

Fact Book

February 2021



Nevada Department of Health and Human Services

Formerly known as “Nassir Notes,” the DHHS Fact Book is dedicated to the distinguished career of Diane Nassir.

Steve Sisolak
Governor
State of Nevada

Richard Whitley, MS
Director
Department of Health and Human Services

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Nevada Department of Health and Human Services

Director's Office

MISSION STATEMENT

The Nevada Department of Health and Human Services (DHHS) promotes the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

Enabling Statute

- [NRS 232.290](#)

REVENUE AND GENERAL FUND INFORMATION

Legislative Approved 2020-2021 Biennium

General Fund: \$2,967,172,105

Federal: \$7,729,215,841

Other: \$1,808,107,579

Total overall budget: \$12,504,495,435

Governor Recommended 2022-2023 Biennium

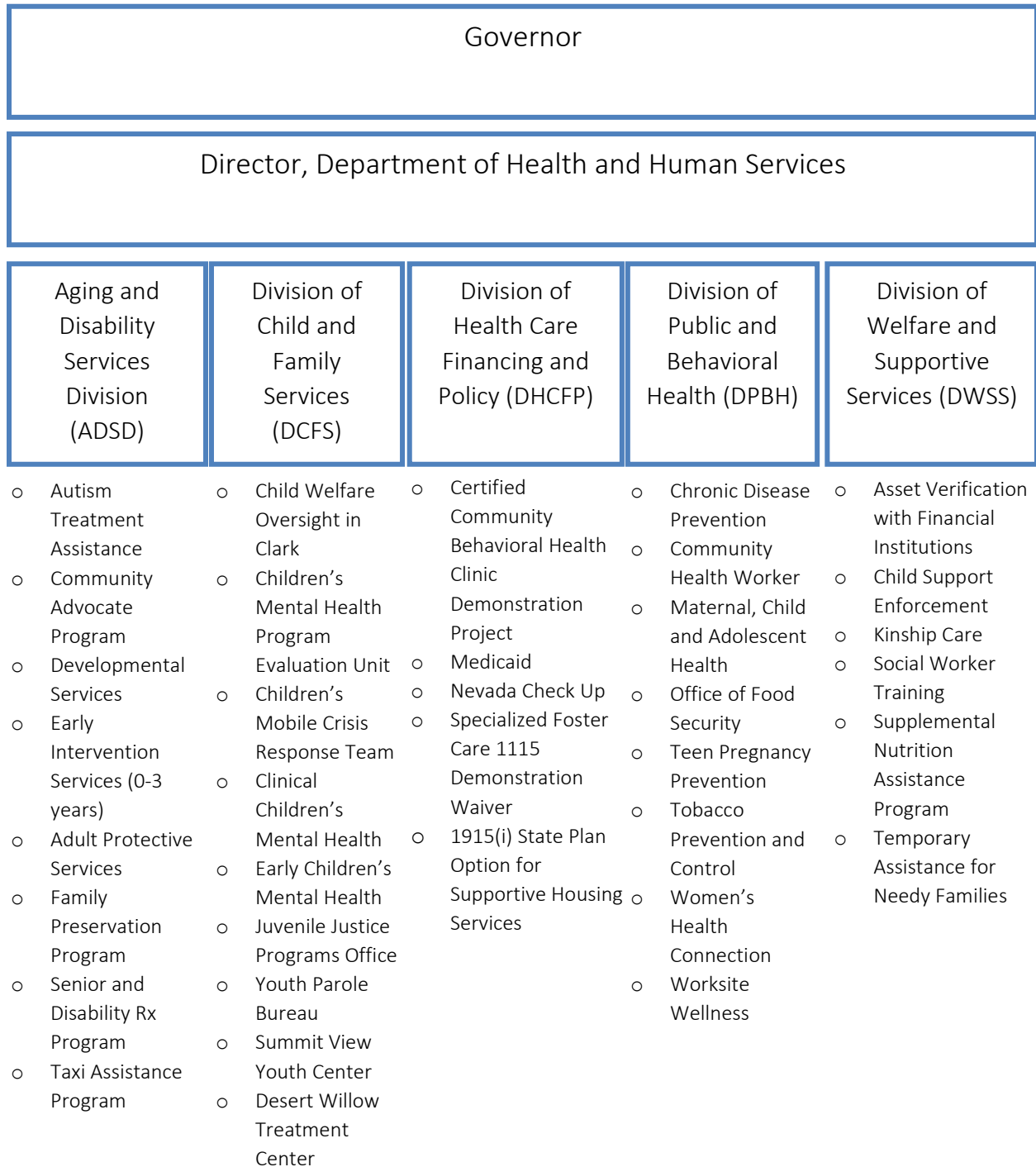
General Fund: \$3,253,021,833

Federal: \$8,550,639,232

Other: \$3,389,545,184

Total overall recommended budget: \$15,193,206,249

ORGANIZATIONAL CHART



DIRECTOR'S OFFICE PROGRAMS

Nevada 211

Established by Executive Order in February 2006, Nevada 2-1-1 was created to implement a multi-tiered response and information plan in the State of Nevada. 211 is a telephone number reserved in the United States and Canada to provide information and referrals to health, human and social service organizations. Dialing 211 in almost every part of the United States will connect individuals to essential human and social services near them.

Nevada 211 referrals include places to find emergency food; housing and emergency shelter locations; children's services; health care; support for seniors, older persons, and individuals with disabilities; mental health and counseling services; support for community crisis and disaster recovery; and employment services.

Nevada 211 is available 24 hours per day, seven days per week via telephone, website, text, chat, email and social media. Additionally, the Nevada 211 app is now available in the Apple App Store and Google Play. Information can be searched based on location and individuals can find program information and connect directly to a Nevada 211 Call Specialist. The Nevada 211 program is administered by Money Management International.

For more information, please visit:

<https://www.nevada211.org/>

<https://nv.211counts.org>

www.nevada211.org/reports/

Enabling Statute

- [NRS 232.359](#)

Office of Analytics

The Office of Analytics provides DHHS staff, media, legislators and the public a consistent location to request data to support grant funding, drive policy, and inform the public. Under the technical guidance of the Chief Biostatistician, the Office of Analytics is made up of staff from each DHHS division and focuses on utilizing coordinated and advanced cross-divisional analytics to drive policy and decision making across the Department of Health and Human Services. Centralization of a cross-divisional team enabled department-wide improvements of the consistency and quality of analytic products being produced and disseminated while allowing staff to the Office of Analytics the opportunity for peer-to-peer development and capacity building through a skilled analytic workforce.

DHHS' data request system OTRS is a key element for the Office of Analytics to support initiatives and staff. This system, piloted in mid-2017, allowed a triage team to daily review all incoming health data requests for completeness and authority, and assigned them to the proper data analyst for completion. The requests are tracked from receipt to delivery. An archival process is in place to allow for duplicate/similar requests

to be produced using the same methodology for consistency. This process has greatly improved the quality and response time for health-related data requests.

For more information, please visit:

http://dhhs.nv.gov/Programs/Office_of_Analytics/DHHS_Office_of_Analytics/

Office for Consumer Health Assistance (OCHA)

Established by the Nevada Legislature in 1999, the Office for Consumer Health Assistance (OCHA) is a vital point of contact for health care consumers and providers in Nevada. OCHA's mission is to provide the opportunity for all Nevadans to access information regarding patient rights and responsibilities, advocate for and educate consumers and injured workers concerning their rights and responsibilities under various health care plans and policies.

OCHA provides education and advocacy to those who have insurance through an employer, managed care, individual health policies, Employee Retirement Income Security Act (ERISA), Nevada's Workers' Compensation, Medicare or Medicaid. Access to health care resource assistance is also provided to the uninsured and underinsured. OCHA provides arbitrations to resolve disputes between out-of-network providers and third parties involving claims of less than \$5,000 for medically-necessary emergency services. OCHA collaborates routinely with non-profit organizations, state and federal agencies. OCHA serves as an umbrella agency for multiple consumer health related programs, including: Bureau for Hospital Patients, Worker's Compensation Injured Workers Assistance, External Review Organizations, Medicare or Medicaid. OCHA also has two contract Exchange Enrollment facilitators (Navigators) funded by a grant from the Nevada Silver State Health Insurance Exchange to assist consumers with applying for health insurance coverage through the Exchange.

For more information, please visit:

<http://dhhs.nv.gov/Programs/CHA>

Enabling Statute

- [NRS 232.451- NRS 232.462](#)
- [NRS 695G.241-NRS 695G.310](#)
- [NRS 439B.700-NRS 439B.760](#)

Grants Management Unit (GMU)

The Grants Management Unit (GMU) is housed within the Department of Health and Human Services. Originally created to administer grants to local, regional, and statewide programs serving Nevadans, the Unit has matured to include program development as one of its principal roles. The Unit builds and supports networks that help families and individuals assess their needs and work toward holistic solutions and shares responsibility for program accountability, growth and success with its community partners.

- Community Service Block Grant (CSBG) promotes self-sufficiency, family stability, and community revitalization.
- Family Resource Centers (FRC) provide information and referral services, and various support services to families.
- Fund for a Healthy Nevada (FHN) grants (1) improve the health and well-being of Nevada residents including programs that improve health services for children and (2) improve the health and well-being of persons with disabilities.
- Social Services Block Grant (SSBG-TXX) assists persons in achieving or maintaining self-sufficiency and/or supports child abuse prevention program efforts.
- The Trust Fund for Grief Support provides support to organizations to delivery peer support groups for children that have experienced a death in their family, as well as for families that have experienced a death of child.
- The Contingency Account for Victims of Human Trafficking was created by the 2013 Legislature and revised by the 2015 Legislature. Funding may be awarded in a competitive grant process or through an emergency fund to provide direct victim assistance in crisis situations. There is a policy and a request form available for community agencies to request funds on the GMU website.

Most GMU funding sources target at-risk populations. CSBG funds Community Action Agencies that are able to provide services to individuals and families at or below 200% of the Federal Poverty Level. The Family Resource Center Network (FRC) must conduct outreach to at-risk populations and provide resources and referrals to other assistance programs as well parent education and crisis intervention.

For more information, please visit:

<http://dhhs.nv.gov/Programs/Grants/GMU/>

Office of Minority Health and Equity (NOMHE)

The Office of Minority Health was originally established during the 2005 Legislative Session. Per the statute, an Advisory Committee composed of nine (9) members reflecting the ethnic and geographical diversity of the state assists and advises the Office in carrying out its duties. As of August 31, 2015, the Office ceased official operation due to lack of funding. During the 2017 Legislative Session, Assembly Bill 141 became effective, modifying the agency name to the Nevada Office of Minority Health and Equity (NOMHE) and moving it under the Office of the Director of the Department of Health and Human Services. In addition to ethnic and racial minorities, it now advocates on behalf of the Lesbian Gay Bisexual Transgendered Queer/Questioning (LGBTQ) community and persons who identify as differently abled. Recognizing these sub populations as marginalized, NOMHE includes them in its efforts to systemically embed equitable health considerations during state-level policy formation and among programmatic considerations of agencies addressing issue areas that have a determining impact on health.

To achieve its commitment to embedding equitable protocols and provide options for related ally-focused training, NOMHE has partnered with the University of Nevada, Reno, School of Community Health's Public Health Training Center. Resulting Health in All Policy (HiAP) and Cultural Competency training modules which can be found at <https://www.makinghealthhappen.org/>.

For more information, please visit:

<http://dhhs.nv.gov/Programs/CHA/MH/>

Enabling Statute

- [NRS 232.474](#)

Department Links

- [Department of Health and Human Services](#)
 - [Department of Health and Human Services Fact Book Data](#)
- [Aging and Disability Services Division](#)
- [Division of Child and Family Services](#)
- [Division of Health Care Financing and Policy](#)
- [Division of Public and Behavioral Health](#)
- [Division of Welfare and Supportive Services](#)
- [Nevada COVID-19 Dashboard](#)
- [Nevada COVID-19 Facilities Dashboard](#)

Nevada Department of Health and Human Services
Aging and Disability Services Division

VISION

Nevadans, regardless of age or ability will enjoy a meaningful life led with dignity and self- determination.

MISSION STATEMENT

The mission of ADSD is to ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent, meaningful and dignified lives.

PHILOSOPHY

ADSD seeks to understand and respond to the individual and his/her needs using principles of:

- Accessibility
- Accountability
- Culturally and linguistically appropriate services
- Ethics
- Mutual respect
- Timeliness
- Transparency

REVENUE AND GENERAL FUND INFORMATION

The ADSD budget is comprised of federal funds, state general funds, and other funds as outlined in more detail on our website. Many of our programs are required under state or federal law to comply with provisions of the Olmstead decision and the Americans with Disabilities Act Integration Mandate.

Legislative Approved 2020-2021 Biennium

General Fund: \$392,335,686

Federal: \$36,016,313

Other: \$324,573,313

Total overall budget: \$752,924,312

Governor Recommended 2022-2023 Biennium

General Fund: \$414,712,438

Federal: \$39,012,511

Other: \$331,393,969

Total overall recommended budget: \$785,118,918

AGING AND DISABILITY SERVICES DIVISION PROGRAMS

Adult Protective Services (APS)

Nevada Revised Statutes mandates that Aging and Disability Services Division receive and investigate reports of abuse, neglect, exploitation, isolation and abandonment of vulnerable persons age 18-59, in addition to persons 60 years and older, collectively referred to as vulnerable adults.

The Adult Protective Services (APS) program utilizes licensed social workers and adult rights specialists to assist vulnerable adults by investigating, providing or arranging for services to alleviate and prevent further maltreatment while safeguarding their civil liberties. The services provided include, but are not limited to, emergency food, emergency placement assistance and capacity assessments by a licensed geriatric psychiatrist. APS also make referrals to forensic medical and financial specialists, Bureau Health Care and Quality Compliance, Long Term Care Ombudsman and Community Base Care.

The investigation commences within three working days of the report. APS may contact local law enforcement or emergency responders for situations needing immediate intervention. APS refers cases where a crime may have been committed to law enforcement agencies for criminal investigation and possible prosecution.

For more information, please visit:

http://adsd.nv.gov/Programs/Seniors/EPS/EPS_Prog
<https://www.nevada211.org/aps/>

Enabling Statute

- [NRS 200.5093](#)

Attorney for the Rights of Older Persons and Persons with a Physical Disability, an Intellectual Disability or a Related Condition

The Office of Attorney for the Rights of Older Persons and Persons with a Physical Disability, an Intellectual Disability, or a Related Condition was established in 1989 under NRS 427A.123. The role is an appointed position by the Governor. In 2017, the Nevada Legislature broadened the scope of the position to include all persons served by the Aging and Disability Services Division. The Attorney works to advance systemic improvement throughout the aging and disability services network through legal advocacy and policy advocacy so that Nevadans can live independent, meaningful and dignified lives. In addition, the office acts as the designated Legal Assistance Developer under the Older Americans Act. 42 U.S.C. § 3058j.

Enabling Statute

- [NRS 427A](#)

Autism Treatment Assistance Program (ATAP)

The Autism Treatment Assistance Program helps families of children ages 0 through 19, with Autism Spectrum Disorders, to fund evidence - based therapy programs. Funds are used to pay clinical professionals who design the therapy programs and train registered behavior technicians to deliver the

therapy. Applicants are prioritized based upon a variety factors relating to their need and opportunities for successful therapy.

For more information, please visit:

<http://adsd.nv.gov/Programs/Autism/ATAP/ATAP/>

Enabling Statute

- [NRS 427A.875](#)

Community Options Program for the Elderly (COPE)

The Community Options Program for the Elderly provides services to seniors to help them maintain independence in their own homes as an alternative to a long-term care facility. COPE services include the following non-medical services: Case Management, Homemaker, Social Adult Day Care, Adult Companion, Attendant Care, Personal Emergency Response System, Chore and Respite. Applicants must be 65 years or older; financially eligible (for 2020 income up to \$3,302.96; assets below \$10,000 for an individual and \$30,000 for a couple); and be at risk of long-term care facility placement within 30 days without services to keep them in their home and community. Priority given to those with difficulties completing Activities of Daily Living (ADLs) without assistance.

For more information, please visit:

http://adsd.nv.gov/Programs/Seniors/COPE/COPE_Prog/

Enabling Statute

- [NRS 427A.250](#)
- [NAC 427A](#)

Community Advocate Program (formerly known as Advocate for Elders)

The Community Advocate Program provides advocacy and assistance to older adults (over 60), people with disabilities and their family members. Services include information and referral, emergency assistance, and outreach. The Community Advocate program was previously the 'Advocate for Elders' program. The name change went into effect September 1, 2017 due to changes made to NRS 427A.300 expanding the scope of services to people with disabilities.

For more information, please visit:

<http://adsd.nv.gov/Programs/Seniors/AdvocateElders/AdvocateForElders/>

Enabling Statute

- [NRS 427A.300](#)

Developmental Services

Developmental Services provides a full array of community-based services for people with Intellectual and Developmental Disabilities and their families in Nevada. The goal of coordinated services is to assist persons in achieving maximum independence and self-direction. All individuals who meet Developmental Services eligibility requirements of Intellectual Disability diagnosis or Developmental Disabilities and three of six major life skill limitations who apply for services receive basic service coordination. Developmental Services agencies provide many services to Medicaid eligible clients. Provider based services are given under a

Medicaid waiver depending on the level of care the individual needs. Direct medical services are provided under the Medicaid State Plan. Service coordinators assist individuals and families in developing a person-centered life plan focused on individual needs and preferences for the future. They also assist people in selecting and obtaining services and funding to achieve personal goals, community integration and independence. Major programs provided to achieve these goals include Community based residential supports, Jobs & Day Training Supports and Family Supports.

For more information, please visit:

<http://adsd.nv.gov/Programs/Intellectual/Intellectual/>

Enabling Statute

- [42 U.S. Code § 15001](#)
- [NRS 435](#)

Assistive Technology for Independent Living

The Assistive Technology for Independent Living Program (AT/IL) provides statewide services to support individuals with disabilities to live in their community vs. an institutional setting. The program is open to anyone whose permanent disability causes a substantial functional limitation with reasonable expectation that the services will enable the individual to gain, improve, and maintain their independence and live in their community. Individuals that are currently in a care facility, or at high risk of placement in a facility, can be prioritized for the services that are necessary for them to live independently in the community.

For more information, please visit:

<http://adsd.nv.gov/Programs/Physical/ATforIL/ATforIL>

Enabling Statute

- [NRS 427A.7953](#)

Communication Access Service Centers

The Communication Access Service Centers Program provides telecommunication devices and assistive technology distribution, repair and training; language acquisition; information and assistance to increase access to services by information or referral to programs for employment, health, social services, and education for people who are Deaf, Hard of Hearing, or have a speech disability.

For more information, please visit:

<http://adsd.nv.gov/Programs/Physical/ComAccessSvc/CAS/>

Enabling Statute

- [NRS 427A.797](#)

Home and Community Based Services (HCBS) Waiver for the Frail Elderly

The State of Nevada Home and Community Based Services (HCBS) Waiver for the Frail Elderly (FE) authorizes services to seniors to help them maintain independence in their own homes and communities as an alternative to long-term care facility placement. HCBS FE Waiver services include the following: Case Management, Homemaker, Social Adult Day Care, Adult Companion, Personal Emergency Response

System, Chore, Respite, Augmented Personal Care provided in residential care settings and access to State Plan Personal Care Services.

For more information, please visit:

[http://adsd.nv.gov/Programs/Seniors/HCBS_\(FE\)/HCBS_\(FE\)/](http://adsd.nv.gov/Programs/Seniors/HCBS_(FE)/HCBS_(FE)/)

Enabling Statute

- [NRS 426](#)
- [NRS 427A](#)
- [NRS 422](#)
- [NRS 449](#)

Home and Community Based Services (HCBS) Waiver for Persons with Physical Disabilities

The State of Nevada Home and Community Based Services (HCBS) Waiver for Persons with Physical Disabilities (PD) authorizes services to individuals who have been diagnosed with a physical disability, to help them maintain independence in their own homes and communities as an alternative to long-term care facility placement. HCBS PD Waiver services include the following: Case Management, Attendant Care, Homemaker, Chore, Respite, Assisted Residential Care, Environmental Accessibility Adaptations, Specialized Medical Equipment/Supplies, Personal Emergency Response System (PERS), Home Delivered Meals and access to State Plan Personal Care Services.

For more information, please visit:

[http://adsd.nv.gov/Programs/Seniors/PD_Waiver/Waiver_for_Person's_with_Physical_Disabilities_\(PD\)/](http://adsd.nv.gov/Programs/Seniors/PD_Waiver/Waiver_for_Person's_with_Physical_Disabilities_(PD)/)

Enabling Statute

- [NRS 427A](#)

Homemaker Program

The Aging and Disability Services Division (ADSD) Homemaker Program provides in-home supportive services for seniors and persons with disabilities who require assistance with Instrumental Activities of Daily Living (IADL) including light housekeeping, shopping, meal preparation and laundry, to prevent or delay placement in a long-term care facility.

For more information, please visit:

<http://adsd.nv.gov/Programs/Seniors/HomemakerProg/HomemakerProgram>

Enabling Statute

- [NRS 426](#)
- [NRS 427A.250](#)
- [NRS 449](#)

Independent Living Grants Program

The Nevada State Legislature passed legislation in 1999, which enacted the Governor's plan for utilizing part of Nevada's proceeds from the Master Tobacco Settlement to support "independent living" for Nevada's older adults (NRS 439.620). This program funds several vital services, such as respite care, transportation and supportive services. Supportive services include adult day care; caregiver support services; companion services; homemaker services; home safety, maintenance and repair services; and

Personal Emergency Response System (PERS). ILG funding is also used as match on federal discretionary grant programs for the division. Nevadans age 60 or older, who need assistance to live independently. Also, respite care or relief of informal caretakers, including, without limitation, informal caretakers of any person with Alzheimer’s disease or other related dementia regardless of the age of that person.

For more information, please visit:

<http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>
<http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/ADSDFundedProg/SocialServicePrograms.pdf>

Enabling Statute

- [NRS 439.630](#)

Long Term Care Ombudsman Program (Adult Rights Specialists)

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

For more information, please visit:

<http://adsd.nv.gov/Programs/Seniors/LTCOmbudsman/LTCOmbudsProg/>

Enabling Statute

- [NRS-427A. Sec125](#)

Medicare Assistance Program (MAP) (Formerly SHIP)

The Medicare Assistance Program provides statewide access to the services of the Nevada State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol (SMP), and Medicare Improvements for Patients and Providers Act (MIPPA). Service delivery includes education, Medicare counseling, and application assistance to empower Medicare beneficiaries to make informed decisions that meet their health care needs; optimize their access to care, affordable services, and cost savings programs; and to increase awareness and provide guidance to prevent, detect, and report health care fraud, errors, and abuse. The Medicare Assistance Program includes focused outreach efforts to reach targeted populations and to promote wellness and disease prevention throughout all communities.

For more information, please visit:

<https://nevadaadrc.com/services-and-programs/medicare>
<http://adsd.nv.gov/Programs/Seniors/Seniors/>

National Family Caregiver Support Program

The National Family Caregiver Support Program addresses the needs of family and other informal caregivers by increasing the availability and efficiency of caregiver support services and long-term care planning resources.

For more information, please visit:

<http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>
<http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/ADSDFundedProg/SocialServicePrograms.pdf>

Nevada Early Intervention Services (NEIS)

Early Intervention Services (EI) provide specialized supports and services for infants/toddlers (ages 0-3) with developmental delays and/or disabilities and their families to meet their individualized needs following regulations provided by Part C of the Individuals with Disabilities Education Act (IDEA). The system is comprised of community providers contracted through Aging and Disability Services Division (ADSD) and the ADSD Nevada Early Intervention Services (NEIS) state program. Services by IDEA Part C may include (not all inclusive): Assistive technology devices and services, audiology, vision and mobility, family training, counseling and home visits, health and nutrition, multi-disciplinary evaluations and assessments, occupational therapy, physical therapy, psychological services, service coordination, social work services, special instruction, speech and language therapy, resource and referral, and autism screening (state required). NEIS has regional sites in Las Vegas, Carson City, Reno, and Elko and has 6 active contracts with community providers to provide services in Clark and Washoe County.

For more information, please visit:

http://adsd.nv.gov/Programs/InfantsToddlers/Infants_Toddlers/

Older Adult Supportive Services, Disease Prevention and Health Promotion

Supportive Services are intended to maximize the informal support provided to older Americans, to enable them to remain living independently in their homes and communities. Services funded under Supportive Services and Senior Center Programs include but are not limited to senior companion; transportation; adult day care; homemaker; representative payee; legal services; telephone reassurance; Personal Emergency Response System (PERS); food pantry; grocery delivery; and geriatric assessment services.

Disease Prevention and Health Promotion Services are evidence-based programs that improve health and wellbeing and reduce disease and injury among older adults. Title III-D supports the highest-tier of evidence-based programs, such as those that focus on falls prevention, care consultation, nutrition, fitness and chronic diseases.

For more information, please visit:

<http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>
<http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/ADSDFundedProg/SocialServicePrograms.pdf>

Personal Assistance Services (PAS)

The Personal Assistance Services (PAS) program provides community-based, in home services to enable adult persons with severe physical disabilities to remain in their own homes and avoid placement in a long-term care facility. PAS services include authorizations for Personal Care Services assisting an individual with daily tasks such as bathing, dressing, grooming, toileting, transferring/ambulating, eating, housekeeping, shopping, laundry, and meal preparation; and respite. PAS recipients may share in the cost of their services, based upon a sliding scale formula.

For more information, please visit:

http://adsd.nv.gov/Programs/Seniors/PersAsstSvcs/PAS_Prog/

Enabling Statute

- [NRS 427A.793](#)

Senior Nutrition: Home-Delivered Meals

Senior Nutrition: Home-Delivered Meals furnish meals to homebound seniors, who are too ill or frail to attend a congregate meal site. Individuals over 60 and their spouses and individuals with disabilities who resides with an eligible senior are eligible to participate in the program.

For more information, please visit:

<http://adsd.nv.gov/Programs/Grant/Nutrition/Resources/>

<http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Programs/Grant/ADSDFundedProg/NutritionPrograms.pdf>

Senior Nutrition: Meals in Congregate Settings

Senior Nutrition - Meals in congregate settings programs provide meals to seniors in congregate settings, usually at senior centers with the purpose to reduce hunger and food insecurity; to promote socialization of older individuals; and to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

For more information, please visit:

<http://adsd.nv.gov/Programs/Grant/Nutrition/Resources/>

<http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Programs/Grant/ADSDFundedProg/NutritionPrograms.pdf>

Senior Rx and Disability Rx

The Senior and Disability Prescription (SRx/DRx) Program is a State Pharmaceutical Assistance Program (SPAP) for low-income seniors and persons with disabilities who are Medicare eligible and do not qualify for full Medicaid or 100% Low Income Subsidy. The SRx/DRx program provides a subsidy toward the member's monthly Medicare Part D premium for participating Medicare Part D Prescription Drug Plans and Medicare Advantage Plans with Part D.

For more information, please visit:

<http://adsd.nv.gov/Programs/Seniors/SeniorRx/SrRxProg/>

<http://adsd.nv.gov/Programs/Physical/DisabilityRx/DisabilityRx/>

Enabling Statute

- [NRS 439.655](#)

Taxi Assistance Program

Allows seniors age 60 and older and persons with permanent disability who are Nevada residents to use taxicabs in Clark County only, at a discounted rate. Eligibility is based on three tier income criteria to prioritize funding for low-income individuals.

For more information, please visit:

http://adsd.nv.gov/Programs/Seniors/TAP/TAP_Prog/

Nevada Department of Health and Human Services Division of Child and Family Services

VISION

Safe, healthy, and thriving kids in every Nevada community

MISSION

The Nevada Division of Child and Family Services (DCFS), together in genuine partnership with families, communities and other governmental agencies, provides support and services to assist Nevada's children and families in reaching their full human potential. DCFS recognizes that Nevada's families are our future and children, youth and families thrive when they:

- Live in safe, permanent settings
- Experience a sense of sustainable emotional and physical well being
- Receive support to consistently make positive choices for family and the common good

REVENUE AND GENERAL FUND INFORMATION

Legislative Approved 2020-2021 Biennium

General Fund: \$284,399,397

Federal: \$244,429,213

Other: \$95,727,279

Total overall budget: \$624,555,889

Governor Recommended 2022-2023 Biennium

General Fund: \$274,610,342

Federal: \$257,872,999

Other: \$94,381,723

Total overall recommended budget: \$626,865,064

DIVISION OF CHILD AND FAMILY SERVICES PROGRAMS

Child Protective Services (CPS)

Child welfare agencies respond to reports of abuse or neglect of children under the age of 18. Abuse or neglect complaints are defined in statute and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment. If the CPS worker determines that the child can safely remain in the home with the provision of services, they work with the family to develop a plan to address any problems identified through comprehensive assessment. The plan may include visits from child welfare staff and/or referrals to community-based services. Federal funding is administered through DCFS to child welfare programs in Clark and Washoe counties via Clark County Department of Family Services (CCDFS) and Washoe County Human Services Agency (WCHSA). Rural programs are administered directly by DCFS.

The number of alleged child abuse/neglect has been fairly stable in recent years, although reports dropped drastically in 2020 when schools were closed due to the COVID-19 pandemic as school personnel are mandated reporters who historically make up a large proportion of child welfare referrals. By the summer of 2020, the drop in reports had disappeared, with all three child welfare agencies currently receiving a similar number of reports as in previous years.

For more information, please visit:

<http://dcfs.nv.gov/Programs/CWS/CPS/CPS/>

Enabling Statute

- [NRS 432 - Public Services for Children](#)
- [NRS 432B - Protection of Children from Abuse and Neglect](#)
- [NRS 432C - Protection of Children From Sexual Exploitation](#)

Child Welfare - Foster Care – Out-of-Home Placements

Foster Care services are provided as temporary placement for children who cannot remain safely in the home of their parents or primary caretakers. When children enter foster care, a case plan is developed that supports the achievement of permanency for the child in a timely manner. Federally mandated permanency goals include reunification, adoption by a relative or non-relative, guardianship by a relative or non-relative, relative foster care or other planned permanent living arrangements. Federal funding is administered through DCFS to child welfare programs in Clark and Washoe counties via Clark County Department of Family Services (CCDFS) and Washoe County Human Services Agency (WCHSA). Rural programs are administered directly by DCFS.

Statewide, SFY 2020 saw 3052 children enter foster care, which was 10% less children entering foster care than SFY 2019. As of December 2020, 4,235 children are in foster care in Nevada.

For more information, please visit:

http://dcfs.nv.gov/Programs/CWS/Foster_Care/FosterCare/

Enabling Statute

- [NRS: Chapter 424 – Foster Homes for Children](#)

Child Welfare – Independent Living

Once a youth in foster care turns age 14, they become eligible for Independent Living (IL) services. The IL program is designed to assist and prepare foster and former foster youth in making the transition from foster care to adulthood by providing opportunities to obtain life skills for self-sufficiency and independence. DCFS and child welfare agencies assist young people with accessing funding and support related to education, employment, daily living skills, money management, housing assistance, substance use prevention, smoking prevention, pregnancy prevention, medical insurance, and counseling.

In SFY 2020, 319 youth and young adults received Independent Living services in Nevada.

For more information, please visit:

<http://dcfs.nv.gov/Programs/CWS/IL/>

Enabling Statute

- [NRS: Chapter 424 – Foster Homes for Children](#)

Child Welfare - Adoptions

Child welfare agencies are responsible for finding permanent placements for children in foster care according to federal guidance and timelines. Adoptions are desired as a permanent placement option when youth can't be returned to their family of origin. Agencies provide financial, medical, and social services assistance to adoptive parents, thereby encouraging and supporting the adoption of children from foster care. A statewide collaborative policy outlines the eligibility criteria, application process, types of assistance available and the necessary elements of a subsidized adoption agreement. Federal funding is administered through DCFS to child welfare programs in Clark and Washoe counties via Clark County Department of Family Services (CCDFS) and Washoe County Human Services Agency (WCHSA). Rural programs are administered directly by DCFS.

The number of adoptions in Nevada fluctuates from year to year, and is influenced by the number of children who enter foster care for whom reunification is not possible. In SFY 2020, 775 children were adopted in Nevada, a decrease of 8% from SFY 2019.

For more information, please visit:

<http://dcfs.nv.gov/Programs/CWS/Adoption/>

Enabling Statute

- [NRS: Chapter 127 - Adoption of Children and Adults](#)
- [NRS: Chapter 128 - Termination of Parental Rights](#)

Child Welfare – Family Programs Office

The Family Programs Office ensures that Nevada complies with all federal requirements related to child welfare programs so that Nevada remains eligible for federal funding. In doing that work, the office guides the policymaking and quality assurance processes for Nevada's three child welfare agencies. The office also coordinates policy and best practice on numerous child welfare programs including child protection services, foster care, adoption, independent living, Nevada's court jurisdiction process, and the interstate transfer of children.

For more information, please visit:

<http://dcfs.nv.gov/Programs/CWS/>

Enabling Statute

- [NRS: Chapter 432B – Protection of Children from Abuse and Neglect](#)

Children's Mental Health - Clinical Services

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

Children’s Clinical Services serves children ages 6 to 18 who are covered under Fee-for-Service Medicaid, HMO Medicaid, or Nevada Checkup, and children who are uninsured or under-insured.

For more information, please visit:

<http://dcfs.nv.gov/Programs/CMH/Community-Based-Outpatient-Services/>

Enabling Statute

- [NRS: CHAPTER 433C - Community Mental Health Programs](#)

Children’s Mental Health - Early Childhood Services

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

The program serves populations from birth through age six. This program serves children who are covered under Fee-for-Service Medicaid, HMO Medicaid, or Nevada Check up, and children who are uninsured or children who are under-insured.

Early Child Mental Health Services counts continue to decrease in part due to staff shortages also because of a decrease in the number of youth with fee-for-service Medicaid. Staff typically provide 25 client hours of billable time and additional non-billable services per week.

For more information, please visit:

<http://dcfs.nv.gov/Programs/CMH/Community-Based-Outpatient-Services/>

Enabling Statute

- [NRS: CHAPTER 433C - Community Mental Health Programs](#)

Children’s Mental Health – Intensive Tiered Care Coordination Services

The Intensive Tiered Care Coordination Services program, also known as Wraparound in Nevada (WIN), is provided using a wraparound model for children, ages birth to 18 years, with severe emotional disturbance and multiple, complex needs across multiple child-serving systems. Services include assessment, case planning, crisis response, and monitoring needs that require extended 24-hour, secure care. Northern Nevada Child & Adolescent Services is located in Washoe County, and Southern Nevada Child & Adolescent Services is located in Clark County.

The Intensive Tiered Care Coordination Services program serves children from birth to 18 years of age with fee-for-service Medicaid benefits.

Services have declined due to a decrease in referrals and a decrease in the number of youth that were fee-for-service Medicaid eligible.

For more information, please visit:

<http://dcfs.nv.gov/Programs/CMH/Community-Based-Outpatient-Services/>

Enabling Statute

- [NRS: CHAPTER 433C - Community Mental Health Programs](#)

Children’s Mental Health – Mobile Crisis Response Team

The Mobile Crisis Response Team (MCRT) provides immediate, mobile crisis response for assessment, intervention, and support to all Nevada youth, in partnership with the Division of Public and Behavioral Health (DPBH) for the rural regions, who are experiencing a mental health or behavioral crisis. The goal of MCRT is to provide immediate response to stabilize and support youth to safely remain in their homes, communities, and schools. Youth and family may stay connected with MCRT for up to 45 days to provide intensive, short term clinical interventions and provide linkages to immediate and long-term services in the community.

The MCRT supports any youth up to age 18 (18 if still in high school), who are covered under Fee-for-Service Medicaid, HMO Medicaid, or Nevada Checkup, and children who are uninsured or under-insured. Northern Nevada Child & Adolescent Services is located in Washoe County, and Southern Nevada Child & Adolescent Services is located in Clark County.

For more information, please visit:

<http://dcfs.nv.gov/Programs/CMH/Community-Based-Outpatient-Services/>

Enabling Statute

- [NRS: CHAPTER 433C - Community Mental Health Programs](#)

Children’s Mental Health – Planning and Evaluation Unit

The Planning & Evaluation Unit provides program evaluation, quality assurance, and continuous quality improvement services throughout DCFS. They are responsible for audits and policy implementation reviews of all children’s mental health programs as well as specialized foster care providers and juvenile justice facilities. The Planning & Evaluation Unit ensures that DCFS programs and services are meeting the requirements of Nevada’s Medicaid Services Manual, any applicable NRS/NAC, and any applicable federal legislation or regulations.

The Planning & Evaluation Unit also supports DCFS with program planning and implementation. They serve as a resource within DCFS and outside of DCFS on matters related to children’s mental health, evidence-based practices for children and families, and policy changes that affect children. The Planning & Evaluation unit also fulfills federal reporting requirements related federal block grant funding. They direct and oversee implementation of statewide initiatives to bring evidence-based practices to the public children’s mental health, child welfare, and juvenile justice systems.

Additionally, as the hub of program evaluation and continuous quality improvement at DCFS, PEU has a responsibility to ensure that DCFS managers, supervisors, and administrators receive the information that they need in a format they can use to make appropriate decisions regarding service delivery, personnel, budgets, audits, collaborations with other Divisions, and any other aspect of planning to support DCFS’ mission of keeping the children, youth, and families that we serve safe, healthy, and thriving.

Children’s Mental Health - Residential Services

Treatment Center services work in the context of family and community life with children and adolescents whose emotional, mental health, and behavioral needs cannot be met in their own families and who require a higher level of mental health intervention in an out-of-home setting.

Desert Willow Treatment Center has 1 acute unit with 8 beds and provides services for eligible adolescents ages 12 to 18 years who are at immediate risk of harm to themselves or others due to an emotional crisis. The hospital has 2 Residential Treatment units with 12 beds each. Desert Willow Residential Treatment programs care for eligible adolescents from age 12 to 18 years with treatment needs that require extended 24-hour, secure care.

Nevada has 3 Psychiatric Residential Treatment Centers, 2 in Northern Nevada and 1 in Southern Nevada in Sparks. PRTF North is a 16-bed staff secured facility located in Sparks. PRTF Enterprise is a 20 bed, 4 home staff secured program in Washoe County and PRTF Oasis is a 26 bed, 5 home staff secured program located in Las Vegas.

for PRTF Enterprise and PRTF Oasis serve eligible youth from 6-18 years of age and youth attend public schools for education while in the program.. IPRTF North serves youth 12 – 18 and provide on-site schooling through the Washoe County School District. All programs work to involve the family or caregivers in treatment and develop the strengths of the family needed to promote reunification or transition to a family setting in the community.

Youth being referred to Psychiatric Residential Treatment Facilities (PRTF) have increasing behavioral service needs and are requiring more individualized treatment and supervision. The census will be determined by the acuity of the youth vs. bed capacity to assure all youth receive the level of care they require. Every effort is being made to meet the needs of the community while maintaining ethical standards of care for the youth admitted.

For more information, please visit:

<http://dcfs.nv.gov/Programs/CMH/Resident-day-treatment-svcs/>.

Enabling Statute

- [NRS: CHAPTER 433B - Additional Provisions Relating to Children](#)
- [NRS: CHAPTER 433A - Admission to Mental Health Facilities or Programs of Community Based or Outpatient Services; Hospitalization](#)
- [NRS: CHAPTER 432A - Services and Facilities For Care of Children](#)
- [NRS 432B - Protection of Children from Abuse and Neglect](#)

Juvenile Justice – Facilities

Caliente Youth Center (CYC), is a 64 bed staff-secure juvenile facility/training school, opened in 1962 and renovated in 1977. The facility serves both males and females and is considered for the lowest risk males and all females since it is the only facility currently programming for females. Programs offered include academic education, vocational training, substance-abuse education, psychological counseling, outdoor work crew, behavior/anger management, violence prevention, pre-release/transitional training, cognitive-skills training, and private family visitation.

Nevada Youth Training Center (NYTC) is a 48 bed staff-secure juvenile facility/training school opened in 1913 and renovated in 1961. The program serves medium risk males and is the only facility that operates its own school, Independence High School. Additional programming includes vocational training, work crews, substance-abuse counseling, psychological counseling, behavior/anger management, cognitive-skills training, violence prevention, private family visitation, and NIAA interscholastic sports.

Summit View Youth Center (SVYC) is a 48 bed physically-secure state-run facility that re-opened in February of 2016. The program serves our highest risk males. Programs offered include academic education, vocational training, substance-abuse counseling, psychological counseling, behavior and anger management, Moral Reconciliation Training, family visitation, transition planning, positive behavioral interventions and supports.

For more information, please visit:

<http://dcfs.nv.gov/Programs/JJS/>

Enabling Statute

- [NRS 63 - State Facilities for Detention of Children](#)
- [NRS 62B-General Administration](#)
- [NRS 432B - Protection of Children from Abuse and Neglect](#)

Juvenile Justice – Programs Office

The Nevada Juvenile Justice Programs Office serves as the quality and oversight agency for services related to juvenile justice. The office is responsible for maintaining Nevada’s compliance with federal laws such as the Juvenile Justice Delinquency Prevention Act and the Prison Rape Elimination Act. These federal laws focus on racial and ethnic disparity, youth safety, and the removal of children from adult facilities. Following Nevada’s Juvenile Justice Reform Act of 2017 (Assembly Bill 472), the Programs Office helped lead implementation, coordinates data and training requirements, and serves as a hub of juvenile justice system information, best practices, and quality assurance, and improvement activities. This includes supporting Nevada’s Juvenile Justice Oversight Commission, the state’s Juvenile Justice Strategic Plan, and subcommittees.

For more information, please visit:

<http://dcfs.nv.gov/Programs/JJS/>

Enabling Statute

- [NRS 62B - Juvenile Justice General Administration; Jurisdiction](#)

Juvenile Justice – Youth Parole

The Nevada Youth Parole Bureau has offices in Las Vegas, Reno, Fallon, and Elko and serves as the aftercare coordination agency for young Nevadans being released from Caliente Youth Center, Nevada Youth Training Center, Summit View Youth Center or alternative residential placements. The staff is committed to public safety, community supervision, and services to youth returning home from juvenile correctional facilities. All youth parole counselors have been trained and certified as peace officers and act in accordance with the performance of their duties. Working closely with families, schools, and the community, parole counselors help each youth maintain lawful behavior and encourage positive

achievement. The Bureau also supervises all youth released by other states for juvenile parole in the State of Nevada pursuant to the interstate compact.

Following Nevada's Juvenile Justice Reform Act of 2017, the Bureau has become trained in the Youth Level of Service/Case Management Inventory™ validated risk assessment tool, execute family engagement strategies, and have implemented objective sanctions and incentive approaches.

For more information, please visit:

<http://dcfs.nv.gov/Programs/JJS/Youth-Parole-Bureau/>

Enabling Statute

- [NRS 62A - Juvenile Justice General Provisions](#)
- [NRS 62B - Juvenile Justice General Administration; Jurisdiction](#)
- [NRS 62D - Procedure in Juvenile Proceedings](#)
- [NRS 62E - Disposition of Cases by Juvenile Court](#)
- [NRS 62F - Juvenile Sex Offenders](#)
- [NRS 62I - Interstate Compact for Juveniles](#)

Victims of Crime Services

The Division of Child and Family Services oversees the vast majority of crime victim funding in Nevada. Programs include federal passthrough grants such as the Victims of Crime Act Assistance and Family Violence Prevention and Services Act and state grants to community providers. Following the 2019 Legislative Session, the Division's Victims of Crime Services also includes Nevada's Victims of Crime Act Compensation Program, which provides direct assistance to victims of crimes for expenses such as lost wages, medical costs, relocation, and funeral expenses pursuant to Nevada's State Plan for Services for Victims of Crime. One direct service the Division provides is Nevada's Confidential Address Program, which permits victims in danger from abusers to maintain a confidential address to protect them from additional violence or death.

For more information, please visit:

<http://dcfs.nv.gov/VSC/VictimServiceProviders/>

Enabling Statute

- [NRS 217 - Aid To Certain Victims of Crime](#)

Nevada Department of Health and Human Services Division of Health Care Financing and Policy

VISION

The Division of Health Care Financing and Policy (DHCFP) works in partnership with the Centers for Medicare & Medicaid Services to assist in providing quality medical care for eligible individuals and families with low incomes. Services are provided through a combination of traditional fee-for-service provider networks and managed care.

MISSION

The mission of the Nevada Division of Health Care Financing and Policy (Nevada Medicaid and Check Up) is to: purchase and provide quality health care services to low-income Nevadans in the most efficient manner; promote equal access to health care at an affordable cost to the taxpayers of Nevada; restrain the growth of health care costs; and review Medicaid and other State health care programs to maximize potential federal revenue.

REVENUE AND GENERAL FUND INFORMATION

Legislative Approved 2020-2021 Biennium

General Fund: \$1,785,551,754

Federal: \$6,868,242,260

Other: \$839,218,667

Total overall budget: \$9,493,012,681

Governor Recommended 2022-2023 Biennium

General Fund: \$2,050,057,977

Federal: \$7,423,724,142

Other: \$2,401,327,340

Total overall recommended budget: \$11,875,109,459

DIVISION OF HEALTH CARE FINANCING AND POLICY PROGRAMS

MEDICAL PROGRAM SERVICES

Hospital Services

Nevada Medicaid reimburses for medically necessary services that are furnished in several types of hospital settings: inpatient hospitals; to include acute care hospitals, inpatient rehabilitation or long-term acute care specialty hospitals, critical access hospitals, and birth centers. Outpatient hospital services; to include emergency departments, ambulatory surgical centers (hospital based and/or free-standing), outpatient services, end stage renal disease (ESRD) facilities, and hospital-based ESRD providers. Providers may be reimbursed for medically necessary services including, but not limited to medical/surgical/intensive care, maternity, newborn, neonatal intensive care, pediatric intensive care, emergency care, level 1 trauma care, inpatient rehabilitation, long-term acute care, administrative skilled or intermediate days, emergency

psychiatric, substance abuse treatment, acute medical detoxification, and outpatient services. The policy for hospital services can be found in Medicaid Services Manual, [Chapter 200 – Hospital Services](#).

For more information, please visit:

<http://dhcfp.nv.gov/Members/Home/>

Emergency Medicaid Only (EMO)

Emergency Medicaid Only (EMO) provides limited services to non-United States Citizens who meet limited eligibility to receive only emergency services which are necessary for treatment after a sudden onset of an emergency condition (including emergency labor and delivery) that manifest itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in: (1) a condition that puts a recipient's health in serious jeopardy; (2) causes serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part. The policy for EMO can be found in Medicaid Services Manual, [Chapter 200 – Hospital Services](#).

For more information, please visit:

<http://dhcfp.nv.gov/Members/Home/>

Birth Centers

Nevada Medicaid reimburses for medically necessary labor and delivery services. This includes natural child labor and delivery services at licensed birth centers. To deliver at a birth center, recipients must give birth normally and with no complications. The policy for birth center services can be found in Medicaid Services Manual, [Chapter 200 – Hospital Services](#).

For more information, please visit:

<http://dhcfp.nv.gov/Members/Home/>

Physician Services

Nevada Medicaid reimburses for medically necessary services that are ordered or performed by a licensed professional, physician or under the supervision of a physician, and that are within the scope of practice of their prognosis as defined by state law. Health care professionals range from advanced practice registered nurse (APRN), certified registered nurse anesthetists (CRNA), chiropractors (DC), nurse midwives, physicians (MD) and Osteopaths (DO) including those in a teaching hospital, physician assistants (PA/PA-C), podiatrists (DPM), registered dietitians (RD), and emergency medical technicians (EMT), advanced EMT, and paramedics. Services range from primary health care, preventative health care, specialty health care, vaccinations, family planning services, maternity care, chiropractic, podiatry, anesthesia, end stage renal disease, organ transplants, critical care, neonatal and pediatric care, community paramedicine, gender reassignment, medical nutrition therapy, wound management, hyperbaric oxygen therapy, intrathecal baclofen therapy, vague nerve stimulators, bariatric surgery, hyalgan and Synvisc injections, diabetic outpatient self-management training, and many more medically necessary services. Services may be provided in outpatient settings, including but not limited to, physician offices, urgent care, emergency rooms, ambulatory surgery centers, acute hospital settings, outpatient hospitals, observation areas, rural health clinics (RHC), public health clinics, family planning clinics, school based health centers, HIV clinics,

etc. The policy for physician services can be found in Medicaid Services Manual, [Chapter 600 – Physician Services](#).

For more information, please visit:

<http://dhcfp.nv.gov/Members/Home/>

Telehealth

Nevada Medicaid reimburses for telehealth services. Services provided via telehealth must be clinically appropriate and within the health care professionals scope of practice as established by their licensing agency. Services provided via telehealth have parity within person health care services. The policy for Telehealth Services can be found in Medicaid Services Manual, [Chapter 3400 – Telehealth Services](#).

For more information, please visit:

<http://dhcfp.nv.gov/Members/Home/>

Audiology

Nevada Medicaid reimburses for medically necessary audiology services to eligible Medicaid recipients. Audiology services and supplies must be performed by a certified and licensed audiologist. Services include audiological testing, hearing aids, cochlear and auditory brainstem implants and bone-anchored hearing aid systems. The policy for audiology services can be found in Medicaid Services Manual, [Chapter 2000 – Audiology Services](#).

For more information, please visit:

<http://dhcfp.nv.gov/Members/Home/>

Therapy

Nevada Medicaid reimburses for medically necessary physical therapy, occupational therapy, speech and communication therapy, and respiratory therapy based on medically necessary services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time. Any therapy services must be prescribed by a physician, physician’s assistant, and/or advanced practice registered nurse (APRN). The policy for therapy services can be found in Medicaid Services Manual, [Chapter 1700 – Therapy](#).

For more information, please visit:

<http://dhcfp.nv.gov/Members/Home/>

Vision

Nevada Medicaid reimburses for medically necessary ocular services provided by physician’s, optometrists, ophthalmologists, or opticians. Medicaid reimburses for routine ophthalmological eye exams and refractive examinations of the eyes. Medicaid also reimburses for lenses and glasses for recipients of all ages in addition to ocular prosthetic services and vision therapy. The policy for ocular can be found in Medicaid Services Manual, [Chapter 1100 – Ocular Services](#).

For more information, please visit:

<http://dhcfp.nv.gov/Members/Home/>

Laboratory

Nevada Medicaid reimburses for medically necessary, diagnosis related, covered laboratory services to eligible Medicaid recipients. Services provided include microbiology, serology, immunohematology, cytology, histology, chemical, hematology, biophysical, toxicology or other methods of “in-vitro” examination of tissues, secretions, excretions or other human body parts. The policy for laboratory services can be found in Medicaid Services Manual, [Chapter 800 – Laboratory Services](#).

For more information, please visit:

<http://dhcfp.nv.gov/Members/Home/>

Radiology

Nevada Medicaid reimburses for medically necessary diagnostic testing and radiologic services based on the need to establish a diagnosis and to prescribe treatment. The policy for radiology services can be found in Medicaid Services Manual, [Chapter 300 – Radiology Services](#).

For more information, please visit:

<http://dhcfp.nv.gov/Members/Home/>

End-Stage Renal Disease (ESRD)

Nevada Medicaid reimburses for medically necessary ESRD and dialysis services. ESRD is an irreversible and permanent chronic condition of the kidney’s that requires dialysis or a kidney transplant. Treatment of ESRD is physician-based in an outpatient hospital or independently operated ESRD facilities that may provide services to recipients with kidney impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplantation to maintain life. ESRD services include hemodialysis, peritoneal dialysis, and miscellaneous dialysis procedures. The policy for ESRD services can be found in Medicaid Services Manual, [Chapter 200 – Hospital Services](#) and [Chapter 600 – Physician Services](#).

For more information, please visit:

<http://dhcfp.nv.gov/Members/Home/>

Federally Qualified Health Center (FQHC)

Nevada Medicaid reimburses for medically necessary services provided by FQHCs. FQHCs are defined by the Health Resources and Services Administration (HRSA) as health centers providing comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations. FQHCs are under an encounter reimbursement methodology for approved services provided by Qualified Health Professionals. Services not approved as an FQHC encounter but are an approved Nevada Medicaid State Plan service are considered ancillary and will be reimbursed accordingly under their provider type. Additional health services are provided as appropriate and necessary per Nevada State Plan. Services provided at an FQHC under Medicaid Service Manual, [Chapter 2900 - Federally Qualified Health Centers](#) may include:

- Primary care services
- Early periodic screenings
- Preventive health services

- Some Diagnostic laboratory and radiology services
- Family planning services
- Gynecological exams and prenatal services
- Vision and hearing screening
- Dental services
- Mental/behavioral health services

Qualified Health Providers at an FQHC may include:

- Physicians, Advanced Practice Registered Nurses, Physician Assistants, Podiatrists, Nurse Midwives, Dentists, Psychologists, Optometrists, Opticians, and Registered Dieticians.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/CPT/FederallyQualifiedHealthCenters/FQHC/>

Indian Health Programs

Nevada Medicaid reimburses medically necessary services provided by healthcare professionals as approved under Nevada Medicaid State Plan through an enrolled Indian Health Program to eligible American Indian or Alaskan Native (AI/AN) Medicaid or Nevada CheckUp recipients. Indian Health Programs may be operated by Indian Health Service (IHS), Tribal Organization, or an Urban Indian Organization (I/T/U). Nevada Medicaid reimburses IHS facilities and 638 Tribal facilities in accordance with the most recently published Federal Register. It is the policy of the Division of Health Care Financing and Policy for both Nevada Medicaid and Check Up to adhere to the tribal-state consultation process, uphold Title IV of the Indian Health Care Improvement Act, and promote the healthcare of AI/ANs within the State of Nevada. This policy may be found in Medicaid Services Manual, [Chapter 3000 – Indian Health Programs](#).

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/CPT/IHP/>

School Health Service (SHS)

Nevada Medicaid reimburses for medically necessary services provided in the school setting. SHS are medical services provided by a Local Education Agency (LEA) or State Education Agency (SEA) for children who attend public schools in Nevada. SHS are provided to Medicaid eligible students. SHS are medically necessary services listed in the student's Plan of Care (POC), and/or preventive services that are coverable under Early Periodic Screening, Diagnostic, and Treatment (EPSDT) as defined in [42 Code of Federal Regulations \(CFR\) 440.40\(b\)](#). Services listed in a POC are designed to meet the health needs of a child and work towards the reduction of a physical or mental impairment and restoration of the child to the best possible functional level. SHS covered services include; screening, diagnostic and treatment, physician services, mental health and alcohol/substance abuse, nursing, physical therapy, occupational, speech, Assistive Communication Device (ACD), audiological supplies and disposable medical supplies, Personal Care Services (PCS), Applied Behavior Analysis (ABA), dental, optometry, case management, and telehealth. Medicaid covers SHS when they are primarily medical and not educational in nature. The policy for SHS can be found in Medicaid Services Manual, [Chapter 2800 – School Health Services](#).

School Based Health Centers (SBHC)

Nevada Medicaid reimburses for medically necessary services primary and preventative health services provided by SBHC providers. SBHCs are health centers located on or near a school facility of a school district, independent school, or board of an Indian tribe or tribal organization. An SBHC performs a multitude of different services to help improve access to care for low-income, underserved school-aged youth. This delivery model will assist in ensuring this population will receive comprehensive, interdisciplinary preventive and primary care they may not normally have access to. Services may include but not limited to; primary and preventive health care and medical screenings, treatment for common illnesses and minor injuries, referral and follow-up for serious illnesses and emergencies, referral, preventive services and care for high risk behaviors and conditions such as drug and alcohol abuse, violence, injuries and sexually transmitted diseases, sport physicals as part of comprehensive well child checkup, immunizations, diagnostic and preventive dental, and referral services and laboratory testing. The policy for SBHCs can be found in Medicaid Services Manual, [Chapter 600 – Physician Services](#).

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/CPT/SBCHS/>

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) / Healthy Kids

EPSDT services are preventive and diagnostic services available to most recipients under age 21 years old. In Nevada, the EPSDT program is known as Healthy Kids. The program is designed to identify medical conditions and to provide medically necessary treatment to correct such conditions. Healthy Kids offers the opportunity for optimum health status for children through regular, preventive health services and the early detection and treatment of disease. The Healthy Kids program encourages providers to follow the recommended schedule for developmental screenings offered by the American Academy of Pediatrics (AAP). Services include preventative services, dental, vision, and audiology. The policy for EPSDT can be found in Medical Services Manual, [Chapter 1500 – Healthy Kids](#).

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/CPT/EPSDT/>

Durable Medical Equipment, Prosthetics, Orthotics, and Disposable Medical Supplies (DMEPOS)

Nevada Medicaid covers certain standard medical equipment that meets the basic medical need of the recipient. All DMEPOS products and services must be medically necessary, safe and appropriate for the course and severity of the condition, using the least costly and equally effective alternative to meet the medical need. Items or usage classified as educational, rehabilitative by nature, experimental or investigational are not covered. The purpose of DMEPOS is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of illness or injury and is appropriate for use in the home. Some items may be subject to prior authorization requirements or quantity limitations. Products must have received approval from the federal Food and Drug Administration (FDA). The policy for DMEPOS can be found in Medicaid Services Manual, [Chapter 1300 – DMEPOS](#).

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/CPT/DurableMedicalEquipment/DME/>

BEHAVIORAL HEALTH PROGRAMS

Applied Behavior Analysis (ABA)

Applied Behavior Analysis is the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior. ABA is a behavior intervention model based on reliable evidence-based practices focusing on targeted skills in all areas of development. A comprehensive array of preventive, diagnostic and treatment services are a mandatory benefit under the Medicaid program for categorically needy individuals under age 21, including children with Autism Spectrum Disorder (ASD), Fetal Alcohol Spectrum Disorder (FASD) or other condition for which ABA is recognized as medically necessary.

The recipient must be zero to under 21 years of age and have an established supporting diagnosis of ASD, FASD or other condition for which ABA is recognized as medically necessary.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/CPT/ABA/>

Behavioral Health Services

Nevada Medicaid reimburses for community-based and inpatient mental health services to both children and adults under a combination of mental health rehabilitation, medical/clinical and institutional authority. The services must be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under State law for the maximum reduction of a physical or mental disability and to restore the individual to the best possible functioning level. Mental health rehabilitation assists individuals to develop, enhance and/or retain psychiatric stability, social integration skills, personal adjustment and/or independent living competencies in order to experience success and satisfaction in environments of their choice and to function as independently as possible. Interventions occur concurrently with clinical treatment and begin as soon as clinically possible. Alcohol and substance abuse treatment and services are aimed to achieve the mental and physical restoration of alcohol and drug abusers.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/CPT/BHS/>.

Certified Community Behavioral Health Centers (CCBHC)

The CCBHC delivery model incorporates the provision of expanded and non-traditional biopsychosocial services in a behavioral health clinic. Services focus on whole person, integrated care and the coordination of quality care for improved health outcomes for recipients with behavioral health disorders through innovation and transformation of the way primary and behavioral health care is delivered. The CCBHC delivery model is designed to increase provider flexibility and improve the responsiveness of services to meet the needs of recipients served.

Nevada was one of 24 states to be selected for the planning grant, and one of 8 states selected to participate in Section 223 of the Protecting Access to Medicare Act (PAMA) of 2014 that supports states in

establishing CCBHCs through the creation and evaluation of a CCBHC 223 Demonstration Program. Nevada now has 9 CCBHCs operating across the state.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/CPT/BHS/>.

Residential Treatment Centers (RTC)/Psychiatric Residential Treatment Facility (PRTF)

RTCs/PRTFs are delivered in psychiatric, medical-model facilities, in- or out-of-state, that are accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation of Services for Families and Children (COA) and licensed as an RTC/PRTF within their state.

This type of facility is capable of being locked and provides 24-hour structured inpatient care, treatment and supervision for children and adolescents under age 21. Facilities are designed as a medical model of therapeutic care to assist recipients who have behavioral, emotional, psychiatric and/or psychological disorders who have not benefited from, or who are not appropriate for, a higher or lower level of care. Recipients who respond well to treatment in an RTC/PRTF are anticipated to be discharged to a lower level of care, such as intensive home and community-based services, or to the care of a psychiatrist, psychologist or other QMHP.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/CPT/BHS/>.

Psychiatric Hospital, Inpatient

_Inpatient mental health services are those services delivered in freestanding psychiatric hospitals or general hospitals with a specialized psychiatric and/or substance abuse unit, which include a secure, structured environment, 24-hour observation and supervision by mental health professionals, and a structured multidisciplinary clinical approach to treatment.

Inpatient mental health services include treatments or interventions provided to an individual who has an acute, clinically identifiable covered, current ICD psychiatric diagnosis to ameliorate or reduce symptoms for improved functioning and return to a less restrictive setting.

Due to the Institution for Mental Disease (IMD) federal guidelines, Nevada Medicaid Fee-for-Service (FFS) shall not reimburse for any services for individuals who are ages 22-64 that are in an IMD. IMD is defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, and also provides for medical attention, nursing care and related services. Therefore, individuals between the ages of 22-64 would need to receive services in a general hospital with a psychiatric unit in order for the hospital to be reimbursed.

Specialized Foster Care Services

Program Eligibility for 1915(i) Home and Community Based State (HCBS) Plan Option for Intensive In-Home Supports and Services and Crisis Stabilization Services is determined by:

- A youth must meet and maintain Medicaid eligibility.
- A youth must be under 19 years of age at the time of enrollment; they may continue in HCBS benefit through age 19.

- A youth must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3) diagnosis.
- A youth must meet the needs-based eligibility requirements.
- The youth must reside in the Nevada licensed specialized foster home-based setting not considered an institutional level setting.

Intensive In-Home Supports and Services

Intensive In-Home supports and Services include evidence-based interventions that target emotional, cognitive and behavioral functioning within a variety of actual and/or simulated social settings. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence. Services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with needed behavioral and physical health services and supports in the participant's person-centered services and support plans.

Regular support and technical assistance to the treatment parents in their implementation of the Plan of Care (POC) and with regard to other responsibilities they undertake. The fundamental components of technical assistance are the design or revision of in-home treatment strategies including proactive goal setting and planning, the provision of ongoing child-specific skills training and problem-solving during home visits.

Assessing behavioral problems and the functions of these problems and related skill deficits and assets, including identifying primary and other important caregiver skill deficits and assets related to the youth's behaviors and the interactions that motivate, maintain or improve behavior.

Intensive In-Home Supports and Services may serve to reinforce skills, behaviors or lessons taught through other services.

Crisis Stabilization Services

Crisis Stabilization Services include Short-term, outcome-oriented, and of higher intensity than other behavioral interventions that are designed to provide interventions focused on developing effective behavioral management strategies to secure participant and family/caregiver's health and safety following a crisis. These services may only be delivered in an individual, one-to-one session and are available in the child's home. The service is designed to be short-term and to achieve community stabilization through psychoeducation, crisis stabilization, and crisis resolution support. The service is of high intensity with the intent to develop effective behavioral strategies that will be maintained and help the child to sustain the behavioral strategies long-term.

Targeted Case Management

Case Management is an optional Medicaid service pursuant to federal regulations. It may be provided without the use of a waiver and the state may limit the provision of services to a specific target group or defined location in the state. States are allowed to limit the providers of case management services available for individuals with developmental disabilities or chronic mental illness to ensure that these recipients receive needed services. The receipt of case management services does not alter an individual's

eligibility to receive other services under the State Plan and recipients must have free choice of any qualified Medicaid provider. A recipient cannot be compelled to receive case management services, services cannot be a condition of receipt of other Medicaid services and other covered services cannot be a condition to receive case management services. Case management services provided in accordance with Section 1915(g) of the Social Security Act (SSA) will not duplicate payments made to public agencies or private entities under State Plan and other program authorities. Case managers cannot authorize, approve or deny the provision of services.

The intent of case management services is to assist recipients eligible under the State Plan in gaining access to needed medical, social, educational, and other support services including housing and transportation needs. Case management services do not include the direct delivery of medical, clinical or other direct services. Components of the service include assessment, care planning, referral/linkage and monitoring/follow-up. Case management services are provided to eligible recipients who are residing in a community setting or transitioning to a community setting following an institutional stay.

There are nine target groups eligible to receive this service. These groups are: (1) children and adolescents who are Non-Severely Emotionally Disturbed (Non-SED) with a mental illness; (2) children and adolescents who are Severely Emotionally Disturbed (SED); (3) adults who are Non-Seriously Mentally Ill (Non-SMI) with a mental illness; (4) adults who are Seriously Mentally Ill (SMI); (5) persons with intellectual disabilities or related conditions; (6) developmentally delayed infants and toddlers under age three; (7) Juvenile Parole Population; (8) Juvenile Probation Services (JPS), and (9) Child Protective Services (CPS).

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/CPT/BHS/>

LONG TERM SERVICES & SUPPORT

Adult Day Health Care

Adult Day Health Care services provide assistance with the ADL, medical equipment and medication administration during the day. Services include health and social services needed to ensure the optimal functioning of the participant. Services are generally furnished in four or more hours per day on a regularly scheduled basis, for one or more days per week.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/LTSS/LTSSHome/>

Day Habilitation

Targeted to individuals with a Traumatic or Acquired Brain Injury, Day Habilitation services are regularly scheduled activities to assist with the acquisition, retention or improvement in self-help, socialization and adaptive skills that enhance social development and develop skills in performing ADL and community living. Services focus on enabling the participant to attain or maintain his or her maximum potential and are coordinated with any needed therapies such as physical, occupational or speech therapy.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/LTSS/LTSSHome/>

Home Health Care

A home health agency provides skilled services and non-skilled services to recipients on an intermittent and periodic basis which are medically necessary and appropriate home visits by skilled nurses, physical therapists, occupational therapists, speech therapists, respiratory therapists, dieticians and home health aides to Medicaid recipients.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/LTSS/LTSSHome/>

Hospice Care

Hospice Services support and comfort Medicaid eligible recipients with a terminal illness and have decided to receive end of life care. Services provides for the physical needs of recipients as well as their emotional and spiritual needs. Hospice care incorporates an interdisciplinary team approach which is sensitive to the recipient and family's needs during the final stages of illness, dying and the bereavement period. Services can be given in a residence or institution.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/LTSS/LTSSHome/>

Personal Care Services

Personal Care Services provide assistance to support and maintain recipients living independently in their homes. Services may be provided in the home, locations outside the home or wherever the need for the service occurs. Assistance may be in the form of direct hands-on assistance or cueing the individual to perform the task themselves, and related to the performance of Activities of Daily Living

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/LTSS/LTSSHome/>

Private Duty Nursing

Private duty nursing (PDN) provides more individual and continuous care than is available from a visiting nurse for recipients who need four continuous hours of skilled nursing (SN) care per day. The intent of private duty nursing is to assist recipients with complex direct skilled nursing care, to develop caregiver competencies through training and education and to optimize recipient health status and outcomes. PDN may be authorized for recipients needing both a medical device to compensate for the loss of a vital body function and substantial, complex and continuous SN care to prevent institutionalization.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/LTSS/LTSSHome/>

Nursing Facility

Nursing Facility (NF) services for individuals age 21 and older is a mandatory Medicaid benefit. NFs provide health related care and services on a 24-hour basis to individuals who, due to medical disorders, injuries, developmental disabilities, and/or related cognitive and behavioral impairments, exhibit the need for medical, nursing, rehabilitative, and psychosocial management above the level of room and board. NF services include services for people who cannot live on their own because they need assistance with certain activities of daily living, nursing care or rehabilitation services.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/LTSS/LTSSHome/>

Residential Habilitation

Targeted to individuals with a Traumatic or Acquired Brain Injury, Residential Habilitation means individually tailored supports that assist with the acquisition, retention or improvement in skills related to living in the community. These services include adaptive skill development, assistance with ADL, community inclusion, adult educational supports, social and leisure skill development that assist the recipient to reside in the most integrated setting appropriate to his/her needs. Residential habilitation also includes personal care, protective oversight and supervision.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/LTSS/LTSSHome/>

Transportation

Nevada Medicaid provides emergency and non-emergency transportation (NET) services for eligible Medicaid recipients, to access medically necessary covered services. These transportation services are provided to and from enrolled Medicaid and Managed Care Organizations (MCOs) providers. Transportation is provided via the most appropriate and cost-effective mode of transportation. Emergency Medical Transportation (ground or air) is available to all eligible Nevada Medicaid and Nevada Check Up (NCU) recipients. NET services ensure that necessary non-ambulance transportation services are available to recipients to eliminate transportation barriers for recipients to access needed medical services. NCU recipients are not eligible for NET services.

For more information, please visit:

[visit http://dhcfp.nv.gov/Pgms/BLU/Transportation/](http://dhcfp.nv.gov/Pgms/BLU/Transportation/)

Waivers for Home and Community Based Services

Section 1915(c) of the Social Security Act allow states to waive certain Medicaid statutory requirements in order to offer an array of home and community-based services to eligible individuals who may require such services in order to remain in their communities to avoid institutionalization. Nevada has three targeted waivers for the following populations with the identified services.

- Frail Elderly: Adult Day Care services, Adult Companion services, Augmented Personal Care (provided in a residential facility for groups), Case Management, Chore services, Homemaker, Personal Emergency Response System, and Respite Care services.
- Intellectual Disability and Developmental Disabilities: Behavioral Consultation, Training and Intervention; Career Planning; Counseling Services; Day Habilitation; Non-Medical Transportation; Nursing Services; Nutrition Counseling Services; Prevocational Services, Supported Employment; Residential Support Services and Management.
- Physical Disability: Assisted Living services, Attendant Care services, Case Management, Chore services, Environmental Accessibility Adaptations, Home Delivered Meals, Homemaker, Personal Emergency Response System, Respite Care services and Specialized Medical Equipment and Supplies.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/LTSS/LTSSHome/>

ADDITIONAL PROGRAMS

Dual Eligible Special Needs Program (D-SNP)

Dual-Eligible recipients are individuals who receive both Medicare and Medicaid benefits. The two programs cover many of the same services. Dual-eligible beneficiaries (or "duals") are enrolled in both Medicare and Medicaid. There are different types of dually eligible recipients. A Full Benefit Dual Eligible (FBDE) has access to all Medicaid services and Medicaid also pays for the Medicare premiums, co-insurance and deductible. For a Qualified Medicare Beneficiary (QMB), Medicaid only pays an individual's Medicare premiums, co-insurance and deductible amounts up to Medicaid allowable amounts.

For more information, please visit:

<http://dhcfp.nv.gov/Members/Home/>

[http://dhcfp.nv.gov/Pgms/DSNP/Dual Eligible Special Needs Plans \(D-SNP\)/](http://dhcfp.nv.gov/Pgms/DSNP/Dual_Eligible_Special_Needs_Plans_(D-SNP)/)

Health Insurance Premium Program (HIPP)

The mission of the Health Insurance Premium Payment Program (HIPP) is to enroll as many eligible individuals and families as possible. HIPP is a cost-savings program that identifies Medicaid recipients who have access to group health insurance available through an employer. State of Nevada and taxpayer dollars are saved by purchasing health insurance available to Medicaid recipients, because high costs are deferred to the private insurance. The program assists eligible recipients in paying private insurance premiums they otherwise may not be able to afford when it is determined to be cost-effective. It also benefits the recipients because they have more doctors to choose from and other medical services may be covered through private insurance that are not covered by Medicaid.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/CPT/HIPP/>

Health Insurance for Work Advancement (HIWA)

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

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

HIWA was implemented in July 2004. Maximum gross unearned income limit, prior to disregard is \$699. Maximum gross earned income limit, prior to disregards is 450% of the Federal Poverty Level (FPL). The total net earned and unearned income must be equal to or less than 250% of the FPL. The individual must be disabled as determined by the Social Security Administration, either through current or prior receipt of social security disability benefits. A recipient losing employment through no fault of their

own, remains eligible for three additional months provided the monthly premiums continue to be paid. Retroactive enrollment is permitted with payment of monthly premiums.

For more information, please visit:

<http://www.dhcfp.nv.gov>

Managed Care

Medicaid services, both medical and dental, for recipients living in urban Clark and urban Washoe counties are delivered by managed care organizations (MCOs). Nevada currently has three (3) MCOs and one dental benefit administrator (DBA). DHCFP policy and district office staff work closely with the MCOs, DBA, and the Division of Welfare and Supportive Services to ensure recipients in the MCO and DBA covered areas are informed and supported as they seek medical and dental care. Medical care in the managed care coverage areas is provided by the following MCOs: Anthem Blue Cross and Blue Shield Healthcare Solutions, Health Plan of Nevada (HPN) and SilverSummit Healthplan. When a recipient is enrolled in an MCO, they are automatically enrolled in the DBA as well. Dental care in managed care coverage areas is provided by LIBERTY Dental Plan.

For more information, please visit:

<http://dhcfp.nv.gov/Members/BLU/MCOMain/>

Medicaid Estate Recovery

The Medicaid program must seek repayment from the estates of certain deceased Medicaid recipients. This is called the Medicaid Estate Recovery (MER) program. Repayment only applies to recipients who are 55 or older or who are inpatients of a medical facility. Medicaid payments subject to recovery include home and community based services, nursing facility services, hospital, physician and prescription drug services, Medicare Part A and Part B premiums prior to January 1, 2010, Managed Care Organization (MCO) premiums after March 31, 2017 and any other payments made by the Medicaid program. The State may also place a lien against the property of a deceased Medicaid recipient.

For more information, please visit:

<http://dhcfp.nv.gov/Providers/PI/MER/>

Pharmacy Services

The Division of Health Care Financing and Policy (DHCFP), Pharmacy Services program manages and administers the outpatient prescription drug benefit for all eligible Fee-for-Service (FFS) Nevada Medicaid recipients. The DHCFP operates in conjunction with a contracted Pharmacy Benefits Manger (PBM) to reimburse pharmacies and practitioners for medically necessary, FDA-approved prescription and certain over-the-counter (OTC) drugs, dispensed or administered to Nevada Medicaid recipients. Some covered outpatient drugs may be subject to prior authorization requirements or quantity limitations.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/CPT/Pharmacy/>

Program Research & Development

The Division of Health Care Financing and Policy has been awarded and manages a number of grants from the federal government. These grants are awarded in order to pursue various goals and objectives and are overseen by the Program Research & Development unit of DHCFP.

For more information, please visit:

[http://dhcfnv.gov/Pgms/Grants/Grants/.](http://dhcfnv.gov/Pgms/Grants/Grants/)

Money Follows the Person (MFP)

Medicaid is a joint federal and state health care program that pays for medical costs for people with limited income and resources. The Division of Health Care Financing and Policy (DHCFP), Nevada Medicaid, reimburses pharmacies and practitioners for FDA approved prescriptions and certain over-the-counter drugs dispensed or administered to Medicaid recipients. Some covered drugs (not on the non-covered list) may be subject to prior authorization requirements or quantity limitations. The DHCFP contracts with a Pharmacy Benefit Manager (PBM) to provide Point of Sale (POS) adjudication at the pharmacy counter for pharmacy claims.

For more information, please visit:

[http://dhcfnv.gov/Pgms/Grants/Grants/.](http://dhcfnv.gov/Pgms/Grants/Grants/)

Electronic Health Record Incentive Payment Program

This program is part of the Centers for Medicaid and Medicare (CMS) Electronic Health Records Incentive Program. It provides incentive payments to eligible professionals, eligible hospitals, and critical access hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology.

For more information, please visit:

[http://dhcfnv.gov/Pgms/Grants/Grants/.](http://dhcfnv.gov/Pgms/Grants/Grants/)

Quality Assurance

The State of Nevada, Division of Health Care Financing and Policy (DHCFP), Quality Assurance (QA) Team is responsible for ensuring the 1915(c) Home and Community Based Services (HCBS) Waivers, Personal Care Services (PCS), and 1915(i) state plan HCBS Programs effectively meet our recipients' needs and are implemented in accordance with Medicaid statute and regulations, program policies, federal statutory assurances, waiver requirements, Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC), Code of Federal Regulations (CFR) and the State Plan Amendment (SPA).

The Centers for Medicare and Medicaid Services (CMS) expect states to follow a continuous quality improvement (CQI) process in the operation of each program. The process involves a continuous monitoring of the implementation of each program, methods for remediation or addressing identified individual problems and areas of noncompliance, and processes.

For more information, please visit:

http://dhcfnv.gov/Pgms/Grants/Quality_Assurance/

Supplemental Reimbursement

The Supplemental Payment Program manages supplemental payment programs and drafts, prepares and maintains State Plan amendments related to the supplemental payment programs, coordinates the collection of provider data for the Nevada Healthcare Quarterly Reports (NHQR) posted to the Nevada Compare Care Website and manages the collection of financial data from institutional providers. This includes collection of Medicare and Medicaid cost reports and the oversight of audit contractors.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/SR/SupplementalPymtMain/>

SUPPORT Act Grant

In September 2019, the U.S. Department of Health and Human Services (HHS) and the Centers of Medicare and Medicaid Services (CMS) awarded the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act Planning Grant to the Nevada Division of Health Care Finance and Policy (DHCFP) for \$1,684,013 over 18 months, October 2019 through March 2021.

The purpose of the planning grant is to increase the capacity of Medicaid providers to deliver Substance Use Disorder (SUD) treatment or recovery services through an ongoing assessment of the substance use disorder treatment needs of the state; Recruitment, training, and technical assistance for Medicaid providers that offer substance use disorder treatment or recovery services; and improved reimbursement for and expansion of the number or treatment capacity of Medicaid providers.

For more information, please visit:

<http://dhcfp.nv.gov/Pgms/SUPPORTActGrant/>.

Rate Analysis and Development (RAD)

The Rate Analysis and Development (RAD) program is responsible for Letters of Agreement (LOA); rate appeals, policies, reviews, studies, and scheduled updates; and the Quadrennial Rate Reviews as required by Assembly Bill 108 (AB 108) passed in the 2017 Nevada Legislative Session. The RAD team is also responsible for fiscal impact analyses associated with the above processes as well as legislative, policy, and regulatory changes to the Nevada Medicaid program. Nevada Medicaid administers the program with provisions of the [Nevada Medicaid State Plan](#), Titles XI and XIX for the Social Security Act, all applicable Federal regulations, and other official issuance of the Department. Rates Policy is located in the Medicaid Services Manual, [Chapter 700](#). Methods and standards used to determine rates for Nevada Medicaid are located in the Nevada State Plan under Section 4.19 – Payment for Services: [Nevada State Plan - 4.19 PDF](#). Changes to rate methodologies require a State Plan Amendment (SPA). Workshops and public hearings are held prior to submitting a SPA to CMS allowing providers and stakeholders the opportunity to provide public comment. The proposed changes are sent to the Centers for Medicare and Medicaid Services (CMS) for review and approval. As of January 2021, there are over 300,000 active rates for Nevada Medicaid, covering 66 provider types.

For more information, please visit:

<http://dhcfp.nv.gov/Resources/Rates/RATESMAIN/>.

Nevada Department of Health and Human Services
Division of Public and Behavioral Health

MISSION STATEMENT

It is the mission of the Division of Public and Behavioral Health to protect, promote and improve the physical and behavioral health of the people of Nevada.

DPBH GOALS

- Provide evidenced-based forensic services consistent with nationally established legal and clinical standards
- Continue to improve health services using a population-based approach to address community health needs, minority health and disparities to promote healthy people and vibrant communities
- Improve behavioral health through promotion, prevention, early intervention and access to quality behavioral health services
- Implement measures to prevent and control the spread of infections, including COVID-19, in licensed facilities
- Communicate national guidance and evidence-based practices to help control the spread of infections in communities and facilities
- Improve inter- and intra-agency communication and collaboration on real world events, projects and initiatives

REVENUE AND GENERAL FUND INFORMATION

Legislative Approved 2020-2021 Biennium

General Fund: \$309,973,151

Federal: \$283,525,026

Other: \$182,359,068

Total overall budget: \$775,857,245

Governor Recommended 2022-2023 Biennium

General Fund: \$303,345,411

Federal: \$326,276,136

Other: \$212,875,613

Total overall recommended budget: \$842,497,160

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH PROGRAMS

Bureau of Behavioral Health, Wellness and Prevention (BHWP)

BHWP formally the Substance Abuse Prevention and Treatment Agency (SAPTA) is the designated Single State Agency for the purpose of applying for and expending the federal Block Grant dollars issued through the Substance Abuse and Mental Health Services Administration (SAMHSA). The BHWP provides oversight to federal and private awards. The BHWP is broken into three main programs: Treatment, Prevention and

Behavioral Health Planning. All programs within the BHWP are funded with Federal and State General Funds.

BHWP provides funding via a competitive process to non-profit and governmental organizations throughout Nevada. The Bureau plans and coordinates treatment for substance use disorder, serious mental illness including psychosis and serious emotional disturbance (SED). BHWP provides technical assistance to programs and other state agencies to ensure that resources are used in a manner which best serves the citizens of Nevada.

Treatment

Substance Abuse Block Grant/State General Funds

The funding sources that support treatment are the Substance Abuse Block Grant (SABG), and State General Funds. These funds are granted to outpatient, residential and transitional living certified community providers. These funds support individuals who are uninsured, underinsured or for services that are not covered as a payer of last resort. Services are provided based on the American Society of Addiction Medicine (ASAM) levels of care criteria which is a strength-based multidimensional assessment used to determine appropriate levels of care. All funded facilities are certified by the Center for Applied Substance Abuse Technologies (CASAT).

Priority Population

- Pregnant women and women with dependent children
- Intravenous drug users
- All others with a substance use disorder or co-occurring disorder

State Opioid Response Grants / State Targeted Response

The State Opioid Response Grants (SOR), State Targeted Response (STR), aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder. This program also supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

Priority Population

- Individuals with an opioid use disorder
- Individuals with a stimulant use disorder

Jail Diversion Grant

The purpose of this program is to establish or expand programs that divert adults with a serious mental illness or a co-occurring disorder from the criminal justice system to community-based services prior to arrest and booking. This grant provides funding to Carson Tahoe Hospital to implement and Assertive Community Treatment (ACT) program serving Carson, Douglas, Lyon and Storey Counties.

Prevention

The funding sources that support primary prevention programs include: Substance Abuse Block Grant (SABG) -twenty-five (25%) set aside including adhering the Synar Act, Strategic Prevention Framework-Partnership for Success (SPF-PFS) Grant and State General Fund Substance Abuse Primary Prevention (SAPP)-State General Funds.

The SABG funding source had represented 20% set-aside but was increased to 25% for SABG set-aside as required by statute (45 CFR 96.125) to be used exclusively for primary prevention. The SABG statute (45 CFR 96.125) requires a comprehensive primary prevention program that includes activities and services provided in a variety of settings.

The State General Fund Substance Abuse Primary Prevention (SAPP) funds are used as a maintenance of effort (MOE) for the SABG; to increase services and to support infrastructure and the implementation of evidence-based/evidence-informed direct service substance abuse prevention programs, practices, and strategies at the community level.

The SABG prevention programs must target both the general population and sub-groups that are at high risk for substance misuse; enhancing collaborative efforts with Tribal communities, Military and LGBTQ+ individuals and families. The PFS prevention efforts are to reduce underage drinking and the availability of alcohol, marijuana and methamphetamines to 9 to 20-year-olds in high risk high need populations, enhancing collaborative efforts with Tribal communities, Military and LGBTQ+ families. The SAPP funding activities associated with this funding must be for the implementation of those activities that meet an identified need within the community and are prioritized in the coalition's Comprehensive Community Prevention Plan (CCPP).

Behavioral Health Planning

Programs administered by Behavioral Health Planning include Mental Health Block Grant (MHBG), Projects for Assistance in Transition from Homelessness (PATH), Transformation Transfer Initiative (TTI), Vibrant (Lifeline), COVID Emergency Response (COVID ER), FEMA Crisis Counseling Program

Community Mental Health Services (CMHS) Block Grant and Nevada Community Integration

The program requires states to provide integrated community services and supports for people with disabilities. The program aims to reduce unnecessary segregation and institutionalization (e.g. incarceration, hospitalization) of individuals with disabilities. Unnecessary placements outside of community settings is a form of discrimination and prohibited under Americans with Disabilities Act. The program serves adults with serious mental illnesses (SMI) and children with serious emotional disturbances (SED).

PATH Grant for Homeless Populations

The purpose of Project for Assistance to Transition from Homelessness (PATH), is to provide funding for education, outreach and case management support. Funding from this grant is also used to support the statewide HMIS system. The program serves Individuals in Nevada who are chronically homeless and who have a co-occurring mental health and substance use disorder diagnosis.

- 9/2018 – 9/2019: Individuals Contacted: 2,266, Individuals Enrolled: 770
- 9/2019 – 9/2020: Individuals Contacted: 2,163, Individuals Enrolled: 563

COVID Emergency Response Grant

The State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health worked collaboratively with Signature Health Care System and the Division of Child and Family Services to target individuals with and with SMI/SED through the development of regional psychological stabilization centers as well as expanding the Mobile Crisis Response Teams.

Vibrant/Lifeline

The State of Nevada seeks to support Crisis Support Services of Nevada (CSSNV) as the sole statewide suicide prevention line. This is a capacity grant that assist the lifeline in answering more instate calls.

For more information, please visit:

<http://dpbh.nv.gov/Programs/ClinicalSAPTA/Home> - SAPTA/

Enabling Statute

- [NRS 458](#)
- [NAC 458.103](#)

Community Health Nursing

The Community Health Nursing program provides mandatory public health nursing in frontier and rural Nevada. Services include: Investigation and reporting of infectious diseases; Sexually Transmitted Infection (STI) control, prevention, and treatment; Human Immunodeficiency Virus (HIV) testing, counseling, and referral for treatment; Tuberculosis (TB) screening, control, prevention, and treatment; Vaccine clinics scheduled as needed for outbreaks; services necessary for public health emergencies without restriction; referrals to available services; and participation in Local Emergency Preparedness Committee (LEPC) meetings, Points of Distribution (PODS) exercises, and Board of Health meetings. Optional essential services are provided based on federal funding guidelines and include: Family Planning and Reproductive Health; preventive health care; adult and childhood immunizations (may be limited based on funding for private stock vaccines); breast and cervical cancer screenings; laboratory testing; Early Periodic Screening, Diagnosis, and Treatment (EPSDT) exams; topical fluoride varnish treatments; outreach and education; and Women, Infants, and Children (WIC) services. Other nursing services are provided based on the needs of the county served.

There are no restrictions on individuals accessing Community Health Services (CHS). Targeted populations include low income; underinsured or uninsured; and individuals in frontier and rural geographic areas that have little or no health care access requiring long distance travel. CHS services are based on the federal poverty guidelines using a discounted sliding scale fee structure. Services are not denied due to inability to pay.

For more information, please visit:

http://dpbh.nv.gov/Programs/ClinicalCN/Clinical_Community_Nursing_-_Home/

Comprehensive Cancer Control Program

The Nevada Comprehensive Cancer Control Program (CCCP) is a cooperative agreement funded through the Centers for Disease Control and Prevention (CDC), National Comprehensive Cancer Control Program. CCCP partners with the Nevada Cancer Coalition to fight cancer statewide through encouragement of healthy choices, screening, education, and increasing access to care and resources. Efforts across the state

coordinate a comprehensive approach to inform policy, systems, and environmental change strategies to prevent and control cancer through evidence-based strategies. The program strives to improve data measurement in research and surveillance by using data to guide community-driven initiatives. The CCCP and Nevada Cancer Coalition support a statewide cancer control network of organizations, agencies, institutions, and individuals to reduce the impact of cancer through implementation and promotion of the five-year state Nevada Cancer Plan.

The Nevada State Cancer Plan, developed in 2016 and revised every five years, is being updated for dissemination in Spring 2021. It is a road map to identify gaps in cancer care, share best practices, and address the following top four priorities: prevention, early detection, equitable access to care, and quality of life. The Cancer Plan provides an opportunity to address demographics such as age, racial ethnicity, and geographic location to effectively strategize and prioritize cancer burden across populations. Coordination and integration of statewide efforts helps to ensure health disparities and underserved populations are not overlooked.

The CCCP provides fiscal, operational, and technical support as the fight continues for a cancer-free Nevada. Although great strides have been made to reduce overall rates of new cancer cases and cancer deaths have been declining, as more people continue to move to Nevada and the population grows, the number of new cases and deaths are expected to increase.

The goal of the Nevada Comprehensive Cancer Control Program (CCCP) is to reduce cancer mortality and morbidity and increase the quality of life of those affected by cancer through the following priorities:

1. Prevention
2. Early Detection
3. Improved Treatment
4. Survivorship Care

For more information, please visit:

http://dpbh.nv.gov/Programs/CCCP/Comprehensive_Cancer_-_Home/

Civil Behavioral Health Services

Behavioral Health Services, offered statewide, provide inpatient and outpatient treatment for individuals with mental illness. The urban areas have hospital-based programs for crisis stabilization at Dini-Townsend and Rawson-Neal Hospitals. Other services may include the Mobile Outreach Safety Team (MOST) in urban Washoe and Clark counties, and in Carson City; Justice Involved Diversion outpatient programs (JID); medication clinics; mental health court, counseling, care coordination; assessment services; Program for Assertive Community Treatment (PACT); and residential services. Additionally, provision of outpatient services occurs statewide.

With expanded Medicaid, services are for those individuals who cannot access care through their insurance, and/or have other extenuating circumstances. Inpatient services are a short-term safety-net to stabilize individuals who are acutely ill and are presenting in a mental health crisis, per NRS. Those with Severe Mental Illness (SMI) are given priority for outpatient services by all mental health agencies. All agencies serve primarily indigent clients, and all clients are assisted in applying for qualified insurance programs while in the program.

Behavioral health services are a collaborative effort and an increasing volume is being served outside of the DPBH direct- service providers. This is a positive change with the plan to encourage more capacity in the community and reduce care by DPBH where possible.

For more information, please visit:

[http://dpbh.nv.gov/Programs/Behavioral Health - Inpatient Services/](http://dpbh.nv.gov/Programs/Behavioral_Health_-_Inpatient_Services/)

Enabling Statute

- [NRS 433](#)

Diabetes Prevention and Control Program

The goal of the Diabetes Prevention and Control Program is to reduce the incidence of disease, disability, and death related to type-2 diabetes and diabetes through evidence-based interventions, prevention, and management strategies.

The Diabetes Prevention and Control Program is funded through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), for a 5-year period from June 30, 2018 to June 29, 2023. Funding is allocated each year to support the implementation and evaluation of evidence-based strategies to prevent and control type-2 diabetes and diabetes in high-burden populations.

Funds are used to focus on activities and outcomes aligning with the five selected strategies. Two strategies focus on the management of diabetes and three strategies focus on type-2 diabetes prevention strategies. The diabetes management strategies include: 1) increasing access to an American Diabetes Association (ADA)-recognized or an American Association of Diabetes Educators (AADE)-accredited Diabetes Self-Management Education and Support (DSMES) program, and 2) increasing the use of pharmacist patient care processes to promote medication management. The type-2 diabetes prevention strategies include: 1) assisting health care organizations in identifying and referring patients with diabetes to a CDC-recognized Lifestyle Change Program (LCP), 2) collaborating with payers in both public and private sectors to expand the availability of the National Diabetes Prevention Program (DPP) as a covered benefit, and 3) to increase the enrollment of participants in a CDC-recognized LCP. The program achieves these strategies by partnering with Federally Qualified Health Centers (FQHCs), hospitals, non-profit organizations, and local universities to drive statewide diabetes prevention efforts using a collaborative and coordinated approach.

The Diabetes Prevention and Control Program continues to partner with organizations to receive and maintain an ADA-recognized/AADE-accreditation as a DSMES site, which increases access for patients. Partners continue to make strides and network with self-insured employers and large health plans to pilot projects for the National DPP and DSMES for their members. Conversations about covering DPP and DSMES as a covered benefit are currently being discussed. Implementing innovative strategies to educate and train providers on the importance of screening, testing, referring, and enrolling patients to a DSMES or a CDC-recognized LCP is a key component to the success of the program.

For more information, please visit:

[http://dpbh.nv.gov/Programs/Diabetes/Diabetes - Home/](http://dpbh.nv.gov/Programs/Diabetes/Diabetes_-_Home/)

Early Hearing Detection and Intervention

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

There are no eligibility requirements for newborn hearing screening. NRS 442.450 requires all hospitals in the state with 500 or more births per year to screen newborn infants' hearing prior to discharge. However, all birthing hospitals in the state, even those with less than 500 births per year, provide hearing screenings as a best practice. All infants identified in the newborn hearing screening process with confirmed hearing loss are eligible for Early Intervention services.

For more information, please visit:

[Http://dpbh.nv.gov/Programs/EHDI/EHDI-Home/](http://dpbh.nv.gov/Programs/EHDI/EHDI-Home/)
http://www.infanthearing.org/states/state_profile.php?state=nevada
<http://www.cdc.gov/ncbddd/ehdi/>

Enabling Statute

- [NRS 442.500](#)
- [NAC 442.850](#)
- [NAC 442.860](#)

Emergency Medical Systems Program

Emergency Medical Services promotes and supports a system that provides prompt, efficient, and appropriate emergency medical care, ambulance transportation, and trauma care to the people of Nevada. Statutory Authority: NRS 450B.

The Emergency Medical Services program, as authorized in NRS 450B inclusive, establishes and enforces standards for the provision of quality out-of-hospital emergency medical care, the operation of ambulance services, certification of emergency medical technicians, licensure of attendants and the delivery of trauma care. This program also supports the emergency medical services system for Nevada's 15 rural counties and Washoe County by providing technical assistance, consultation and training to EMS managers and personnel, as well as public officials.

For more information, please visit:

<http://dpbh.nv.gov/Reg/EMS/EMS-home/>

Enabling Statute

- [NRS 450B](#)
- [NAC 450B](#)

Environmental Health Services Program

The Environmental Health Services (EHS) program promotes wellness in rural Nevada communities. To protect public health EHS issues permits, educates businesses and enforces Nevada laws in the following areas: food protection; bottled water; drugs and cosmetics; public accommodations; recreational vehicle parks; public bathing and swimming waters; institutions; residential septic systems; and invasive body decoration establishments.

The Environmental Health Section (EHS) supports regulation for 19 programs which involve those aspects of public health concerned with the factors, circumstances, and conditions in the environment or surroundings of humans that can affect health and well-being. This program assures safe food and healthy public facilities and institutions, creating a foundation of public confidence that encourages economic development.

EHS staff provides public education in a variety of fields through public outreach activities and onsite consultations during inspections for sanitation. The public's health depends on access to clean water, clean soils, adequate waste disposal, pest-free homes and businesses, hygienic restaurants and wholesome food. EHS offices are located in Carson City, Elko, Winnemucca, Ely, Fallon and Pahrump. EHS inspects all food establishments, except for those in Carson City, Douglas County, Washoe County (Except Institutions for Higher Learning), and Clark County.

For more information, please visit:

http://dpbh.nv.gov/Reg/Environmental_Health/

Forensic Behavioral Health Services

Lake's Crossing Center (LCC) in Sparks, and Stein Hospital in Las Vegas are the only forensic behavioral health facilities serving clients in the state of Nevada. The program provides treatment for severe mental illness and other disabling conditions that interfere with a defendant's ability to proceed with their adjudication or return to the community after having been found not guilty by reason of insanity/incompetent without probability of attaining competence. Clients who are restored to competency after treatment are returned to court to complete their adjudication. Clients who do not regain competency have their charges dismissed and are referred to the civil hospital for further treatment or if not dangerous, are referred to services in the community. If a client/defendant is found to meet certain criteria the prosecutor may petition for long term commitment to one of the forensic facilities. Those clients who are adjudicated Not Guilty by Reason of Insanity may also be committed long term until they become eligible for conditional release. The program provides a broad spectrum of treatment interventions, including outpatient restoration of competency when appropriate and an array of outpatient assessments requested by the courts.

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

Clients are admitted to the inpatient program, at either Lakes Crossing Center or Stein Hospital, primarily by court order after a pre-commitment examiner has recommended them incompetent to stand trial and

recommended treatment to competency. Occasionally a client without charges is administratively transferred to this program because they cannot be treated elsewhere. These services are supported by State General Fund. Clients are admitted to Mental Health Court services by criminal justice courts.

For more information, please visit:

http://dpbh.nv.gov/Programs/ClinicalBehavioralServ/Clinical_Behavioral_Services_-_Home/

Enabling Statute

- [NRS 178](#)
- [NRS 433](#)
- [NRS 458](#)

Health Care Quality and Compliance

The mission of the Bureau of Health Care Quality and Compliance (HCQC) is to promote the safety and welfare of the public through regulation, licensing, enforcement and education. The Bureau accomplishes its mission by evaluating the quality of health care provided to residents/patients of medical facilities, medical laboratories and facilities for the dependent, issuing licenses to certain allied health professionals, such as medical laboratory personnel, dietitians and music therapists and conducting kitchen and pool inspections in health facilities. This is accomplished through on-site inspections of facilities and complaint investigations. The Bureau disseminates regulatory information and provides education, for the public, other governmental entities and providers as well as partnering with industry groups.

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

For more information, please visit:

http://dpbh.nv.gov/Reg/Health_Laboratory_and_Child_Care_Licensure/

Enabling Statute

- [NRS 449](#)
- [NRS 652](#)
- [NRS 640D](#)
- [NRS 640E](#)

Heart Disease and Stroke Prevention and Control Program

The goal of the Heart Disease and Stroke Prevention and Control Program is to reduce the incidence of premature death and disability from heart disease and stroke. The program focuses on the prevention and management of Cardiovascular Disease (CVD) through evidence-based strategies.

The Heart Disease and Stroke Prevention and Control Program is funded through two cooperative agreements with the Centers for Disease Control and Prevention (CDC), for a 5-year period.

Combined funds are used to focus on activities and outcomes to align with the nine (9) selected strategies; 1) Promote the use of evidence-based quality measures at provider offices, 2) Promote the use of Medication Therapy Management (MTM) among community pharmacists and physicians to manage high blood pressure, high blood cholesterol, and lifestyle modification, 3) Identify clinics for the use of Self-

Measured Blood Pressure monitoring (SMBP) among adults with hypertension, 4) Implement a referral system for adults with hypertension and/or high blood cholesterol for community programs/resources, 5) Collaborate with partners to identify patients with undiagnosed hypertension in Electronic Health Record/Health Information Technology, 6) Partner with non-physician team members in clinical settings to identify patients with hypertension and cholesterol management, 7) Engage patient navigators/community health workers to identify patients for hypertension and cholesterol management in clinical and community settings, 8) Implement a bi-directional referral system partnership, and 9) Expand the use of telehealth to promote the management of hypertension and high blood cholesterol.

The Heart Disease and Stroke Prevention and Control Program aligns activities around the national [Million Hearts](#) initiative to prevent one million heart attacks and strokes in 5 years. Success will be driven by engaging providers, patients, communities and other stakeholders to implement evidence-based policies and strategies.

For more information, please visit:

[http://dpbh.nv.gov/Programs/Heart/Heart and Stroke Prevention and Control - Home/](http://dpbh.nv.gov/Programs/Heart/Heart_and_Stroke_Prevention_and_Control_-_Home/)

HIV Surveillance Program

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

There are no eligibility requirements for the program. The State HIV/AIDS Program tracks all new HIV/AIDS cases reported and persons living with HIV/AIDS including cases from other states and jurisdictions who move to Nevada. Incidence (new cases) and prevalence (old and new cases) are reported separately.

For more information, please visit:

[http://dpbh.nv.gov/Programs/HIV-OPHIE/dta/Publications/HIV/AIDS Surveillance Program \(HIV-OPHIE\) - Publications/](http://dpbh.nv.gov/Programs/HIV-OPHIE/dta/Publications/HIV/AIDS_Surveillance_Program_(HIV-OPHIE)_-Publications/)
<https://endhivnevada.org/>

Enabling Statute

- [NRS 441A](#)
- [NRS 439](#)

HIV/AIDS Prevention Program

The Human Immunodeficiency Virus (HIV) Prevention Program facilitates a process of jurisdictional HIV prevention planning. At present, the Division of Public and Behavioral Health funds Southern Nevada Health District (SNHD), Washoe County Health District (WCHD), and Carson City Health and Human Services (CCHHS) to provide Centers for Disease Control (CDC) HIV prevention core services, such as HIV testing to high-risk populations, partner services, and to ensure condoms are available to populations most at-risk for

HIV. Additionally, the HIV Prevention Program provides HIV testing supplies and condoms to the Community Health Nursing Program to support HIV testing in the rural areas of the state. The Division of Public and Behavioral Health’s HIV Prevention also provides funding for social marketing campaigns, HIV prevention information dissemination, and data collection.

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

For more information, please visit:

<https://endhivnevada.org>

Immunization Program

The goal of the program is to decrease vaccine-preventable disease through improved immunization rates among children, adolescents and adults. The Program collaborates with providers, schools, pharmacies, immunization coalitions and other stakeholders to improve immunization practices by enrolling providers into the State Program, ensuring compliance to all regulations, and by educating providers how to record vaccination data and monitor coverage rates in the state's immunization registry (NV WebIZ).

NV WebIZ is Nevada’s statewide immunization information system (IIS). IIS are an integral part of immunization and public health activities. State law requires reporting of all immunizations administered in Nevada, including certain patient details; patients retain the right to opt-out of inclusion in the IIS. Data stored in NV WebIZ is used to support accurate and timely administration of vaccinations by medical providers, monitor and assess the use of publicly-funded vaccines, identify populations at risk in the event of a disease outbreak, support public health investigations, and drive programmatic planning, such as determining areas of low immunization coverage for targeted intervention.

Any provider licensed by the State of Nevada to prescribe and administer vaccines may enroll as a participant in the Vaccines for Children Program (VFC), as long as they serve the eligible population(s). The Program provides federally funded vaccines at no cost to these participants, who then administer them to eligible children. VFC-eligible children include those who are uninsured, Medicaid enrolled/eligible, or American Indian/Alaska Native; and, the family is also not charged for the cost of these vaccines. Additionally, children enrolled in the Nevada Check Up insurance plan are provided state-funded vaccines through a contract with the Division of Health Care Financing and Policy.

For more information, please visit:

<http://dpbh.nv.gov/Programs/Immunizations/>

Enabling Statute

- [NRS 439.265](#)
- [NAC 439.870](#)

Medical Marijuana Cardholders

The Medical Marijuana Registry program (MMR) administers the portions of NRS 678C and NAC 453A that pertain to individual marijuana registry cardholders. The program evaluates and processes applications from Nevadans whose physicians have recommended that they have a qualifying medical condition. The

issuance of an MMR card exempts the cardholder from state prosecution for possession, delivery, or production of marijuana or drug paraphernalia. However, do not at any one time, collectively possess with another who is authorized to possess, deliver or produce more than: 2.5 ounces of usable cannabis and twelve cannabis plants, irrespective of whether the cannabis plants are mature or immature. Patient registry cards must be renewed annually or bi-annually as recommended by a health care provider. Primary caregivers to a patient with a qualifying medical condition also receives MMR cards. The program is funded by application fees received from new and existing cardholders.

For more information, please visit:

http://dpbh.nv.gov/Reg/MM-Patient-Cardholder-Registry/MM_Patient_Cardholder_Registry_-_Home/

Enabling Statute

- [NAC 453A](#)
- [NRS 453A](#)

Nevada Central Cancer Registry

The primary purpose of the Statewide Cancer Registry is to collect and maintain all reportable cancer cases that occur in Nevada. This data is used to evaluate the appropriateness of measures for the prevention and control of cancer and to conduct comprehensive epidemiological surveys of cancer and cancer related deaths.

For more information, please visit:

[http://dpbh.nv.gov/Programs/NCCR/Nevada_Central_Cancer_Registry_\(NCCR\)_-Home/](http://dpbh.nv.gov/Programs/NCCR/Nevada_Central_Cancer_Registry_(NCCR)_-Home/)

Enabling Statute

- [NRS 457](#)

Nevada Home Visiting Program

The Nevada Home Visiting Program (NHV) aims to improve health, social, and academic outcomes for the most vulnerable young families in our state. NHV develops and promotes a statewide coordinated system of evidence-based home visiting supporting healthy child development and ensuring the safety of young children and family members. NHV provides home visiting services in eight Nevada counties through Local Implementing Agencies (LIAs). Home Visiting has proven successful in Nevada in serving the highest need areas.

Implemented in Clark County to address the needs of first-time mothers. The Nurse Family Partnership (NFP) utilizes public health nurses to serve pregnant women from 28 weeks gestation until the child is two years old. The Early Head Start Home Based Option model is implemented in Clark, Washoe and Elko counties and serves very low-income expectant mothers and families with children up to age three. The Home Instruction for Parents of Preschool Youngsters (HIPPPY) model is implemented in Clark, Washoe, Nye, and Elko counties. The model was selected based on school readiness data identified by the NHV needs assessment in the areas served. Parents as Teachers model is implemented in Lyon, Storey, Carson City, and Mineral counties. PAT was selected to serve a broad range of ages and needs in low population communities. Models with a narrower opportunity for enrollment do not meet all the needs in low population areas. This model provides service to expectant mothers and families with children up to kindergarten entry.

For more information, please visit:

[http://dpbh.nv.gov/Programs/MIECHV/Nevada Home Visiting \(MIECHV\) - Home/](http://dpbh.nv.gov/Programs/MIECHV/Nevada_Home_Visiting_(MIECHV)_-Home/)

Obesity Prevention and Control Program

The Obesity Prevention and Control Program (OPCP) implements evidence-based strategies to create a culture of obesity prevention by changing obesity-related behaviors, thereby curtailing and reducing child and adult obesity in Nevada. Strategies include altering the physical and social environment to 1) increase physical activity opportunities and patterns; 2) enhance healthy eating options and standards; and 3) break up and decrease sedentary time engagement (particularly screen/media time).

Obesity, in both children and adults, is defined as “abnormal or excessive fat accumulation that presents a risk to health.” Obesity is a critical public health threat and is linked to chronic diseases including type-2 diabetes, hyperlipidemia, hypertension, cardiovascular disease, and cancer. Individuals with obesity are between 1.5 to 2.5 times more likely to die of heart disease than people with a healthy BMI. Reduced productivity, unemployment, and direct health care costs are among the main economic repercussions of obesity. According to the Trust for America’s Health (TFAH) annual report, *The State of Obesity: Better Policies for a Healthier America 2020*, 30.6% of Nevada adults, ages 18-65, were obese (having a BMI of 30 or more) in 2019 – a 4% increase compared to the previous year. The report also indicates while obesity among high school students decreased by 12%, rates of overweight students in this same population increased by 17% in 2019 compared to 2017.

For more information, please visit:

[http://dpbh.nv.gov/Programs/Obesity/Obesity Prevention and Control - Home/](http://dpbh.nv.gov/Programs/Obesity/Obesity_Prevention_and_Control_-_Home/)

Office of Food Security

The Nevada Office of Food Security (OFS) oversees Fund for Healthy Nevada nutrition related subgrant awards, coordinates and liaises among statewide partners and activities targeting food security, nutrition, and health outcomes. In addition, the OFS staffs the Nevada Council on Food Security (CFS) and supports implementation of the CFS’s guiding plan *Food Security in Nevada: Nevada’s Plan for Action*.

The guiding principles of the OFS include:

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

Food insecurity and other social determinants of health contribute to negative health outcomes, lower quality diets, higher health care costs, and are connected to higher obesity rates. The COVID-19 pandemic has led to an unprecedented increase in food insecurity and need for nutrition services statewide and nationally. According to Feeding America, Nevada is projected to rank eighth nationally regarding rates of projected food insecurity in 2020 versus 2018, with an overall increase of about 56%.

For more information, please visit:

<http://dpbh.nv.gov/Programs/OFS/Home - Office of Food Security/>

Office of Suicide Prevention

The Nevada Office of Suicide Prevention (NOSP) is the clearinghouse for suicide prevention information and education in Nevada. The Suicide Prevention Coordinator, Northern Suicide Prevention Training/Outreach Facilitator, the Zero Suicide Coordinator and the Suicide Prevention Assistant are located in Reno. The Southern Suicide Prevention Training/Outreach Facilitator is in Las Vegas. This team is responsible for the development, implementation, and evaluation of the 2020-2023 Nevada Suicide Prevention Plan.

A major initiative is following up on the Veterans' Suicide Mortality and U.S. Department of Veterans Affairs suicide reports through participation in the Governor's Challenge Team and four Mayors' Challenge Teams (Las Vegas, Truckee Meadows, Winnemucca and Elko) to prevent suicide with our service members, veterans and their families. This collaboration consists of the Nevada Department of Veterans Services as the lead agency for all teams, the Nevada National Guard, the Nevada Department of Health and Human Services, the Governor's Office, the Veterans Administration Health System and many community and veteran serving organizations. Some of the overarching goals of these SMVF Challenge teams consist of increasing access to health and mental health care, increasing connectedness and reducing access to lethal means. Collaboration for awareness, prevention, and intervention is occurring in all regions of the state.

Some of the program's most successful initiatives are with partners in Signs of Suicide middle/high school suicide awareness curriculum and screening programs statewide, Gatekeeper, Suicide Alertness for Everyone, Youth and Adult Mental Health First Aid, and Applied Suicide Intervention Skills Trainings. NOSP is staff to Nevada's Committee to Review Suicide Fatalities which makes statewide recommendations on improving prevention efforts. NOSP is also making great strides toward increasing awareness about addressing access to lethal means through the Suicide-Proof Your Home, Securing Firearms Education and the 11 Commandments of Gun Safety. NOSP works with the Department of Education to assist Nevada school districts with meeting legislative requirements for suicide prevention, intervention and postvention through development of school policies and protocols, required training for staff and students and support after a school/community crisis. Zero Suicide and Crisis Now initiatives are in the forefront currently to improve the continuum of care in health care systems and community crisis response and triage.

For more information, please visit:

www.suicideprevention.nv.gov.

Oral Health Program

The mission of the Nevada Oral Health Program is to protect, promote, and improve the oral health of Nevadans. The Oral Health Program and its partners collaborate to promote optimal oral health for Nevadans across the lifespan.

The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. Dental (pit and fissure) sealants contain clear or opaque plastic resinous material which is applied to the chewing surfaces of the back teeth to provide a protective barrier against decay causing bacteria. Dental sealants can last up to 10 years and take as little as 15 minutes to apply. School-based sealant programs target

schools in low socioeconomic status (SES) neighborhoods which are identified based on the percentage of children eligible for the federal free and reduced-price meal programs. Data shows that these programs increase the number of children who receive sealants either onsite at schools or offsite in dental clinics.

For more information, please visit:

<http://dpbh.nv.gov/Programs/OH/OH-Home/>.

Primary Care Office

The Primary Care Office (PCO) is funded by federal grants from the Health Resources Services Administration (HRSA) to support multiple programs through the following services:

- Complete applications for federal designation of [Health Professional Shortage Areas \(HPSAs\) or Medically Underserved Areas or Populations \(MUA/Ps\)](#). These designations support eligibility for increased federal funding and recruitment of health professionals. The Nevada PCO works with health care providers and stakeholders to maintain existing designations and establish new designations where appropriate.
- The Nevada Division of Public and Behavioral Health (DPBH) is authorized under the [Nevada Conrad 30 J-1 Physician Visa Waiver](#) to support up to 30 international medical graduates per year to serve in designated HPSAs, MUA/Ps or in non-designated sites which serve underserved populations (flex slot) in Nevada. The PCO, with support from the Primary Care Advisory Council (PCAC), reviews applications on behalf of the DPBH Administrator, to make recommendations to the U.S. Department of State.
- DPBH accepts requests for attestation in support of a [National Interest Waiver \(NIW\)](#) from all physicians in an eligible practice, including H1-B physicians in full clinical practice and from H1-B medical residents who completed their training at a health care facility in a designated shortage area.
- Review site applications and provide recommendations for [National Health Service Corps \(NHSC\)](#); serve as a state liaison for [HRSA Loans and Scholarships](#) to help sites with recruitment and retention of licensed health professionals.

The Primary Care Advisory Council (PCAC) was established in 2008 for the Nevada Conrad 30 J-1 Physician Visa Waiver program, to enhance oversight of the PCO and the services provided, in an advisory capacity to the Nevada Division of Public and Behavioral Health Administrator.

For more information, please visit:

http://dpbh.nv.gov/Programs/Primary_Care_Office/.

Enabling Statute

- [NRS 439A](#)

Problem Gambling Services (PGS)

To support effective problem gambling prevention, education, treatment, and research programs throughout Nevada. To improve the public health of Nevadans through a sustainable and comprehensive system of programs and services that reduce the impact of problem gambling.

The Revolving Account for the Prevention and Treatment of Problem Gambling (referred to as the “Problem Gambling Fund”) was created by Senate Bill 357 of the 2005 Legislative Session. All funds within the

Problem Gambling Fund are dedicated to support programs for the prevention and treatment of problem gambling.

The Governor-appointed Advisory Committee on Problem Gambling (ACPG) was created within DHHS to inform and advise the Department and other state agencies. The ACPG meets quarterly and frequently forms workgroups to address program and policy issues.

For more information, please visit:

[http://dpbh.nv.gov/Programs/ProblemGambling/Problem_Gambling_Services_\(PGS\)/](http://dpbh.nv.gov/Programs/ProblemGambling/Problem_Gambling_Services_(PGS)/)

<https://www.projectworthnv.org/>

Enabling Statute

- [NRS 458A](#)

Public Health Preparedness (PHP)

Nevada's Public Health Preparedness (PHP) program plays a pivotal role in ensuring that state and local public health systems are prepared for public health threats and public health incidents, whether caused by natural, accidental, or intention means. Within the PHP program are health care preparedness, and public health emergency preparedness programs. The PHP Healthcare Preparedness Program (HPP) focuses on building Nevada's health care system based on the U.S. Department of Health and Humans Services, Office of the Assistant Secretary for Preparedness and Response (ASPR), preparing hospitals, health care systems and their public health partners to prevent, respond to, and rapidly recover from these threats and are critical for protecting and securing the nation's health care system and public health. ASPR provides funding and technical assistance through the HPP Cooperative Agreement. The PHP Public Health Emergency Preparedness Program (PHEP) plans and implements measures in coordination with local health authorities and other partners to prepare Nevada for public health threats and to mitigate their effects based on the Centers for Disease Control and Prevention (CDC) based upon the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. The CDC provides funding and technical assistance through the PHEP Cooperative Agreement.

The Nevada Health Alert Network (NVHAN) delivers health care and public health alert messages throughout the Nevada and health care contacts in neighboring states. A component of the NVHAN is EMResource. EMResource is a statewide bed tracking, availability and alerting system used all Nevada hospitals. NVHAN relays important health care information received from the Centers for Disease Control and Prevention and state and local agencies via Technical Bulletins.

Pursuant to NRS 450B.238, and NAC 450B.768, the Nevada Trauma Registry (NTR) was established in 1987, to collect data on persons who sustain a physical (blunt or penetrating) injury caused by an accident or by violence. The NTR data are collected from all licensed acute care hospitals and trauma centers in Nevada and can provide information on the incidence, and prevalence, morbidity, and mortality of injuries in Nevada. The data can be broken down to a specific county, specific hospital, specific race, or specific age group, for example. These data are available for state, private or federal entities, grant applicants to measure the impact of trauma on Nevada and initiate health education programs that address traumatic injuries.

The State Emergency Registry of Volunteers-Nevada (SERV-NV) is a secure, web-based system used to register, qualify and credential Nevada's health care professionals before a major public health or medical emergency. From this site registrants may elect to join local Medical Reserve Corps, Statewide Volunteer Pool, Battle Born Medical Corps, or Mental Health Crisis Counselors. SERV-NV is Nevada's registry for Emergency System of Advance Registration for Volunteer Health Professionals (ESAR-VHP). ESAR-VHP is a national network of state-based systems, which verifies the identity and credentials of health professionals so that they can more readily volunteer for disaster, public health, and medical emergencies. By registering through SERV-NV, volunteers' identities, licenses, credentials, accreditations, and hospital privileges are all verified in advance of a public health and medical disaster or emergency.

For more information, please visit:

<http://dpbh.nv.gov/Programs/Preparedness/>

Enabling Statute

- [NRS 450B.238](#)
- [NAC 450B.768](#)
- [NRS 629.400](#)

Radiation Control Program

The Radiation Control Program (RCP) protects public health and safety and the environment by regulating sources of ionizing radiation and providing general information concerning ionizing radiation sources. The RCP licenses and inspects radioactive material users; issues licensure to individuals engaged in radiation therapy and radiologic imaging; registers and inspects radiation producing machines statewide; issues certificates of authorization to operate mammography equipment and inspects mammography machines; educates the public on radon hazards in the home and workplace; licenses and provides oversight of the closed low-level radioactive waste disposal site near Beatty, Nevada; and conducts statewide radiological emergency response activities.

The program provides assurance that issues of sensitive radiological concern are handled discreetly, professionally and effectively in Nevada, supporting a foundation of public confidence that also encourages economic development. Visitors to Nevada are ensured of health and safety protection and thus encouraged to come to take part in Nevada's gaming, tourist-related industries, and non-gaming businesses.

For more information, please visit:

http://dpbh.nv.gov/Reg/Radiation_Control_Programs/

Ryan White AIDS Drug Assistance Program

The Ryan White Part B Program is a federally funded grant that offers many services for People Living with HIV (PLWH) in Nevada who meet the eligibility requirements. The AIDS Drug Assistance Program (ADAP), also known as the Nevada Medication Assistance Program (NMAP), is the Ryan White CARE Program that utilizes federal funds to supply formulary medications to clients. If a client has existing health coverage, the Ryan White Program will pay monthly premiums and medication co-pays. If a client does not have health insurance, ADAP will assist with access to medications.

The client's household income must not exceed 400 percent of Federal Poverty Level guidelines. A Ryan White Part B client must live within the State of Nevada and must be recertified every six months.

For more information, please visit:

<https://endhivnevada.org/>

Sexually Transmitted Disease Program

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

For more information, please visit

[http://dpbh.nv.gov/Programs/STD/Sexually Transmitted Disease \(STD\) Prevention and Control Program-Home/](http://dpbh.nv.gov/Programs/STD/Sexually_Transmitted_Disease_(STD)_Prevention_and_Control_Program-Home/)

Tobacco Control Program (TCP)

The goal of the Tobacco Control Program (TCP) is to reduce the overall prevalence of tobacco use among Nevada residents.

TCP is funded by the Office on Smoking and Health (through the Centers for Disease Control and Prevention), the Fund for a Healthy Nevada, and state general funds. Funds are used to prevent initiation and use of tobacco products among youth and young adults, promote tobacco use cessation among adults and youth, eliminate exposure to secondhand smoke, and identify and eliminate tobacco-related disparities. The program achieves these objectives by implementing comprehensive tobacco control practices including, but not limited to, state and community interventions, mass-reach health communication interventions, tobacco cessation interventions (quitline), surveillance and evaluation, and strong infrastructure, administration, and management. Through these comprehensive tobacco control practices, TCP supports statewide health coalitions, builds and maintains partnerships, and participates in developing strategic plans to address tobacco-related disparities in Nevada. TCP also focuses on implementing strategic policy, systems, and environmental changes to conduct tobacco prevention, control, and cessation activities to reduce the burden of tobacco use in Nevada.

For more information, please visit:

[http://dpbh.nv.gov/Programs/TPC/Tobacco Prevention and Control - Home/](http://dpbh.nv.gov/Programs/TPC/Tobacco_Prevention_and_Control_-_Home/)

Tuberculosis Prevention, Control and Elimination

The State of Nevada's Tuberculosis (TB) Program is located within the Office of Public Health Investigations and Epidemiology (OPHIE). The program provides oversight to a statewide network of TB programs and health care agencies. The Nevada TB Program is comprised of the DPBH TB, three local health authorities (Clark County, Washoe County, and Carson City), the Nevada State Public Health Laboratory (NSPHL), the DPBH Community Health Services (serving the rural counties), the Department of Corrections, and all agencies, organizations and health professionals interested in advancing Nevada's progress toward improving our TB elimination and control efforts. These stakeholders provide TB prevention and control services such as testing, treatment, education, and surveillance activities for the residents within their jurisdictions. The DPBH TB program manages the federal funding provided to Nevada which helps support the state and local TB programs' infrastructure, operating expenses, testing, prevention, and outreach activities.

For more information, please visit:

[http://dpbh.nv.gov/Programs/TB/Tuberculosis \(TB\) Prevention, Control and Elimination Program - Home/](http://dpbh.nv.gov/Programs/TB/Tuberculosis%20(TB)%20Prevention,%20Control%20and%20Elimination%20Program%20-Home/)

Enabling Statute

- [NRS 441A](#)

Vital Records and Statistics

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

For more information, please visit:

<http://dpbh.nv.gov/Programs/VitalRecords/>.

Enabling Statute

- [NRS 440](#)

Women's Health Connection Program

The Woman's Health Connection (WHC) Program is largely funded through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) with an allocation of \$500,000 in state funds to fill gaps in federally approved services. The current cooperative agreement is authorized for a 5-year period and began June 30, 2017. Funds are used to increase appropriate cancer screening services through provision of breast and cervical cancer screening and diagnostics, elimination of known screening barriers, and implementation of key evidenced-based strategies. The program achieves these objectives by partnering with health systems, supporting state-wide cancer coalitions, and partnering to achieve screening objectives included in the State of Nevada Comprehensive Cancer Control Plan. WHC also conducts strategic policy, systems and environmental changes and collects and disseminates cancer surveillance data with enhanced use of cancer data for state planning. WHC utilizes a collaborative and coordinated approach to implement cancer prevention and control activities to reduce the burden of cancer in Nevada. Women diagnosed with breast or cervical cancer as a result of program-eligible screening or diagnostic service are navigated to treatment through patient navigation services. The program fiscal year is June 30 to June 29 of each year.

Women must be residents of Nevada, be 40 years of age or above to receive breast cancer screening services and 21 years and above to receive cervical cancer screening services, are underinsured or uninsured, and fall within 250% of federal poverty level.

As one of the fastest growing states in the country, WHC continues to see steady growth in enrollment and screening services. Partnering clinics also continue to see an increase in need for screening services. While rates of breast and cervical cancer continue to decline, counts are increasing corresponding to population

growth. This results in continuing increased cost associated with breast and cervical cancer. Routine cancer screening is the most successful method to detect cancer early, improve cancer outcomes, improve quality of life, and reduce cost.

For more information, please visit:

[http://dpbh.nv.gov/Programs/WHC/Women s Health Connection - Home/](http://dpbh.nv.gov/Programs/WHC/Women_s_Health_Connection_-_Home/)

Women, Infants, and Children (WIC) Supplemental Nutrition Food Program

The Special Supplemental Nutrition Program for Women, Infants, and Children, commonly known as WIC, is a 100% federally funded program that provides access to nutritious foods, nutrition education and breastfeeding support for pregnant, postpartum and breastfeeding women, infants, and children up to the age of 5 who have been determined have a moderate/low income and to be at nutritional risk. WIC participants get access to nutritious foods to supplement their diets, information and referrals to health care services like immunizations, prenatal care, and family planning, and information about other family support services available in their community.

Applicant must be (1) an infant or child under five years of age, (2) a pregnant woman, (3) a postpartum woman (up to 6 months after giving birth), or (4) a breastfeeding woman (up to the breastfed infants first birthday). Must be a Nevada resident and physically live in Nevada at the time of application. Must be at or below 185% of the federal poverty level. Lastly, the applicant must be at nutritional risk as determined by a Competent Professional Authority (CPA) at the WIC clinic.

Nevada WIC is a leader in the EBT Industry. In 2009 Nevada was one of the first states to go statewide online EBT for participant benefit redemption. Nevada continues to be innovative in the EBT industry currently utilizing the WIC Shopper App and working toward development of an online shopping platform keeping up with the rapidly changing grocery shopping experience for WIC participants.

For more information, please visit:

www.nevadawic.org

Nevada Department of Health and Human Services
Division of Welfare and Supportive Services

MISSION STATEMENT

The mission of the Division of Welfare and Supportive Services is to engage clients, staff, and the community to provide public assistance benefits to all who qualify and reasonable support for children with absentee parents to help Nevadans achieve safe, stable, and healthy lives.

REVENUE AND GENERAL FUND INFORMATION

Legislative Approved 2020-2021 Biennium

General Fund: \$184,728,878

Federal: \$394,183,101

Other: \$146,681,393

Total overall budget: \$725,593,372

Governor Recommended 2022-2023 Biennium

General Fund: \$200,481,387

Federal: \$463,321,715

Other: \$152,172,574

Total overall recommended budget: \$815,975,676

DIVISION OF WELFARE AND SUPPORTIVE SERVICES PROGRAMS

Child Care and Development Program (CC)

The Child Care Program assists low-income families, families receiving temporary public assistance, families with children placed by Child Protective Services (CPS), and Foster families by subsidizing childcare costs so parents can work. Households are able to qualify for childcare subsidies based upon their total monthly gross income, household size, and other requirements. Assistance is provided through 3 programs: Certificate - Provides a Certificate to an eligible household to use for payment of child care services to an eligible provider; Contracted Slots - serves an approved number of slots for low income families in Before and After School Programs; and Wrap-Around which also serves an approved number of slots for low-income families for services before and after Early Head Start or Head Start Program.

To qualify for childcare subsidy assistance, the child must be under the age of 13 unless they have a special need in which case they are eligible until they turn 19. Other factors include citizenship, immunizations, relationship, and residency. Additionally, adult household members and minor parents must have a purpose of care such as working or a minor parent attending high school.

Beginning SFY12 due to program changes, training was eliminated as a Purpose of Care and Student Purpose of Care was eliminated except for minor parents attending high school. In addition, a wait list was implemented program wide. In SFY14 the Program began removing families from the waitlist on a limited basis. Beginning March 2015 six-month eligibility periods were changed to 12 months. In October 2015 initial program eligibility was moved from 90% to 80% and a sliding fee scale was re-implemented which

allows families with higher incomes to continue receiving assistance with an increased copayment, up to 85% of the State Median Income.

Effective May 23, 2016, all new applicant households are subject to the wait list with the exception of New Employees of Nevada (NEON), Foster Care, and CPS cases. Beginning May 4, 2017, the program started removing households with income below 130% of poverty who qualify for 80% subsidy payments if all other eligibility factors are met from the wait list. Effective January 18, 2018 the wait list was removed until further notice and all cases which had previously been wait listed were processed for eligibility. Effective December 16, 2019, all new applicant households were subject to the wait list with the exception of NEON, Foster Care, CPS, Voluntary Plan, Reunification Plan and Homeless.

For more information, please visit:

<https://dwss.nv.gov/Care/Childcare/>

Enabling Statute

- [42 U.S.C. § 9858](#) et seq, [NRS 422A](#)

Child Support Enforcement Program (CSEP)

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

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

As illustrated in the Bureau of Labor Statistics Data, the CSE caseload trend is tied closely to the economy. When the economy is good, fewer customers need child support services; when there is a downward turn in the economy, more customers need child support services. Additional factors contributing to the caseload trend going down include case closure projects and stopping inappropriate referrals (unborn cases). A factor that may contribute to an increase in caseload is an increase in public assistance referrals and non-assistance applications during an economic downturn and high unemployment rate.

For more information, please visit:

https://dwss.nv.gov/Support/1_0_0-Support/

Enabling Statute

- [Title IV, Part D of the Social Security Act, United States Code as §601–687, Subchapter IV, Chapter 7, Title 42, NRS 425, NRS 422A](#)

Energy Assistance Program (EAP)

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

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

The Energy Assistance Program was approved additional authority to utilize the remaining SFY18 funding on benefits for eligible households. The benefit cap tables were increased. All program year 2018 eligible households were recalculated, and when applicable a supplemental benefit was issued. Currently, SFY19 benefit cap tables will remain the same as the end of SFY18. In SFY2019, the benefit cap tables were increased. All program year 2019 eligible households were recalculated, and when applicable a supplemental benefit was issued. For SFY 2020, the benefit cap tables remained the same as they were at the end of SFY 2019. In SFY 2020, the caseload came in lower than projected, resulting in the Administrator approving a supplemental payment for all eligible households of \$160. EAP received CARES Act funding and all eligible households will receive an additional supplement to assist with additional energy costs they may have incurred due to COVID-19. In SFY2021, the benefit cap table remained the same as they were in SFY 2020.

For more information, please visit:

https://dwss.nv.gov/Energy/1_Energy_Assistance/

Enabling Statute

- [42 U.S.C. § 8621](#) et seq, [NRS 422A](#)

County Match (CM)

Through an agreement with the Division, Nevada counties pay the non-federal share of costs for institutionalized persons whose monthly income is between \$1,112.00 and 300% of the SSI payment level.

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

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

Money deposited in a QIT is exempt and a potential County Match recipient may never reach the CM income threshold. In SFY12 a change in eligibility requirements increased the caseload.

Enabling Statute

- [42 U.S.C. 1396](#) et seq, [NRS 422A](#)

Medical Assistance to the Aged, Blind, and Disabled (MAABD)

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

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

Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. Medicare Savings Program cases: \$7,860 (\$7,970 in 2021) - for an individual or \$11,800 (\$11,960 in 2021) for a couple. Other cases: \$2,000 for an individual or \$3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Life insurance policies, when the total face value is less than \$1,500; vehicles necessary to produce income; transportation for medical treatment on a regular basis (specifically handicapped equipped vehicles), or the value of a vehicle up to \$4,500; burial plots/plans.

SSI cases can take up to 3 years for approval/denial. For statistical purposes only as each aid code is different and cannot be compared. *Retro cases numbers are reported from SFY02 through SFY15. Beginning SFY16, actual cases are reported.

For more information, please visit:

https://dwss.nv.gov/Medical/2_General_Information-3MAABD/

Enabling Statute

- [42 U.S.C. 1396](#) et seq, [NRS 422A](#)

Nevada Check Up (NCU)

Effective July 1, 2013 (SFY14) the Nevada Check Up (NCU) program was transferred from DHCFP to DWSS as a result of the Affordable Care Act (ACA) system requirements. As of October 1, 2013, NCU eligibility is determined by DWSS. Authorized under Title XXI of the Social Security Act, NCU is the State of Nevada's Children's Health Insurance Program (CHIP). The program provides low cost, comprehensive health care coverage to low income, uninsured children 0 through 18 years of age who are not covered by private insurance or Medicaid. The NCU program requires a monthly premium based on household size and income.

Effective January 1, 2016, DWSS implemented a policy which allows children who have access to Public Employees' Benefits Program (PEBP) to qualify for Nevada Check Up, if they meet all other eligibility criteria.

Effective February 1, 2018, DWSS implemented a policy change allowing the enrollment of lawfully residing non-qualified, non-citizen children under the age of 19 to qualify for Medicaid and/or Nevada Check Up, if they meet all other eligibility criteria.

The family's gross annual income must be below 205 percent of the FPL (which includes a 5 percent disregard). Pay monthly premiums (if applicable), the child is a U.S. citizen, "qualified alien" or legal resident with 5 years residency and is under age 19 on the date coverage began.

For more information, please visit:

<https://dwss.nv.gov/Medical/NCUMAIN/>

Enabling Statute

- [42 U.S.C. § 1397aa to 1397jj, NRS 422A](#)

Adult Medicaid (Original Medicaid Group)

The Adult Medicaid group covers parents and caretaker relatives who meet income guidelines based on the previous adult group known as TANF-related medical. This group also includes adults who have aged out of the foster care program, the breast and cervical cancer program and parents and caretakers who lost eligibility for Medicaid due to an increase in earnings. There are still some recipients aged 0-18 in this category; however, they will be moved to the appropriate category at natural opportunity or as redeterminations are complete. Naming this program "Adult Medicaid" best captures the general population. This is a mandatory coverage group and receives the standard Medicaid FMAP.

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

The ACA now categorizes caseload by recipients where caseload was previously categorized by households. The decreasing trend line reflects this as children previously in households are being transferred out of "Adult Medicaid" and into the Child Medicaid (CH) group. Adult Medicaid does, in fact, include miscellaneous categories of children who will transition thru the Adult Medicaid program. This will be about 15 percent of the total recipients over time.

For more information, please visit:

https://dwss.nv.gov/Medical/2_General_Infomaiton

Enabling Statute

- [42 U.S.C. 1396 et seq, NRS 422A](#)

ACA (Affordable Care Act) Adult Medicaid

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

Medicaid eligibility is determined using modified adjusted gross income (MAGI) rules based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. The new Adult Medicaid group covers individuals with income below 138 percent (which includes a 5 percent disregard) of the federal poverty limit.

For more information, please visit:

https://dwss.nv.gov/Medical/2_General_Information

Enabling Statute

- [42 U.S.C. 1396 et seq, NRS 422A](#)

ACA (Affordable Care Act) Expanded Children's Group

The ACA Child group covers children 6-18 with income above the CH income limit (previous page) up to 138 percent (which includes a 5 percent disregard) of the federal poverty level (FPL). This is a mandatory coverage group. These children were previously covered under CHIP and will be using the standard FMAP just like the Pregnant Women and Children group.

Effective February 1, 2018, DWSS implemented a policy change allowing the enrollment of lawfully residing non-qualified, non-citizen children under the age of 19 to qualify for Medicaid and/or Nevada Check Up, if they meet all other eligibility criteria.

Medicaid eligibility is determined using modified adjusted gross income (MAGI) which is based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. The ACA mandated the increased income limit for children ages 6-18 to 138 percent (which includes a 5 percent disregard) of the FPL. The New ACA Child group covers children between 122 percent and 138 percent FPL (which includes a 5 percent disregard).

For more information, please visit:

https://dwss.nv.gov/Medical/2_General_Information/

Enabling Statute

- [42 U.S.C. 1396 et seq, NRS 422A](#)

Pregnant Women and Children Medicaid (PWC)

This category covers pregnant women and children under 19. This is a mandatory coverage group and receives the standard Medicaid FMAP.

Effective February 1, 2018, DWSS implemented a policy change allowing the enrollment of lawfully residing non-qualified, non-citizen children under the age of 19 to qualify for Medicaid and/or Nevada Check Up, if they meet all other eligibility criteria.

Medicaid eligibility is determined using modified adjusted gross income (MAGI) which is based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. This category covers pregnant women and children under 6, with income below 165 percent (which includes a 5 percent disregard) of the federal poverty level (FPL) and children 6-18 with income below 122 percent of the FPL.

For more information, please visit:

https://dwss.nv.gov/Medical/2_General_Information/

Enabling Statute

- [42 U.S.C. 1396 et seq, NRS 422A](#)

Supplemental Nutrition Assistance Program (SNAP)

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.

The household's gross income must be less than or equal to 130% for non-categorically eligible households, and 200% of poverty for categorically eligible households; both types of household's net income must be less than or equal to 100% of poverty to be eligible. Households in which all members are elderly or disabled have no gross income test. The resource limit for all households, except those with elderly or disabled members is \$2,250; households with elderly or disabled members have a resource limit of \$3,500 (exceptions: one vehicle, home, household goods and personal items).

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 March 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% of poverty. There is no further income or resource test. For households that do not meet the categorically eligible criteria, their gross income must be at or below 130% of poverty, to be eligible.

For more information, please visit:

<https://dwss.nv.gov/SNAP/Food/>

Enabling Statute

- [7 U.S.C. § 2011 et seq,](#)

Supplemental Nutrition Employment and Training Program (SNAPET)

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

Beginning October 2019 registration and participation is voluntary.

The SNAPET caseload parallels the SNAP caseload but on a smaller scale. The Division provides services to SNAP recipients who volunteer to participate in the SNAPET program. The number served is limited by available program funding. The SNAPET program requires participants to complete an assessment and SNAPET Employment Plan. The FFY 18 SNAPET State Plan supports three third-party partnerships. The Culinary Academy of Las Vegas will provide culinary and hospitality training and Western Nevada College,

and Truckee Meadows Community College provide a short-term certification programs which will qualify graduates for entry level positions in labor demand occupations in the Northern Nevada Region. The goal of these partnerships is to provide SNAP recipients with the opportunity to obtain the education and job skills needed to qualify for living wage jobs available in their geographical location. The FFY19 SNAPET State Plan supports two third-party partnerships, TMCC and WNC and the SNAPET program changed to a voluntary program. The voluntary participants will be able to participate in job search training and supervised job search or education at approved third-party educational institutions. The FFY20 SNAPET State Plan supported TMCC as a third party partner to provide vocational educational opportunities to SNAP recipients.

For more information, please visit:

<https://dwss.nv.gov/SNAP/Food/>

Enabling Statute

- [7 U.S.C. § 2011 et seq, NRS 422A](#)

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

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

Citizenship, Nevada residency, household composition, proof of specified relationship to child(ren), social security number for each recipient, countable resources not to exceed \$10,000 per TANF case (refer to the online Eligibility and Payments manual for a list of exempt resources) and must meet established income guidelines. Post-eligibility verifications include receipt of standard immunizations for children not yet enrolled in school and school attendance for children age 7-11 and minor parents. Each program type may have slightly different eligibility requirements. Refer to each program type for more detailed information.

Effective January 1, 2014, Nevada implemented the "Middle Class Tax Relief and Job Creation Act of 2012 (P.L. 112-96)", which among its provisions, requires States receiving TANF grants "to maintain policies and practices as necessary to prevent assistance provided under the State program funded under this part from being used in any electronic benefit transfer transaction in any liquor store; any casino, gambling casino, or gaming establishment, or any retail establishment which provides adult-oriented entertainment. If it's determined the household has used benefits in a restricted area, a "protective payee", which can be selected by the household will be established to receive the cash benefits on their behalf to ensure the family's basic ongoing needs such as: rent, fuel, household supplies clothing and personal incidentals are met. The restricted usage applies to the following Aid Codes: Cash TN, TN1, TN2, COA, COF, COK, CON and COS.

For more information, please visit:

https://dwss.nv.gov/TANF/Financial_Help/

Enabling Statute

- [42 U.S.C. § 601 et seq, NRS 422A](#)

TANF New Employees of Nevada (NEON)

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

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

In SFY13 Nevada's labor markets gained some momentum. The slow and steady economic gains of SFY13 continued into the first quarter of SFY14. The rise in the NEON caseload was not following its historical correlation to the state's economy. This rise in the caseload was theorized to be a result of the Affordable Care Act Medicaid expansion implementation and new streamlined eligibility process. New Medicaid applicants became aware of their eligibility for TANF and efficient application business processes removed barriers and improved program access. Stabilization of caseload growth was anticipated by the end of the fiscal year. Caseload trends should return to their historical correlation with the economy. In SFY15, the NEON caseload continued to decrease due to program changes and the continuing economic improvement. In SFY17, the Employment Retention Payment (ERP) was implemented to improve employment outcomes for TANF recipients. In SFY19, the lifetime limit for vehicle repairs was increased from \$2,000 to \$3,500 and the CWEP stipend was increased to \$100 to improve TANF NEON participant outcomes. In SFY20, the CWEP stipend was increased to \$300 and the maximum vocational education funds per individual was increased to improve TANF NEON participant outcomes.

For more information, please visit:

https://dwss.nv.gov/TANF/Financial_Help/

Enabling Statute

- [42 U.S.C. § 601 et seq, NRS 422A](#)

TANF Child-Only Cash Programs

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

Citizenship, Nevada residency, household composition, proof of specified relationship to child(ren), social security number for each recipient, countable resources not to exceed \$10,000 per TANF case (refer to the online Eligibility and Payment manual for a list of exempt resources), and must meet established income guidelines. Post-eligibility verifications include receipt of standard immunizations for children not yet

enrolled in school and school attendance for children aged 7-11 and minor parents.. Total household income must be less than or equal to 275 percent FPL for Non-Needy and Kinship Care caretakers.

For more information, please visit:

https://dwss.nv.gov/TANF/Financial_Help/

Enabling Statute

- [42 U.S.C. § 601 et seq](#), [NRS 422A](#)