

**Tobacco Settlement Fund
Department of Health and Human Services
SFY14 through SFY17**

Use Category	SFY14 Actuals	SFY15 Revised	SFY16 Budget	SFY17 Budget
Balance Forward from Previous Year:	46,439,371	44,505,803	35,717,095	29,442,393
439.630 (c) - Seniors:				
- Administrative costs (ADSD - 3156)	(161,464)	(157,116)	(157,116)	(157,116)
- Senior Rx (ADSD - 3156)	(2,743,074)	(2,542,884)	(2,542,884)	(2,542,884)
439.630 (d) - Senior Independent Living (ADSD)				
- Administrative costs (ADSD - 3140)	(227,388)	(247,684)	(247,684)	(247,684)
- Senior Independent Living (ADSD - 3140)	(4,950,512)	(4,984,340)	(5,763,970)	(5,763,970)
439.630 (e) - Assisted Living (ADSD - 3140)	-	(200,000)	(200,000)	(200,000)
439.630 (f) - Cessation (DPBH - 3220)	(912,928)	(1,000,000)	(1,000,000)	(1,000,000)
439.630 (g) - Wellness:				
- Administrative costs (DO - 3195)	(328,964)	(358,342)	(352,560)	(357,386)
- Suicide Prevention (DPBH through DO - 3195)	(380,445)	(500,000)	(400,000)	(400,000)
- Hunger (DO - 3195)	(2,036,129)	(2,300,000)	(2,300,000)	(2,300,000)
- Immunization (DPBH through DO - 3195) ⁽¹⁾	(487,691)	(500,000)	(400,000)	(300,000)
- 2-1-1 Support (DO - 3195)	(512,000)	(500,000)	(700,000)	(700,000)
- Health Access (DO - 3195)	(255,802)	(300,000)	-	-
- Differential Response (DO - 3195)	(1,332,473)	(1,420,000)	(1,420,000)	(1,420,000)
- Family Resource Centers (DO - 3195)	(1,268,855)	(1,300,000)	(1,437,334)	(1,437,334)
- OCHA Ombudsmen (DO - 3204)	-	(350,000)	(180,000)	(180,000)
- SNAMHS - PACT (DPBH - 3161)	(337,152)	(300,000)	(150,000)	-
- SNAMHS - Home Visiting Program (DPBH - 3161)	(314,874)	(300,000)	(150,000)	-
- SNAMHS - Dvoskin Recommendations (DPBH - 3161)	(919,546)	(80,454)	-	-
- NNAMHS - Home Visiting Program (DPBH - 3162)	-	(166,615)	(83,308)	-
- Lakes Crossing Additional Beds/Staffing (DPBH - 3645)	(875,655)	(1,562,221)	(1,562,221)	(1,562,221)
- So NV MOST Program (DPBH - 3161)	-	(459,513)	(459,513)	(459,513)
- So NV Community Triage Center (DPBH - 3161)	-	(255,500)	(200,000)	(100,000)
- So NV Mental Health Court (DPBH - 3161) ⁽²⁾	-	(750,000)	(500,000)	(250,000)
- No NV Mobile Crisis Unit (DCFS - 3281)	(70,318)	(124,999)	(124,999)	(124,999)
- So NV Mobile Crisis Unit (DCFS - 3646)	(117,970)	(375,001)	(375,001)	(375,001)
- No NV Mobile Crisis Unit - Expansion (DCFS - 3281)	-	(635,199)	(635,199)	(635,199)
- So NV Mobile Crisis Unit - Expansion (DCFS - 3646)	-	(1,316,541)	(1,316,541)	(1,316,541)
439.630 (h) - Disability Services:				
- Administrative costs (DO - 3195)	(61,262)	(63,640)	(61,713)	(61,364)
- Respite (DO - 3195)	(608,011)	(650,000)	(675,000)	(675,000)
- Positive Behavior Support (DO - 3195)	(317,656)	(325,000)	(340,000)	(340,000)
- Independent Living Grants (DO - 3195)	(253,808)	(325,000)	(579,672)	(579,672)
- Traumatic Brain Injury (ADSD - 3266)	(1,343,997)	(1,000,000)	(570,000)	(320,000)
- Alzheimer's Taskforce Support (ADSD - 3151)	-	(73,000)	(73,000)	(73,000)
- Autism Taskforce Support (ADSD - 3266)	-	(113,000)	(63,000)	(63,000)
- Autism (ADSD - 3266)	(2,052,953)	(4,743,933)	(2,500,000)	(2,500,000)
- Family Preservation (ADSD - 3166)	(1,154,412)	(1,200,000)	(1,200,000)	(1,200,000)
439.630 (i) - Disability Rx (ADSD)				
- Administrative costs (ADSD - 3156)	(19,956)	(19,419)	(19,419)	(19,419)
- Disability Rx (ADSD - 3156)	(505,624)	(605,581)	(605,581)	(605,581)
Treasurer's Administrative Costs - (FHN - 1090)	(57,644)	(62,344)	(62,344)	(62,344)
Total Expenditures:	(25,639,839)	(32,167,326)	(29,408,059)	(28,329,228)
Projected Remaining Cash:	20,799,532	12,338,477	6,309,036	1,113,165
Revenue:				
- April Payment to Next State Fiscal Year	23,416,163	23,277,315	23,032,054	22,790,198
- Prior Year Funds Returned to FHN	188,804	-	-	-
- Treasurer's Interest	101,303	101,303	101,303	101,303
Total Revenue:	23,706,270	23,378,618	23,133,357	22,891,501
Balance Forward to Next Year:	44,505,803	35,717,095	29,442,393	24,004,666

⁽¹⁾ Creating an alternate funding source from Medicaid.

⁽²⁾ Creating an alternate funding source from Medicaid through Home & Community-Based Services 1915 (i) waiver.

**Tobacco Settlement Fund
Department of Health and Human Services
Breakdown of Use Categories**

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Restoration
439.630 (c) - Senior Rx	2,542,884	2,542,884	NRS 439.630(1)(c) authorizes the Senior Rx program to cover the cost of prescription drugs and, to the extent that funds are available, dental, vision and hearing devices. Over the past seven years, Medicare Part D has gradually reduced the FHN funding needed for prescription drugs. Provisions of the Affordable Care Act (ACA) are expected to perpetuate that trend. The proposed allocation to Senior Rx for SFY16 and SFY17 is projected to cover prescription drug coverage for eligible individuals. This is in line with results of the community needs assessment conducted by the Grants Management Advisory Committee (GMAC), which identified help with costs as one of the specific needs within the broad priority of Healthy/Mental Health.	Into B/A 3156 - To reimburse contractors for the cost of Medicare Part D premiums and prescription drugs.	Existing
439.630 (d) - Senior IL	5,763,970	5,763,970	Needs assessments conducted by the Commission on Aging (CoA) and the Commission on Services for Persons with Disabilities (CSPD) reinforced the need to continue funding senior independent living programs at the current level, if not higher. The proposed allocation represents an increase of about 15.6% compared to SFY14 and SFY15, which would significantly impact waiting lists cited in the CoA's needs assessment.	Into B/A 3140 and funds paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	\$4,984,340 is existing \$779,630 is restoration
439.630 (e) - Assisted Living	200,000	200,000	This allocation remained in statute after the passage of SB 421.	Into B/A 3140 and funds paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	Existing
439.630 (f) - Cessation:	1,000,000	1,000,000	Health/Mental Health was the top priority identified in the GMAC's community needs assessment. Within that broad category, programs for tobacco use prevention and cessation ranked second only to mental health services. Nevada ranks 49th in the nation for mortality related to smoking (with 51 being the worst). FHN funds support Chronic Disease through the Tobacco Control and Prevention Programs that are consistent with the guidelines established by the Centers for Disease Control and Prevention relating to evidence-based best practices to prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco.	Into B/A 3220 and funds expended from special-use Category 32. Costs includes transfers to Southern Nevada Health District (\$388,370), Washoe County Health District (\$185,000), Carson City Health Department (\$60,000), non-profits (\$350,000) and general operating costs.	Existing

**Tobacco Settlement Fund
Department of Health and Human Services
Breakdown of Use Categories**

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Restoration
139.630 (g) - Wellness: Suicide Prevention	400,000	400,000	This allocation continues to provide a stable funding source for the Office of Suicide Prevention. Nevada's per capita suicide rate is a serious concern; it is 63% higher than the national average. Within the broad priority of Health/Mental Health in the GMAC's community needs assessment, mental health was identified as the No. 1 need and suicide prevention was cited among the specific services needed.	Into B/A 3195, then transferred to the DPBH - B/A 3222 as funds are spent and reimbursement is requested. Due to the decrease in funding, only employee salaries and operating costs will be expended (no sub grants).	Existing
Hunger	2,300,000	2,300,000	Hunger was one of the top four priorities identified in the GMAC's 2014 community needs assessment and in the GMAC's recommendations to the DHHS Director. This is consistent with the 2012 assessment, which triggered a substantial increase in FHN funding for hunger projects. In FY14 and FY15, FHN grants awarded for additional food pantries and one-stop shops (which help individuals and families address the root cause of hunger) have exceeded expectations. Results of the most recent needs assessment indicate that both service providers and community members wish to see these efforts continued. An increase in FHN funding is requested to expand services. At the same time, efforts are underway to diversify funding and maximize federal resources.	Into B/A 3195 and funds are paid out to contractors and subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	Existing
Immunization	400,000	300,000	Nevada is ranked 40th in the nation for childhood immunizations. While this is an improvement over prior years, there is still significant need to continue focusing on this effort. Within the broad priority of Health/Mental Health in the GMAC's community needs assessment, immunization was cited among the specific services needed.	Into B/A 3195, then transferred to the DPBH Immunization Program - B/A 3213 as funds are spent and reimbursement is requested. Funds are expended from special-use Category 14, mostly on transfers to Southern Nevada Health District and non-profits (\$427,000 and \$266,000, respectively over the biennium).	Existing

**Tobacco Settlement Fund
Department of Health and Human Services
Breakdown of Use Categories**

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Restoration
2-1-1 Support	700,000	700,000	In the GMAC's 2014 community needs assessment, Family Support was one of the top four priorities cited by survey respondents and public forum participants. Within that category, Information and Referral/Assistance ranked third among the specific programs and services. This service is provided by a variety of entities. However, Nevada 2-1-1 is the cornerstone, and NRS 232.359 requires DHHS to maintain it. For the past several fiscal years, state funding has hovered around \$500,000. An increase to \$700,000 is requested to offset the expected loss of approximately \$140,000 in funding from other sources and to add \$60,000 for improvements and outreach. Efforts are underway to diversify future funding.	Into B/A 3195 and funds paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	\$500,000 is existing \$200,000 is restoration
Differential Response	1,420,000	1,420,000	Family Support was one of the top four priorities identified in the GMAC's 2014 community needs assessment and in the GMAC's recommendations to the DHHS Director. Within that category, Differential Response (DR) ranked second among specific programs and services. DR is a critical component of the Child Welfare system in Nevada. DR workers handle about 10% of the Priority 3 child abuse/neglect cases reported to DCFs. Stable funding is recommended.	Into B/A 3195 and funds are paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	Existing
Family Resource Centers	1,437,334	1,437,334	Family Support was one of the top four priorities identified in the GMAC's 2014 community needs assessment and in the GMAC's recommendations to the DHHS Director. Within that category, Family Resource Centers (FRCs) ranked first among specific programs and services. FRCs have become a critical component of the human services network. They serve as the foundation for the DR program (see above) and are considered a trusted partner in the ongoing effort to reach individuals and families eligible for food benefits. FRCs are also one of Nevada's key sources of information and Referral/Assistance, a service area which clearly needs enhancement based on input collected during the 2014 needs assessment. Funding for FRCs decreased during the economic recession. The recommended allocation would increase funding to the average level calculated over the past 10 years.	Into B/A 3195 and funds are paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	\$1,300,000 is existing \$137,334 is restoration

**Tobacco Settlement Fund
Department of Health and Human Services
Breakdown of Use Categories**

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A *	Funding: New, Existing, or Restoration
- OCHA Ombudsmen	180,000	180,000	There is a need for increased education and counseling regarding health care systems as more Nevadans have health insurance for the first time. The OCHA ombudsmen will continue to assist consumers with access to healthcare, answer questions about insurance, handle disputes with insurance companies and provide assistance to those having difficulty navigating complex, multi-layered health and social service systems.	Into B/A 3204 and funds are paid out to cover the salary and operating costs of 1 FTE and half of another FTE.	Existing
- SNAMHS - PACT (AOT)	150,000	-	In the 2013 Legislative Session, AB 287 was passed authorizing the involuntary court-ordered admission of certain persons with mental illness to programs of community-based or outpatient services under certain conditions. This request addresses the needs of individuals with mental illness being discharged from jails, prisons and hospitals. Often, failure to attend treatment appointments, maintain medication and retain housing results in revocation of probation and/or return to incarceration or hospitalization. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3161 with most of the budget to be spent on state personnel and operating costs (no contract costs).	Existing
- SNAMHS - Home Visiting Program	150,000	-	Mental Health Home Visiting for the severely mentally ill with a history of criminal justice involvement is intended to assist families and clients in Nevada's mental health system with the management of life's challenges through education, promotion of safe housing and living environments, self-sufficiency and medical adherence. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health. The service is further linked to the GMAC's needs assessment, and those of the CoA and the CSPD, through the prioritization of Support for Persons with Disabilities (including independent living).	Into B/A 3161 to cover services provided by contractors.	Existing

**Tobacco Settlement Fund
Department of Health and Human Services
Breakdown of Use Categories**

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Restoration
- NNAMHS - Home Visiting Program	83,308	-	Mental Health Home Visiting for the severely mentally ill with a history of criminal justice involvement is intended to assist families and clients in Nevada's mental health system with the management of life's challenges through education, promotion of safe housing and living environments, self-sufficiency and medical adherence. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health. The service is further linked to the GMAC's needs assessment, and those of the CoA and the CSPD, through the prioritization of Support for Persons with Disabilities (including independent living).	Into B/A 3161 to cover services provided by contractors.	Existing
- Lakes Crossing Additional Beds/Staffing	1,562,221	1,562,221	Lake's Crossing Center provides services to individuals who have been evaluated as not guilty by reason of insanity, incompetent to stand trial, or require mental health services in a secure setting. Due to the requirement to transfer individuals more timely from law enforcement facilities, an additional 10 forensic beds were added to the Dini-Townsend Hospital. These funds will be used to staff and operate these additional ten beds. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3645 to cover services provided by state employees and contractors.	Existing
- Southern Nevada MOST Program	459,513	459,513	To reduce the impact of mental health emergencies on hospital emergency rooms and respond to crises at the street level, Mobile Outreach Safety Teams (MOST) are used. MOST are groups of mental health clinicians that either ride along with law enforcement or are available on-call, to respond to officers dealing with clients in crisis on the street. MOST provide crisis intervention services in the community, provide consultation to hospital emergency personnel, community agencies and citizens, and provide de-escalation and referral to outpatient services. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3161 to cover services provided by contractors.	Existing

**Tobacco Settlement Fund
Department of Health and Human Services
Breakdown of Use Categories**

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Restoration
Southern Nevada Community Triage Center (CTC)	200,000	100,000	The funds will be used to add additional contracted beds and expand services to individuals with co-occurring disorders (mental health and drug and/or alcohol abuse). These individuals will be diverted from local emergency rooms to these additional Community Triage Center (CTC) beds. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3161 for a contract with WestCare to operate the CTC.	Existing
Southern Nevada Mental Health Court	500,000	250,000	The Mental Health Court provides court-ordered service coordination and residential services to individuals who were referred to the program in an effort to avoid incarceration resulting from crimes committed due to mental illness. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3161 for a contract with WestCare to administer payments to service providers.	Existing
Northern Nevada Mobile Crisis Unit	760,198	760,198	This funding supports the recommendation from the Washoe, Clark and Rural Children's Mental Health Consortium to fund a mobile crisis unit for the region. This unit provides immediate care and treatment from specialized teams to any child or adolescent requiring support and intervention with a psychiatric emergency. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3281 to reimburse expenditures related to the mobile crisis unit.	Existing
Southern Nevada Mobile Crisis Unit	1,691,542	1,691,542	This funding supports the recommendation from the Washoe, Clark and Rural Children's Mental Health Consortium to fund a mobile crisis unit for the region. This unit provides immediate care and treatment from specialized teams to any child or adolescent requiring support and intervention with a psychiatric emergency. This allocation is aligned with the GMAC's community needs assessment, which identified Mental Health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3646 to reimburse for expenditures related to the mobile crisis unit.	Existing

**Tobacco Settlement Fund
Department of Health and Human Services
Breakdown of Use Categories**

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Restoration
439.630 (h) - Disability Services					
- Respite	675,000	675,000	Services for Persons with Disabilities and their Caregivers was among the top four priorities identified in the 2014 GMAC needs assessment. Programs and services within this category were also cited as priorities in the needs assessments conducted by the CSPD and the CoA. The total request of \$1,594,672 for Respite, Independent Living and Positive Behavior Support (PBS) grants that fall within the purview of the GMAC increases funding to the average level calculated over the past 10 years. The subsequent breakdown by program area represents a funding increase for each. The CSPD's recommendation for equal funding in each program area was considered. However, applying that recommendation would have decreased funding for Respite, which was the No. 1 ranked Disability service in the GMAC needs assessment. Meanwhile, PBS would have received significantly more funding than needed based on past spending patterns and the fact that the program also receives \$100,000 annually from ADSD for the same or similar services. Independent Living was identified as the program area with the greatest need for funding restoration based on results of the GMAC and CoA needs assessments.	Into B/A 3195 and funds paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	\$650,000 is existing \$25,000 is restoration
- Positive Behavior Support	340,000	340,000	See explanation under Respite above.	Into B/A 3195 and funds paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	\$325,000 is existing \$15,000 is restoration
- Independent Living Grants	579,672	579,672	See explanation under Respite above.	Into B/A 3195 and funds paid out to subgrantees (DETR and non-state agencies) as funds are spent and reimbursement is requested. DETR B/A 3265 did not budget to receive funds as funds are awarded on a competitive basis.	\$325,000 is existing \$254,672 is restoration

Tobacco Settlement Fund
Department of Health and Human Services
Breakdown of Use Categories

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Restoration
- Traumatic Brain Injury (TBI)	570,000	320,000	Support for this program since SFY13 is reflective of the priorities recommended by the GMAC, CoA and CSPD. In fact, Support for Persons with Disabilities (including independent living and caregiver support) was a top priority in the community needs assessments conducted by all three advisory bodies in preparation for the SFY16-17 budget process. TBI services are vital for survivors who need comprehensive, acute rehabilitative therapy but have no payment source. This program, in its current state, was designed to pay for services when insurance and other resources were exhausted. With implementation of the ACA, this program has reduced in scope. The full impact of the ACA is not yet known, but it is expected that the need for this specific program will continue to decrease over time.	Into B/A 3266 - and funds paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	Existing
- Alzheimer's Taskforce Support	73,000	73,000	Per NRS 439.5083, DHHS was required to create an Alzheimer's taskforce to monitor/update an established five-year strategic plan. The taskforce had previously been supported by various agency staff, but there were not enough resources to provide adequate support for the strategic plan. The funds will cover the costs associated with arranging and hosting meetings to support long-term planning. This will, in turn, help DHHS more effectively support persons with disabilities, which was a top priority in recent community needs assessments conducted by the GMAC, CoA and CSPD.	Into B/A 3266 where the funds are expended by the agency.	Existing

**Tobacco Settlement Fund
Department of Health and Human Services
Breakdown of Use Categories**

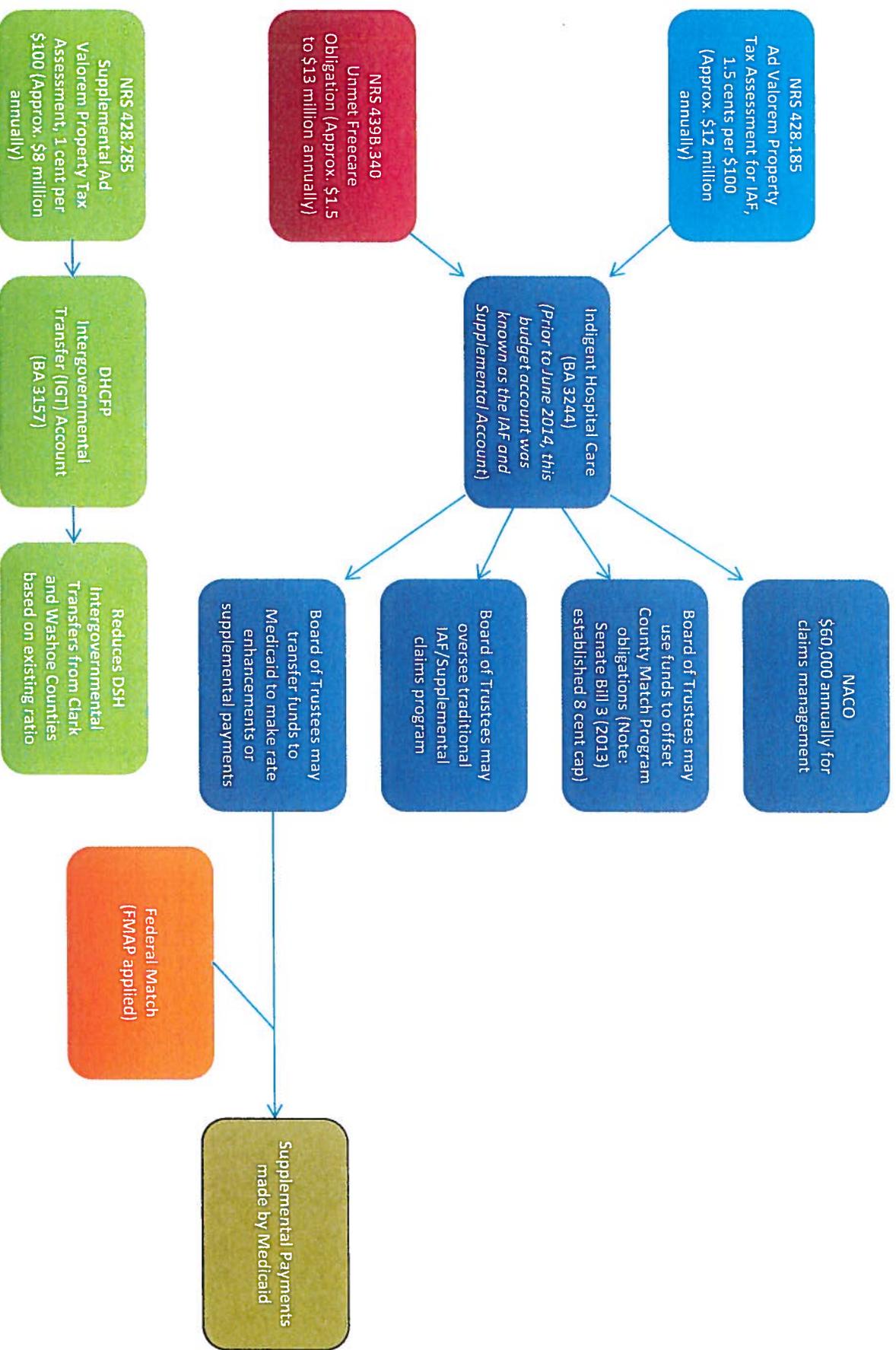
Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Restoration
- Autism Taskforce Support	63,000	63,000	The Autism Commission was established by Executive Order 2011-21 and is obligated to advise DHHS on the development and improvement of services to Nevadans with autism. Funding for the Commission was established in SFY15 by a work program. Also in SFY15, the Director of DHHS appointed ADSD as the lead agency to provide administrative support to the Commission. Going into SFY16 and SFY17, renewed and facilitated input from stakeholders is needed in order to effectively update the original 146 recommendations in the strategic plan and to generate greater collaboration around the development of policy and services. The proposed allocation will ensure that the needs of this population and their family caregivers are met, which is in alignment with the recent community needs assessments conducted by the GMAC, CoA and CSPD. All three cited Support for Persons with Disabilities as a top priority.	Into B/A 3266 where the funds are expended by the agency.	Existing
- Autism	2,500,000	2,500,000	State General Funds supported this program through FY12. In order to continue providing services after SFY12, some of the funds formerly deposited into the Trust Fund for Public Health (eliminated by SB 421) were redistributed to this program. However, the level of funding has been seriously insufficient to meet the growing need to help families of children with autism spectrum disorders establish home-based therapy programs. The allocation for SFY14 and SFY15 increased support by almost 70%, and the proposed amounts for SFY16 and SFY17 provide another 25% boost. The allocation is in line with the results of community needs assessments conducted by the GMAC, CoA and CSPD, all of which identified Support for Persons with Disabilities (and their caregivers) as a top priority. ADSD will be seeking additional General Fund appropriation for the ongoing operation of the program.	Into B/A 3266 where the funds are expended by the agency.	Existing

**Tobacco Settlement Fund
Department of Health and Human Services
Breakdown of Use Categories**

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Restoration
- Family Preservation Program (FPP)	1,200,000	1,200,000	The Family Preservation Program (FPP) was created using State General Funds; however, for SFY13, SFY14, and SFY15 the Executive Budget replaced general fund appropriations with Tobacco Settlement funds. FPP has been identified as one of the most cost effective programs operated by the state. FPP provides a monthly cash assistance (\$373) to families that care for a family member with severe or profound developmental disabilities and qualify under the set income criteria. This allocation allows families to support their family member in the family home versus in a more costly out of home placement. It is consistent with results of community needs assessments conducted by the GMAC, COA and CSPD, all of which identified Support for Persons with Disabilities (and their caregivers) as a top priority.	Into B/A 3156 with funds paid out to provide financial assistance on a monthly basis to low-income families residing in Nevada who are providing care in their home for family members with profound or severe mental retardation, helping offset expenses necessary to meet the special needs of the person, thereby keeping families intact and reducing the need for costly out-of-home placement.	Existing
439.630 (I) - Disability Rx	605,581	605,581	NRS 439.630(1)(I) authorizes the Disability Rx program to cover the cost of prescription drugs and, to the extent that funds are available, dental, vision and hearing devices. Over the past seven years, Medicare Part D has gradually reduced the FHN funding needed for prescription drugs. Provisions of the ACA are expected to perpetuate that trend. This is in line with results of the community needs assessment conducted by the GMAC, which identified help with costs as one of the specific needs within the broad priority of Health/Mental Health.	Into B/A 3156 - To reimburse contractors for the cost of Medicare Part D premiums and prescription drugs.	Existing
Total Program Costs:	<u>28,507,223</u>	<u>27,423,915</u>			
Admin Costs:	<u>900,836</u>	<u>905,313</u>			
Total Tobacco Funds Requested:	<u>29,408,059</u>	<u>28,329,228</u>			

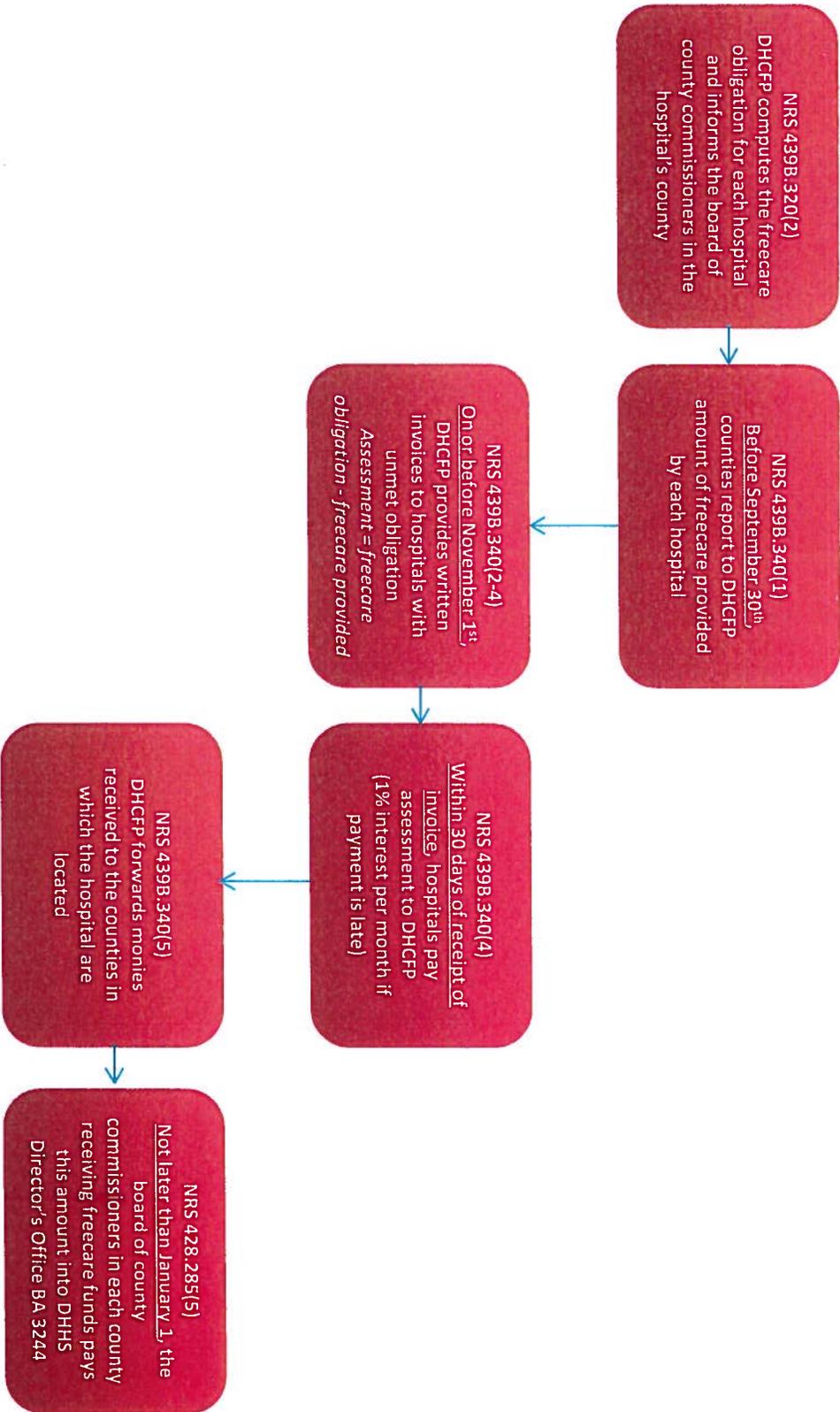
* All funds are transferred from the Treasurer's Office - B/A 1090 into the budget accounts noted.

Indigent Hospital Care (formerly Indigent Accident Fund (IAF)) and Supplemental

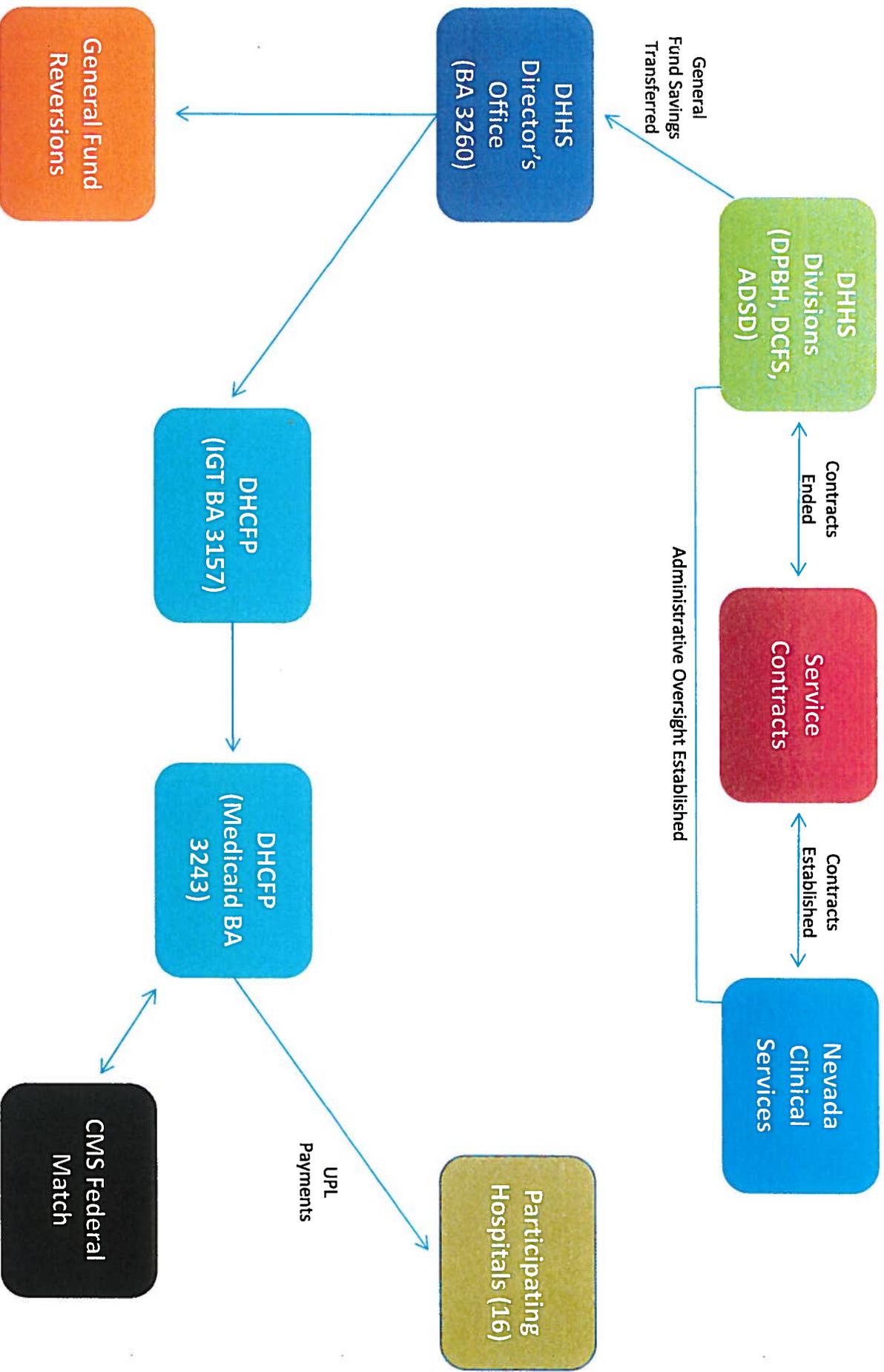


Unmet Freecare Obligation

NRS 439B.320 requires hospitals to provide uncompensated care for indigent inpatients in an amount equal to 0.6 percent of the hospital's net revenue for the preceding fiscal year. This freecare obligation applies to hospitals with more than 100 beds located in counties with two or more licensed hospitals (NRS 439B.300). Currently this applies to only Clark and Washoe Counties.



Private Hospital UPL Program



IDEA Part C

The IDEA Part C office is responsible for the following activities as required by IDEA:

- Annual development and submission of the application for federal funds under Part C of the IDEA to support the oversight and infrastructure of the statewide early intervention (EI) system; management of the budget in accordance with the federal budget obligations
- Development of the new 2014-2020 State Systemic Improvement Plan (SSIP), as required by OSEP, which necessitates multiple stakeholder meetings, national technical assistance, and data collection and analysis to improve results for infants and toddlers with disabilities and their families.
- Oversight and general supervision of the development and implementation of the statewide, family-centered, coordinated, comprehensive service delivery system for infants and toddlers with disabilities and their families per IDEA Part C requirements
- Maintaining an up-to-date data system ensuring timely and accurate data collection and reporting to meet federal and state requirements
- Maintaining a comprehensive child find system and public awareness program to ensure the public and primary referral sources are knowledgeable about the statewide EI system and how to refer children for services to ensure timely identification of infants and toddlers needing EI services
- Development and publication of policies, procedures, enforcement if appropriate and best practice documents to ensure positive outcomes for families participating in the statewide system of EI services
- Maintaining an up-to-date central directory of information and resources regarding the EI services system that is publicly available through the Department's website and by request from the IDEA Part C Office
- Development and dissemination of interagency and intra-agency agreements, such as the Department's System of Payments Directive (SOP) and the MOU between the Director's Office and the Nevada Department of Education
- Maintaining system of procedural safeguards including investigation and resolution for all complaints, and ensuring availability of mediation and due process to families
- Reporting to, and facilitation of, federally required quarterly meetings of the Interagency Coordinating Council (ICC) appointed by the Governor to advise and assist the State in implementing a coordinated system of EI services across agency lines including all subcommittees in accordance with IDEA and State open meeting law requirements
- Development and submission of the Federal Annual Performance Report (APR) to OSEP reflecting the State's compliance and/or performance related to 14 federally established indicators including child find and the determination of eligibility, development of the Individualized Family Service Plan (IFSP) within 45 days from referral, provision of services in the natural environment, delivery of EI services in a timely manner, outcomes for children and families, transition of the child and family out of Part C services, and the State's ability to correct noncompliance in a timely manner

- Annual comprehensive monitoring of all EI programs, including onsite visits, ongoing desk audits and focus monitoring of all early intervention service providers, subsequent tracking of correction of noncompliance and improvement activities
- Development and public posting of annual Report Cards for each EI service provider program in the State (both public and private) and issuing Letters of Determination regarding the performance status to each individual program
- Provision of training and technical assistance to the public and early intervention programs (individually and/or collectively) including quarterly Statewide EI Management meetings, monthly TA calls, development and implementation of support documents and other activities, as needed, to ensure appropriate implementation of all system requirements and positive outcomes for infants and toddlers and their families
- Providing timely responses to request for information relative to the functioning of the EI system from federal and state administrative entities and the general public
- Program certification to ensure community agencies are highly qualified and prepared to provide comprehensive early intervention services that are timely, appropriate and in compliance with Part C and State law and regulation
- Review of resumes and licensure of community program staff to ensure they are highly qualified and meet the State requirements for that position