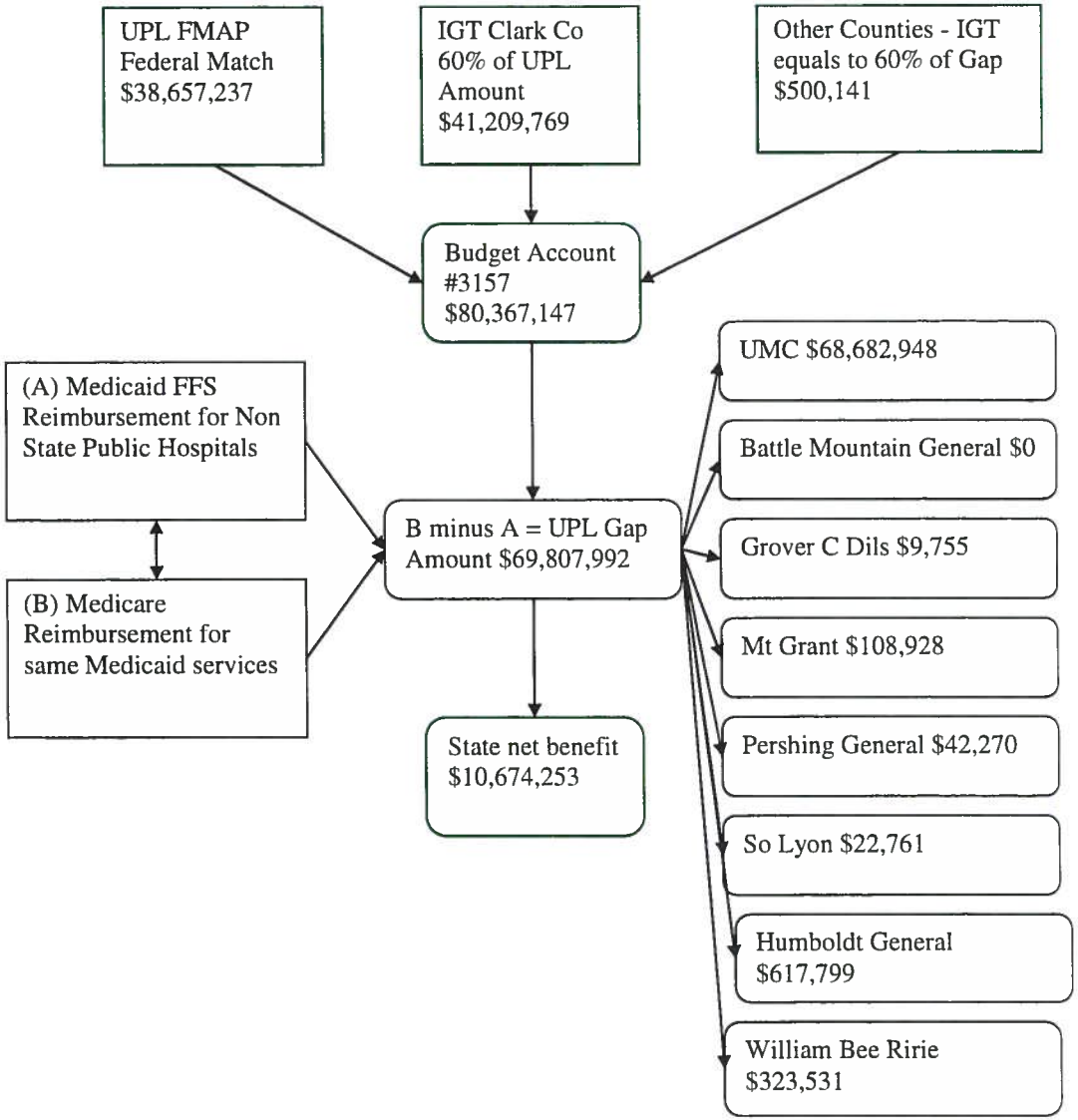
Disproportionate Share Hospital Program (DSH) in Nevada

- The DSH annual distribution is divided into five pools:
  - Pool A - Public hospitals in counties whose population is 400,000 or more (Clark County) receive $66,650,000 plus 90% of the total DSH in excess of $76,000,000.
  - Pool B - Private hospitals in counties whose population is 400,000 or more (Clark County) receive $1,200,000 plus 2.5 percent of the total DSH in excess of $76,000,000.
  - Pool C - Private hospitals in counties whose population is 100,000 to 399,999 (Washoe County) receive $4,800,000 plus 2.5 percent of the total DSH in excess of $76,000,000
  - Pool D - Public hospitals in counties whose population is less than 100,000 receive $900,000 plus 2.5 percent of total DSH in excess of $76,000,000
  - Pool E - Private hospitals in counties whose population is less than 100,000 receive $2,450,000 plus 2.5 percent of total DSH in excess of $76,000,000
- *Note: A State Plan amendment (SPA) is necessary to update the population cutoffs for these pools because Washoe County's population now exceeds 400,000.*

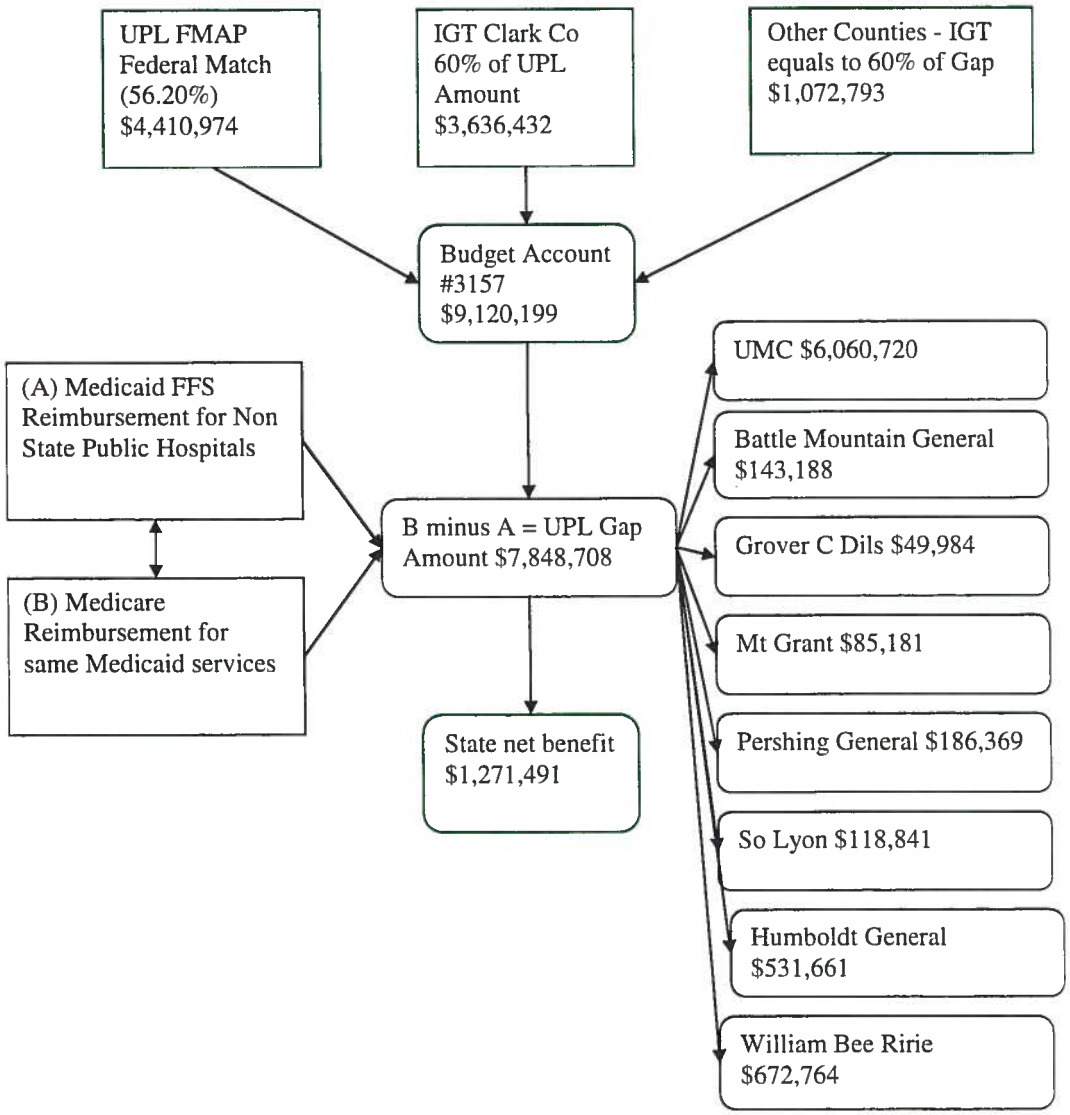
Estimated DSH with Reduction

State	Preliminary FFY 2012 DSH Allotment	Estimated FFY 2013 (Based on FFY 2012)	Estimated FFY 2014 With Reduction	Estimated FFY 2015 With Reduction	Estimated FFY 2016 With Reduction	Estimated FFY 2017 With Reduction	Estimated FFY 2018 With Reduction	Estimated FFY 2019 With Reduction	Estimated FFY 2020 With Reduction
US TOTAL	$11,341,637,957	$11,341,637,957	$10,841,637,954	$10,741,637,956	$10,741,637,956	$9,541,637,959	$6,341,637,959	$5,741,637,956	$7,341,637,960
Alabama	$314,905,719	$314,905,719	$301,022,992	$298,246,447	$298,246,447	$264,927,903	$176,078,453	$159,419,181	$203,843,906
Alaska	$20,860,270	$20,860,270	$19,940,638	$19,756,711	$19,756,711	$17,549,594	$11,663,948	$10,560,390	$13,503,213
Arizona	$103,688,468	$103,688,468	$99,117,326	$98,203,098	$98,203,098	$87,232,358	$57,977,051	$52,491,681	$67,119,335
Arkansas	$44,176,697	$44,176,697	$42,229,152	$41,839,643	$41,839,643	$37,165,536	$24,701,249	$22,364,195	$28,596,338
California	$1,122,651,686	$1,122,651,686	$1,073,159,201	$1,063,260,704	$1,063,260,704	$944,478,741	$627,726,839	$568,335,857	$726,711,808
Colorado	$94,727,736	$94,727,736	$90,551,631	$89,716,410	$89,716,410	$79,693,759	$52,966,689	$47,955,363	$61,318,898
Connecticut	$204,816,727	$204,816,727	$195,787,311	$193,981,428	$193,981,428	$172,310,831	$114,522,570	$103,687,271	$132,581,402
Delaware	$9,271,230	$9,271,230	$8,862,505	$8,780,760	$8,780,760	$7,799,819	$5,183,976	$4,693,506	$6,001,427
District Of Columbia	$62,725,122	$62,725,122	$59,959,863	$59,406,812	$59,406,812	$52,770,191	$35,072,537	$31,754,227	$40,603,054
Florida	$204,816,727	$204,816,727	$195,787,311	$193,981,428	$193,981,428	$172,310,831	$114,522,570	$103,687,271	$132,581,402
Georgia	$275,222,477	$275,222,477	$263,089,200	$260,662,544	$260,662,544	$231,542,679	$153,889,704	$139,329,771	$178,156,259
Hawaii	$10,000,000	$10,000,000	$9,559,147	$9,470,976	$9,470,976	$8,412,928	$5,591,466	$5,062,442	$6,473,173
Idaho	$16,833,376	$16,833,376	$16,091,271	$15,942,850	$15,942,850	$14,161,797	$9,412,324	$8,521,798	$10,896,535
Illinois	$220,177,981	$220,177,981	$210,471,359	$208,530,035	$208,530,035	$185,234,142	$123,111,763	$111,463,817	$142,525,006
Indiana	$218,897,878	$218,897,878	$209,247,690	$207,317,652	$207,317,652	$184,157,201	$122,395,998	$110,815,772	$141,696,374
Iowa	$40,329,581	$40,329,581	$38,551,638	$38,196,049	$38,196,049	$33,928,985	$22,550,147	$20,416,615	$26,106,034
Kansas	$42,243,450	$42,243,450	$40,381,133	$40,008,670	$40,008,670	$35,539,109	$23,620,280	$21,385,500	$27,344,914
Kentucky	$148,492,127	$148,492,127	$141,945,801	$140,636,535	$140,636,535	$124,925,352	$83,028,863	$75,173,272	$96,121,516
Louisiana	$731,960,000	$731,960,000	$699,691,292	$693,237,551	$693,237,551	$615,792,652	$409,272,923	$370,550,474	$473,810,338
Maine	$107,528,782	$107,528,782	$102,788,339	$101,840,250	$101,840,250	$90,463,186	$60,124,350	$54,435,818	$69,605,236
Maryland	$78,086,377	$78,086,377	$74,643,912	$73,955,419	$73,955,419	$65,693,504	$43,661,730	$39,530,772	$50,546,659
Massachusetts	$312,345,509	$312,345,509	$298,575,650	$295,821,678	$295,821,678	$262,774,017	$174,646,920	$158,123,089	$202,186,638
Michigan	$271,382,163	$271,382,163	$259,418,187	$257,025,392	$257,025,392	$228,311,850	$151,742,405	$137,385,635	$175,670,357
Minnesota	$76,487,655	$76,487,655	$73,115,670	$72,441,274	$72,441,274	$64,348,511	$42,767,810	$38,721,428	$49,511,779
Mississippi	$156,172,754	$156,172,754	$149,287,825	$147,910,839	$147,910,839	$131,387,008	$87,323,460	$79,061,544	$101,093,319
Missouri	$485,159,623	$485,159,623	$463,771,195	$459,493,509	$459,493,509	$408,161,281	$271,275,339	$245,609,225	$314,052,196
Montana	$11,624,144	$11,624,144	$11,111,690	$11,009,199	$11,009,199	$9,779,308	$6,499,600	$5,884,655	$7,524,509
Nebraska	$28,979,746	$28,979,746	$27,702,164	$27,446,648	$27,446,648	$24,380,451	$16,203,926	$14,670,827	$18,759,090
Nevada	$47,363,868	$47,363,868	$45,275,816	$44,858,205	$44,858,205	$39,846,879	$26,483,344	$23,977,681	$30,659,449
New Hampshire	$163,954,276	$163,954,276	$156,726,295	$155,280,699	$155,280,699	$137,933,546	$91,674,471	$83,000,894	$106,130,432
New Jersey	$659,253,841	$659,253,841	$630,190,409	$624,377,723	$624,377,723	$554,625,487	$368,619,524	$333,743,406	$426,746,387
New Mexico	$20,860,270	$20,860,270	$19,940,638	$19,756,711	$19,756,711	$17,549,594	$11,663,948	$10,560,390	$13,503,213
New York	$1,644,934,341	$1,644,934,341	$1,572,416,846	$1,557,913,347	$1,557,913,347	$1,383,871,360	$919,759,394	$832,738,400	$1,064,794,383
North Carolina	$302,104,673	$302,104,673	$288,786,285	$286,122,607	$286,122,607	$254,158,476	$168,920,792	$152,938,726	$195,557,568
North Dakota	$9,782,027	$9,782,027	$9,350,783	$9,264,534	$9,264,534	$8,229,549	$5,469,587	$4,952,094	$6,332,075
Ohio	$416,033,977	$416,033,977	$397,692,976	$394,024,776	$394,024,776	$350,006,375	$232,623,971	$210,614,770	$269,305,972
Oklahoma	$37,084,922	$37,084,922	$35,450,020	$35,123,040	$35,123,040	$31,199,277	$20,735,907	$18,774,025	$24,005,710
Oregon	$46,356,153	$46,356,153	$44,312,526	$43,903,801	$43,903,801	$38,999,096	$25,919,884	$23,467,532	$30,007,138
Pennsylvania	$574,766,940	$574,766,940	$549,428,142	$544,360,383	$544,360,383	$483,547,268	$321,378,963	$290,972,406	$372,056,558
Rhode Island	$66,565,436	$66,565,436	$63,630,876	$63,043,964	$63,043,964	$56,001,020	$37,219,835	$33,698,363	$43,088,955
South Carolina	$335,387,391	$335,387,391	$320,601,723	$317,644,589	$317,644,589	$282,158,986	$187,530,709	$169,787,907	$217,102,046
South Dakota	$11,310,642	$11,310,642	$10,812,008	$10,712,282	$10,712,282	$9,515,561	$6,324,307	$5,725,946	$7,321,574
Tennessee	$123,562,982	$123,562,982	$118,115,666	$117,026,202	$117,026,202	$103,952,643	$69,089,818	$62,553,038	$79,984,450
Texas	$979,279,977	$979,279,977	$936,108,083	$927,473,705	$927,473,705	$823,861,160	$547,561,040	$495,754,767	$633,904,827
Utah	$20,090,456	$20,090,456	$19,204,761	$19,027,622	$19,027,622	$16,901,955	$11,233,510	$10,170,676	$13,004,899
Vermont	$23,041,882	$23,041,882	$22,026,073	$21,822,911	$21,822,911	$19,384,969	$12,883,789	$11,664,818	$14,915,408
Virginia	$89,717,484	$89,717,484	$85,762,258	$84,971,213	$84,971,213	$75,478,670	$50,165,223	$45,418,952	$58,075,676
Washington	$189,455,473	$189,455,473	$181,103,263	$179,432,822	$179,432,822	$159,387,519	$105,933,378	$95,910,726	$122,637,797
West Virginia	$69,125,645	$69,125,645	$66,078,217	$65,468,732	$65,468,732	$58,154,905	$38,651,367	$34,994,454	$44,746,223
Wisconsin	$96,809,516	$96,809,516	$92,541,635	$91,688,059	$91,688,059	$81,445,145	$54,130,709	$49,009,252	$62,666,470
Wyoming	$231,780	$231,780	$221,562	$219,518	$219,518	$194,995	$129,599	$117,337	$150,035

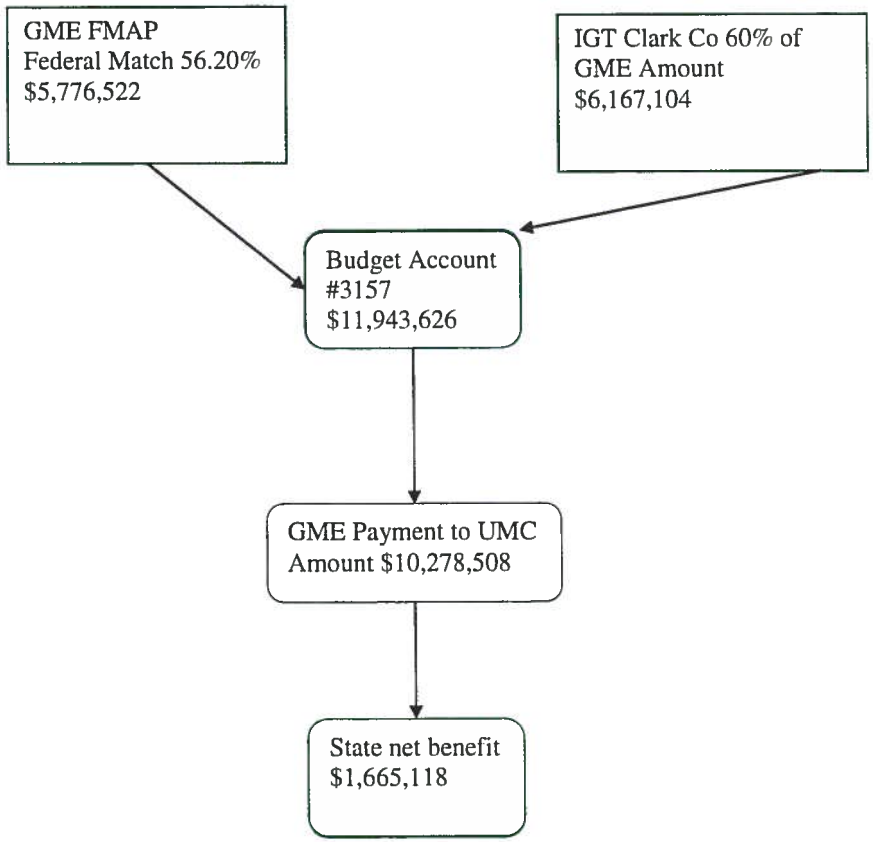
Public Hospital Inpatient UPL, Fiscal Year 2012



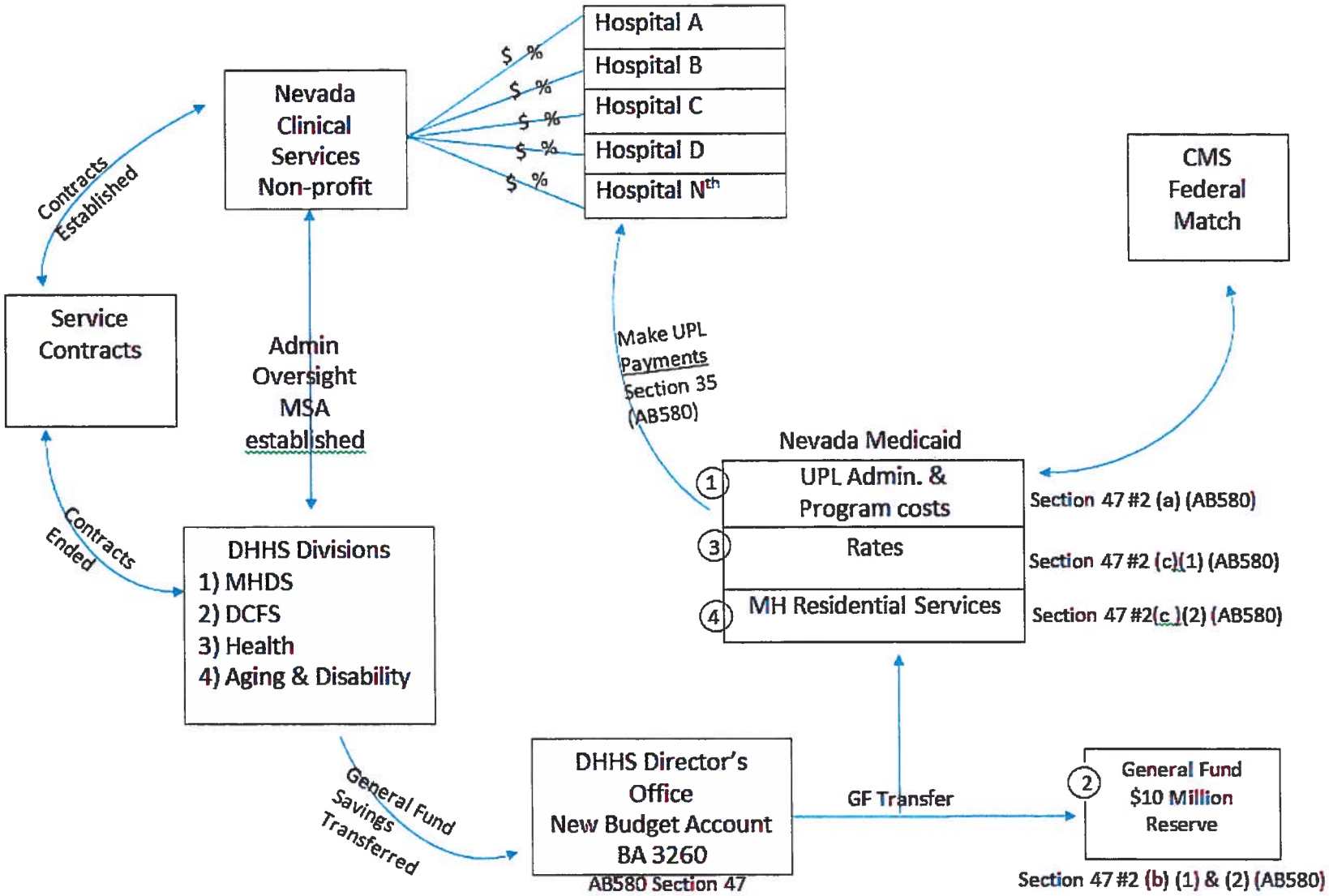
Public Hospital Outpatient UPL, Fiscal Year 2012



Public Teaching Hospital GME, Fiscal Year 2012



PRIVATE HOSPITAL UPL PROGRAMS



AB 580—Committee on Ways and Means (2011)

Sec. 47. 1. The Department of Health and Human Services may, with the approval of the Interim Finance Committee upon the recommendation of the Governor, transfer from the various divisions of the Department to an account which is hereby created within the State General Fund any excess money available to the divisions as a result of savings from not providing health and related services, including, without limitation, savings recognized by using a different source of funding to pay the providers of services if the persons previously served by a division no longer require the provision of services from the division of the Department.

2. Any money transferred to the account created by subsection 1, to the extent approved by the Centers for Medicare and Medicaid Services and authorized by the State Plan for Medicaid, must:

(a) Be used to pay administrative and related costs and the State's share of the cost for the expansion of the upper payment limit program as required by section 1 of this act.

(b) After being used to satisfy the requirements of paragraph (a), be reverted as follows:

(1) In Fiscal Year 2011-2012, $2,500,000 of any excess money transferred to the account created by subsection 1 and remaining after the expansion of the upper payment limit program must be reserved for reversion to the State General Fund and must be reverted to that Fund not later than September 21, 2012.

(2) In Fiscal Year 2012-2013, $7,500,000 of any excess money transferred to the account created by subsection 1 and remaining after the expansion of the upper payment limit program must be reserved for reversion to the State General Fund and must be reverted to that Fund not later than September 20, 2013.

(c) After being used to satisfy the requirements of paragraphs (a) and (b), be used, with the approval of the Interim Finance Committee upon approval of the Governor, to restore funding for:

(1) Rates paid to providers of Medicaid services; and

(2) Restore funding for residential support services for persons suffering from mental illness who are on a waiting list for such services.

3. The Director of the Department of Health and Human Services shall administer the account created by subsection 1.

Mental Health - General

NRS 433.354 Contracts for cooperation with governmental agencies and others. For the purposes of chapters 433 to 436, inclusive, of NRS, the Department through the Division may cooperate, financially or otherwise, and execute contracts or agreements with the Federal Government, any federal department or agency, any other state department or agency, a county, a city, a public district or any political subdivision of this state, a public or private corporation, an individual or a group of individuals. **Such contracts or agreements may include provisions whereby the Division will render services, the payment for which will be reimbursed directly to the Division's budget.** Cooperation pursuant to this section does not of itself relieve any person, department, agency or political subdivision of any responsibility or liability existing under any provision of law.

(Added to NRS by 1975, 1594; A 1993, 2716)

Mental Health - Children

NRS 433B.220 Contracts for cooperation with governmental agencies and others. For the purposes of this chapter, the Department through the Division may cooperate, financially or otherwise, and execute contracts or agreements with the Federal Government, any federal department or agency, any other state department or agency, a county, a city, a public district or any political subdivision of this state, a public or private corporation, an individual or a group of individuals. **Such a contract or agreement may include provisions whereby the Division will render services, the payment for which will be reimbursed directly to the Division's budget.** Cooperation pursuant to this section does not of itself relieve any person, department, agency or political subdivision of any responsibility or liability existing under any provision of law.

(Added to NRS by 1993, 2711)

IAF/SUPPLEMENTAL FUND

Indigent Accident Fund (IAF)/Supplemental Fund History

State Fiscal Year	Receipts	Sweep to General Fund	NACO/ Admin.	HIFA	Hospitals	Other
FY13 Budgeted	19,278,718	19,218,718	60,000	-	-	-
FY12	19,250,597	19,112,621	60,000	77,975	1,738,256	42,360
FY11	22,189,062	21,889,136	60,000	232,893	-	-
FY10	26,954,923	25,199,365	100,000	268,127	1,387,431	-
FY09	29,076,220	25,000,000	148,565	276,608	3,651,047	-
FY08	25,484,588	-	151,241	197,150	24,600,455	535,741

**"Receipts" includes beginning cash, interest, and balance forward to a new year.*

If the process is federalized,

$21 million State General Fund = $55 million total Medicaid spend at 62% FMAP

Losing opportunity to gain $34 million in Federal Funds

Hospital Name	County	FY08	FY09	FY10	FY11	FY12
Banner	Churchill	4,408.58	-	-	-	-
Barton	Douglas	1,365.55	-	-	-	-
Boulder	Clark	545.71	-	-	-	-
Carson Tahoe	Carson City	92,925.85	-	-	-	-
Carson Tahoe	Douglas	46,159.30	-	-	-	-
Carson Tahoe	Lyon	63,513.70	-	-	-	-
Subtotal Carson Tahoe		*202,598.85*	-	-	-	-
Carson Valley Medical Center	Douglas	2,284.88	-	-	-	-
Centennial Hills	Clark	16,026.83	-	-	-	-
Desert Springs	Clark	1,025,977.14	-	-	-	-
Grover Dils	Lincoln	6,516.50	-	-	-	-
Humboldt City	Humboldt	7,670.47	-	-	-	-
Mesa View	Clark	788.61	-	-	-	-
Mountain View	Clark	193,861.77	-	-	-	-
NNMC	Washoe	70,430.23	-	-	-	-
North Vista	Clark	1,043,630.52	-	-	-	-
Northeaster Nevada Regional	Elko	-	36,968.93	24,854.05	-	-
Nye Regional	Nye	2,885.64	-	-	-	-
Renown	Carson City	68,142.24	289,863.14	-	-	-
Renown	Douglas	129,096.52	29,994.87	17,019.23	-	-
Renown	Lyon	279,559.70	358,711.97	-	-	-
Renown	Nye	406,049.25	-	-	-	-
Renown	Pershing	-	95,022.19	-	-	-
Renown	Washoe	2,010,954.48	378,335.43	71,789.55	-	-
Renown	White Pine	-	60,807.68	-	-	-
Subtotal Renown		*2,893,802.19*	*1,212,735.28*	*88,808.78*	-	-
South Meadows	Washoe	33,712.41	-	-	-	-
Southern Hills	Clark	111,816.46	-	-	-	-
Spring Valley	Clark	400,960.97	-	-	-	-
St. Mary's	Washoe	517,015.18	-	-	-	-
St. Rose Delima	Clark	650,773.46	-	-	-	-
St. Rose Siena	Clark	306,004.40	-	-	-	-
St. Rose St. Martin	Clark	94,115.42	-	-	-	-
Summerlin	Clark	92,583.29	-	-	-	-
Sunrise	Clark	2,136,766.29	393,767.33	124,216.65	-	-
Sunrise	Lincoln	109,102.89	-	-	-	-
Subtotal Sunrise		*2,245,869.18*	*393,767.33*	*124,216.65*	-	-
UMC	Clark	13,384,237.56	2,007,575.63	1,149,551.25	-	
UMC	Lincoln	169,759.12	-	-	-	-
Subtotal UMC		*13,553,996.68*	*2,007,575.63*	*1,149,551.25*	-	-
Valley	Clark	1,096,074.89	-	-	-	-
Washoe Med Skilled Nursing	Nye	24,739.05	-	-	-	-
Hospital Total		***24,600,454.86***	***3,651,047.17***	***1,387,430.73***	-	-
Physicians	N/A	44,866.77	-	-	-	-
Ambulance Services	N/A	203,041.71	-	-	-	-
Other Services	N/A	287,832.98	-	-	-	-
Other Total		***535,741.46***	-	-	-	-
TOTAL		**25,136,196.32**	**3,651,047.17**	**1,387,430.73**	-	-

LEGISLATIVE BILL DRAFTS

Policy BDRs

Bill #	LCB BDR #	DOA BDR #	Division	NRS	Description	Bill Type	Budget Acct., Dec. Unit
AB29	**40-307**	400-1140	DO		Suicide Review Teams: Establish an independent, multi-disciplinary suicide fatality review committee. Committee would determine and report on suicide trends, risk factors for preventable deaths, and gaps in systematic responses.	Policy - Substantive	3150
AB53	**38-308**	402-1187	ADSD	427A.800 - 427A.840	Traumatic Brain Injury (TBI): Eliminate Subcommittee on Traumatic Brain Injuries, remove requirement for hospitals to report on TBI to ADSD, delete NRS 427A.800-427A.840.	Policy - Substantive	3266
SB51	**40-309**	402-1195	ADSD	427A.701-745, 449.0021	Intermediary Service Organizations (ISO): Move the certification process to the Health Division and eliminate the contradiction between NRS 629 and 449.	Policy - Substantive	3266
SB61	**38-310**	402-1196	ADSD	427A.750, 427A797	Deaf Services: Change the composition and size of the Subcommittee on Communication Services for Persons Who are Deaf or Hard of Hearing and Persons with Speech Disabilities (reduced from 11 to 7 members).	Policy - Substantive	3266
AB28	**40-311**	406-1040	Health	439.830	Sentinel Events: Ties the definition of sentinel events to the events listed on the most current list of Serious Reportable Events as endorsed by the National Quality Forum.	Policy - Housekeeping	3219
SB53	**40-312**	406-1049	Health	440	Vital Records NRS 440 Revision: Updates the vital records statute to reflect modern language and processes.	Policy - Housekeeping	3190
SB40	**54-314**	406-1064	Health	652.090, 652.127	Medical Laboratory Requirements: Changes medical laboratory application process to require proof of identity rather than an oath. Changes medical laboratory personnel requirements for phlebotomists to allow them to pass a "nationally recognized examination" rather than an exam administered by specific entities.	Policy - Housekeeping	3216
AB8	**38-315**	407-1101	DWSS	422, 422A	DHCFP/DWSS NRS Revisions: Revise statute to appropriately reflect the responsibilities of each Division and update outdated language.	Policy - Housekeeping	3228

Budget BDRs

Bill #	LCB BDR #	DOA BDR #	Division	NRS	Description	Bill Type	Budget Acct., Dec. Unit
		402-1300	ADSD	427A, 435, 442.740 - 442.770	Consolidate Disability Services: Bill consolidates disability services in the Aging and Disability Services Division by moving Developmental Services from MHDS and Early Intervention Services from the Health Division.	Budget	3151, E510, E511, E512, E514, E516, E517, E518, E531, E804, E805, E806, E910, E911, E912, E914, E916, E917, E918, E920, E930, E931
		406-1035	Health	449.122-449.125, 449.174	Background Check Website Establishment: Establishes a background check website for government agencies and providers to screen the criminal background of an applicant or employee. Adds certain long-term care facilitiies and employees to those required to have background checks. (This was a "Policy - Housekeeping" bill that became a budget bill.)	Budget	3219
		406-1050	Health	232, 433, 433A, 433B, 435, 436, 442	Health/MHDS Division Reorganization: Combines the Health and Mental Health and Developmental Services Divisions into the Division of Public and Behavioral Health.	Budget	3223, E900
		406-1067	Health	440.69	Vital Records Fees: Amend NRS 440.690 to allow the Office of Vital Records to use the funds from vital records fees to operate the program.	Budget	3190, E228
		407-1104	DWSS	422, 422A	CheckUp Transfer to DWSS: Transfer the Children's Health Insurance Program (Nevada CheckUp) from DHCFP to DWSS.	Budget	3233, E906
		408-1051	MHDS	449, 458.010, 458.025-458.028, 484C.310	SAPTA Certification Responsibilities: Allows facilities to be either certified or accreditied (not requiring both). Moves the certification of detoxification technicians to the Health Division. Clarifies statute concerning the authority to adopt regulations governing evaluation centers. (This was a "Policy - Substantive" bill that became a budget bill.)	Budget	3170. E801

GOVERNOR'S RECOMMENDED BUDGET

14/15 BIENNIUM

Department of Health and Human Services
Governor's Recommended Budget
14/15 Biennium

GENERAL:

- **Total Gov Rec Budget** request for the 14/15 biennium equals $7.4 billion, up from $6.2 billion Legislative approved budget for the 12/13 biennium.

  - **State General Funds** requested equals $2.066 billion, up from the $1.930 billion appropriated for the 12/13 biennium. This is an overall increase in General Funds of approximately $136 million.

  - **Federal funding (FMAP)** for the Medicaid program (and other programs) is projected to change significantly. The change in FMAP will result in a much higher percentage of costs being paid by the federal government.

    FY12 = 55.05%
    FY13 = 58.86%
    FY14 = 62.26%
    FY15 = 63.54%

  - Economic conditions in the State (employment/unemployment, uninsured rates, per capita income, housing/foreclosure, etc.) have resulted in higher demand for public assistance and social services, specifically health care and food assistance.

ORGANIZATIONAL PLANS:

DHHS is recommending **changes to the organizational structure** of the Department.

- Public Health and Mental Health would be combined into a single Division within the Department. The revised organizational structure would include combined Administrative, Community, Clinical and Regulatory/Planning Services under four Deputy Administrators under one Administrator. Medical direction (Health Officer and Mental Health Medical Director) would also be consolidated.

- The current Division of Aging and Disability Services would receive and integrate five new budget accounts including Desert Regional Center, Sierra Regional Center, Rural Regional Center, Family Preservation Program, and Early Intervention Services. The goal is to integrate services for people with disabilities (along the lifespan) into a single Division. Services/programs now scattered over three Divisions would be combined to one.

- The Suicide Prevention Office would be transferred out of the DHHS Director's Office and integrated within the Public Health/Mental Health Division. DHHS also plans to stabilize funding for suicide prevention efforts through use of Tobacco Settlement Funding.

- The Nevada Check Up eligibility function would be transferred from the Division of Health Care Financing and Policy to the Division of Welfare and Supportive Services, where other health care related eligibility functions is currently administered.

CASELOAD GROWTH:

- **Caseload growth (M200 series)** with the DHHS programs is projected to cost $421 million over the 14/15 biennium. $170.4 million of the projected cost would need to be provided by the State General Fund.

- Following are the most significant caseload growth budgets (in State General Fund need):

Program	FY14	FY15	Total
Medicaid -Medical	$49.7 mill	$72.7 mill	$122.4 mill
Medicaid -Admin.	2.5 mill	2.9mill	5.4 mill
Early Intervention Services	1.2 mill	4.6mill	5.8 mill
Desert Regional Center	4.8 mill	8.1 mill	12.9 mill
Sierra Regional Center	0.5mill	1.3 mill	1.8 mill
Welfare Aged and Blind Services	0.5 mill	0.8 mill	1.4 mill
Welfare Field Services 114 FTE (Eligibility)	2.8mill	3.4 mill	6.3 mill
Clark County Adoption Subsidies	2.3 mill	4.0mill	6.3 mill
Washoe County Adoption Subsidies	1.0 mill	1.5 mill	2.5 mill

STAFFING (FTE):

DHHS **staffing history and requested FTE** for the 14/15 biennium are as follows:

FY08 = 5,338
FY09 = 5,324

FY10 = 5,129
FY11 = 5,043

FY12 = 4,893
FY13 = 4,901

FY14 = 5,276

FY15 = 5,445

HEALTH CARE REFORM

The Affordable Care Act (ACA) as it relates to the Medicaid Program must be implemented effective January 1, 2014. The ACA includes mandatory and optional provisions. Governor Sandoval has elected to opt-in and expand Medicaid coverage to all eligible individuals with income under 138% of poverty.

The **mandatory provisions of the ACA** will cost $116.6 million ($23.8 million GF) in FY14 and $212.7 million ($63.6 million GF) in FY15. Mandatory costs include: information systems changes, Medicaid provider screening, administrative staff, the cost of medical payments for individuals currently eligible for Medicaid but not enrolled (assumes they will enroll), primary care physician rate increases through 12-31-14, added eligibility workers (174) to handle the growth, and some savings in Mental Health programs.

The **optional (or expansion) provisions** of the ACA will add an additional $102.3 million in costs in FY14 and $336.9 million in FY15 at **100% Federal Funding for medical costs** for newly eligible adults. The Medicaid Expansion will save the Nevada General Fund approximately $9.9 million in FY14 and $20.6 million in FY15 because of additional savings in the Mental Health Budgets. The expansion costs primarily relate to medical costs for the newly eligible population and the primary care physician rate increases for the last six months of the 14/15 biennium (paid at regular FMAP not 100% Federal).

DIRECTOR'S OFFICE BUDGETS

The Office of **Suicide Prevention** (4 FTE} will be transferred to the Health Division and integrated within the Bureau of Child, Family and Community Wellness (BA3222). Approx. $500 thousand per year in Tobacco Settlement Funding will be used to replace expiring Suicide Prevention Grant funding and provide budget stability to the Office of Suicide Prevention.

Federal Grant Funding for the **Health Information Exchange (HIE)** will end in February 2014. The positions (4 FTE} associated with this project are eliminated. The activities associated with the Nevada HIE will be taken over by the private non-profit HIE created per NRS 439.588, which must be self-sustaining.

The **Problem Gambling Program** (BA3200) is funded from a $2 per machine slot tax. Over the 12/13 biennium $1 of the $2 tax was "swept" to the General Fund to help offset budgetary shortfalls. During the 14/15 biennium the full $2 tax is being restored. The Problem Gambling Program and the Advisory Committee for Problem Gambling (ACPG) will have use of approximately $1.6 million per year to provide for administrative costs; and treatment, prevention and workforce development initiatives.

The **Governor's Office of Consumer Health Assistance (GOVCHA)** will be reduced from 15.5 FTE to 11.5 FTE (loss of 4 FTE} as a result of the loss of Health Insurance Exchange and United Health Settlement funding.

The **Indigent Accident Fund (IAF)/Supplemental Account** was "swept" to the GF for the past five fiscal years, totaling more than $110 million. Very few claims (approx. $6.8 million) have been paid to hospitals/other providers over this five year period. The Gov Rec Budget restores the full IAF/Supplemental Program and ends the "sweeping" of funds from this Account to the General Fund.

There is also ongoing discussion to try to re-purpose all or part of the IAF/Supplement funding, so Medicaid federal match can be obtained and increase funding (through rate increases) to Hospitals. The $21 million/year in IAF/Supp funding could be matched with federal funds and result in $56 million in payments to hospitals.

AGING AND DISABILITY SERVICES DIVISION

The State's **Long Term Care Ombudsman Program**, authorized by the federal Older Americans Act has been previously funded with Civil Monetary Penalty (CMP) funds. The Center for Medicaid/Medicare Services recently prohibited States from using CMP funds to support the Ombudsman Program. In order to keep this essential program available, approximately $245 thousand per year in General Funds is budgeted.

The **Senior Rx and Disability Rx Programs will continue** to be funded with approximately $4.9 million dollars per year in Tobacco Settlement Funding. As a result of the implementation of the Affordable Care Act (ACA) effective January 1, 2014, individuals currently being served by the Rx Programs with incomes below 138% of poverty will become Medicaid eligible and individuals with income between 138% and 400% will be eligible to purchase insurance through the Silver State Health Insurance Exchange (SSHIX). This change will reduce the need for Rx coverage, and allows the Program to **implement a Senior and Disability Dental Benefit Plan**. Legislative approval was given at the December 2012 IFC meeting to begin this program effective February 2013.

In the 14/15 biennium the Program expects to be able to serve 4,674 seniors and 895 disabled in the Rx programs and 845 in the Dental Benefit Plan.

The **Family Preservation Program** (a program that helps to keep disabled individuals living independently in their homes) is budgeted for an increase of 45 participants (growth from 602 in FY13 to 647 in FY15).

The **Rural Regional Center** budget includes $1.1 to $1.4 in added funding each year to increase Supported Living Arrangements (SLA's) by 31 placements (320 to 351) and Jobs and Day Training (JOT} by 42 placements (220 to 262). Waiting lists had to be established during

the 12/13 biennium as a result of over-estimated county revenue for services provided to children under NRS 435. This corrects that error, and will improve services to adult clients.

The Nevada Early Intervention Services Program is budgeted additional funding at $1.2 million in FY14 and $4.6 million in FY15 for caseload growth. The number of children served is projected to increase from 2,838 on June 30, 2012, to 3,255 of June 30, 2014, and 3,626 on June 30, 2015. The current 170 State Staff are all retained in the 14/15 biennium. Funding provided in the Adjusted Base Budget and Caseload Growth will be used to increase contracts with Community Providers and Contracted Specialists.

Home and Community Based Services are increased by caseload/demographic growth, with seven new FTE to support the necessary case management.

The Medicaid related Home and Community Based Waiver **(HCBW)** slots will increase from 1,713 to 1,771 (+58) in FY14 and from 1,771 to 1,830 (+59) in FY15.

The State funded Community Services Option for the Elderly **(COPE)** slots will increase from 51 at the end of FY12 to 59 in FY14 and from 59 to 61 in FY15.

The Medicaid related Assisted Living Waiver **(AL)** is not budgeted to increase (currently 54 slots are budgeted).

The **Autism Treatment Assistance Program (ATAP)** will receive an additional $2.0 million in General Funds over the 14/15 biennium. $1.8 million in FY14 and $2.2 million in FY15 of Tobacco Settlement Funds are also earmarked to support Autism Services. Added funding will allow ATAP to increase services from 137 in FY13 to 236 by the end of FY14 and 341 by the end of FY15. Waiting lists will continue to exist (current wait list is 364), however this investment will increase child/families served by more than double (150%).

The **Independent Living (IL) Program** will increase from 216 slots to 300 slots in FY14 and to 360 slots in FY15. The waiting list for services is expected to decrease from 205 to 150.

Desert Regional Center is budgeted to receive 52 new FTE to support caseload growth (41 FTE} and to support the increased number of individuals with dual diagnosis requiring intensive I support at the on-campus Intermediate Care Facility (11 FTE}. **Caseload growth** will require $7.4 million in added funding in FY14 and $14.1 million in FY15. SLA slots will increase by 115 in FY14 and 180 in FY15. JDT slots would increase by 314 and 399 respectively.

Sierra Regional Center is budgeted to receive 3.5 new FTE to support caseload growth, including new SLA slots of 42 in FY14 and 21 in FY15, new JDT slots of 33 and 16 respectively, and new Respite slots of 7 and 4. Funding to support caseload growth will require approx. $0.5 million in FY14 and $1.3 million in FY15.

DIVISION OF HEALTH CARE FINANCING AND POLICY

The DHCFP Administration budget includes many new initiatives that require funding:

- $80,000 to contract with a security expert to perform a **risk assessment of the automated processing system.**

- $100,000 per year to fund an **Electronic Health Record Provider Incentive Payment System** vendor to perform pre-payment eligibility verifications on qualified Medicaid providers.

- Two new staff to enhance claims recovery. **Recovery Audit Contractors** (RAC) identifies claims to be recovered by DHCFP. Added staff is needed to process recoveries (17,000 recoveries were processed in FY12}.

- Approximately $350,000 per year to contract for services related to Disproportionate Share Hospital (DSH) training for hospitals, MCO auditing and rate setting consultation.

- Two new staff to accommodate **increasing number of decision appeal/hearing requests.**

- Three new staff to support Care Management, Health/Medical Homes, and other ACA related components.

- $9.7 million in FY14 and $11.4 million in FY15 to support **administrative costs related to caseload growth.** Costs include Fiscal Agent payments, disability determinations, travel and operating.

- $255,000 per year to fund information analysis provided by the Center of Health Information Analysis (CHIA) at the University System.

- $5 million in FY14 and $1.5 million in FY15 to fund changes related to the Management Information System (MMIS) in order to comply with the ACA.

- $425,000 per year to fund a contractor to perform **screening of all new and existing Medicaid providers.** Section 455.436 of the 42 CFR mandates new database checks for providers.

- $561,000 in FY14 and $697,000 in FY15 to support allocation of costs for the Business Operation Solution (BOS) at the SSHIX.

- $3.3 million in FY14 and $1.1 million in FY15 to reprogram MMIS to interface with Health Information Exchanges (HIE's). Funding would be paid to the contracted Fiscal Agent to make system changes.

- $1.7 million in FY14 and $1.9 million in FY15 to fund Phase II of a three phase project to replace the current MMIS with a new system.

- $1.9 million in FY14 and $1.4 million in FY15 to implement the Transformed Medicaid Statistical Information System (T-MSIS).

- $1.7 million in FY14 to pay the Fiscal Agent to program **MMIS to be able to implement cost-sharing capabilities.**

The Nevada Check-Up Program funding for caseload growth totals $6.9 million in FY14 and $17.4 million in FY15. Funding is also included for primary care physicians rate increases to match increases being provided in the Medicaid Program. The rate increases in the Check-Up Program total $1.5 million per year.

The Medicaid Medical Payments budget (BA 3243) includes:

- **Mandatory rate increases** for free standing hospices, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), Indian Health Services, pharmacy and managed care; totaling $6.5 million (FY14) and $21.2 million (FY15).

- **Caseload (Non-ACA related) growth** costs of $131.8 million in FY14 and $199.7 million in FY15.

- **Primary Care Physician Rate increases:**
  - 100% Federally Funded beginning 1-1-2013 through 12-31-14 = $41.8 million (FY14) and $25.1 million (FY15)
  - Federal/State funded 1-1-15 through 6-30-15 = $25.1 million ($8.9 million GF)

- Expansion of the **Waiver for Persons with Physical Disabilities** by an additional 175 slots (increases from 579 to 754), costing $1.4 million in FY14 and $3.8 million in FY15.

- Expansion of the **Mental Retardation and Related Condition (MRRC) Waiver** by approx. 250 slots (from 1,742 to 2,010), costing $1.5 million in FY14 and $5.3 million in FY15.

- Expansion of the **Home and Community Based Waiver for seniors** by 117 slots (from 1,713 to 1,830), at a cost of $406 thousand in FY13 and $1.2 million in FY15.

- Funding (expressed in Total dollars) to pay medical costs for three ACA related populations expected to enroll in Medicaid:

	FY14	FY15
Currently eligible but not enrolled (FMAP):	$42.4 mill	$132.4 mill

NV Check Up transfers (Enhanced FMAP):	$7.6 mill	$30.9 mill
New ACA Medicaid eligible (100% Federal):	$96.3 mill	$299.9 mill

- Savings of $2.0 million ($729,200 in GF) in FY15 from **Medicaid recipient cost-sharing.**

HEALTH DIVISION

The Health Statistics and Planning budget (BA 3190) includes a request to allow the Division to retain **Vital Records Fees**. The 2011 Legislature approved a fee funded budget for the Office of Vital Records; however, NRS 440.690 was not amended to permit the program to use the funds. A Bill Draft is being submitted to correct this omission.

The **Immunization Program** (BA 3213) includes two new initiatives. The first is to enhance the interoperability between electronic medical records (EMR's), Nevada's Immunization Registry (WebiZ), and the receipt of Health Level? data (HL7) into the Registry. The second is to enhance the sustainability of school located vaccinations. Federal funding of approx. $340,000 supports these efforts. The Gov Rec budget also includes $500,000 per year in General Funds to support improved immunization, specifically improved Pertussis vaccination.

Additionally, $500,000 per year of Tobacco Settlement Funds is earmarked to support REMINDER/RECALL and Public Information Campaigns; and to fund a Childcare Immunization assessment project. The funds are earmarked in BA 3195, but a Budget Amendment or Budget Closing Adjustment is needed to receive the funds in BA 3213.

The **HIV/AIDS Program** is budgeted to receive an additional $1.8 million per year in rebate funding to expand program activities.

DIVISION OF WELFARE AND SUPPORTIVE SERVICES

The **Welfare Administration** budget (BA 3228) includes 21 new positions to support caseload growth. The new FTE will provide information systems support, quality control activities, and administrative support. This includes 7 FTE for non-ACA related growth (M200), 8 FTE for the ACA growth known as "currently eligible but not enrolled" (M740), and 6 FTE for the ACA expansion population (E740).

The **Assistance to the Aged and Blind** budget includes additional funding of $533,000 in FY14 and $831 ,000 in FY15 to support caseload growth over the biennium.

The **Field Services** budget is where staff who determine eligibility for the many public assistance, health care, and social services programs are funded. Staff is cost allocated among

several funding sources. The 14/15 Gov Rec budget **includes 460.5 new or transferred FTE.** Currently 999 FTE are authorized in the Field Services budget.

- 1 FTE is transferred from the Child Care Assistance budget to help with customer service call volume.
- 114 new FTE are requested to support non-ACA caseload growth.
- 174 new FTE are requested to support ACA related growth for "currently eligible but not served" group.
- 149 new FTE are requested to support the ACA related Medicaid expansion group.
- 22.51 FTE are transferred from the Nevada Check-up budget, as all health care eligibility determinations will be done within the Welfare Division when ACA is implemented.

The **Child Care Assistance Program** Base Budget is decreased by approx. $6.5 million per year to reflect the decrease in available federal funding ($5.7 per year) and State General Fund ($750,000 per year) support. The 14/15 biennium includes funding to support 5,540 child care assistance slots monthly.

The **Energy Assistance Program** budget is increased by $4.8 million in FY14 and $5.0 million in FY15 as a result of increased federal LIHEA funding. The budget will support serving 7,130 more households in FY14 and 7.415 in FY15. In FY12, 20,484 households were served.

DIVISION OF CHILD AND FAMILY SERVICES

Clark and Washoe provide Child Protection (CPS) and Child Welfare (CW) Services in their respective counties. The State provides these services in the remaining 15 counties.

The 2011 Legislature established **Block Grants for Clark and Washoe Counties** to be used, along with Federal Funding, to operate programs. Block Grants of $14,250,000/year for Washoe County and $42,750,000/year for Clark County are continued in the 14/15 budget.

Adoption Caseload Growth is budgeted for outside of the County CPS/CW Block Grants. Clark County Adoption Caseload Growth is $4.8 million ($2.3 million GF) in FY14 and $8.2 million ($4.0 million GF) in FY15. Washoe County Adoption Caseload Growth is budgeted at $2.0 million ($1.0 million GF) and $3.1 million ($1.5 million GF) in FY14 and FY15 respectively.

Caseload growth for adoptions is projected to be 10.78% in Clark County and 11.01% Washoe County.

Rural CPS/CW is budgeted to receive 6 new and 3 transferred FTE to support increased workload. The new positions include Family Support Workers, Mental Health Counselors and Administrative support positions. Transfers include clerical staff and a Program Specialist. Rural CPS/CW is also budgeted for Adoption Caseload increases and Foster Care Caseload increases. Projected increase for adoptions growth is 13.87%, and Regular Foster Care growth is projected to be 7.49%.

SB 480 in the 2011 Legislative Session was passed and "assessed" the 15 rural counties with 50% of the non-federal costs of operating **Child Protection Services**. This **"assessment"** is continued in the 14/15 biennium budget. The assessment totals approximately $2.1 million in each year.

The Northern Nevada Child and Adolescent Services budget includes Tobacco Settlement Funds to provide **Parent Management Training** ($89K in FY14 and $87K in FY15) **evidenced based group treatment intervention** ($38K per year.) These projects were recommended by the Mental Health Consortium.

The Southern Nevada Child and Adolescent Services (SNCAS) budget includes 4 new psychiatric nurse positions, to provide for the **re-opening of an additional unit at Desert Willow** Treatment Center to come in compliance with the federal rules. The SNCAS budget also includes Tobacco Settlement Funds for **Parent Management Training** ($116K in FY14 and $114K in FY15) and to provide for a **Mobile Crisis Unit** ($259K in FY14 and $256K in FY15) as recommended by the Mental Health Consortium.

The Governor's Recommended Budget for 14/15 includes the following to further the effort to **improve Juvenile Justice Programs:**

- Currently there are three separate Correctional Facility budgets (Caliente Youth Center, Elko Youth Training Center, and Summit View Correctional Center). The Gov Rec **Budget combines the three separate budgets into a single Correctional Facilities Budget**. This will provide the flexibility needed to operate facilities based on the needs of the Youth committed by the Courts for correctional care. Youth will be able to be placed in more appropriate settings than they are now. Three levels of care can be operated in an efficient manner, allowing Managers to determine funding and bed allocation between facilities.

- Elko Youth Training Center (160 bed capacity) is currently budgeted for 110 correctional beds, but is operating around 70 beds. The Gov Rec Budget for 14/15 includes funding for 60 beds at NYTC. Savings from the bed reduction is being reinvested to reopen the Summit View Correctional Center.

- Summit View Correctional Center (96 bed capacity) will be reopened October 2013. Funding is included in the budget for up to 50 State Funded correctional beds, and the necessary equipment and start-up costs to get the facility to an operational level. An RFP is being released to find and contract with a non-state entity to operate SVCC. The

contracted entity will have the opportunity to market the beds not used by the State of Nevada to other jurisdictions at their cost.

- Caliente Youth Center (140 bed capacity) will continue to operate at or near it's capacity, and will be the statewide placement resource for female youth commitments (40 beds) and lower level male youth commitments {100 beds) from Clark County.

- **$650,000 in General Funds per year is added to the Youth Alternative Placement budget** to increase state support to the China Springs/Aurora Pines Youth Camp in Douglas County. This increase in General Funds will decrease the Youth Camp assessments owed by the sixteen counties (all but Clark County) that currently support China Springs/Aurora Pines by the same amount. These Counties in turn may invest these savings into front-end Juvenile Justice Programs (note Supreme Court Commission Study for State to help Counties with "front-end services" funding) , support an increased budget for China Springs/Aurora Pines (Special Consideration Item requested), or use the savings for other county needs.

The **Youth Parole Budget includes an "assessment"** on all counties to pay 50% of costs. This assessment was established by SB 476 in the 2011 Session and will be continued into the 14/15 biennium. The County assessment totals approximately $2.8 million per year.

MENTAL HEALTH/SUBSTANCE ABUSE PREVENTION AND TREATMENT

Southern Nevada Adult Mental Health Services budget includes the following changes:

- $412,000 per year to provide after-care housing and treatment for 38 clients who have **co-occurring diagnosis** of substance abuse and mental illness.

- **Pharmacy savings** of $1.4 million in FY14 and $3.4 million in FY15 as a result of implementation of the Affordable Care Act (ACA).

- **Outpatient services savings** of $3.5 million in FY14 and $8.2 million FY15 as a result of implementation of the ACA.

- Relocation of the Downtown Clinic staff to the SNAMHS campus to provide focused medical clearance and urgent care programs on the 24 hours basis. Four additional staff (2 Psychiatrist positions and 2 Accounting positions) would augment existing staff, in addition to $300,000 per year in contractual (residents) psychiatric services. The total additional costs in General Funds to implement **24 hour urgent care** is approximately $891,000 over the 14/15 biennium.

No caseload growth is budgeted for SNAMHS.

Northern Nevada Adult Mental Health Services budget includes the following:

- $851,000 per year to **return five youth per year from out-of-state placements.** Generally these are youth who age-out from the Child and Family Services programs and require a high level of community supervision and care.

- Funding to contract for a part-time Psychiatric Nurse and part-time Administrative Assistant to provide **after-hours medical clearance** to reduce inappropriate use of Emergency Rooms. Cost is $59K in FY14 and $78K in FY15.

- **Caseload growth for 57 SLA's** over the 14/15 biennium. Cost is $231K in FY14 and $282K in FY15.

- **Caseload Growth in the Medication Clinic** of 58 in FY14 and 57 in FY15. Cost is $145K and $174K respectively.

- **Mental Health Court caseload growth** is budgeted at 21 new slots; at a cost of $183K in FY14 and $219K in FY15.

- **Pharmacy savings** of $280,000 in FY14 and $665,000 in FY15 as a result of implementation of the ACA.

- **Outpatient services** savings of $1.6 Million in FY14 and $3.7 million in FY15 as a result of implementation of the A CA.

The Substance Abuse Prevention and Treatment budget includes **General Fund reductions** of $3.1 million in FY14 and $3.4 million in FY15 **related to implementation of the ACA.** It is estimated treatment service providers will be able to bill Medicaid for 51% to 56% of their clients. Medicaid billing revenue will reduce GF support for SAPTA treatment. SAPTA staff will work with providers to develop Medicaid billing tools.

Rural Mental Health Clinics budget includes GF reductions for pharmacy savings for $39K in FY14 and $92K in FY15, and Outpatient Services Savings of $1.2 million in FY14 and $2.8 million in FY15 due to ACA implementation.