



Helping People --

it's who we are and what we do

Nassir Notes

“Quick Facts: DHHS”

State of Nevada

Department of Health and Human Services

<http://dhhs.nv.gov>

Jim Gibbons
Governor

Michael J. Willden
Director

**Department of Health and Human Services
Nassir Notes Table of Contents
January 2009**

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Nevada Department of Health and Human Services, Division for Aging Services

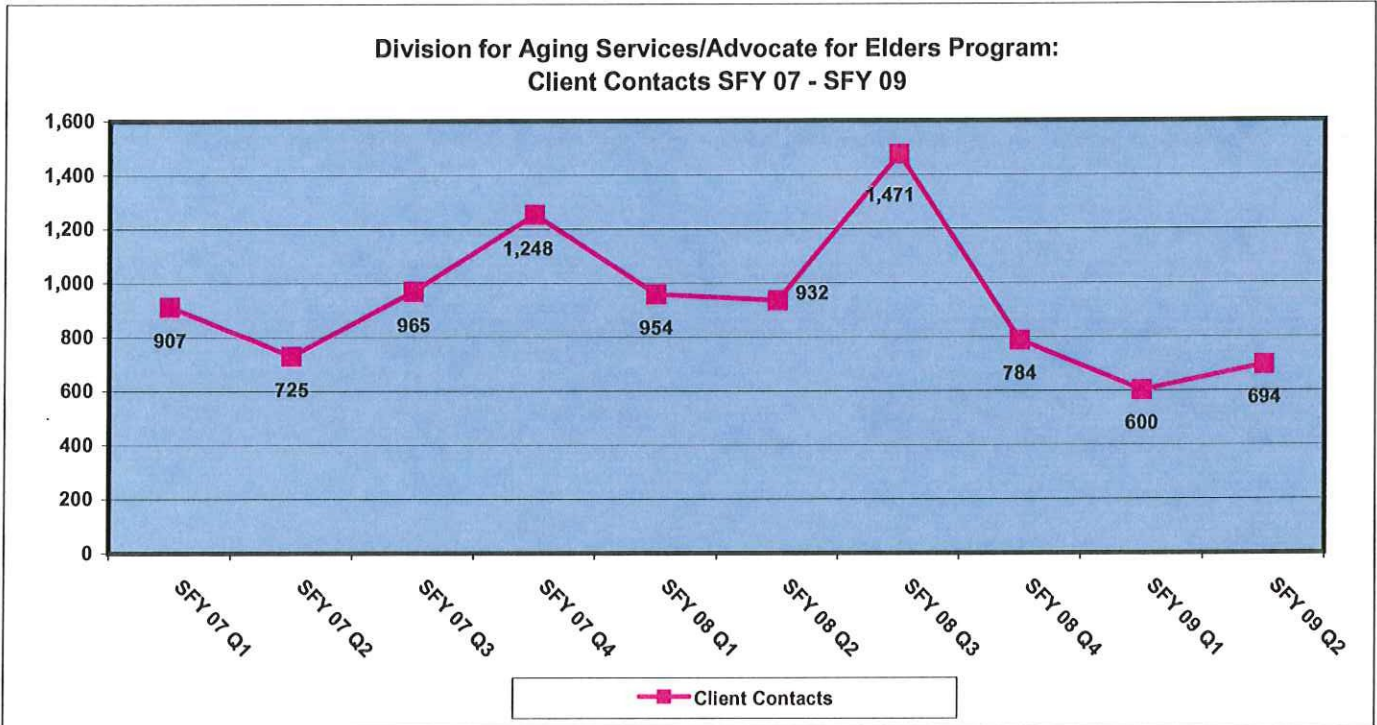
Nassir Notes: ADVOCATE FOR ELDERS

PROGRAM

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

ELIGIBILITY

Seniors age 60 or older, primarily homebound residing in communities throughout Nevada.



WORKLOAD HISTORY

	Client Contacts
SFY 2007	3,845
SFY 2008	4,141

FYTD

	Client Contacts
Jul 08	220
Aug	159
Sep	221
Oct	230
Nov	246
Dec	218
FY09 Tot	1,294
FY09 Avg	216

OTHER

"Client contacts" includes: phone calls, walk-ins, e-mail, and postal mail. Please note there are only two (2) Advocates for Elders representing seniors in Nevada: one in Northern Nevada and one in Southern Nevada.

FUNDING STREAM

General Fund

WEB LINKS

http://www.nvaging.net/advocate_for_elders.htm

ANALYSIS OF TRENDS

The fluctuation in SFY 07 Q2 resulted from the vacancy of a full-time position in southern Nevada and the training of a new employee. Historically, program contacts increase related to the Open Enrollment Period from the State Health Insurance Assistance Program (SHIP) which occurs during the Q3 each fiscal year. The decrease in client contacts for SFY 08 and SFY09 is due to a vacancy of a full-time position in southern Nevada.

Nevada Department of Health and Human Services, Division for Aging Services

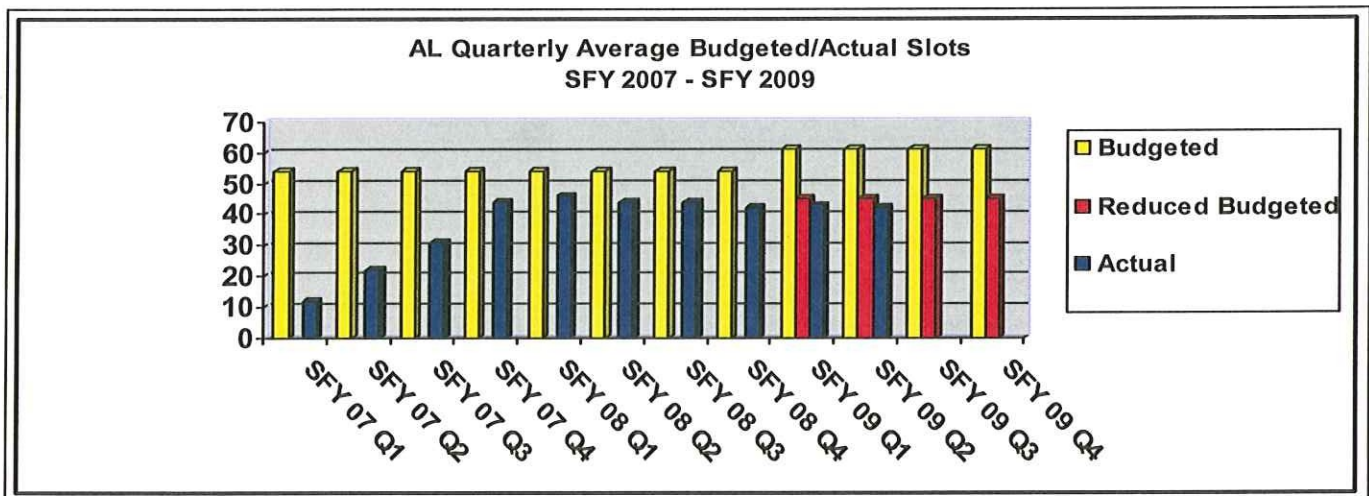
Nassir Notes: ASSISTED LIVING (AL) PROGRAM

PROGRAM

The Division for Aging Services (DAS) Assisted Living (AL) waiver maximizes the independence of Nevada's frail elderly by providing assisted living supportive services to eligible individuals in a residential facility that offers 24-hour supervised care, individual living units, a kitchenette, sleeping area or bedroom, and contains private toilet facilities. Waiver services include: Case Management to assist with gaining access to needed waiver and other State Plan services as well as needed medical, social, educational, and other services, regardless of funding sources; and augmented personal care services which include assistance and supervision with the activities of daily living such as mobility, bathing, dressing, oral hygiene, toileting, transferring, ambulating, feeding, medication oversight (to extent permitted under State law).

ELIGIBILITY

Must be 65 years old or older; financially eligible (300% of SSI income up to \$2,022.00); at risk of nursing home placement within 30 days. Must also meet low income tax credit housing requirements.



WORKLOAD HISTORY

FY 07: Avg Caseload	27
FY 07: Budgeted Avg Caseload	54
FY 07: Avg Wait List	1
FY 07: Total Expenditures	\$137,118
FY 08: Avg Caseload	44
FY 08: Budgeted Avg Caseload	54
FY 08: Avg Wait List	1
FY 08: Total Expenditures	\$126,846

FYTD

	Caseload	Waitlist
Jul 08	42	2
Aug	43	2
Sep	43	2
Oct	42	5
Nov	42	4
Dec	42	1
FY09 Tot	254	16
FY09 Avg	42	3

OTHER

FUNDING STREAM

WEB LINKS

ANALYSIS OF TRENDS

Reduced Budgeted slots were required for SFY 09 due to the mandated budget Medicaid/GF (GF in DHCFP's budget)

<http://www.nvaging.net/>

Trends remain stable through 12-31-08.

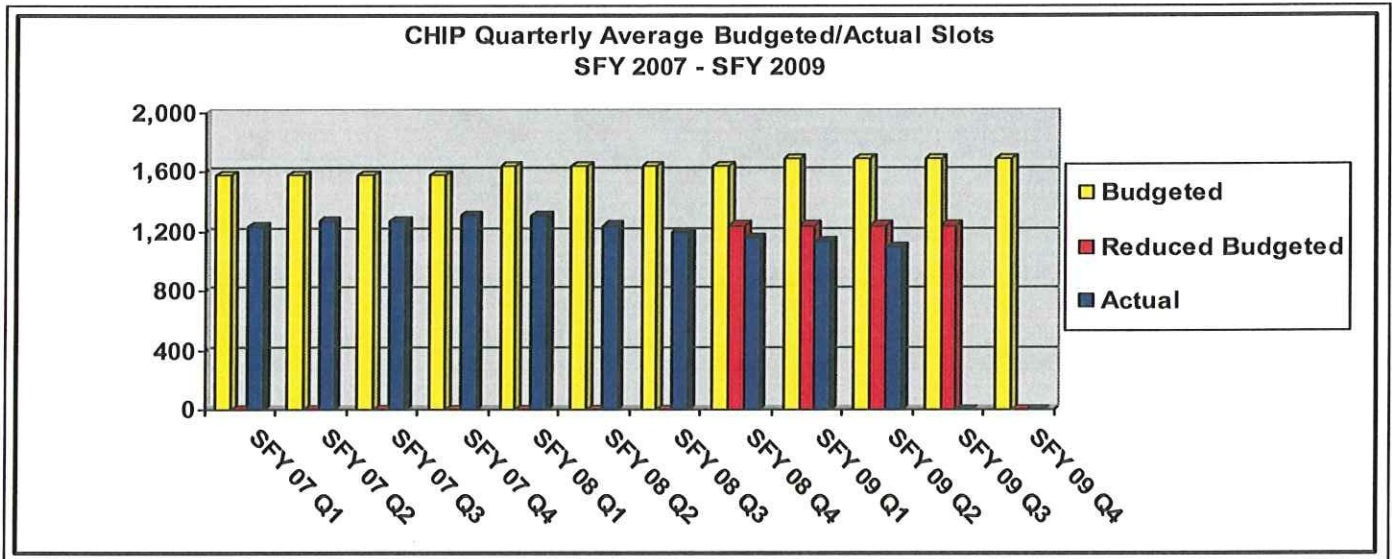
Nevada Department of Health and Human Services, Division for Aging Services
Nassir Notes: COMMUNITY HOME BASED INITIATIVES PROGRAM (CHIP)

PROGRAM

The Division for Aging Services (DAS) Community Home Based Initiatives Program (CHIP) provides waiver services to seniors to help them maintain independence in their own homes as an alternative to nursing home placement. CHIP services can include the following: Case Management, Homemaker, Adult Day Care, Adult Companion, Personal Emergency Response System, Chore, Respite, and Nutrition Therapy and access to State Plan personal care services.

ELIGIBILITY

Must be 65 years old or older; at risk of nursing home placement within 30 days without services; financially eligible (300% of SSI income up to \$2,022.00); need assistance with one or more of the following: bathing, dressing, eating, toileting, ambulating, transferring.



WORKLOAD HISTORY

FY 07: Avg Caseload	1,282
FY 07: Budgeted Avg Caseload	1,575
FY 07: Avg Wait List	344
FY 07: Total Expenditures	\$5,980,052
FY 08: Avg Caseload	1,229
FY 08: Budgeted Avg Caseload	1,643
FY 08: Avg Wait List	242
FY 08: Total Expenditures	\$5,309,736

FYTD

	Caseload	Waitlist
Jul 08	1,163	179
Aug	1,135	208
Sep	1,107	219
Oct	1,075	240
Nov	1,070	198
Dec	1,147	113
FY09 Tot	6,697	1,157
FY09 Avg	1,116	193

OTHER

FUNDING STREAM

WEB LINKS

ANALYSIS OF TRENDS

Reduced Budgeted slots were required for SF Medicaid/GF (GF in DHCFP's budget)

<http://www.nvaging.net/chip.htm>

Trends remain stable through 12-31-08.

Nevada Department of Health and Human Services, Division for Aging Services

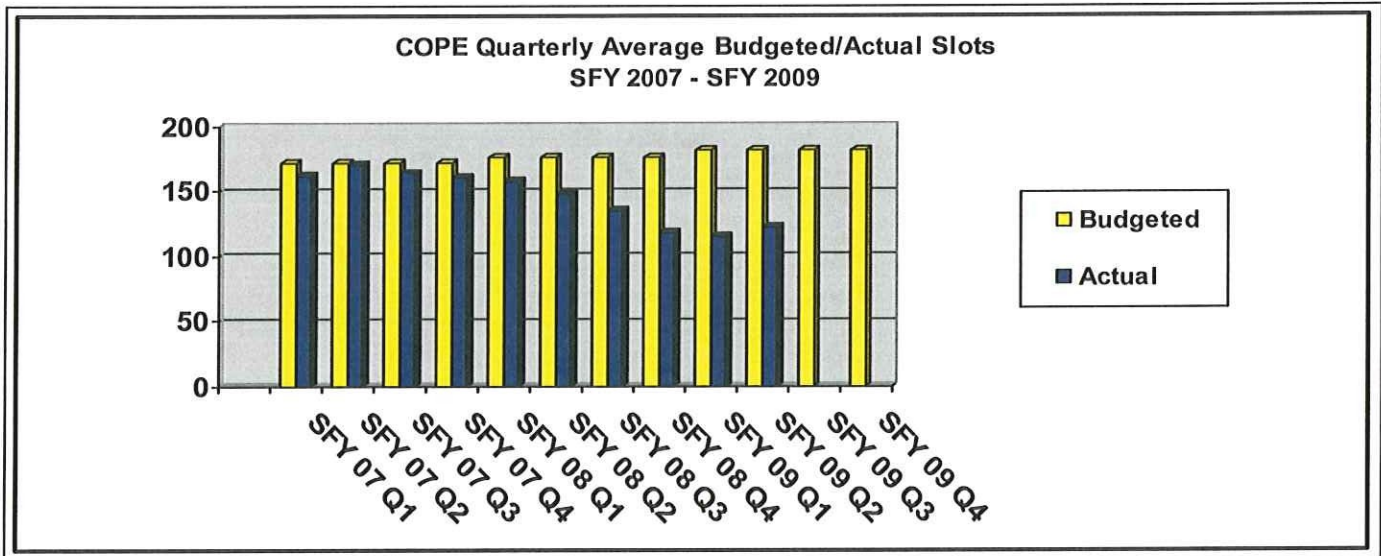
Nassir Notes: COPE PROGRAM

PROGRAM

The Division for Aging Services (DAS) Community Service Options Program for the Elderly (COPE) provides services to seniors to help them maintain independence in their own homes as an alternative to nursing home placement. COPE services can include the following non-medical services: Case Management, Homemaker, Adult Day Care, Adult Companion, Personal Emergency Response System, Chore and Respite.

ELIGIBILITY

Must be 65 years old or older; financially eligible (for 2009 income up to \$2,923; assets below \$10,000 for an individual and \$30,000 for a couple); at risk of nursing home placement without COPE services to keep them in their home and community. Priority given to those meeting criteria of NRS 426 – unable to bathe, toilet and feed self without assistance.



WORKLOAD HISTORY

FY 07: Avg Caseload	305
FY 07: Budgeted Avg Caseload	172
FY 07: Avg Wait List	105
FY 07: Total Expenditures	\$2,229,861
FY 08: Avg Caseload	140
FY 08: Budgeted Avg Caseload	176
FY 08: Avg Wait List	70
FY 08: Total Expenditures	\$1,879,254

FYTD

	Caseload	Waitlist
Jul 08	117	22
Aug	116	21
Sep	111	21
Oct	112	14
Nov	111	17
Dec	145	9
FY09 Tot	712	104
FY09 Avg	119	17

OTHER

FUNDING STREAM

GF/Independent Living Grant

WEB LINKS

<http://www.nvaging.net/>

ANALYSIS OF TRENDS

Trends remain stable through 12-31-08.

Nevada Department of Health and Human Services, Division for Aging Services

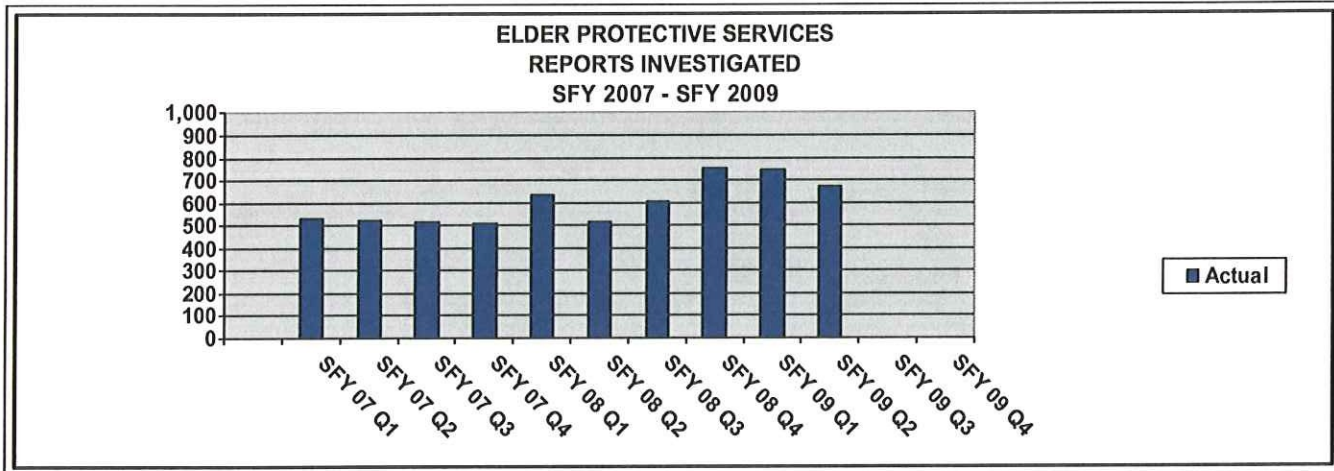
Nassir Notes: ELDER PROTECTIVE SERVICES PROGRAM

PROGRAM

Elder Protective Services (EPS) assists older persons who may be victims of abuse, neglect, exploitation or isolation. Police departments, sheriff's offices and county protective service agencies also investigate elder abuse. EPS utilizes licensed social workers to investigate reports. The investigation commences within three working days of the report. EPS may contact local law enforcement or emergency responders for situations needing immediate intervention. The Crisis Call Center handles after-hour calls for EPS. Social workers provide interventions to remedy abusive, neglectful and exploitive situations. EPS refers cases where a crime may have been committed to law enforcement agencies for follow-up. Self-neglect is the single largest problem reported. EPS social workers provide training to various

ELIGIBILITY

Any older person, defined by NRS as 60 years or older, is eligible. EPS investigates elder abuse reports in all counties of the state. In Clark County, EPS investigates reports concerning Medicaid eligible older persons living in the community and all reports regarding long term care facilities. Clark County's Senior Citizens Protective Services program investigates reports concerning non-Medicaid eligible older persons.



WORKLOAD HISTORY

	REPORTS INVESTIGATED	AVG CASES PER SOCIAL WORKER
SFY 07	2,067	44
SFY 08	2,500	59

FYTD

	REPORTS INVESTIGATED	AVG CASES PER SOCIAL WORKER
Jul 08	251	53
Aug	238	51
Sep	275	60
Oct	229	54
Nov	222	52
Dec	252	53
FY09 Tot	1,467	323
FY09 Avg	245	54

OTHER

Funding TITLE XX - Title XX funds through the Nevada Department of Health & Human Services
GENERAL FUND

WEB LINK http://www.nvaging.net/protective_svc.htm

ANALYSIS OF TRENDS **Reports Investigated** - The number of reports received and investigated continually fluctuates. EPS is obligated to investigate all reports received. It is anticipated that the number of reports received will increase with the population growth and the increase in the aging population. In February 2008, EPS assumed responsibility for investigating reports regarding long term care facilities; therefore, the increase beginning FY08 – 3rd quarter was expected.

Average number of cases per social worker - This is a relatively new report and some adjustments were made in how the information is captured. It is believed that the spike in FY08 4th quarter is a result of this adjustment, not an actual increase in caseload numbers.

Nevada Department of Health and Human Services, Division for Aging Services

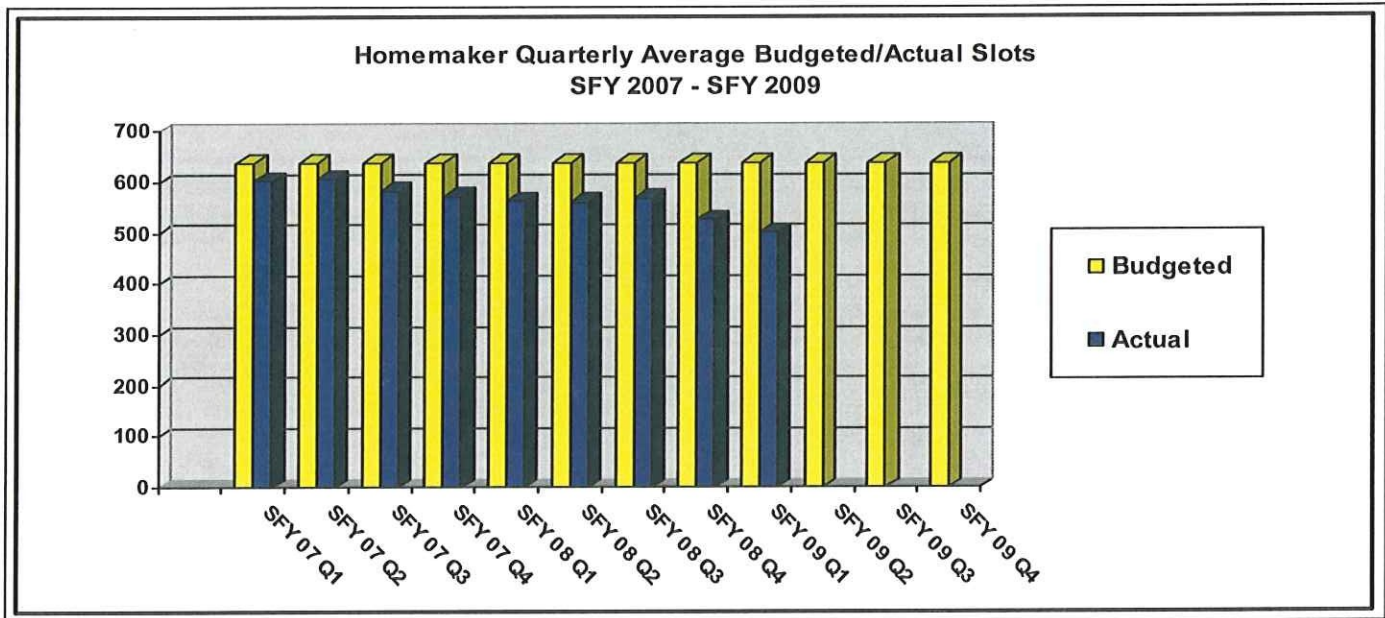
Nassir Notes: **HOMEMAKER PROGRAM**

PROGRAM

The Division for Aging Services (DAS) Homemaker Program provides in-home supportive services for seniors and persons with disabilities who require assistance with activities such as housekeeping, shopping, errands, meal preparation and laundry to prevent or delay placement in a long-term care facility.

ELIGIBILITY

Seniors and person with disabilities throughout Nevada in need of supportive services; financially eligible (110% of Federal Poverty income below \$953.33 monthly).



WORKLOAD HISTORY

FY 07: Avg Caseload	591
FY 07: Budgeted Avg Caseload	637
FY 07: Avg Referral/Wait List	183
FY 07: Total Expenditures	\$1,512,595
FY 08: Avg Caseload	555
FY 08: Budgeted Avg Caseload	637
FY 08: Avg Referral/Wait List	194
FY 08: Total Expenditures	\$1,656,925
FY 09: Avg Caseload	544

FYTD

	Caseload	Waitlist
Jul 08	505	275
Aug	494	287
Sep	503	260
Oct	574	120
Nov	590	50
Dec	594	46
FY09 Tot	3,260	1,038
FY09 Avg	543	173

OTHER

FUNDING STREAM

WEB LINKS

ANALYSIS OF TRENDS

Title XX/GF

http://www.nvaging.net/homemaker_program.htm

Trends remain stable through 12-31-08.

Nevada Department of Health and Human Services, Division for Aging Services

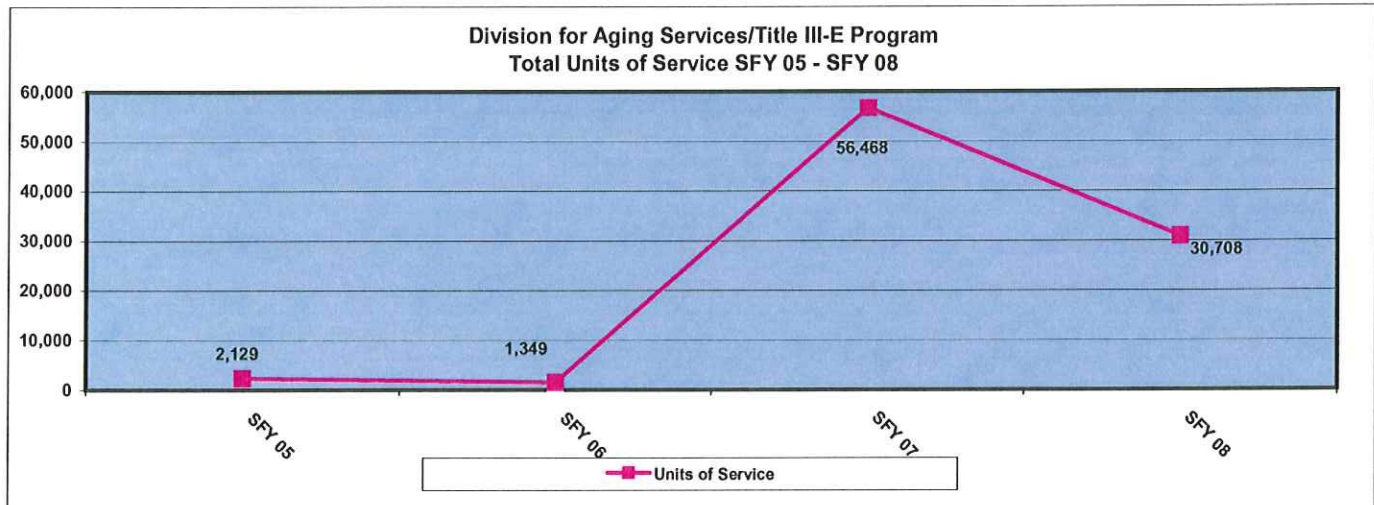
Nassir Notes: OLDER AMERICANS ACT TITLE III-E

PROGRAM

The Older American Act program addresses the needs of family caregivers by increasing the availability and efficiency of caregiver support services and of long-term care planning resources.

ELIGIBILITY

Family caregivers of adults age 60 or older; grandparents and caregivers, age 55 or older, of children not more than 18 years of age, who are related by blood, marriage or adoption; parents, age 55 years or older, caring for an adult child with a disability.



WORKLOAD HISTORY

	Units of Service
SFY 07	56,468
SFY 08	30,708

FYTD

	Units of Service
Jul 08	3,919
Aug	3,648
Sep	2,951
Oct	3,925
Nov	2,843
Dec	*
FY09 Tot	17,284
FY09 Avg	3,457

OTHER

** December SFY 09 data not collected until January 15th*

Information totals are reported to the federal government on an annual basis. With the implementation of the Social Assistance Management System (SAMS) in SFY 2008, information totals can now be tracked and displayed on a monthly and quarterly basis.

FUNDING STREAM

Title III - Older Americans Act Funds through the Administration on Aging
Healthy Nevada Fund from the Tobacco Settlement Fund

WEB LINKS

http://www.nvaging.net/grants/serv_specs/SPE.htm

ANALYSIS OF TRENDS

The large increase in SFY 2006 to SFY 2007 is due to the improvement of reporting procedures and program accountability. The decrease in SFY 2007 to SFY 2008 is due to moving a program of significant size to Title III-B Funding.

Nevada Department of Health and Human Services, Division for Aging Services

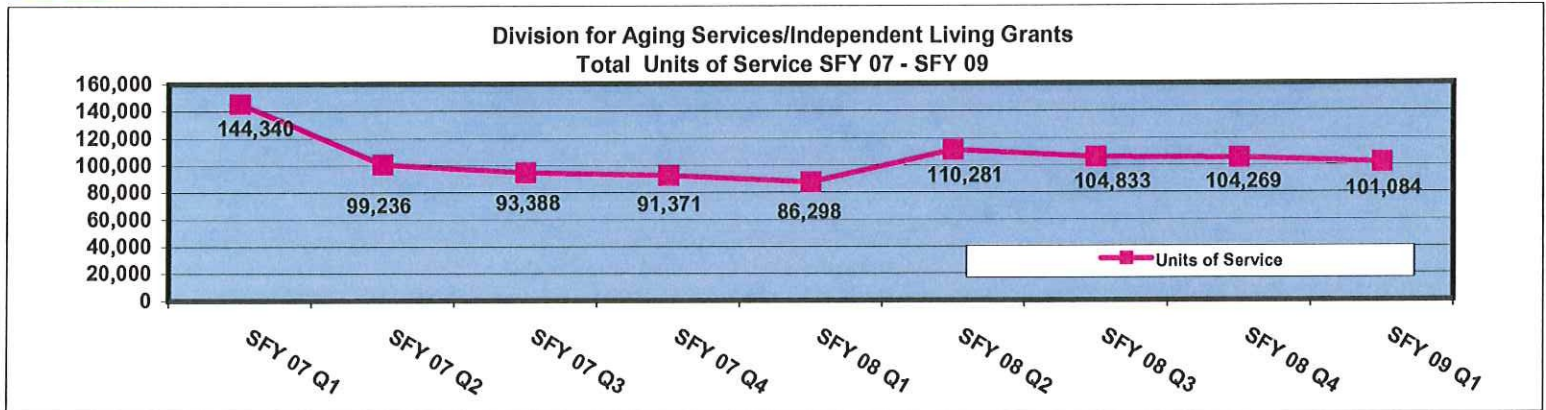
Nassir Notes: INDEPENDENT LIVING GRANTS (ILG)

PROGRAM

Independent Living Grants (ILG): The Nevada State Legislature passed legislation in 1999, which enacted the Governor's plan for utilizing part of Nevada's proceeds from the Master Tobacco Settlement to support "independent living" among Nevada seniors. This program funds a number of vital services for seniors, such as respite care, transportation and supportive services. Supportive services includes: adult day care; case management; case management for Elder Protective Services; caregiver support services; information, assistance and advocacy; companion services; durable medical equipment and healthcare products; geriatric health and wellness; homemaker services; home services; legal services; medical nutrition therapy; volunteer care; emergency food pantry; Personal Emergency Response System (PERS); protective services; and representative payee.

ELIGIBILITY

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



WORKLOAD HISTORY

	Units of Service
SFY 2007	428,335
SFY 2008	405,681

FYTD

	Units of Service
Jul 08	36,757
Aug	32,194
Sep	32,177
Oct	23,096
Nov	21,932
Dec*	
FY09 Tot	146,156
FY09 Avg	29,231

OTHER

* December SFY 09 data not collected until January 15th
Reporting transitioned to the Social Assistance Management System (SAMS) in October 2007.

FUNDING STREAM

Healthy Nevada Fund from the Tobacco Settlement Fund

WEB LINKS

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

ANALYSIS OF TRENDS

Reporting transitioned to the Social Assistance Management System (SAMS) in October 2007. SAMS is an information technology tracking system, allowing for improved consumer and performance tracking and information. In the client graph, the first quarter of the federal fiscal year (October through December) reports all clients serviced while the subsequent quarters report only new clients. In the units graph the drop in SFY 07 is a result of changing to an alternate funding source and other previously funded programs not receiving SFY 07 funding.

Nevada Department of Health and Human Services, Division for Aging Services

Nassir Notes: LONG TERM CARE OMBUDSMAN PROGRAM (ELDER RIGHTS ADVOCATES)

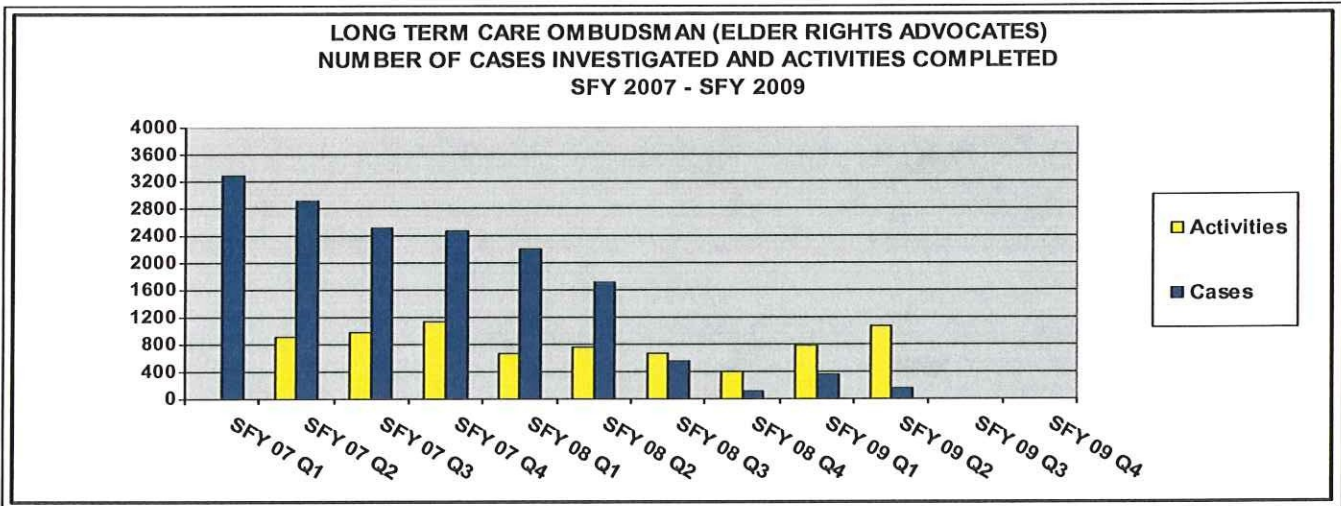
PROGRAM

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

ELIGIBILITY

Eligibility includes every older person, aged 60 years or older, living in a long term care facility including:

- Homes for Individual Residential Care
- Residential Facilities for Groups including Assisted Living Facilities
- Skilled Nursing Facilities
- Nursing Facilities (including Intermediate Care Facilities)



WORKLOAD HISTORY

	ACTIVITIES COMPLETED	CASES INVESTIGATED
SFY 07	1,009	2,790
SFY 08	625	1,151

FYTD

	ACTIVITIES COMPLETED	CASES INVESTIGATED
Jul 08	225	65
Aug	280	79
Sep	283	64
Oct	481	54
Nov	235	39
Dec	362	38
FY09 Tot	1,866	339
FY09 Avg	311	57

FUNDING STREAM

TITLE III - Older Americans Act Funds through the Administration on Aging
 TITLE VII - Older Americans Act Funds through the Administration on Aging
 Medicaid Funds through the Division of Health Care Financing and Policy
 GENERAL FUND

WEB LINK

<http://www.nvaging.net/lc.htm>

ANALYSIS OF

The change in the work history is expected. The Ombudsman program was restructured in 2008 in order to better comply with federal and state regulations related to Elder Abuse investigations. The manner in which the program obtained the majority of its cases from long term care facilities no longer exists as the facilities are no longer required to report non-complaint related resident events. At the same time, an unexpected decrease in funding occurred when Centers for Medicare and Medicaid Services (CMS) denied Medicaid billing for the Ombudsman program. This resulted in a significant decrease in the number of filled staff positions and the completion of routine monitoring visits. Please contact Kay Panelli at (775) 687-4210, ext. 254 or kpanelli@aging.nv.gov for more information.

TRENDS

Nevada Department of Health and Human Services, Division for Aging Services

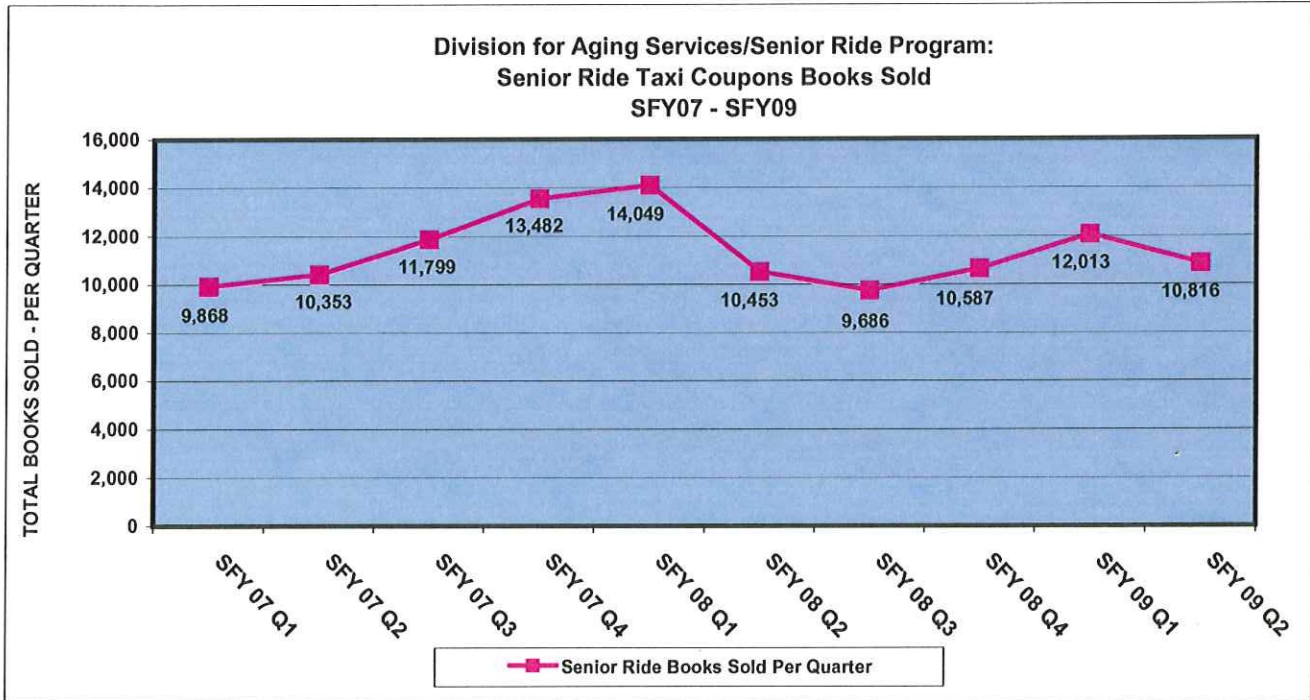
Nassir Notes: SENIOR RIDE PROGRAM

PROGRAM

Allows seniors age 60 and older and those of any age with permanent disability in Clark County to use taxicabs at a discounted rate. Funded by the Clark County Taxicab Authority by a surcharge on taxicab rides.

ELIGIBILITY

Age 60 or older or permanently disabled of any age.



WORKLOAD HISTORY

	Total Books Sold
SFY 2007	45,502
SFY 2008	44,775

	Total Books Sold
Jul 08	4,808
Aug	3,632
Sep	3,573
Oct	3,600
Nov	3,577
Dec	3,639
FY09 Tot	22,829
FY09 Avg	3,805

OTHER

Currently, more than 13,000 individuals are enrolled in the program, of which, 6,700 are active participants. Chart depicts the total number of books sold each quarter per state fiscal year. The number of clients served is limited by the amount of funding received from the Clark County Taxicab Authority.

FUNDING STREAM

Taxicab Authority

WEB LINKS

http://www.nvaging.net/senior_ride.htm

ANALYSIS OF TRENDS

The drop in book sales from SFY 08 Q1 to Q2 was due to book expenditures from SFY07 Q4 debited to SFY08 Q1 to balance funds. This meant less books could be sold during SFY 08. This program typically has its highest coupon book sales during Q1 and Q4 of each SFY, also the warmest months in Clark County.

Nevada Department of Health and Human Services, Division for Aging Services

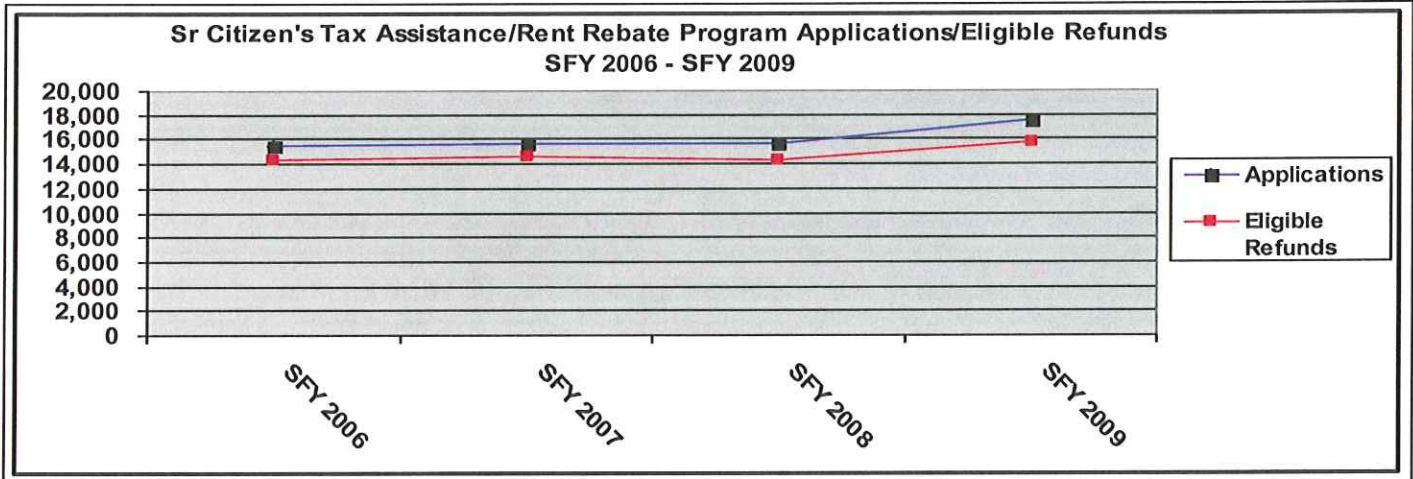
Nassir Notes: SENIOR CITIZEN'S TAX ASSISTANCE/RENT REBATE PROGRAM (STARR)

PROGRAM

The Division for Aging Services (DAS) Senior Citizen's Tax Assistance/Rent Rebate Program (STARR), NRS 427A.450 through 427A.600, provides a yearly refund to eligible senior citizens of a portion of the property taxes they pay on their residence or by property taxes paid by renters, through their rent.

ELIGIBILITY

Claimant must be 62 yrs old by June 30 of the first year they apply; spouse can be any age. Income must be below maximum of \$27,863 for 2008 applications. Maximum income is adjusted each year by Consumer Price Index (CPI). Claimant cannot own property, other than their residence, with an assessed value in excess of \$30,000. Liquid assets cannot exceed \$150,000. Residence owned must not exceed \$200,000 assessed value. Must have owned or rented in Nevada, continuously, from at least July 1 of the preceding calendar year until application filed, February 1 through April 30.



WORKLOAD HISTORY

FY 06: Applications:	15,465
FY 06 Budgeted applications:	15,352
FY 06 Avg refund amount:	\$325
FY 06: Total Refunded:	\$4,672,457
FY 07: Applications:	15,602
FY 07 Budgeted applications:	16,120
FY 07 Avg refund amount:	\$323
FY 07: Total Refunded:	\$4,702,556
FY 08: Applications:	15,590
FY 08 Budgeted applications:	16,566
FY 08 Avg refund amount:	\$321
FY 08: Total Refunded:	\$4,620,286
FY 09: Applications:	17,571
FY 09 Budgeted applications:	17,146
FY 09 Est Avg refund amount:	\$300
FY 09: Proj Total Refund:	\$4,468,971 As of 1/9/09

OTHER

Refunds are paid once per year for this program, therefore the Division reports statistics annually. Refunds are calculated for a "household" which includes a claimant and spouse (if applicable). Program is staffed by two full-time employees. Applications are filed in the individual county of residence. The counties do an initial review, verifying property ownership and affixing taxes paid then forwarding the applications to DAS for final audit and issuing of refunds. Counties receive \$4.00 per application for processing.

FUNDING STREAM

General Fund

WEB LINKS

http://www.nvaging.net/tax_rent_assistance.htm

ANALYSIS OF TRENDS

Trends remain stable through 12-31-08.

Nevada Department of Health and Human Services, Division for Aging Services

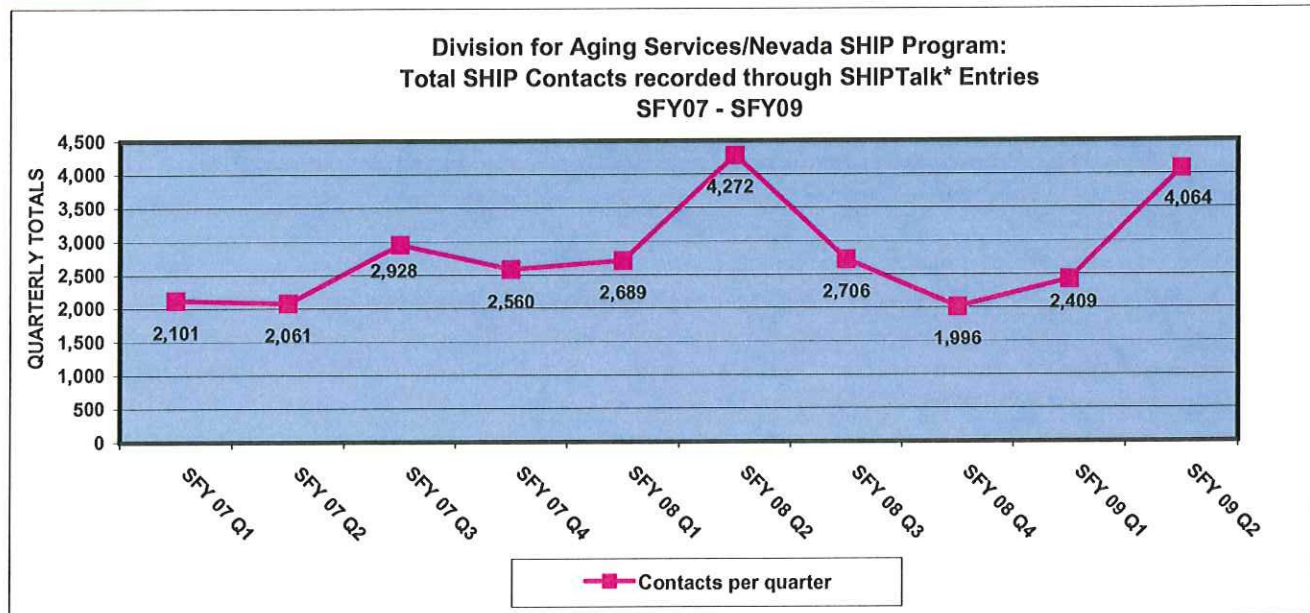
Nassir Notes: STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)

PROGRAM

Provides information, counseling and assistance services to Medicare beneficiaries, their families and others. These services are provided relevant to: Medicare Part D Prescription Drug Coverage; Medicare supplemental insurance; long-term care insurance; managed care; Medicaid related health insurance; beneficiary rights and grievance appeal procedures. Referrals to other community resources are made as needed.

ELIGIBILITY

Seniors age 65 or older and/or disabled persons of any age.



* Contacts are recorded through the CMS SHIPTalk tracking system entries.

WORKLOAD HISTORY

SFY 07 Total SHIP Contact	9,650
SFY 07 Monthly Average	804
SFY 08 Total SHIP Contact	11,663
SFY 08 Monthly Average	972

FYTD

Q1	
Total SHIP Contacts	2,409
Monthly Average	803
Q2	
Total SHIP Contacts	4,064
Monthly Average	1,355

OTHER

SHIP utilizes trained volunteers for outreach and communication. Services are advertised through outreach events, website, referrals and training. Medicare beneficiaries call a statewide toll-free phone number and are referred to a trained volunteer to assist with questions to help solve problems. As such, SHIP counts contacts/encounters which are entered into the Centers for Medicare and Medicaid Services (CMS) database and reported periodically as required to CMS.

FUNDING STREAM

The Centers for Medicare and Medicaid Services (CMS)

WEB LINKS

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

ANALYSIS OF TRENDS

The increase in client contacts for the 2nd QTR of each fiscal year is due to the SHIP Open Enrollment. The decrease during SFY 2008 resulted from the closure of the SHIP Call Center, because CMS reduced funding for paid staff to provide Medicare Part D counseling. The 2nd QTR SFY 2009 total is expected to increase as data is updated from the SHIP volunteers regarding their activities.

Nevada Department of Health and Human Services, Division for Aging

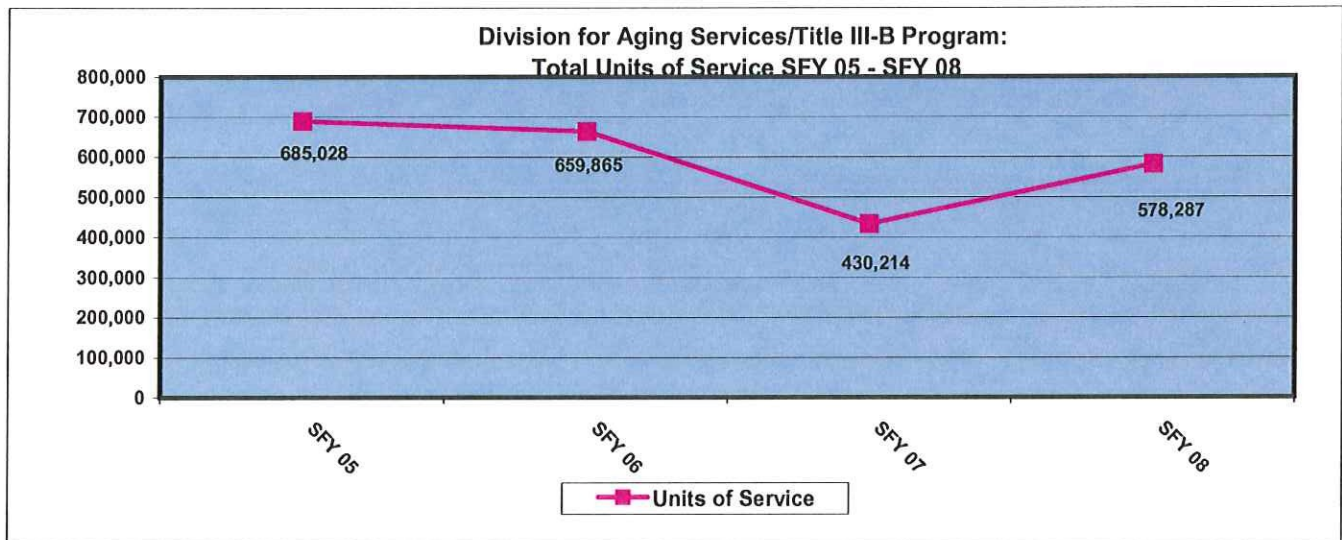
Nassir Notes: OLDER AMERICANS ACT TITLE III-B

PROGRAM

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 Title III-B include: senior companion; transportation; adult day care; homemaker; information, assistance and advocacy; representative payee; caregiver support, education and training; legal services; telephone reassurance; volunteer services; Personal Emergency Response System (PERS); case management; respite; and transitional housing.

ELIGIBILITY

Individuals throughout Nevada age 60 or older with particular attention to low-income older individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.



WORKLOAD HISTORY

	Units of Service
SFY 2007 *	430,214
SFY 2008	578,287

FYTD

	Units of Service
Jul 08	33,030
Aug	28,498
Sep	28,706
Oct	32,309
Nov	26,891
Dec	**
FY09 Tot	149,434
FY09 Avg	29,887

NOTE

* Data not tracked on SFY 2007 prior to October 2007

** December SFY 09 data not collected until January 15th

OTHER

Information totals are reported to the federal government on an annual basis. With the implementation of the Social Assistance Management System (SAMS) in SFY 2008, information totals can now be tracked and displayed on a monthly and quarterly basis.

FUNDING STREAM

Title III - Older Americans Act Funds through the Administration on Aging General Fund

WEB LINKS

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

ANALYSIS OF TRENDS

The increase in clients and units of service from SFY 2007 to SFY 2008 resulted from the transfer of a program from Title III-E funding to Title III-B funding and other previously funded programs not receiving SFY07 funding.

Nevada Department of Health and Human Services, Division for Aging

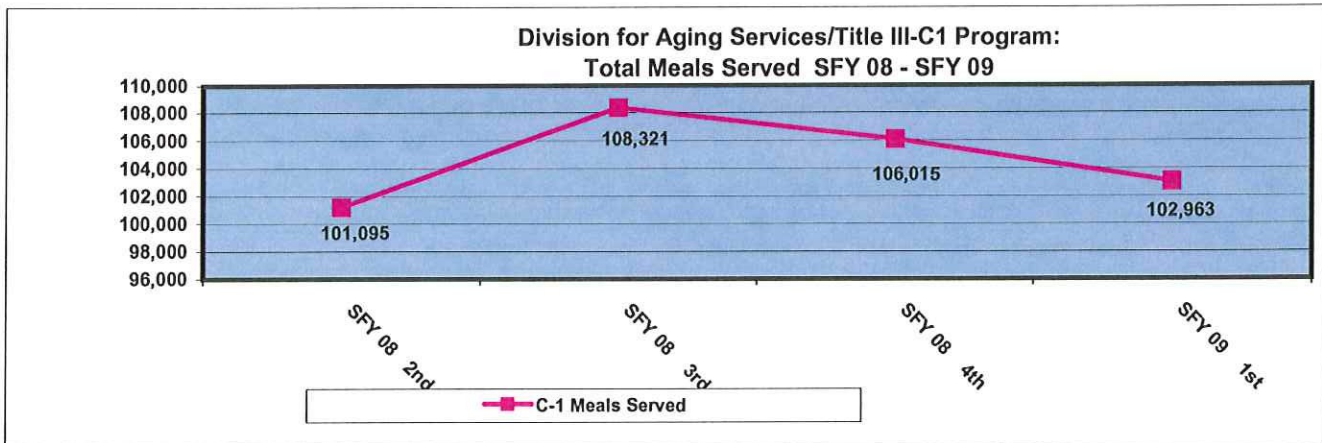
Nassir Notes: OLDER AMERICANS ACT TITLE III-C1

PROGRAM

Funds under Title III-C1 are allocated to provide meals to seniors in congregate settings, usually at senior centers.

ELIGIBILITY

Individuals age 60 or older and their spouses; individuals with disabilities who have not attained the age of 60, but reside in housing facilities occupied primarily by older individuals at which a congregate meal site has been established; individuals providing essential volunteer service during meal hours at a congregate setting; adults with disabilities who reside at home with an eligible older individual, who come into the congregate setting without that individual.



WORKLOAD HISTORY

	Units of Service
SFY 2007	500,365
SFY 2008	438,405

FYTD

	Units of Service
Jul 08	35,103
Aug	32,945
Sep	34,915
Oct	38,187
Nov	30,875
Dec	**
FY09 Tot	172,025
FY09 Avg	34,405

NOTE

* SFY Data on Clients not tracked prior to October 2007

**December SFY 09 data not collected until January 15th

OTHER

Meals Served graph - Numbers are reflected for State Fiscal Year and represents the number of meals served to participants of the program. Totals are reported to the federal government on a yearly basis and not tracked by monthly totals. The increase in meals for SFY08 is due to the implementation of a new information system, which enables programs to be more accountable in their reporting.

FUNDING STREAM

Title III - Older Americans Act Funds through the Administration on Aging General Fund

WEB LINKS

http://www.nvaging.net/grants/serv_specs/nutrition.htm

ANALYSIS OF TRENDS

Reporting transitioned to the Social Assistance Management System (SAMS) in October 2007. SAMS is an information technology tracking system, allowing for improved consumer and performance tracking and information.

Nevada Department of Health and Human Services, Division for Aging Services

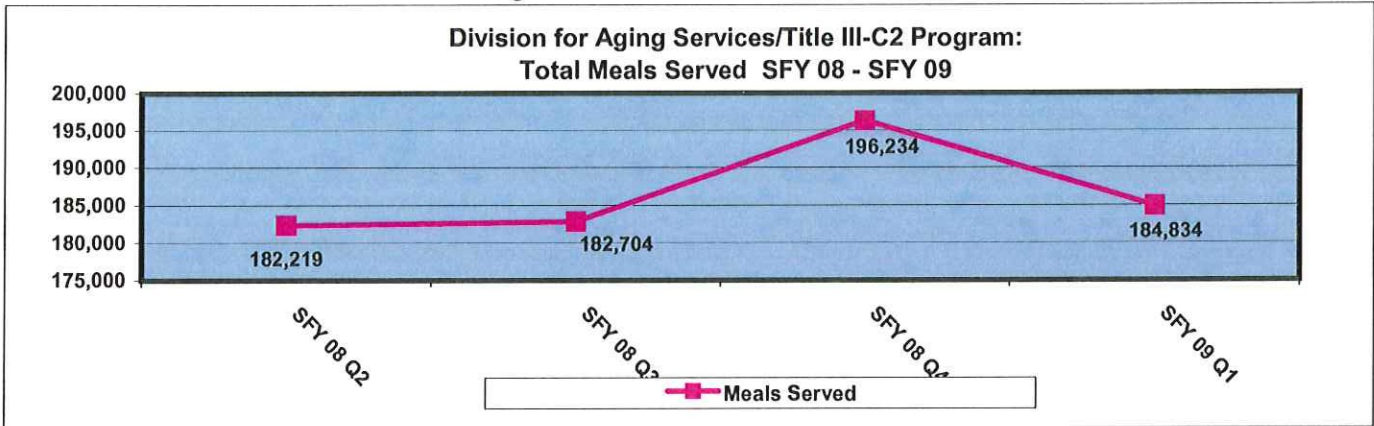
Nassir Notes: OLDER AMERICANS ACT TITLE III-C2

PROGRAM

Title III-C2 funds are allocated to furnish meals to homebound seniors, who are too ill or frail to attend a congregate meal site.

ELIGIBILITY

Individuals age 60 or older and their spouses and disabled individuals, who reside with individuals over age 60.



WORKLOAD HISTORY

	Units of Service
SFY 2007	886,294
SFY 2008	787,071

FYTD

	Units of Service
Jul 08	66,950
Aug	59,861
Sep	58,023
Oct	67,048
Nov	60,265
Dec	**

FY09 Tot	312,147
FY09 Avg	62,429

NOTE

** December SFY 09 data not collected until January 15th

OTHER

Meals Served graph - Numbers are reflected for State Fiscal Year and represents the number of meals served to participants of the program. Totals are reported to the federal government on a yearly basis and not tracked by monthly totals. The increase in meals for SFY08 is due to the implementation of a new information system, which enables programs to be more accountable in their reporting.

FUNDING STREAM

Title III - Older Americans Act Funds through the Administration on Aging

General Fund

WEB LINKS

http://www.nvaging.net/grants/serv_specs/nutrition.htm

ANALYSIS OF TRENDS

Reporting transitioned to the Social Assistance Management System (SAMS) in October 2007. SAMS is an information technology tracking system, allowing for improved consumer and performance tracking and information.

Nevada Department of Health and Human Services, Division for Aging Services

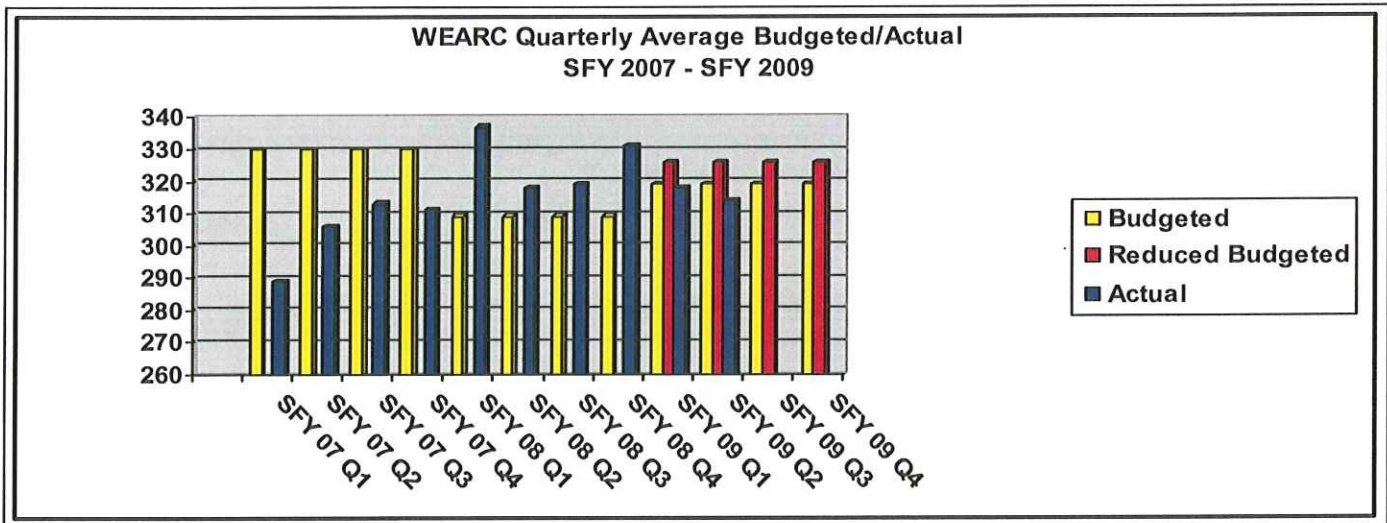
Nassir Notes: **WAIVER FOR THE ELDERLY IN ADULT RESIDENTIAL CARE (WEARC) PROGRAM**

PROGRAM

The Division for Aging Services (DAS) Waiver for the Elderly in Adult Residential Care (WEARC) is offered to seniors to maximize independence by providing supervised care in a residential facility for groups as a less expensive alternative to nursing home placement. WEARC services include: Case Management to assist with gaining access to needed waiver and other State Plan services as well as needed medical, social, educational, and other services, regardless of funding sources; Attendant Care services are provided by the group home and can include bathing, dressing, transferring, walking, oral care, feeding, toileting, transportation.

ELIGIBILITY

Must be 65 years old or older; financially eligible (300% of SSI income up to \$2,022.00); at risk of nursing home placement within 30 days without services and in need of a more integrated and supervised environment.



WORKLOAD HISTORY

FY 07: Avg Caseload	316
FY 07: Budgeted Avg Caseload	330
FY 07: Avg Wait List	66
FY 07: Total Expenditures	\$1,013,565
FY 08: Avg Caseload	326
FY 08: Budgeted Avg Caseload	309
FY 08: Avg Wait List	94
FY 08: Total Expenditures	\$917,416

FYTD

	Caseload	Waitlist
Jul 08	328	97
Aug	319	115
Sep	308	137
Oct	310	125
Nov	308	117
Dec	323	91
FY09 Tot	1,896	682
FY09 Avg	316	114

OTHER

Reduced Budgeted slots were required for SFY 09 due to the mandated budget reductions through DHCFFP.

FUNDING STREAM

Medicaid/GF (GF in DHCFFP's budget)

WEB LINKS

<http://www.nvaging.net/wearc.htm>

ANALYSIS OF TRENDS

Trends remain stable through 12-31-08.

Nevada Department of Health and Human Services, DCFS

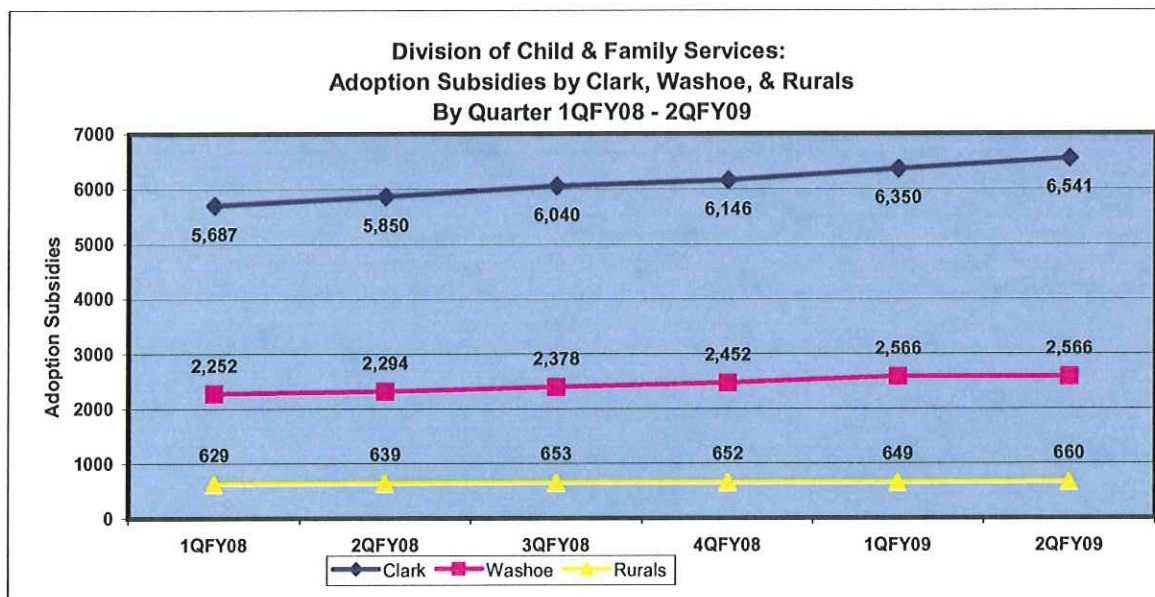
"Nassir Notes": Adoption Subsidies

Program: It is the policy of the agencies providing child welfare services to provide financial, medical, and social services assistance to adoptive parents, thereby encouraging and supporting the adoption of special-needs children from foster care. A statewide collaborative policy outlines the special-needs eligibility criteria, application process, types of assistance available and the necessary elements of a subsidized adoption agreement.

Eligibility: To qualify for assistance, the child must be in the custody of an agency which provides child welfare services, or a Nevada licensed child-placing agency, and an effort must have been made to locate an appropriate adoptive home which could adopt the child without subsidy assistance. The child must also have specific factor(s) or condition(s) that make locating an adoptive placement resource difficult without recruitment, special services, or adoption assistance; such as being over the age of five, having siblings with whom they need to be placed, or having a physical, mental or behavioral condition that results in the need for treatment.

Other: All three public child welfare agencies, Clark County Department of Family Services (CCDFS); Washoe County Department of Social Services (WCDSS); and the Division of Child and Family Services (DCFS) Rural Region, administer the subsidy program with state oversight and in accordance with statewide policy.

<u>FYTD</u>	<u>Clark</u>	<u>Washoe</u>	<u>Rurals</u>	<u>Total</u>
	2,104	803	217	3,124
JUL 08	2,097	824	214	3,135
Aug	2,149	825	218	3,192
Sep	2,158	830	219	3,207
Oct	2,189	845	216	3,250
Nov	2,194	891	225	3,310
Dec				
Jan				
Feb				
Mar				
Apr				
May				
Jun				
	12,891	5,018	1,309	19,218
FY09 Tot	2,157	843	218	3,219
FY09 Ave				



Nevada Department of Health and Human Services Director's Office

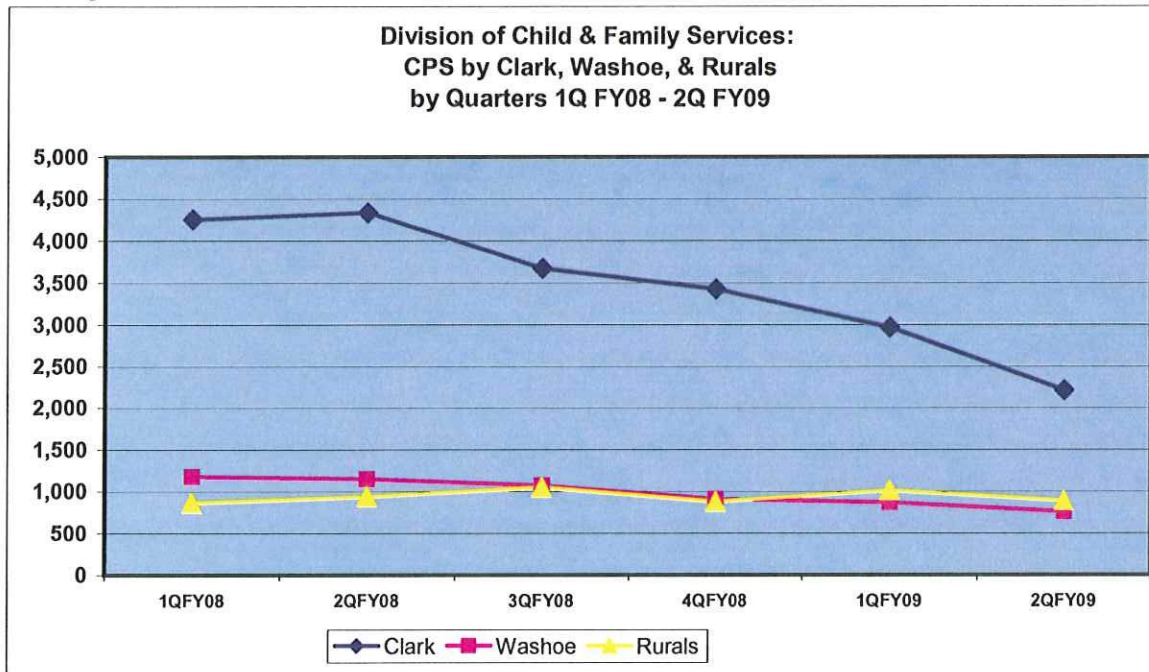
"Nassir Notes": Child Protective Services (CPS)

Program: The focus of CPS is on protecting the child from harm or risk of harm and to make it safe for identifies strengths and risks in the home. As part of the assessment to ensure that the home is safe for the child(ren), the CPS worker and family will develop a plan to address any problems that have been identified. DCFS Family Program's Office has oversight responsibility to monitor compliance with federal/state requirements and provide technical assistance as needed. CPS agencies respond to reports of abuse or neglect of children under the age of eighteen. Abuse or neglect complaints are defined in statute, and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment. Referrals are also made to community-based services to assist families to prevent their entry into the child welfare system. Clark County Department of Family Services receives fifty percent of the referrals to CPS agencies, thirty-two percent are received by Washoe County Department of Social Services and the balance are received by DCFS agencies.

Eligibility: Provide oversight of the Federal CAPTA grants and CJA to ensure funds are allocated and expended appropriately in accordance with the goals and objectives the grant, and propose funding adjustments as necessary. Provide oversight of the Federal Child Abuse and Prevention and Treatment Act (CAPTA) grants (Children's Justice Act CJA and Child Abuse and Neglect CANS) and citizens review panel to ensure all programmatic requirements are met and federal reporting completed. To research and assist in the development of BDR's as assigned. Attend and follow legislative hearings. Assist in the development of determined NAC amendments and follow NRS and NAC requirements for revision. Consult with Attorney General's office as needed. Develop and implement policies and procedures for DCFS and collaborative child welfare statewide policies. Insure policy and procedure development is within the scope of relevant NAC, NRS and federal requirements. Develop and implement policies and procedures for DCFS and collaborative child welfare statewide policies. Insure policy and procedure development is within the scope of relevant NAC, NRS and federal requirements. Assist in the development and implementation of agency plans and evaluations and actively participate in related budget developments and reporting requirements. Provide technical assistance to Division staff and county child welfare agencies regarding state policy; federal law related to CAPTA and procedures.

FYTD

	<u>Clark</u>	<u>Washoe</u>	<u>Rurals</u>	<u>Total</u>
JUL 08	1,002	317	274	1,593
Aug	847	241	307	1,395
Sep	1,106	302	422	1,830
Oct	964	277	352	1,593
Nov	678	237	269	1,184
Dec	562	239	262	1,063
Jan				
Feb				
Mar				
Apr				
May				
Jun				
FY09 Tot	5,159	1,613	1,886	8,658
FY09 Avg	860	269	314	1,519



Nevada Department of Health and Human Services, DCFS

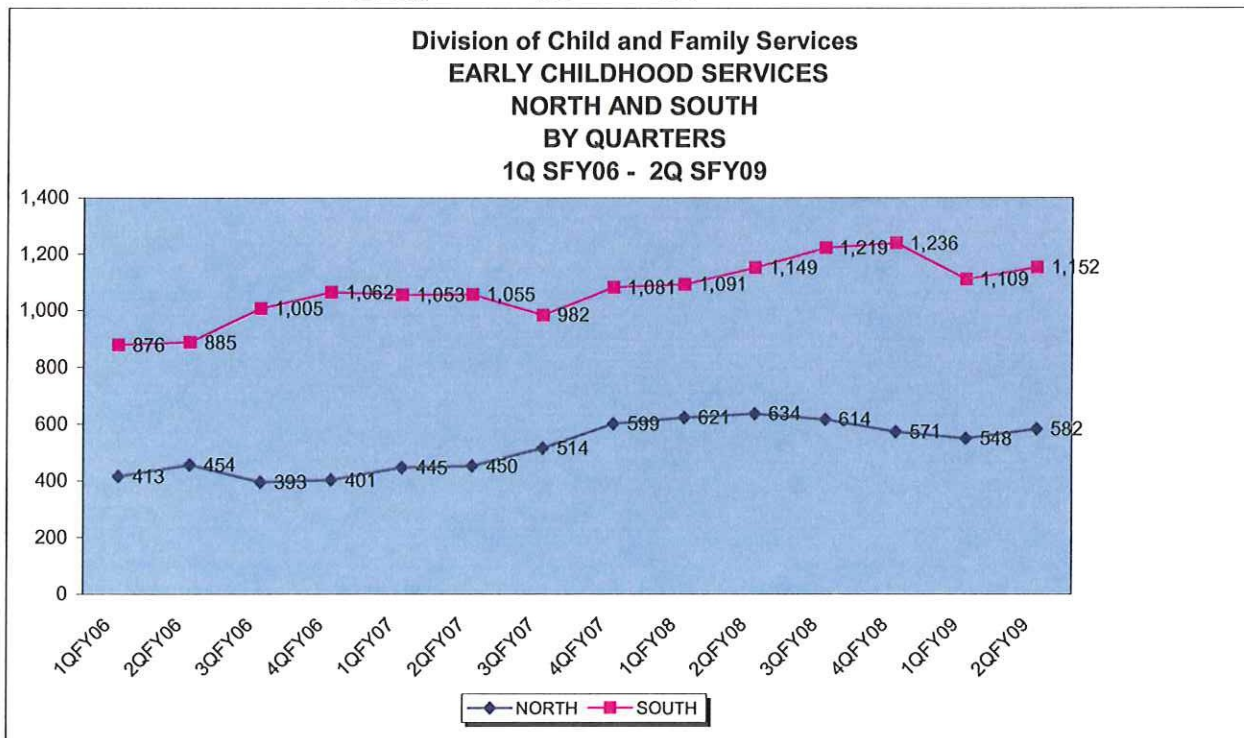
"Nassir Notes": Early Childhood North and South

Program: Northern Nevada Child & Adolescent Services provides mental health services to children with severe emotional disturbances in Washoe County. Southern Nevada Child & Adolescent Services provides mental health services to children with severe emotional disturbances in Clark County.

Eligibility: Early Childhood Mental Health Services - birth through 6 years

Other: Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

<u>FYTD</u>	<u>North</u>	<u>South</u>
JUL 08	181	363
Aug	183	374
Sep	184	372
Oct	196	370
Nov	197	387
DEC	189	395
JAN 09		
Feb		
Mar		
Apr		
May		
JUN		
FY09 Tot	1,130	2,261
FY09 Avg	188	377



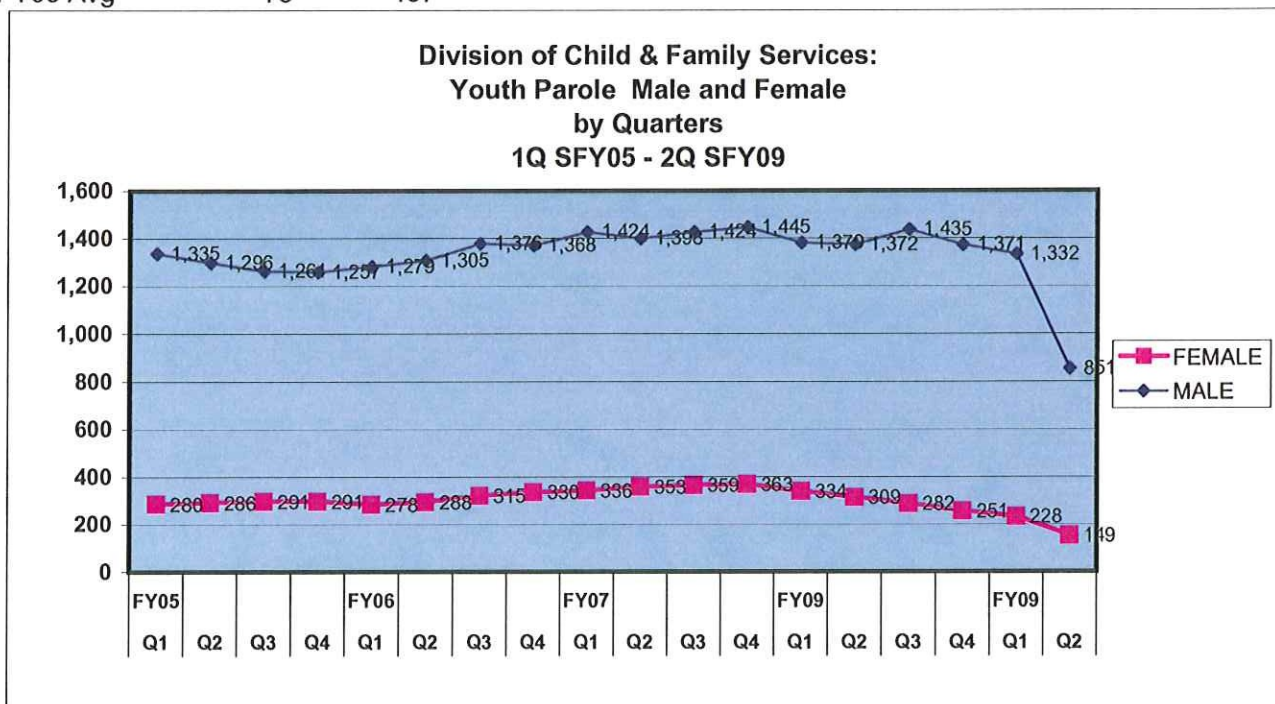
Nevada Department of Health and Human Services, DCFS

"Nassir Notes:" Juvenile Justice -Youth Parole

Program: The Nevada Youth Parole Bureau has offices in Las Vegas, Reno, Carson City, Fallon and Elko. The staff is committed to public safety, community supervision and services to youth returning home from juvenile correctional facilities. All youth parole counselors have been trained and certified as peace officer's and act in accordance in the performance of their duties. Working closely with families, schools and the community, parole counselors help each youth maintain lawful behavior and encourage positive achievement. Also supervisor all youth released by other states for juvenile parole in the State of Nevada pursuant to interstate compact.

Eligibility: Males and females. Felony and misdemeanor adjudications. Age limit: 12-18.

<u>FYTD</u>	FEMALE	MALE
JUL 08	78	443
Aug	75	448
Sep	75	441
Oct	70	422
Nov	79	429
DEC		
JAN 09		
Feb		
Mar		
Apr		
May		
JUN		
FY09 Tot	377	2,183
FY09 Avg	75	437

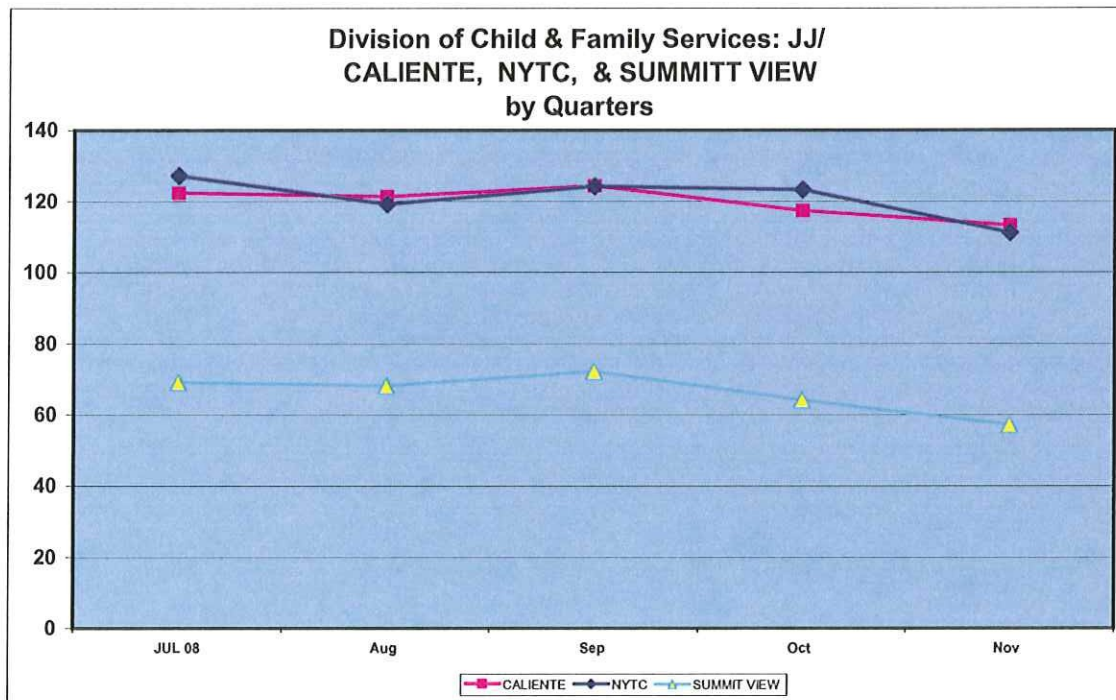


Website: <http://www.dcfhs.state.nv.us>

Nevada Department of Health and Human Services, DCFS
"Nassir Notes:" Juvenile Justice Facilities - CALIENTE, NYTC, & SUMMIT VIEW

Program: **CALIENTE YOUTH CENTER**, Opened: 1962. Renovated: 1977 Juvenile facility/training school. Security: minimum. Capacity: 140. Staff: 101. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, violence prevention, prerelease/transitional training, cognitive-skills training, private family visitation.
NYTC: Nevada Youth Training Center, opened: 1913. Renovated: 1961 Juvenile facility/training school. Security: medium, minimum. Capacity: 160. Staff: 137. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, cognitive-skills training, violence prevention, furlough, private family visitation.
SUMMIT VIEW, facility closed as private operation 1/31/02; reopened January 2004 as a state operated facility. Security: maximum. Capacity: 96. Staff: 86. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, cognitive-skills training, violence prevention, private family visitation.

<u>FYTD</u>	<u>CALIENTE</u>	<u>NYTC</u>	<u>SUMMIT VIEW</u>	<u>Total</u>
JUL 08	122	127	69	318
Aug	121	119	68	308
Sep	124	124	72	320
Oct	117	123	64	304
Nov	113	111	57	281
Dec				
JAN				
Feb				
Mar				
Apr				
May				
Jun				
FY Avg	119	121	66	306



Nevada Department of Health and Human Services, DCFS

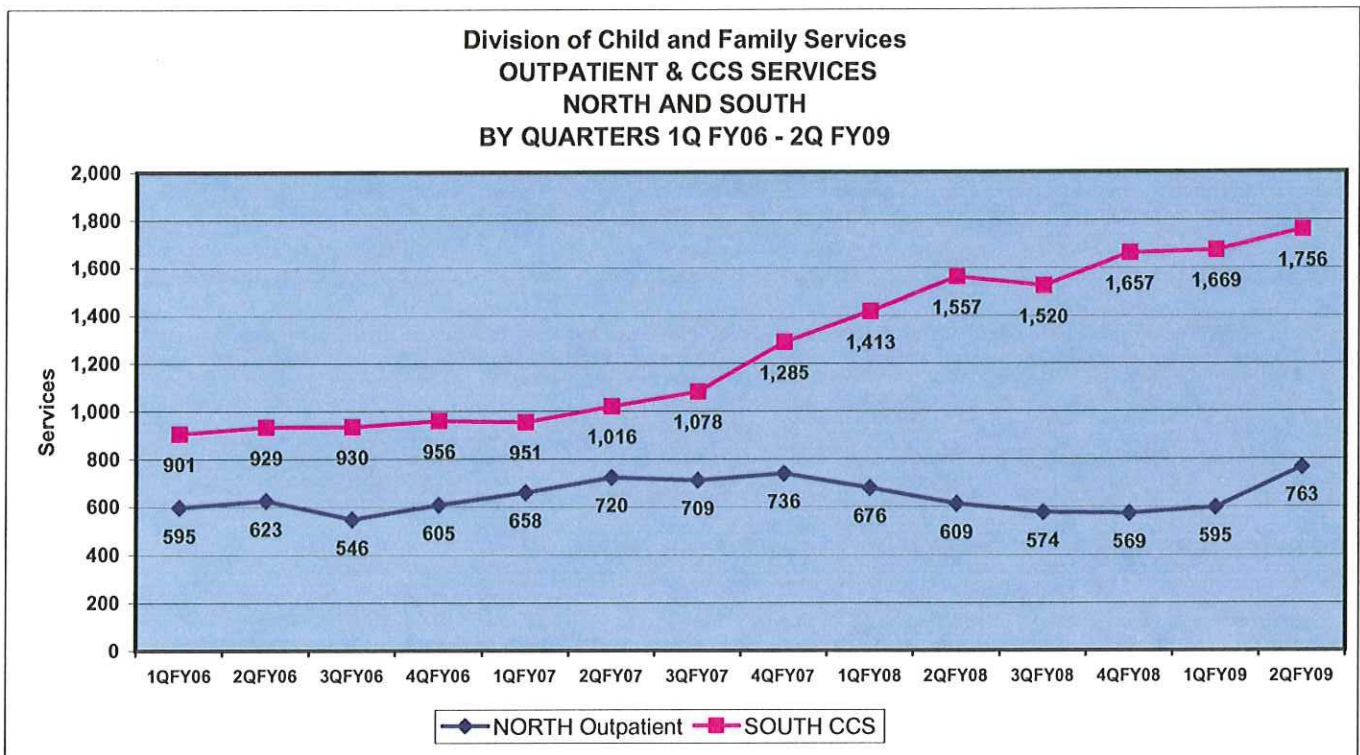
"Nassir Notes": OUTPATIENT - CCS (Children's Clinical Services) North and South

Program: Northern Nevada Child & Adolescent Services provides mental health services to children with severe emotional disturbances in Washoe County. Southern Nevada Child & Adolescent Services provides mental health services to children with severe emotional disturbances in Clark

Eligibility: North Outpatient Services - 6 to 18 years
South Children's Clinical Services (CCS) - 6 to 18 years

Other: Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

<u>FYTD</u>	<u>North</u>	<u>South</u>
JUL 08	198	555
Aug	198	551
Sep	199	563
Oct	185	591
Nov	189	590
DEC	389	575
JAN 09		
Feb		
Mar		
Apr		
May		
JUN		
FY09 Tot	1,358	3,425
FY09 Avg	226	571



Website: <http://www.dcfh.state.nv.us>

Nevada Department of Health and Human Services, DCFS

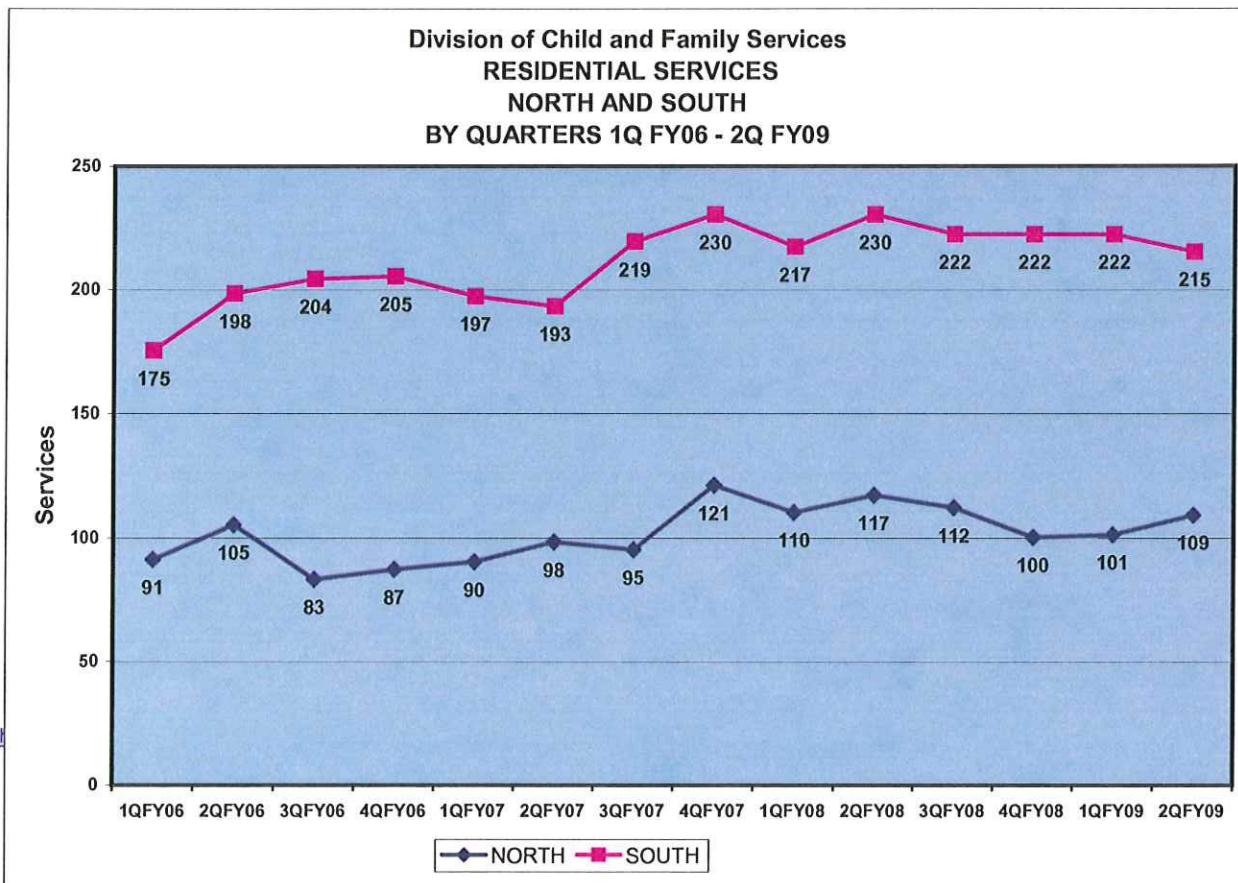
"Nassir Notes": Residential North and South

Program: Northern Nevada Child & Adolescent Services provides mental health services to children with severe emotional disturbances in Washoe County. Southern Nevada Child & Adolescent Services provides mental health services to children with severe emotional disturbances in Clark County.

Eligibility: North: Family Learning Homes - 6-18 years & Adolescent Treatment Homes - 13 -to 18 years
 South: Oasis On Campus Treatment Homes - 6 to 18 years & Inpatient/Desert Willow Treatment Center (DWTC)

Other: Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

<u>FYTD</u>	<u>North</u>	<u>South</u>
JUL 08	33	74
Aug	31	72
Sep	37	76
Oct	36	73
Nov	36	68
DEC	37	74
JAN 09		
Feb		
Mar		
Apr		
May		
JUN		
FY09 Tot	210	437
FY09 Avg	35	73



Nevada Department of Health and Human Services, DCFS

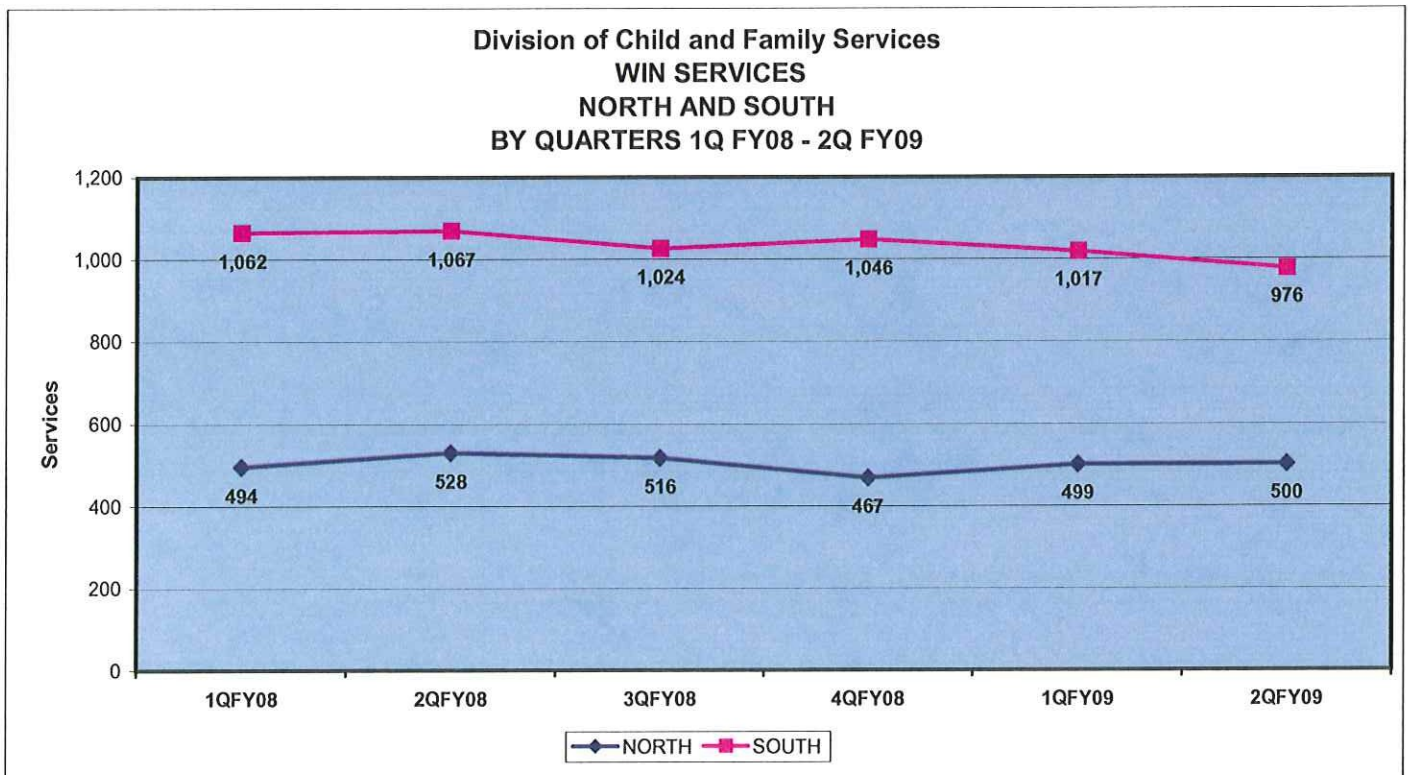
"Nassir Notes": Wraparound in Nevada (WIN) North and South

Program: Northern Nevada Child & Adolescent Services provides mental health services to children with severe emotional disturbances in Washoe County. Southern Nevada Child & Adolescent Services provides mental health services to children with severe emotional disturbances in Clark County.

Eligibility: Wraparound in Nevada (WIN) - 6 to 18 years

Other: Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

<u>FYTD</u>	<u>North</u>	<u>South</u>
JUL 08	161	344
Aug	167	340
Sep	171	333
Oct	165	331
Nov	165	331
DEC	170	314
JAN 09		
Feb		
Mar		
Apr		
May		
JUN		
FY09 Tot	999	1,993
FY09 Avg	167	332



Website: <http://www.dhhs.state.nv.us>

Nevada Department of Health and Human Services, DCFS

"Nassir Notes": Foster Care

Program:

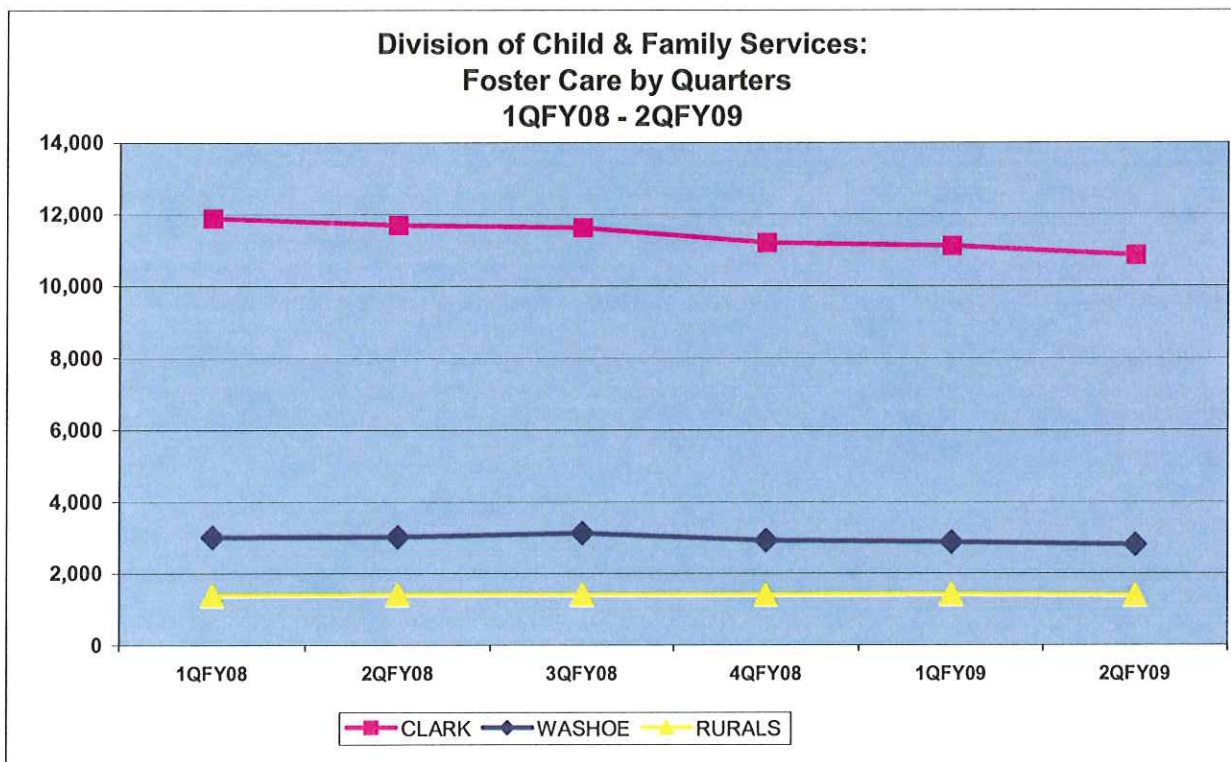
When relatives cannot be located for a child who requires out-of-home placement services, the child welfare agency must utilize traditional foster care. A child welfare caseworker is assigned by the child welfare agency to arrange the necessary care and services for the child. The worker provides direct counseling to the child, biological parents, and the foster/substitute care provider. The worker is the accountability and communication link between district court, the child, the biological parent, and the foster/substitute care provider. In cases where the permanency plan is reunification, caseworkers are responsible for initiating a case plan with the family to ensure reunification occurs in a timely manner. This includes ensuring that a family assessment is conducted that includes an assessment of needs and services. In those cases where it has been determined that it is not in the best interest of the child to return home, the caseworker is responsible for ensuring that other permanency options are explored and pursued. Generally, these options include permanent kinship placement, adoption, or other planned permanent living arrangement.

Eligibility:

The role and function of the Social Services Program Specialists assigned to Foster Care is to provide statewide oversight to the three child welfare jurisdictions in Nevada to ensure compliance with federal and state regulations, statutes and policy. The Foster Care Specialist is also responsible for providing technical assistance to the jurisdictions, fielding questions from the public regarding foster care, and engaging in quality assurance monitoring and quality improvement activities to ensure that children in foster care are safe and stable in their placements.

FYTD

	<u>Clark</u>	<u>Washoe</u>	<u>Rural</u>	<u>Total</u>
JUL 08	3,602	936	463	5,001
Aug	3,834	982	469	5,285
Sep	3,653	943	471	5,067
Oct	3,669	935	472	5,076
Nov	3,572	937	456	4,965
DEC	3,601	919	451	4,971
JAN				
Feb				
Mar				
Apr				
May				
JUN				
FY09 Tot	21,931	5,652	2,782	30,365
FY09 Avg	3,655	942	464	5,061



Website:

<http://www.dcss.state.nv.us>

Nevada Department of Health and Human Services, DCFS

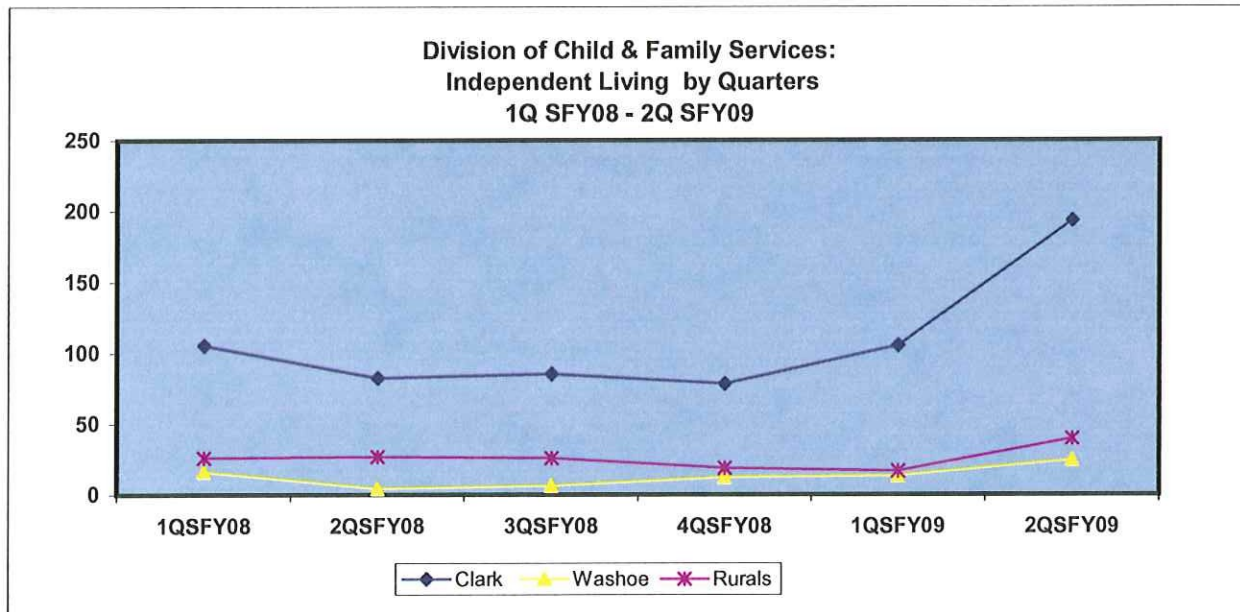
"Nassir Notes:" Independent Living

Program: The Nevada Independent Living Program is designed to assist and prepare foster and former foster youth in making the transition from foster care to adulthood by providing opportunities to obtain life skills for self-sufficiency and independence. The Independent Living Program does this by offering many learning and training opportunities along with financial assistance. The three major sources of funding to assist foster youth in care and those that have aged out of the foster care system come from the federal and state government.

Eligibility: The Independent Living Program services are available to youth 15 and 1/2 who are currently in foster care and to former foster youth who have aged-out of the foster care system at age 18. Independent Living services are also available to youth who were adopted from foster care on or after their 16th birthday. Young people who aged-out of care may continue receiving services to age 21. Nevada will extend independent living services to youth who have aged out of care in another state.

Other: The State of Nevada also provides supplemental financial assistance to Nevada youth who aged out of the foster care system through the **Fund to Assist Former Foster Youth**, also known as FAFFY. This fund resulted from the passage of State Assembly Bill 94. These funds provide assistance with household goods, job training, housing assistance, case management and medical insurance. Assistance is available until the youth turns 21.

<u>FYTD</u>	Clark	Washoe	Rurals	Total
JUL 08	22	2	3	27
Aug	26	3	5	34
Sep	57	8	8	73
Oct	65	8	13	86
Nov	66	7	13	86
Dec	62	9	13	84
Jan				
Feb				
Mar				
Apr				
May				
Jun				
FY09 Tot	298	37	55	390
FY09 Ave	50	6	9	65



Nevada Department of Health and Human Services, DHCFP

"Nassir Notes": Nevada Check Up

Program:

Authorized under Title XXI of the Social Security Act, Nevada Check Up is the State of Nevada's Children's Health Insurance Program (SCHIP). 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.

Eligibility:

The child must not be eligible for Medicaid; the child is a U.S. citizen, "qualified alien" or legal resident with 5 years residency; the child did not have health insurance within the last six months, or has recently lost insurance for reasons beyond the parents' control; the child is under age 19 on the date the coverage will begin; and the family's gross annual income is between 100% and 200% of the Federal Poverty Level guidelines.

2008 Federal Poverty Guidelines					
Family Size	100%	200%	Family Size	100%	200%
1	\$10,400	\$20,800	6	\$28,400	\$56,800
2	\$14,000	\$28,000	7	\$32,000	\$64,000
3	\$17,600	\$35,200	8	\$35,600	\$71,200
4	\$21,200	\$42,400	9	\$39,200	\$78,400
5	\$24,800	\$49,600	10	\$42,800	\$85,600

Workload History:

FY 07: Avg Cases: 28,356
 FY 07 Tot Expend: \$40,302,683
 FY 07 Tot # Apps: 25,236
 FY 08: Avg Cases: 29,075
 FY 08 Tot Expend: \$38,103,712
 FY 08 Tot # Apps: 24,954

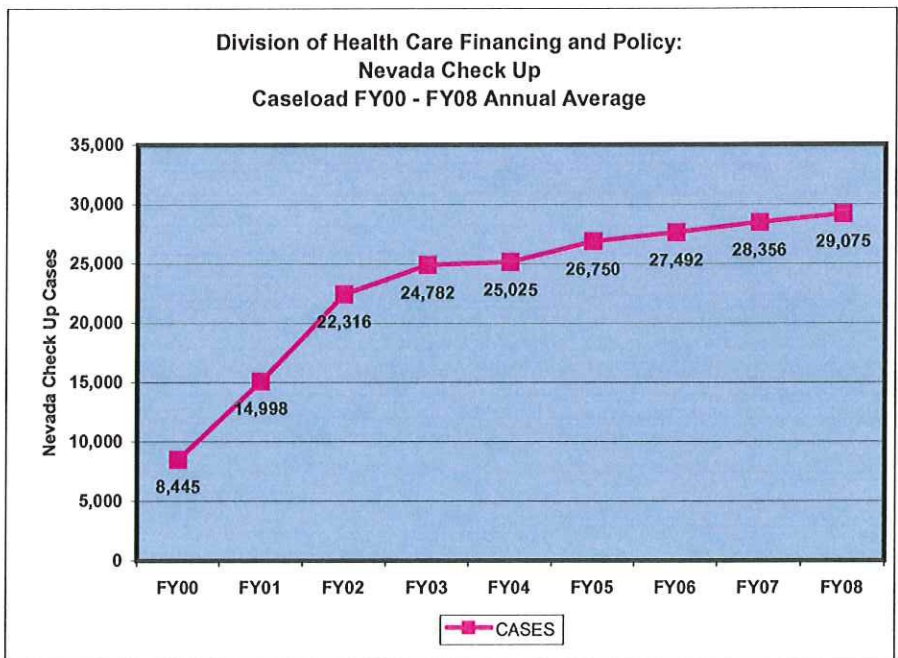
FY 08

Jul07 29,728
 Aug 29,969
 Sep 30,204
 Oct 29,919
 Nov 30,184
 Dec 29,456
 Jan 29,178
 Feb 28,896
 Mar 28,751
 Apr 28,158
 May 27,625
 Jun 26,832

 FY 08 Avg 29,075

FY 09 YTD

Jul08 25,998
 Aug 25,889
 Sep 24,881
 Oct 24,140
 Nov 23,893
 Dec 23,356



Comments:

Nevada served a monthly average of 15,678 families in FY 2008. There were 7,182 children enrolled in FY 2008 that were new to the Nevada Check Up program.

Nevada Department of Health and Human Services, DHCFFP

"Nassir Notes": HIFA Waiver- ESI - Nevada Check Up Plus Program

Program:

The Nevada HIFA Waiver program was approved by CMS on November 2, 2006 for a start date of December 1, 2006. The waiver program provides two unique benefit programs. One program, the Employer Sponsored Insurance Subsidy program (ESI, called Nevada Check Up Plus), helps defray the increasing cost of private medical insurance for parents that work for small employers. The waiver provides up to a \$100 per month, per parent (maximum of \$200 per family) to help offset the cost of the premium payment.

Eligibility:

An eligible individual must:

Be a parent or legal guardian of a child residing in the household;
 Not be eligible for Medicaid;
 Have not been covered by health insurance for past 6 months;
 Work for an eligible employer;
 Have a gross annual household income of 200% or less of the Federal Poverty Level;
 Be a U.S. citizen or legal alien.

Eligible employers must:

Employ 2-50 people;
 Provide an employer-sponsored group health plan;
 Pay 50% or more toward their employees' monthly insurance premiums.

2008 Federal Poverty Guidelines			
Family Size	200%	Family Size	200%
1	\$20,800	6	\$56,800
2	\$28,000	7	\$64,000
3	\$35,200	8	\$71,200
4	\$42,400	9	\$78,400
5	\$49,600	10	\$85,600

Workload History:

FY 07: Avg Cases:	5
FY 07 Tot Expend:	\$223,040
FY 07 Tot # Apps:	355
FY 08: Avg Cases:	3
FY 08 Tot Expend:	\$223,753
FY 08 Tot # Apps:	214

FY 08

JUL 07	5
Aug	5
Sep	5
Oct	5
Nov	5
Dec	5
Jan 08	5
Feb	5
Mar	5
Apr	3
May	3
Jun	3
FY08 Average	5

FY 09 YTD

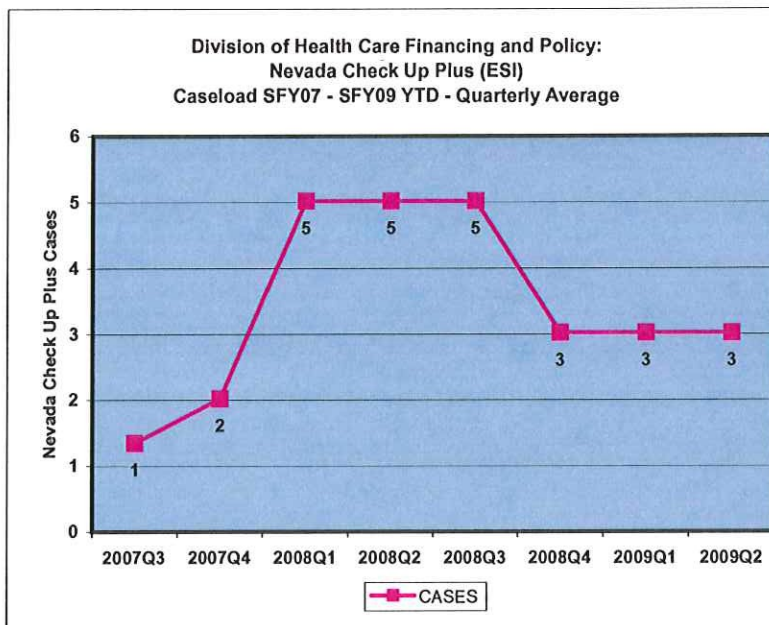
JUL 08	3
Aug	3
Sep	3
Oct	3
Nov	3
Dec	3

Comments

Most applications received are denied due to the unique eligibility criteria for both the employee and employer. The following are the primary reasons for denial: Employer does not offer insurance; Employer does not employ less than 50 people; and Employee already insured.

Web Link:

<http://nevadacheckup.nv.gov/indexPLUS.htm>



Nevada Department of Health and Human Services, DHCFP

“Nassir Notes”: HIFA Waiver - Pregnant Women

Program:

The Nevada HIFA Waiver program was approved by CMS on November 2, 2006 for a start date of December 1, 2006. The waiver program provides two very unique benefit programs. One program, the pregnant women program, raises the allowable income level for eligibility to 185% of the federal poverty level. Some of the services included in this program are routine prenatal care, delivery services, two months of post partum coverage, as well as many other services deemed necessary during pregnancy.

Eligibility:

The pregnancy program eligibility is determined by the Division of Welfare and Supportive Services.

The enrollee must be a pregnant woman who:

- a. is not eligible for Medicaid;
- b. has income of 185% or less of federal poverty level (FPL);
- c. is a citizen or legal qualified alien of the United States at the time of application;
- d. does not currently have insurance; and
- e. submits an application.

2008 Federal Poverty Guidelines			
Family Size	185%	Family Size	185%
1	\$19,240	6	\$52,540
2	\$25,900	7	\$59,200
3	\$32,560	8	\$65,860
4	\$39,220	9	\$72,520
5	\$45,880	10	\$79,180

Workload History:

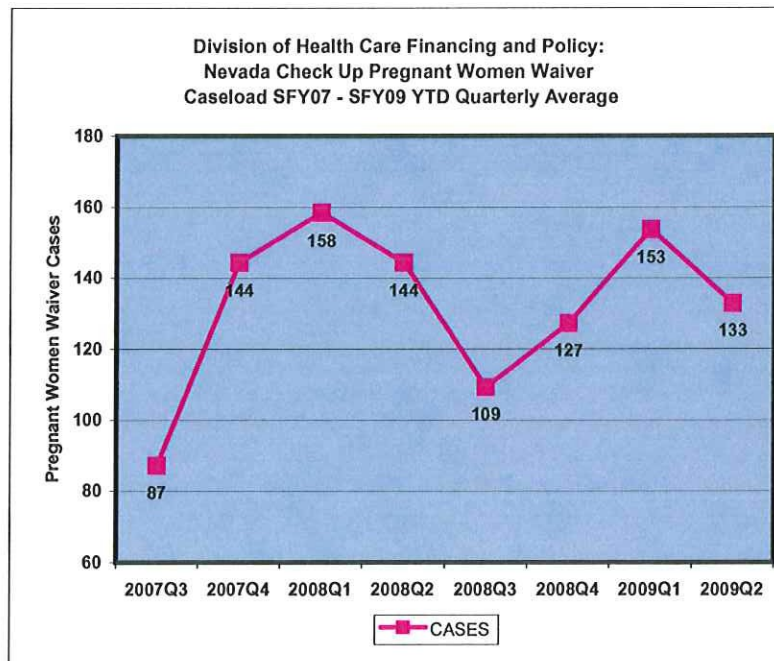
FY 07: Avg Cases: 105
 FY 07 Tot Expend: \$248,669
 FY 08: Avg Cases: 135
 FY 08 Tot Expend: \$1,032,069

FY 08

JUL 07	156
Aug	168
Sep	151
Oct	156
Nov	146
Dec	131
Jan	101
Feb	111
Mar	116
Apr	117
May	135
Jun	129
FY08 Average	135

FY 09 YTD

JUL 08	157
Aug	152
Sep	151
Oct	148
Nov	132
Dec	118



Comments

The FY07Q3 was the first full program quarter. Due to retroactive enrollment recent historical data will change. This optional program is administered by the Division of Welfare and Supportive Services and staff automatically look at eligibility within the HIFA higher income threshold when a pregnant woman is not eligible under the standard Medicaid income guidelines. To request additional information on this program please e-mail <http://nevadacheckup.nv.gov/ContactUs.asp> or by phone at 775-684-3723.

Nevada Department of Health and Human Services, DHCFP

"Nassir Notes": Health Insurance for Work Advancement (HIWA)

Program:

The HIWA Program is a component of the MIG (Medicaid Infrastructure Grant) Program which provides necessary health care services and support for competitive employment of persons with disabilities. Federal grant funds are used for infrastructure to establish or improve the capability to provide or manage grant funds for providing Medicaid for employed individuals with disabilities ineligible for any other category of Medicaid. Those receiving this coverage pay a monthly premium of between 5% and 7.5% of their monthly net income.

Eligibility:

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

Other:

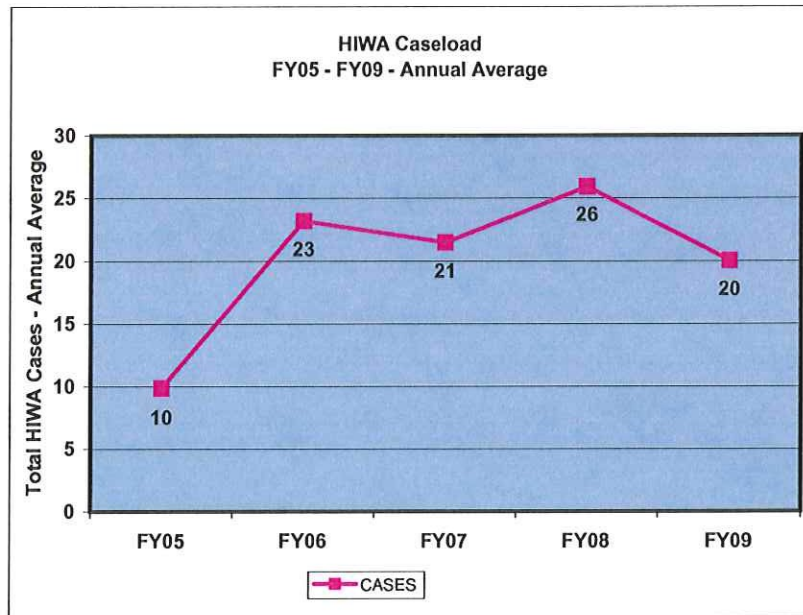
HIWA was implemented in July 2004. Maximum gross unearned income limit, prior to disregards is \$699. Maximum gross earned income limit, prior to disregards is 450% of the Federal Poverty Level (FPL). The total net earned and unearned income must be equal to or less than 250% of the Federal Poverty Level. The individual must be disabled as determined by the Social Security Administration, either through current or prior receipt of social security disability benefits. A recipient losing employment through no fault of their own, remains eligible for three additional months provided the monthly premiums continue to be paid. Retroactive enrollment is permitted with payment of monthly premiums.

Workload History: (With Retros)

FY 05: Avg Cases:	10
FY 06: Avg Cases:	23
FY 07: Avg Cases:	21
FY 08: Avg Cases:	26
FY 09: Avg Cases:	20 (YTD)

FYTD

Jul-07	21
Aug-07	20
Sep-07	20
Oct-07	23
Nov-07	28
Dec-07	35
Jan-08	39
Feb-08	44
Mar-08	18
Apr-08	22
May-08	21
Jun-08	21
Jul-08	22
Aug-08	19
Sep-08	21
Oct-08	20
Nov-08	19
Dec-08	18



Web Link and Program Contact

For More Information:
<http://www.dhcfp.state.nv.us/HIWA/index.htm>

Contact Person: Dan Olsen, MPH, Social Services Program Specialist III
 MIG Program, (775) 687-1905
 email: dan.olsen@dhcfp.nv.gov

Source

The source for caseload information is actual enrollment reports generated by staff and matched with NOMADS as well as the HIWA Premium Payment System.

Comments

Nevada disability statistics continue to increase in the current decade. The 2006 U.S. Census Bureau reported an estimate of 1,861,082 persons in Nevada aged 16 to 64. Of those, 10.4% or 193,552 were disabled and 45.3% of those disabled adults were in the labor force and 15% were below poverty level.

Source: US Census Bureau

Nevada Department of Health and Human Services, DHCFP

Nassir Notes: Medicaid

Program:

Medicaid is a joint Federal-State program that provides medical services to clients of the State public assistance program and, at the State's option, other needy individuals, as well as augments hospital and nursing facility services that are mandated under Medicaid. States may decide on the amount, duration, and scope of additional services, except that care in institutions primarily for the care and treatment of mental disease may not be included for persons over age 21 and under age 65.

Eligibility:

Eligibility for Medicaid is not easily explained as there a number of different mandatory and several optional categories where eligibility can be approved. For more detailed information about the many different categories of Medicaid eligibility, please access the link below for more detailed information: http://dwss.nv.gov/index.php?option=com_content&task=view&id=96&Itemid=247#call&Itemid=248

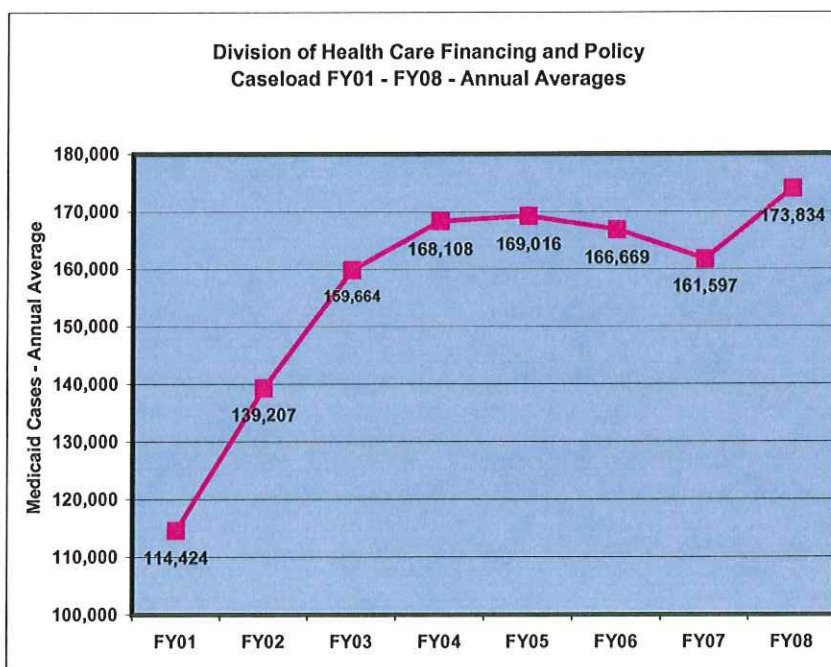
Workload History:

FY 07: Avg Cases: 161,597
FY 07 TotExpend: 1,293,168,777

FY 08: Avg Cases: 173,834
FY 08 TotExpend: 1,353,191,986

SFY 2009

Jul-08	180,268
Aug	180,907
Sep	181,125
Oct	183,664
Nov	184,317
Dec	
Jan-09	
Feb	
Mar	
Apr	
May	
Jun	
Member Months	910,281
Average Caseload	182,056



Comments

Based on data for 2005, Nevada ranked 34th and very close to the national average in spending per Medicaid recipient at \$4,462 per year. The District of Columbia spent the most - \$7,941 per year, California spent the least - \$2,701 per year and the national average was \$4,662.

Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured - 2005

Website:

http://dwss.nv.gov/index.php?option=com_content&task=view&id=27&Itemid=64
<http://dwss.nv.gov/>

Nevada Department of Health and Human Services, DHCFP

"Nassir Notes": Waiver for Persons with Physical Disabilities

Program: The State of Nevada Home and Community-Based Waiver for Persons with Physical Disabilities (WIN) is operated by the Nevada Division of Health Care Financing and Policy (DHCFP). The goals of this waiver are to provide the option of home and community-based services as an alternative to nursing facility placement and to allow maximum independence for persons with physical disabilities who would otherwise need nursing facility services.

Eligibility: Interest in waiver services initiates a screening process to determine if the individual appears to meet the following eligibility requirements:

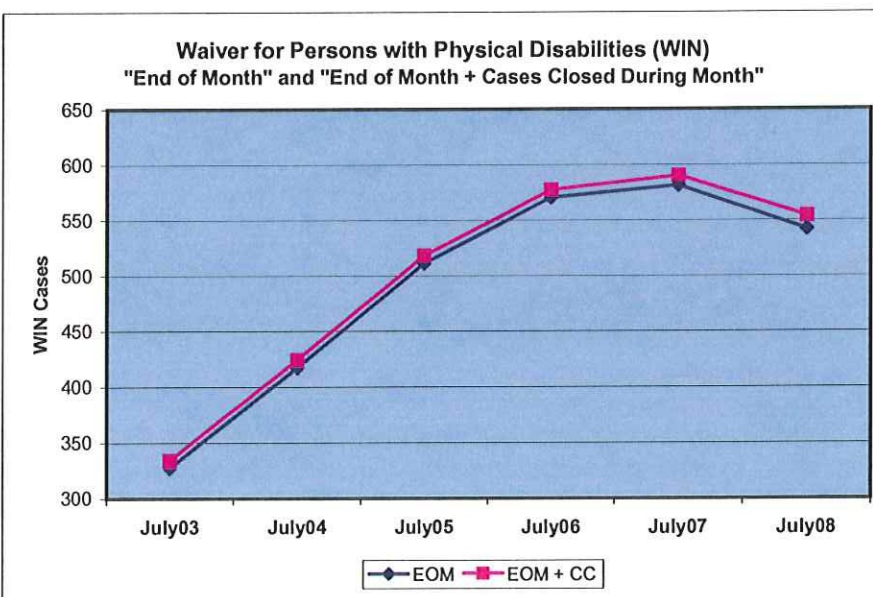
- *without the waiver services, would require institutional care provided in a skilled nursing facility or intermediate care facility for the mentally retarded (ICF/MR);
- *applies for and is determined eligible for full Medicaid benefits (through DWSS);
- * is certified as physically disabled by DHCFP's Central Office Disability Determination Team.

Workload History:

FY 06: Avg Undup Monthly Count: 576	FY 08: Avg Undup Monthly Count: 567
FY 06: Avg Monthly Closures: 8	FY 08: Avg Monthly Closures: 10
FY 07: Avg Undup Monthly Count: 592	
FY 07: Avg Monthly Closures: 6	

FYTD

	End of Month	End of Month Plus Cases Closed During Month
Jul-06	570	577
Aug-06	578	586
Sep-06	588	592
Oct-06	586	592
Nov-06	589	597
Dec-06	586	595
Jan-07	584	589
Feb-07	592	592
Mar-07	591	596
Apr-07	590	593
May-07	587	596
Jun-07	588	596
FY07 AVG	585.75	591.75
Jul-07	581	590
Aug-07	576	588
Sep-07	557	568
Oct-07	565	571
Nov-07	570	577
Dec-07	565	573
Jan-08	556	563
Feb-08	550	554
Mar-08	548	555
Apr-08	541	549
May-08	541	549
Jun-08	540	547
FY08 AVG	558	565
Jul-08	542	554
Aug-08	546	557
Sep-08	545	555
Oct-08	539	551
Nov-08	544	553
Dec-08	544	547
FY09 YTD AVG	543	553



Web Link and Program Contact

Web Link: <http://dhcfp.state.nv.us/wcaseloads.htm>

Program Contact: Connie Anderson, Chief, Continuum of Care, DHCFP. Email: canderson@dhcfp.nv.gov

Source

The source of this data is the caseload (CLEO) report as published on the DHCFP website. The information is compiled from reports run from the DHCFP Decision Support System (DSS). The data points are the caseload on the last day of the month of July in the corresponding year.

Comments

This waiver was formerly called the Waiver for Independent Nevadans, and has kept the corresponding acronym WIN. Caseload reporting was converted from Paradox in November 2007. Quality of caseload reporting improved as a result of this change.

Nevada Department of Health and Human Services, Director's Office

"Nassir Notes": 2-1-1 Partnership

Program:

Established by Executive Order in February 2006, the Nevada 2-1-1 Partnership was created to implement a multi-tiered response and information plan in the state of Nevada.

2-1-1 is an easy to remember telephone number that, where available, connects people with important community services and volunteer opportunities. Available information on essential health and human services includes: basic human services, physical and mental health resources, employment support services, programs for children, youth and families, support for seniors and persons with disabilities, volunteer opportunities and donations and support for community crisis and disaster recovery.

Hours of Service

2-1-1 is currently available from 8 a.m. through midnight, Monday through Friday and from 8 a.m. to 4 p.m. on Saturday and Sunday.

Service is provided by HELP of Southern Nevada and Crisis Call Center in Northern Nevada.

Partnership Members:

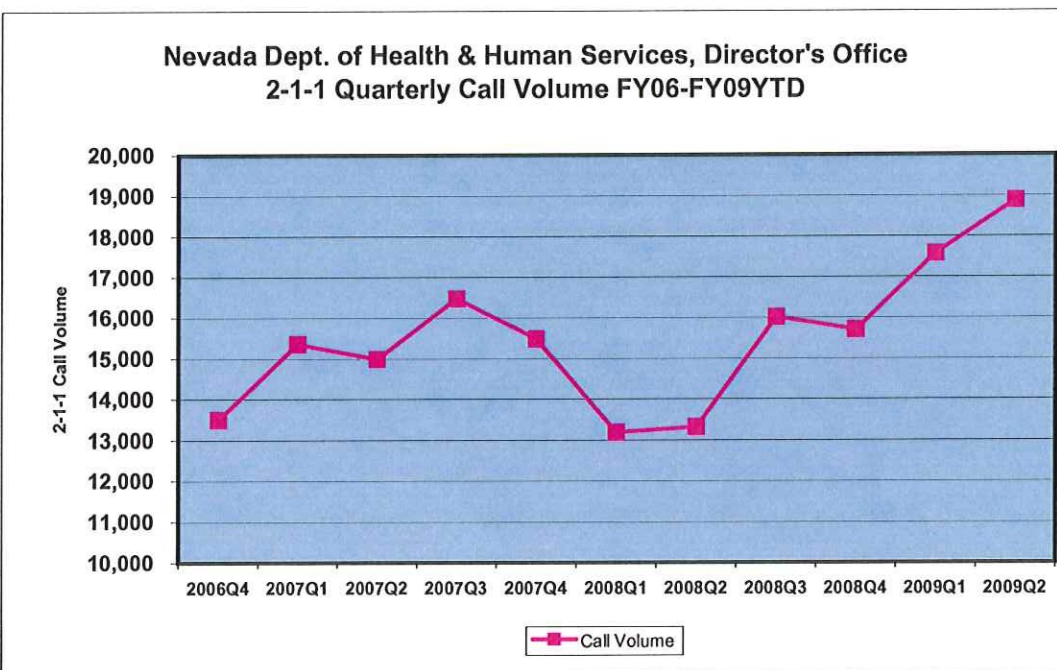
- | | |
|--|---|
| Nevada Dept of Health and Human Services | Sprint |
| United Way of Northern Nevada and the Sierra | Nevada Dept of Information and Technology |
| United Way of Southern Nevada | State of Nevada Legislature |
| Crisis Call Center | Volunteer Center of Southern Nevada |
| HELP of Southern Nevada | Nevada Division for Aging Services |
| City of Las Vegas | Washoe County Chronic Disease Coalition |
| City of Reno | Washoe County Senior Services |
| Family TIES of Nevada | Embarq |
| Nevada Disability Advocacy and Law Center | Sierra Pacific Power Company |
| Nevada Public Health Foundation | |
| Nevada Telecommunications Association | |

Workload History:

CY 06: Total Calls	53,815
CY 07: Total Calls	58,371
CY 08: Total Calls	68,088
CY 09: Total Calls	
CY 10: Total Calls	
CY 11: Total Calls	

FYTD

Jan 08	5,594
Feb	5,106
Mar	5,294
Apr	5,654
May	5,143
Jun	4,893
Jul	5,272
Aug	6,536
Sep	5,740
Oct	5,402
Nov	6,398
Dec 08	7,056
FY08 Total	68,088



Nevada Department of Health and Human Services, Director's Office

Nassir Notes: Differential Response

Program:

Differential Response (DR) is an approach to child welfare that emphasizes family strengths and links them to community based services. In Nevada, DR is a public-private partnership between the Family Resource Centers (FRC) and child welfare agencies. The pilot project focuses on reports of child neglect including: educational, environmental, physical, medical and improper supervision. FRCs are responsible for initiating contact with families screened by Child Protective Services (CPS) and conducting comprehensive assessments rather than taking the traditional investigative approach. This reduces the burden of the formal child welfare system. The program is supported by state general funds and Casey Family Program funds.

Service Areas:

The pilot is designed to implement services throughout Nevada over a period of three to five years. Clark County services began in February 2007 with additional sites in Elko and Washoe counties in SFY08. Staff were trained and programs are being implemented in several new locations in SFY09: Carson City, Churchill County, Lyon County and Pahrump. Additional sites are to be added as funding allows.

Data by Service Area:

As of August 2008

Service Provider	Referred Cases	Closed Cases	Average days of service
Clark Central	21	21	68
Clark East	169	123	73
Clark North	95	60	41
Clark South	99	42	63
Elko	35	2	55
Children's Cabinet	132	87	57
Washoe FRC	76	49	44
Totals	627	384	

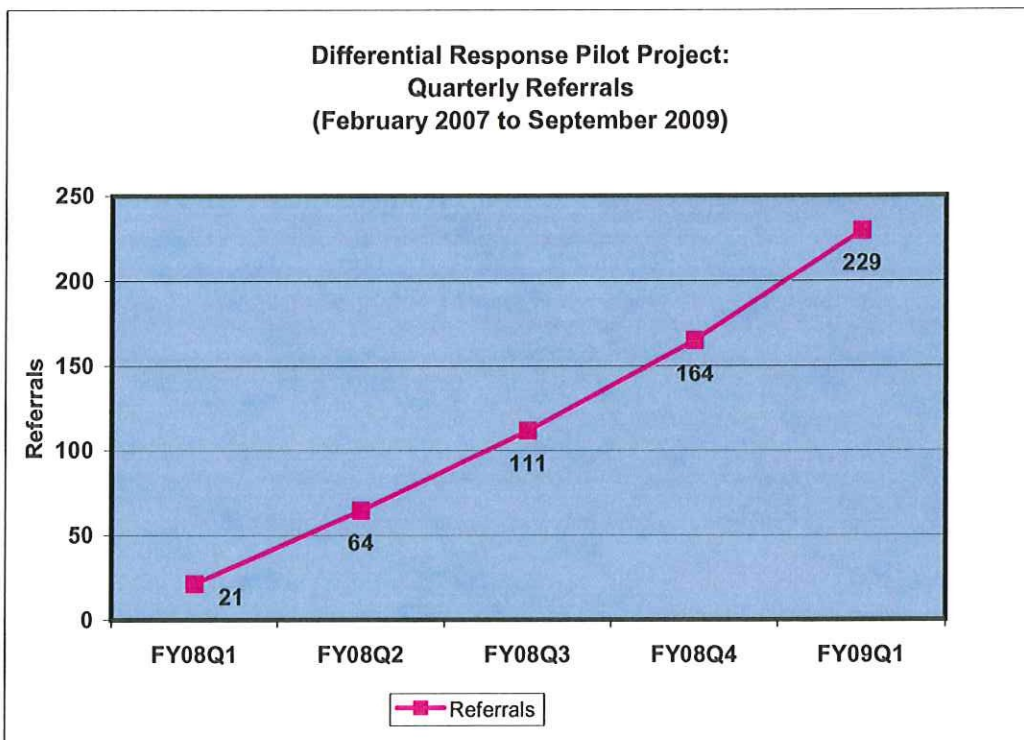
Workload History:

FY07 Referred:	90
FY07 Served:	74
FY07 Closed:	33
FY08 Referred:	362
FY08 Served:	296
FY08 Closed:	247

FYTD Referrals

JUL 08	44
Aug	120
Sep	65
Oct	
Nov	
DEC	
JAN 08	
Feb	
Mar	
Apr	
May	
JUN	
FY09 YTD Total	229
FY09 Avg	76

**Differential Response Pilot Project:
Quarterly Referrals
(February 2007 to September 2009)**



Comments:

The referral chart reflects additional programs coming on and ramping up their services. The largest percentage of reports screened for a DR response involved families with basic needs (37%), followed by educational neglect (22%), lack of supervision (16%), medical neglect (9%), and various family problems (16%). Currently, DR referrals reflect approximately 6.6% of the child maltreatment reports in pilot areas. If expanded statewide, it is estimated that DR referrals could reach 17% of total child maltreatment reports. Nevada is one of 22 states implementing Differential Response.

Website:

<http://dhhs.nv.gov/Grants/Committees/DR/DR%20Pilot%20Project%202007-02.doc>

Nevada Department of Health and Human Services, Director's Office

Nassir Notes: Grants Management Unit

Program: The Grants Management Unit (GMU) is an administrative unit within the Department of Health and Human Services, Director's Office, that administers grants to local, regional, and statewide programs serving Nevadans. The Unit ensures accountability and provides technical assistance for the following programs:

- **Children's Trust Fund (CTF)** prevents child abuse and neglect
- **Community Service Block Grant (CSBG)** promotes economic self-sufficiency, family stability, and community revitalization
- **Family to Family Connection (F2F)** provides information and support on health, safety, and development to families of infants and toddlers
- **Family Resource Centers (FRC)** provide information and referral services along with a variety of support services to families
- **Fund for a Healthy Nevada (FHN)** grants improve health services for children; improve the health and well-being of persons with disabilities; and prevent, reduce, or treat the use of tobacco and the consequences of the use of tobacco.

- **Title XX Social Service Block Grant (SSBG)** assists persons in achieving or maintaining self-sufficiency and/or prevents or remedies neglect, abuse, or exploitation of children and adults
- **Revolving Account for Problem Gambling Treatment and Prevention** provides funding for problem gambling treatment, prevention and related services.

Eligibility: Most GMU funding sources target at-risk populations. CTF focuses on primary and secondary prevention. CSBG targets people at 125% of the Federal Poverty Level. F2F and FRC must conduct outreach to at-risk populations. Some FHN funds are targeted to people with disabilities, others are targeted to children.

Funding Categories with Priority Activities

CHILDREN'S HEALTH

- Health Literacy - EPSDT Education
- Immunization of Children
- Fitness and Nutrition
- Oral Health

FAMILY SUPPORT

- Parent Training
- Child Self-Protection Training
- Crisis Intervention
- Respite Care
- Public Awareness of Child Abuse

INDEPENDENT LIVING

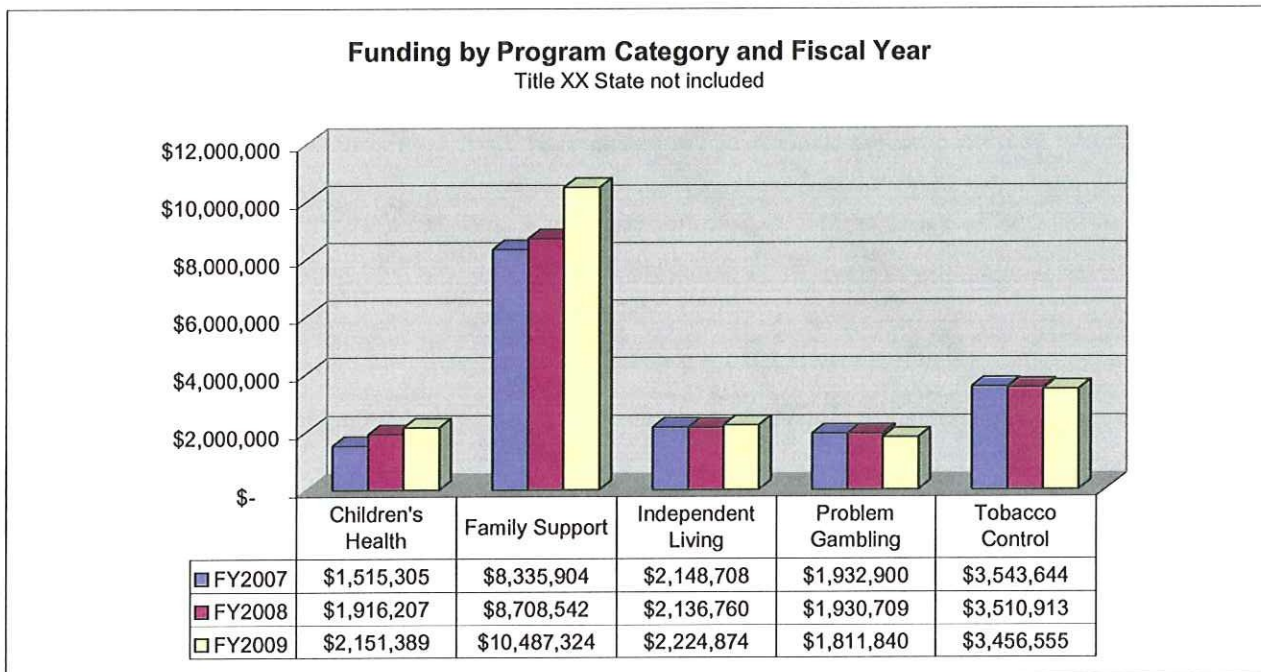
- Life Skills Training including Vocational Rehabilitation
- Transitional Housing
- Adaptive Resources
- Transportation
- Positive Behavior Support

PROBLEM GAMBLING

- Prevention, Treatment, Workforce Development

TOBACCO CONTROL

- Tobacco Prevention and Treatment



Nevada Department of Health and Human Services, Director's Office

"Nassir Notes": DO / Head Start State Collaboration Office

Program:

Through statewide partnerships, the Nevada Head Start State Collaboration Office enhances relationships, builds systems, and promotes comprehensive quality services to meet the needs of young children and their families. The federal Office of Head Start within the Department of Health and Human Services, Administration of Children and Families, provides a grant to each state to facilitate collaboration, which is important to Head Start programs for the provision of comprehensive services including education, health, nutrition, parenting education, social skills and more.

The Nevada Head Start State Collaboration Office (HSSCO) does not regulate or oversee Head Start programs. Instead, state collaboration offices assess the needs of grantees specific to collaboration with health and other service providers. The bulk of this work is facilitated through the HSSCO Partnership Committee whose members include representatives from the Nevada State Health Division, Division of Child and Family Services, Division of Welfare and Supportive Services, Child Care and Development, Nevada Literacy Coalition, Nevada State Higher Education Institutions, Services for Homeless Children, State Department of Education, Public television, and Head Start grantees including those providing services to children and families in tribal and migrant/seasonal programs.

Head Start and Early Head Start programs promote school readiness for economically disadvantaged children by enhancing their social and cognitive development through the provision of educational, health, nutritional, social and other services. Head Start programs serve children ages 3-5 and their families. Early Head Start programs serve pregnant women and children birth to 3 and their families. The federal Office of Head Start (OHS) provides grants to operate both Head Start and Early Head Start programs directly to public and private non-profit agencies in Nevada. Programs engage parents in their children's learning and help them in making progress toward their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs.

Eligibility:

Head Start programs primarily serve children and families living in poverty. However, up to 10% of children and families enrolled do not have to meet any income requirement. 10% of total each program's enrollment must also be comprised of children with diagnosed disabilities or special needs. When the *"Improving Head Start for School Readiness Act of 2007"* was passed, programs were provided the flexibility to allow up to 35% of children living in families with incomes up to 130% of the federal poverty level, provided the program demonstrates that all eligible children living at or below the poverty level in the community had been given the opportunity for enrollment.

Other:

By September 30, 2013, half of all Head Start teachers must have a bachelor degree related to Early Childhood, and teacher assistants must have a Child Development Associate and be enrolled in an AA/BA degree program related to Early Childhood to be completed within 2 years. Head Start programs currently provide financial support to teachers and teacher assistants to help them attain degrees. However, programs report that when those employees complete their degrees, they often go to work for local school districts or in another field where they receive higher wages. The new Head Start act requires that teachers receiving tuition assistance for college education teach for at least 3 years after their degree is completed or they will have to pay back the loan (or a prorated amount).

Comments:

Head Start programs in Nevada will receive more than \$24 million in Head Start funding and serve almost 4,000 children in 2008. However, this funding allows less than 15% of the state's eligible children to receive the comprehensive early childhood development services provided by these programs. More than 17% of children enrolled in Nevada Head Start programs are children with a diagnosed disability or special need.

Fiscal Year	\$ to Nevada HS	Total Enrollment	FedFundPerEnrollmnt
FY 02	\$19,785,629	2,941	\$6,728
FY 03	\$23,315,025	3,603	\$6,471
FY 04	\$23,698,194	3,764	\$6,296
FY 05	\$24,215,081	3,853	\$6,285
FY 06	\$24,015,210	3,896	\$6,164

Note: Tot Enrollment = total # children served during FY; each child is not necessarily in the program for 12 mos.

Note: Costs to serve a child over time has increased while federal funding per child has decreased

Nevada Department of Health and Human Services, Director's Office

Nassir Notes: Interagency Council on Homelessness

Program: The Nevada Interagency Council on Homelessness was created by Executive Order in February 2005 to coordinate and focus the state's efforts to effectively address the challenge of homelessness in the State of Nevada. The Council provides for an integrated approach regarding the issue of homelessness and promotes interagency cooperation. The Council works to increase the awareness of homeless issues among state and local government agencies and local organizations that provide services to people who are homeless. Further, the Council is charged with developing a ten-year plan to address chronic homelessness.

Membership: The Council consists of not more than twenty members appointed by the Governor. These members represent private businesses, state agencies and nonprofit organizations that provide services to homeless people, public housing and local governments. The membership also must include at least one person who is or has been homeless, as well as others with an interest in ending homelessness.

Website: <http://dhhs.nv.gov/ICH.htm>

Nevada Department of Health and Human Services, Director's Office

Nassir Notes: Institutional Review Board

Program:

The DHHS Institutional Review Board (IRB) reviews all research involving human subjects who are clients or staff of the department. Projects of department staff, University faculty and students, and other collaborators with the department are subject to this review. The IRB ensures compliance with basic ethical principles and guidelines regarding the acceptable conduct of research with human subjects, as required by the National Research Act. These principles include respect for the person, beneficence and justice. Respect for the person involves recognition of the personal dignity and autonomy of individuals and special protection of those persons with diminished capacity. Beneficence entails an obligation to protect persons from harm by maximizing anticipated benefits and minimizing possible risk of harm. Justice requires that the benefits and burdens of research be distributed fairly.

Membership:

The IRB consists of at least five members with varying backgrounds to promote complete and adequate review of research activities within the Department. Members include: each agency in DHHS who conduct research with human subjects; at least one member who is not employed by DHHS and who is not an immediate family member of DHHS staff; at least one member whose primary concerns are in non-scientific areas; at least one person knowledgeable about working with vulnerable populations, such as children, prisoners, pregnant women, or persons with mental illness, developmental disabilities or physical disabilities.

Nevada Department of Health and Human Services Director's Office

"Nassir Notes": Disability Services- Independent Living

Program:

The Assistive Technology for Independent Living (AT/IL) Program helps individuals to remain living in the community by making their homes and vehicles more accessible. Some clients share in the cost, on a sliding scale. The program provides one-time services that are not provided on an ongoing basis.

Eligibility:

Applicant must have a severe disability that results in significant limitation in their ability to perform functions of daily living, and there must be an expectation that services will help to improve or maintain their independence.

Other:

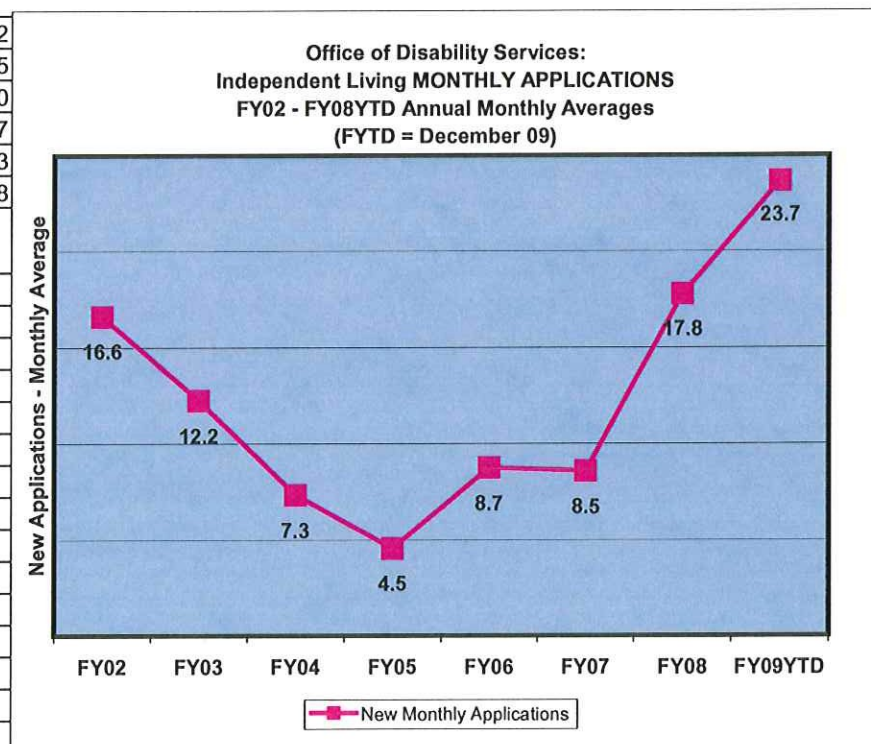
Funding for this program is provided through a Federal and State partnership. It is a "resource of last resort," meaning that applicants must exhaust other public and private resources before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends.

Workload History:

FY 07 Applications:	102
FY 07 Cases Closed:	155
FY 07 Expenditures:	\$1,036,000
FY 08 Applications:	247
FY 08 Cases Closed:	233
FY 08 Expenditures:	\$1,217,168

FYTD- Applications:

JUL 08	22
Aug	50
Sep	8
Oct	21
Nov	37
Dec	4
JAN 09	
Feb	
Mar	
Apr	
May	
JUN 09	
FY09 Tot	142
FY09 Avg	24



Comments:

FY 2008-09 applications are up significantly because of the one-shot funds allocated for children with Autism. This was especially pronounced in July and August. These numbers are not being counted in the program's caseload projections for the new biennium. The average household income of program applicants is \$1,607 per month.

Website:

http://dhhs.nv.gov/ODS_Programs_AssistiveTech-IndependentLiving.htm

Nevada Department of Health and Human Services, Director's Office

"Nassir Notes": Senior Rx and Disability Rx

Program:

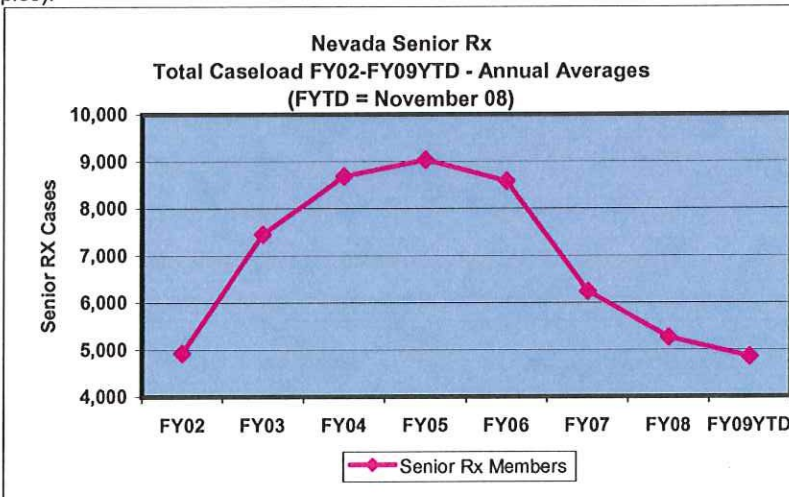
Nevada Senior Rx and Disability Rx assist eligible applicants to obtain essential prescription medications. Members who are not eligible for Medicare pay \$10 for generic drugs and \$25 for brand drugs. Members who are eligible for Medicare receive help with the monthly premium for their Part D plan and may use the program as a secondary payer during the Medicare Part D coverage gap. Effective Spring 2008, members whose annual incomes are at or below 150% of the Federal Poverty Level also began receiving vision benefits.

Eligibility:

Residency -- Continuous Nevada resident for the 12 months prior to application.
 Annual Household Income Limit -- Effective 7/1/08 = \$25,477 for singles, \$33,963 for couples.
 Age -- For Senior Rx, age 62 or older. For Disability Rx, age 18 through 61 with a verifiable disability.
 Vision Benefits -- Household income at or below 150% of the Federal Poverty Level (in 2008 = \$15,600 for singles and \$21,000 for couples).

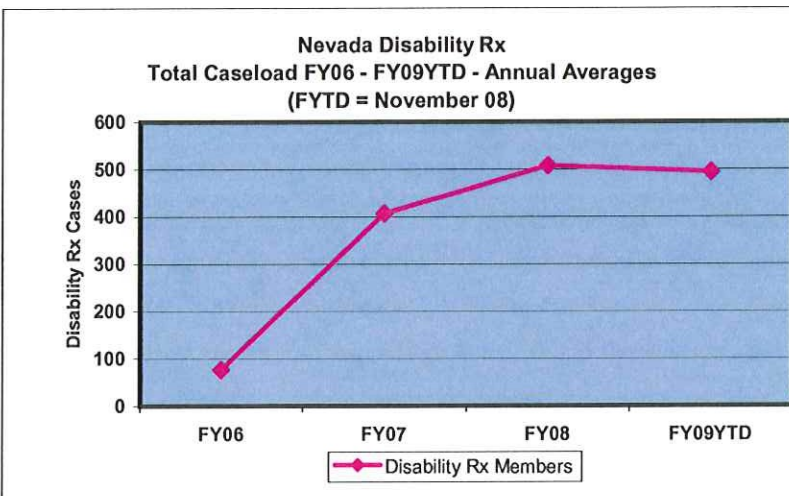
Workload History:

	Senior Rx	Disability Rx
FY 06: Avg Cases:	8,576	74
FY 06: Tot Expend:	\$4,843,593	\$8,608
FY 06: Tot # Apps:	1,851	572
FY 07: Avg Cases:	6,231	406
FY 07: Tot Expend:*	\$2,337,288	\$316,805
FY 07: Tot # Apps:	898	423
FY 08: Avg Cases:	5,244	507
FY08: Tot Expend:**	\$3,151,058	\$455,791
FY08: Tot # Apps:	1,189	263



FYTD

Month	Senior Rx	Disability Rx
JUL 08	4,917	480
Aug	4,819	477
Sep	4,831	496
Oct	4,817	512
Nov	4,797	507
DEC		
JAN 09		
Feb		
Mar		
Apr		
May		
JUN		
FY09 Tot	24,181	2,472
FY09 Avg	4,836	494



Note: The Disability Rx program began in FY06.

*Note that an additional \$157,916 was expended in FY07 for stale Medicare Part D premium subsidy claims, but the amount cannot accurately be allocated between Senior Rx and Disability Rx.

**Note that in FY08, the Total Expenditures for Senior Rx include \$390,259.58 in stale Medicare Part D premium subsidy claims and \$30,345.94 in vision benefits, and for Disability Rx include \$6,706.66 in stale Medicare Part D premium subsidy claims and \$3,676.35 in vision benefits.

Website:

<http://dhhs.nv.gov/SeniorRx.htm>

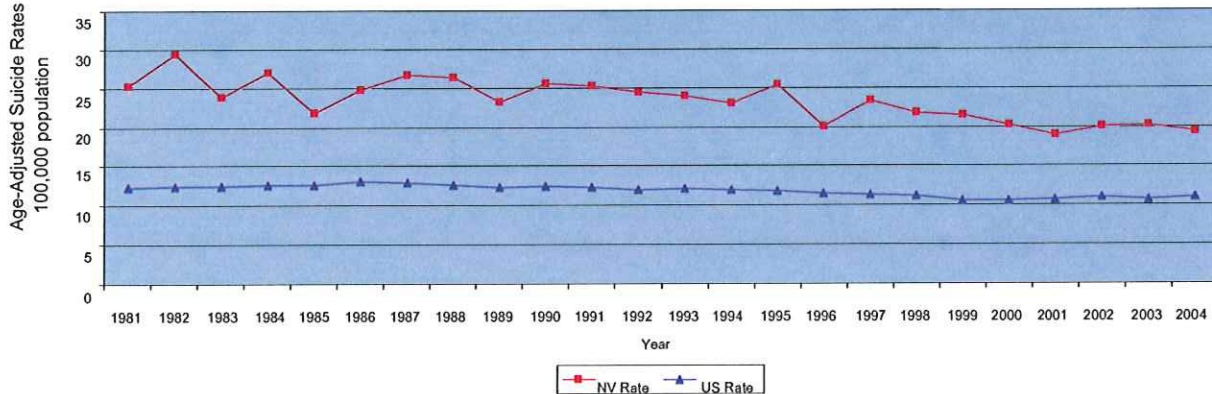
Nevada Department of Health and Human Services, Director's Office

"Nassir Notes": Office of Suicide Prevention

Program:

The Office of Suicide Prevention is the clearinghouse for suicide and suicide prevention information for State of Nevada. The Suicide Prevention Coordinator, located in Carson City, and the Suicide Prevention Trainer and Networking Facilitator, located in Las Vegas, are responsible for the development, implementation and evaluation of the Nevada Suicide Prevention Plan (NSSP). The NSSP is a comprehensive plan with 11 goals and 35 objectives that encompasses the lifespan.

Comparison of NV and US Suicide Rates: 1981-2005



Comments

The Facts about Suicide

- Nevada has the 2nd highest rate in the nation at 19.2/100,000 in 2005. Montana had the highest rate and NJ lowest.
- Nevada's rate is double the national average of 10.9/100,000.
- Suicide is the 6th leading cause of death for Nevadans.
- Suicide is the 3rd leading cause of death for our youth age 10-24.
- Males make up 80% of suicide deaths at an average rate of 33.3 per 100,000.
- Nevada seniors over 60 have the highest suicide rate in the nation, over double the national average rate for the same age group.
- More Nevadans die by suicide than by homicide, HIV/AIDS or automobile accidents.
- Native American Youth have the highest rate of suicide.
- Firearms are used in 59% of suicide deaths.
- Average medical cost per suicide completion in Nevada: \$3,305.*
- The estimated cost of Nevadans dying by suicide in 2004: \$1,454,200.*

*Source: Suicide prevention Resource Center, State of Nevada Fact Sheet Online, 2007. Costs are based on 1999-2003 averages. Calculation based on CDC 2004 Suicide deaths for Nevada (n=440) and the assumption medical costs remain same.

Website:

<http://dhhs.nv.gov/SuicidePrevention.htm>

Nevada Department of Health and Human Services, DWSS

Nassir Notes: Child Health Assurance Program

Aid Code: CH

Program:

The Child Health Assurance (CHAP) program provides pregnancy-related Medicaid for pregnant women and full Medicaid for children under age six with income greater than 100% of the Federal Poverty Level (FPL) but less than or equal to 133% of the FPL. Pregnant women and children up through age 19 with income less than or equal to 100% of the FPL receive full Medicaid coverage.

Eligibility:

Citizenship, residence and income at or below the two poverty levels. There is no resource test in this program; there is no requirement to live with someone with a certain relationship. In addition, anyone with an interest in the child may make application for CHAP on their behalf.

Other: Need Standard

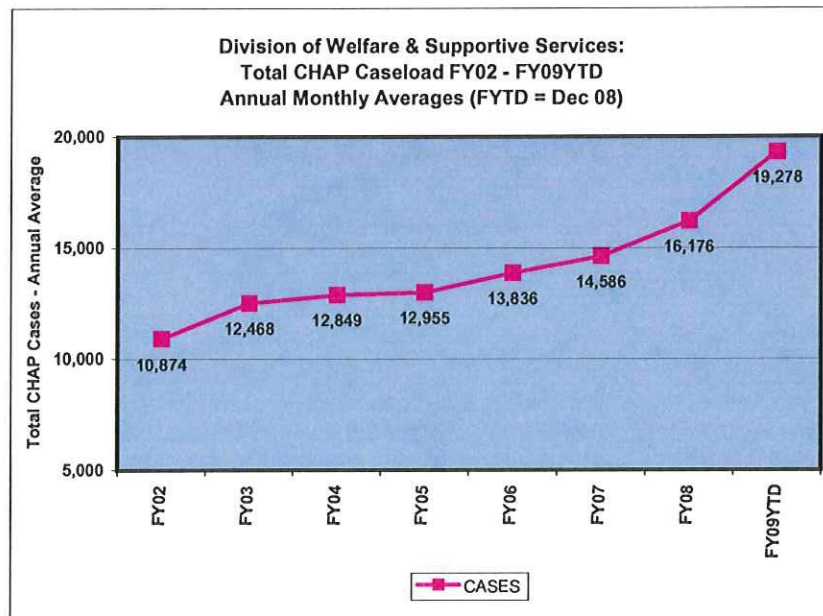
Household Size	Need Standard 100%	Payment allowance 35%
1	\$867	\$1,153
2	\$1,167	\$1,552
3	\$1,467	\$1,951
4	\$1,767	\$2,350
5	\$2,067	\$2,749
6	\$2,367	\$3,148
7	\$2,667	\$3,547
8	\$2,967	\$3,946

Workload History:

FY 07 Avg Cases: 14,586
 FY 08 Avg Cases: 16,176

FYTD

Jul 08 18,605
 Aug 18,738
 Sep 18,983
 Oct 19,436
 Nov 19,668
 Dec 20,238
 Jan 09
 Feb
 Mar
 Apr
 May
 Jun
 FY09 Tot 115,668
 FY09 Avg 19,278



Nevada Department of Health and Human Services, Director's Office

"Nassir Notes": Health Division /Bureau of Early Intervention Services-Data from ODS/IDEA

Program: With regional sites in Las Vegas, Reno, Carson City, Elko, and Ely, the Bureau of Early Intervention Services (BEIS) provides services for children under the age of three with developmental delays. In addition, BEIS contracts with two additional programs, Easter Seals of Southern Nevada (ESSN) and REM Nevada (REM) to provide early intervention services in Clark County. The Part C Individuals with Disabilities Education Act (IDEA) Office is responsible for ensuring that all families have equal access to an early intervention program with appropriate services and supports.

SFY08 Funding: State General Funds: \$14,606,450 (70.9%)
 Federal Funds: \$5,005,301 (24.2%) - Includes IDEA/Maternal & Child Health/Child Care Development Funds.
 Third Party Revenue: \$1,006,136 (4.9%) - Includes Medicaid and Private Insurance

Eligibility: In Nevada, a child must be under the age of three and have a minimum of a 50% delay in one developmental area or 25% delay in two of the following areas: cognitive development, social or emotional development, physical development, including vision and hearing, communication, or adaptive development. A child may also be eligible for services if they have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

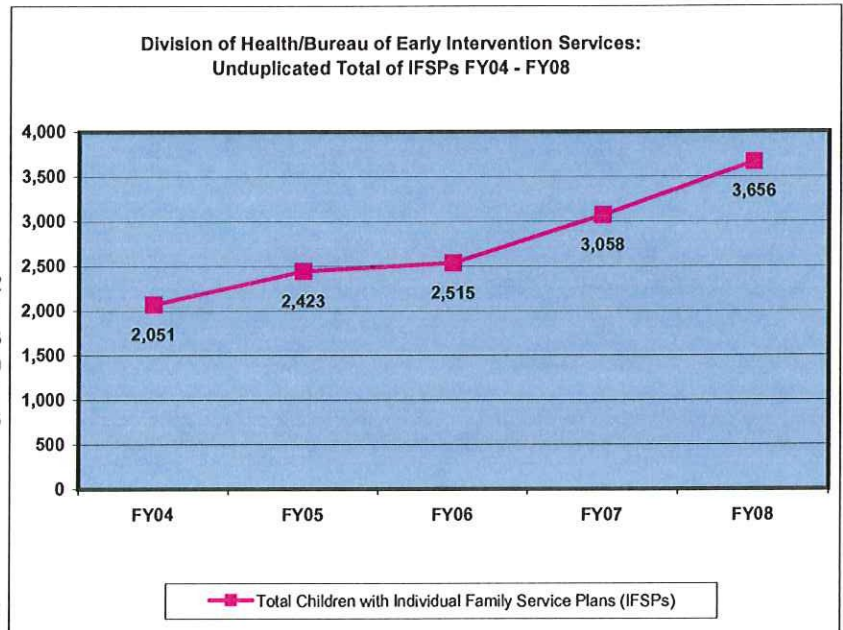
Other: Early intervention services include but are not limited to: service coordination, occupational, physical, and speech therapies, vision and hearing services, nutritional services, specialized instruction, parent support, training and counseling, interpreting services, and assistive technology. Services are voluntary and provided at no cost to parents. Services focus on supporting the family to find opportunities for learning in their child's daily routine, such as playtime, mealtime, etc. With parent permission, commercial insurance may be used to assist with service costs. Part C, Individuals with Disabilities Education Act (IDEA) Office ensures compliance with the federal requirements of the Individuals with Disabilities Education Improvement Act of 2004, including parent procedural safeguards for dispute resolution. Part C, IDEA staff monitor all early intervention programs in the state and provide training to ensure that early interventionists have the most current best practices information. Monitoring and accountability includes self-assessment measures, as well as external reviews, technical assistance, data collection, and investigating formal parent complaints.

Workload History:

FY 07 Qtr Avg Cases:	1,919
FY 07 TotExpend:	\$20,197,893
FY 07 Tot# Referrals:	3,785
FY 08 Qtr Avg Cases:	2,389
FY 08 TotExpend:	\$20,617,886
FY 08 Tot# Referrals:	4,172

FYTD

	Total IFSPs	Waiting For Svcs
JUL 08	2,244	502
Aug	2,270	data not collected
Sep	2,255	453
Oct	2,236	480
Nov	2,191	541
DEC	2,206	566
JAN 09		
Feb		
Mar		
Apr		
May		
JUN		
FY09 Tot	13,402	2,542
FY09 Avg	2,234	508



Comments:

Nevada ranked 47th of the 56 states, the District of Columbia and the Territories in the percent of infants and toddlers served on December 1, 2007, Nevada served 1.67% of the birth to three population. Hawaii ranked 1st serving 6.94% of the states birth to three population. The District of Columbia and American Samoa ranked 55th and 56th serving 1.19% of the birth to three population.

Nevada Department of Health and Human Services, Health Division

"Nassir Notes": Medical, Health Care and other Provider Licenses

Program: Health Facilities
 These data describe the average monthly number of license holders for facilities.

Eligibility: Includes medical facilities, health care facilities and agencies, and other care provider entities licensed pursuant to Nevada Revised Statutes (NRS) 449.
 These facilities, agencies, and provider types are described on our website at:
[Website: Bureau of Health Care Quality and Compliance](#)

Other:
 These data show the average monthly number of active licenses.

All licenses issued pursuant to NRS 449 expire on December 31 of the year in which they are issued and may be renewed annually. Renewals are effective January 1 through December 31.

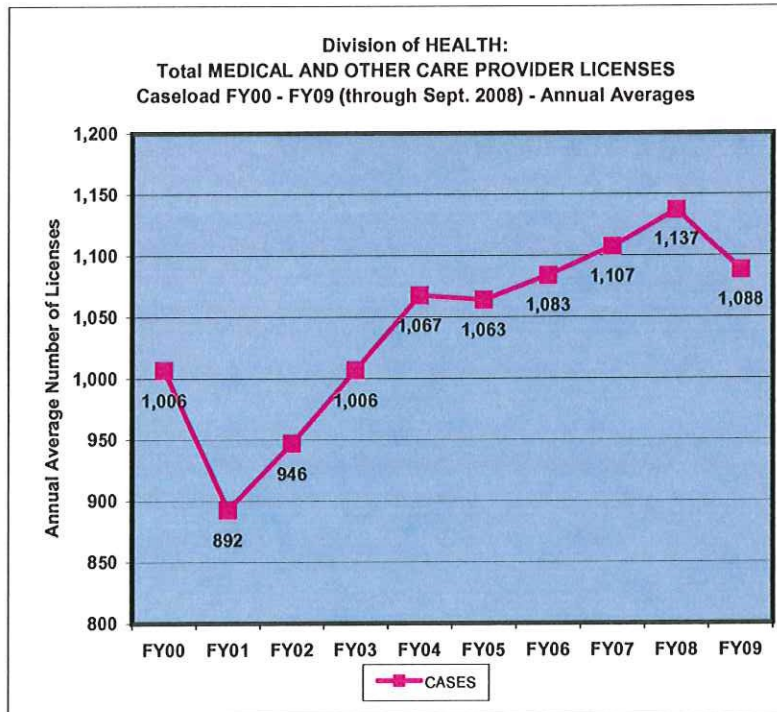
These data do not include professional licenses held by individuals, such as doctors or nurses, but only licenses to operate issued to particular entities, as described in NRS 449.

Workload History:

FY 06: Avg Cases:	1,083
FY 07: Avg Cases:	1,107
FY 08: Avg Cases:	1,137

FYTD

JUL 08	1,058
Aug	1,087
Sep	1,118
Oct	0
Nov	0
DEC	0
JAN 09	0
Feb	0
Mar	0
Apr	0
May	0
JUN	0
 FY09 Avg	 1,088



Nevada Department of Health and Human Services, Health "Nassir Notes": Children with Special Healthcare Needs Program

Program:

The Children with Special Healthcare Needs (CSHCN) program is a safety net for families of children with special health care needs. The CSHCN assistance is capped at \$10,000 per year and will assist with medical expenses, pharmaceuticals, or medical equipment. Children identified through newborn screening or through the Nevada Birth Outcomes Monitoring System are sent letters informing parents of the program. When contacted, the program's Family Support Specialist directs the parents to the program where they can receive the most assistance. This initiative is general funded.

Eligibility:

To be eligible the child must be a resident of Nevada and a citizen of the United States or a qualified alien, 0 to 19 years of age, have an eligible condition, and have a net household income of less than 250% of the federal poverty level. Individuals covered under Medicaid or Nevada Check Up are not eligible for the CSHCN program. Diagnostic testing can be paid for if the family has a household income less than 300% of the federal poverty level. A family who meets these criteria are eligible whether they have private insurance or not. Eligibility is detailed in NAC 442.600-788. In FY09 the Health Division is in the process of moving this program to the community. The website is <http://health.nv.gov>, select Bureau of Family Health Services then CSHCN. **No new applications are being accepted due to budget issues.**

Other: Income eligibility

Number of Family Members	CSHCN Eligible 2008 (<250% FPL)	CSHCN Eligible 2008 (diagnostic only; <300% FPL)
1	\$26,000	\$31,200
2	\$35,000	\$42,000
3	\$44,000	\$52,800
4	\$53,000	\$63,600
5	\$62,000	\$74,400
6	\$71,000	\$85,200
7	\$80,000	\$96,000
8	\$89,000	\$106,800
9	\$98,000	\$117,600
10	\$107,000	\$128,400

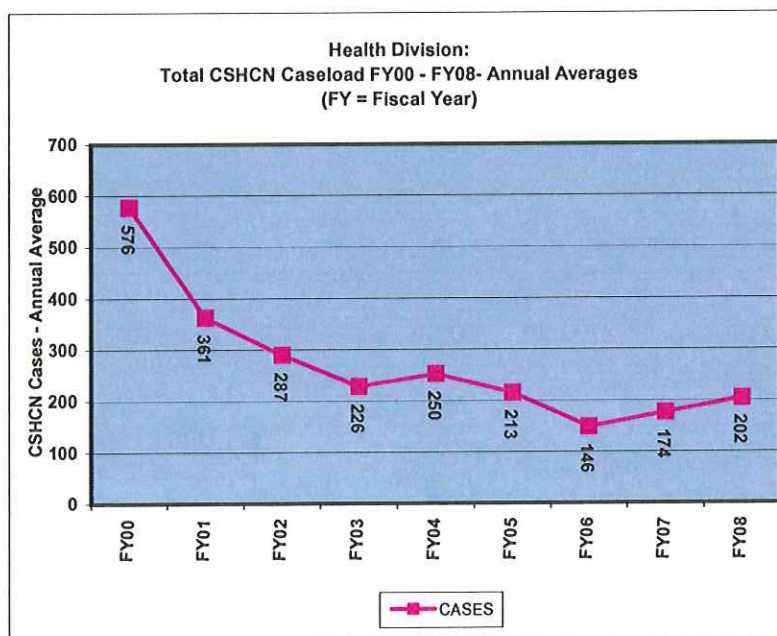
Note: The CSHCN program reimburses at Medicaid rates.

Workload History:

FY 07: Avg Cases:	332
FY 07 Tot Expend:	\$154,032
FY 07 Tot # Apps:	292
FY 08: Avg Cases:	202
FY 08 Tot Expend:	\$227,277
FY 08 Tot # Apps:	340

FYTD

JUL 07	190
Aug	193
Sep	196
Oct	197
Nov	190
DEC	206
JAN 08	209
Feb	209
Mar	203
Apr	212
May	207
JUN	206
FY08 Tot	2,418
FY08 Avg	202
FY09 (through Dec08)	161



Comments:

The CSHCN population dropped in 2002 with the implementation of Nevada Check Up. With Nevada Check Up at 200% of the federal poverty level and CSHCN at 250% plus those with insurance, fewer are eligible for the program. Currently the program covers children who are on the Nevada Check Up waiting list.

Nevada Department of Health and Human Services, Health “Nassir Notes”: Early Hearing Detection and Intervention

Program:

The Nevada Early Hearing Detection and Intervention (EHDI) program works to ensure that all infants are screened for hearing loss at birth, and that all infants identified with hearing loss receive appropriate intervention. The program is funded by a grant from the Health Resources and Services Administration (HRSA). The negative effects of hearing loss can be substantially mitigated through intervention that includes amplification and speech therapy. The program works with all 20 state birthing hospitals and Nevada Early Intervention Services to ensure infants are screened, identified, and entered into services within necessary time frames. The program also works with non-profit agencies focused on hearing loss around the state, and has an active Task Force working to develop best practices.

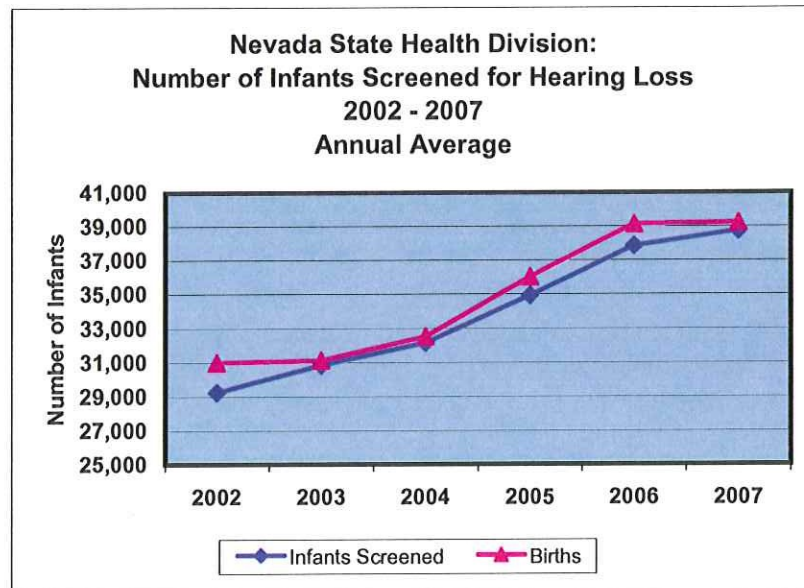
Eligibility:

NRS 442.450 requires all hospitals in the state with 500 or more births per year to screen newborn infants' hearing. At this time all birthing hospitals in the state are screening. All infants that refer from the hearing screening program are eligible for Nevada Early Intervention.

Other:

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

BY CALENDAR YEAR	Infants Screened	Births	Percentage of Births
2002	29,180	30,924	94.36%
2003	30,793	31,057	99.15%
2004	32,098	32,457	98.89%
2005	34,902	35,994	96.97%
2006	37,838	39,122	96.72%
2007	38,744	39,209	98.81%



Program Website: http://health.nv.gov/index.php?option=com_content&task=view&id=454&Itemid=766

Nevada Department of Health and Human Services, Health Division

"Nassir Notes": Bureau of Early Intervention Services

Data from Office of Disability Services - IDEA Part C

Program: With regional sites in Las Vegas, Reno, Carson City, Elko, and Ely, the Bureau of Early Intervention Services (BEIS) provides services for children under the age of three with developmental delays. In addition, BEIS contracts with two additional programs, Easter Seals of Southern Nevada (ESSN) and REM Nevada (REM) to provide early intervention services in Clark County. The Part C Individuals with Disabilities Education Act (IDEA) Office is responsible for ensuring that all families have equal access to an early intervention program with appropriate services and supports.

SFY08 Funding: State General Funds: \$14,606,450 (70.9%)
 Federal Funds: \$5,005,301 (24.2%) - Includes IDEA/Maternal & Child Health/Child Care Development Funds.
 Third Party Revenue: \$1,006,136 (4.9%) - Includes Medicaid and Private Insurance
Total SFY08 Funding: \$20,617,887

Eligibility: In Nevada, a child must be under the age of three and have a minimum of a 50% delay in one developmental area or 25% delay in two of the following areas: cognitive development, social or emotional development, physical development, including vision and hearing, communication, or adaptive development. A child may also be eligible for services if they have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Other: Early intervention services include but are not limited to: service coordination, occupational, physical, and speech therapies, vision and hearing services, nutritional services, specialized instruction, parent support, training and counseling, interpreting services, and assistive technology. Services are voluntary and provided at no cost to parents. Services focus on supporting the family to find opportunities for learning in their child's daily routine, such as playtime, mealtime, etc. With parent permission, commercial insurance may be used to assist with service costs. Part C, Individuals with Disabilities Education Act (IDEA) Office ensures compliance with the federal requirements of the Individuals with Disabilities Education Improvement Act of 2004, including parent procedural safeguards for dispute resolution. Part C, IDEA staff monitor all early intervention programs in the state and provide training to ensure that early interventionists have the most current best practices information. Monitoring and accountability includes self-assessment measures, as well as external reviews, technical assistance, data collection, and investiga

Workload History:

FY 07 Qtr Avg Cases: 1,919
 FY 07 TotExpend: \$20,197,893
 FY 07 Tot# Referrals: 3,785
 FY 08 Qtr Avg Cases: 2,389
 FY 08 TotExpend: \$20,617,887
 FY 08 Tot# Referrals: 4,172

FYTD

Month	New Referrals	Total IFSPs	Waiting For Svcs	Receiving Svcs	Exiting with IFSPs
JUL 08	431	2,244	502	1,742	153
Aug	338	2,270	502	1,768	144
Sep	456	2,255	453	1,802	175
Oct	418	2,236	480	1,756	148
Nov	311	2,191	541	1,650	119
Dec	309	2,206	566	1,640	136
JAN 09					
Feb					
Mar					
Apr					
May					
Jun					
FY09 Tot	2,263	13,402	3,044	10,358	875
FY09 Avg	377	2,234	507	1,726	146

*August waiting numbers were not collected/previous months waiting numbers were used

Comments:

Referrals are primarily received from the following sources; parents, physician, social service agencies, and hospitals. The child is then assessed by a multi-disciplinary team to determine eligibility, eligibility needs to be established and an Individualized Family Service Plan (IFSP) needs to be developed within 45 days of the referral. Services are required to start no later than 30 days after the development of the IFSP. Children leave early intervention by aging out at three years of age or move out of state, parent withdraws, attempts to contact the family are unsuccessful, child dies or the goals on the IFSP have been met.

Nevada Department of Health and Human Services, Health Division

"Nassir Notes": Frontier & Rural Health Services Program

Program: Frontier & Rural Health Services Program (FaR) is the combination of Community Health Nursing, Environmental Health Services, and Public Health Preparedness. These programs promote optimal wellness in frontier and rural Nevada through the delivery of public health nursing, preventative health care, food safety inspections, early detection of threats to public health, response to natural and human caused disasters, and education. Essential public health services such as adult and child immunizations, well child examinations, Family Planning/Cancer Screening, identification/treatment of communicable diseases such as Tuberculosis (TB), Sexually Transmitted Diseases (STD) and Human Immunodeficiency Virus (HIV) are offered. Two Community Health Nurses (CHN) function as the school nurse in the rural districts without school nurses. Other nursing services are provided based on the needs of the county served.

Eligibility: All individuals may access the FaR clinics. The targeted populations are: the working poor, under and uninsured, and indigent populations of the fourteen (14) frontier and rural counties in Nevada. FaR services are based on the federal poverty guidelines using a Sliding Scale Fee structure. Services are not denied due to inability to pay.

Other:
Consumer Health Protection: Environmental Health Services (EHS) involves those aspects of public health concerned with the factors, circumstances, and conditions in the environment or surroundings of humans that can exert an influence on health and well-being.

Community Health Services: Historically, the Community Health Nursing (CHN) program provided Public Health Nursing services to assist the individual, family and community in attaining their highest level of holistic health in fourteen of Nevada's rural and frontier counties.

Rural and Frontier Public Health Preparedness: Preparing people for emerging health threats is one of rural PHP's overarching goals. PHP contributes to local efforts to prepare for and prevent public health disasters before they occur. When a disaster has occurred, PHP is prepared to respond and support local partners in responding in order to improve public health outcomes.

Community Health Workload History:

FY 07: Avg Cases:	3,210
FY 07 Tot Expend:	\$3,137,995
FY 07 Tot#Apps:	0
FY 08: Avg Cases:	3,113
FY 08 Tot Expend:	\$3,300,000
FY 08 Tot#Apps:	0

Key Demographic **Total Number of Family Planning Indigent Patients**

FY 08 1945

Consumer Health Protection Workload History **FYs 06 and 07**

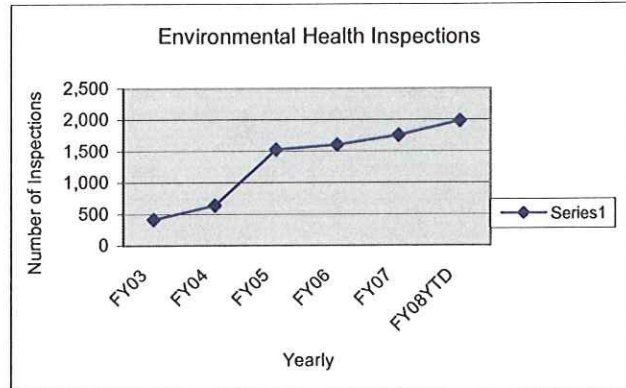
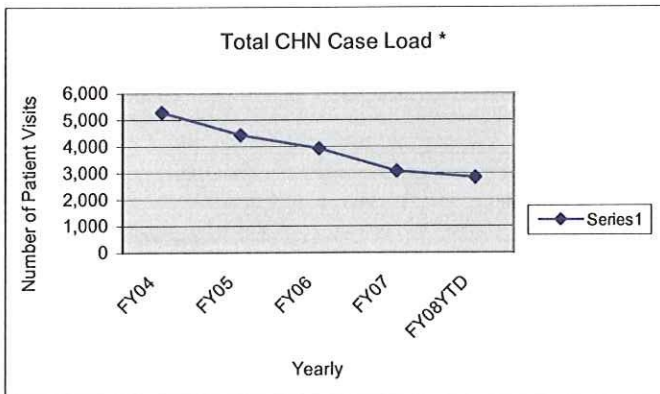
FY 07 Total Food Establishment Inspections	1,750
FY 07 Total Fees	\$678,867
FY 07 Total Permits	3,089
FY 08 Total Food Establishment Inspections	1,977
FY 08 Total Fees	\$1,300,000
FY 08 Total Permits	2,900

Community Health FY09

JUL 08	2,636	JAN 09	0
Aug	2,992	Feb	0
Sep	3,536	Mar	0
Oct	5,613	Apr	0
Nov	3,308	May	0
DEC	2,021	JUN	0
FY09 Tot	20,106		
FY09 Avg	1,676		

Consumer Health Protection FY09

JUL 08	206	JAN 09	0
Aug	169	Feb	0
Sep	137	Mar	0
Oct	174	Apr	0
Nov	142	May	0
DEC	112	JUN	0
FY09 Tot	940		
FY09 Avg	78		



* From 2000 forward, the number of Nevadans living in rural and frontier areas has declined while the number living in urban areas has increased. In addition to this change in demographics, two of the largest rural population centers (Carson City and Elko) determined that it would be beneficial to their population to provide public health services independent from the FaR Program at the Nevada State Health Division.

Nevada Department of Health and Human Services, Health Division
“Nassir Notes”: Adult Viral Hepatitis Prevention

Program:

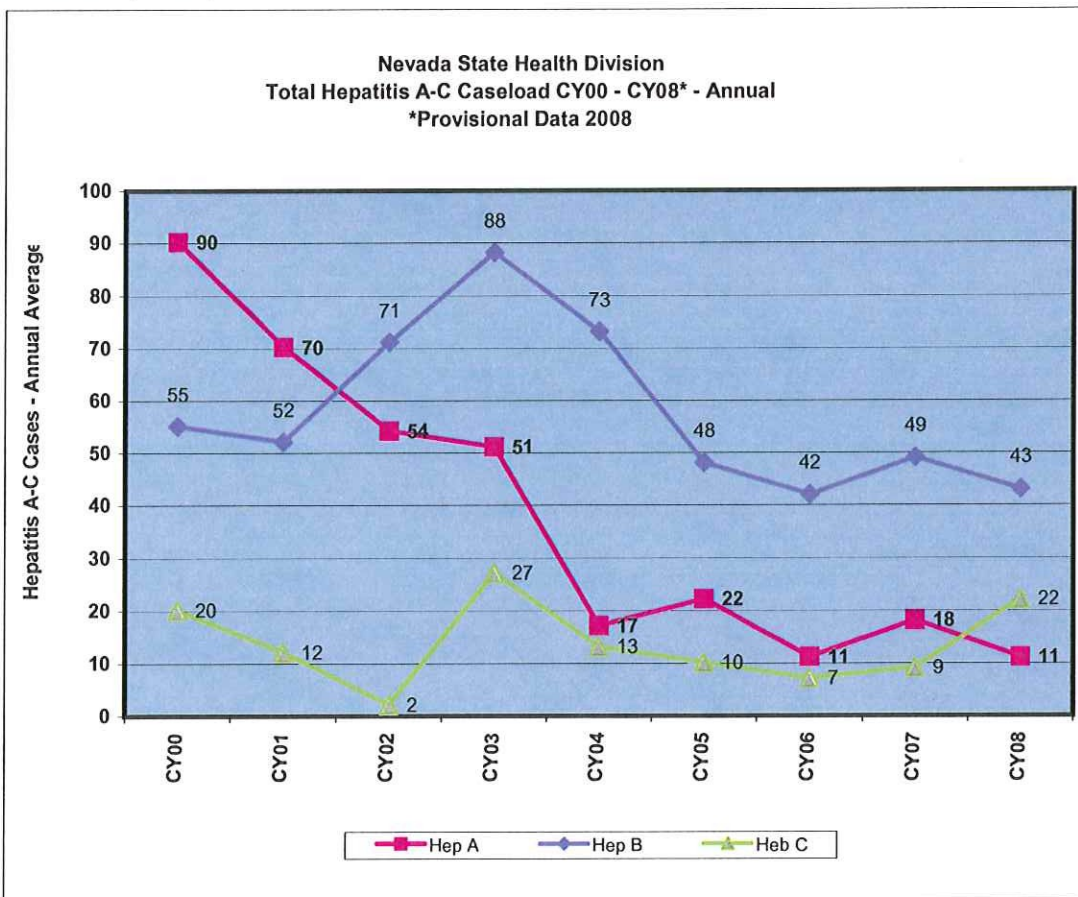
The Adult Viral Hepatitis Prevention Program is a new program funded by the Centers for Disease Control and Prevention (CDC) in 2008 to integrate hepatitis services into existing public and private prevention programs such as STD clinics, HIV/AIDS testing centers, Tuberculosis, Immunization and Substance Abuse Programs and Correctional Facilities that target adults at risk for chronic hepatitis. Program services include training and technical assistance to local health authorities and community-based organizations that offer hepatitis screening and testing, risk reduction education and counseling, treatment and medical evaluation and referral services. The program's functions are achieved through collaborative relationships with public and community-based organizations, local health authorities, community members, and other key stakeholders.

Eligibility:

None. The Adult Viral Hepatitis Prevention (AVHP) Program is not a surveillance program and does not collect information on disease incidence/prevalence or perform case investigations. This is performed by the State and County Epidemiology Programs.

Other:

This five-year Cooperative Agreement funds an AVHP Coordinator in Clark County to develop and implement adult viral hepatitis prevention activities and services.



Comments:

Additional information on the Adult Viral Hepatitis Program is at the State Health Division website at http://health.nv.gov/index.php?option=com_content&task=view&id=184&Itemid=314

Nevada Department of Health and Human Services, Health Division
"Nassir Notes": HIV/AIDS Surveillance Program

Program:

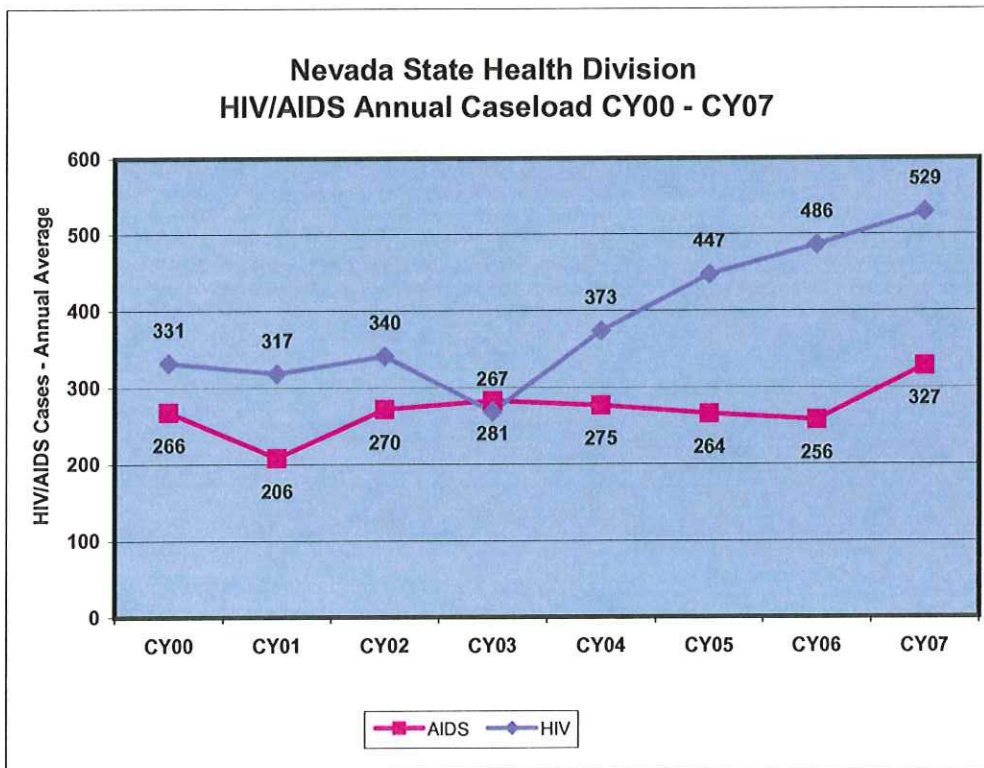
The mission of the HIV/AIDS Surveillance Program is to work with the local health authorities, the medical community to prevent and control the transmission of the Human Immunodeficiency Virus in Nevada. Primary activities include: the surveillance of HIV/AIDS cases reported, case investigation and the 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 with HIV prevention activities; and training and technical assistance to local health authorities and community-based organizations that assist in HIV/AIDS surveillance activities. The Program's functions are achieved through collaborative relationships with public and community-based organizations, local health authorities, clinical laboratories, community members, and other key stakeholders.

Eligibility:

There are no eligibility requirements. The State HIV/AIDS Program tracks new HIV/AIDS cases and persons living with HIV/AIDS including cases from other states and jurisdictions who move to Nevada. Incidence (new cases) and prevalence (old and new cases) are reported separately. Statutory authority – NRS 441A and NRS 439.

Other:

Primary workload indicators for federal funding include the number of new HIV and AIDS cases annually and the number of persons living with HIV/AIDS in Nevada (prevalence data). Demographic information of HIV/AIDS cases (county, sex, race/ethnicity, age, exposure category) is reported to provide information to community planning groups to better allocate resources and to target HIV/AIDS prevention activities.



Comments:

Additional HIV/AIDS data for Nevada may be found at the Health Division website at http://health.nv.gov/index.php?option=com_content&task=view&id=30&Itemid=66

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Nevada Department of Health and Human Services, Health Division

"Nassir Notes": Nevada State Immunization Program

Program: The overall goal of the Immunization Program is to decrease vaccine-preventable disease morbidity through improved immunization rates among children, adolescents and adults in Nevada. The Program collaborates with public and private vaccine providers, schools, immunization coalitions and other stakeholders to improve immunization practices by enrolling providers into the Vaccines For Children (VFC) Program and educating providers how to record vaccination data in the Statewide Immunization Registry (Nevada WebIZ).

Program Participation and Eligibility: **Vaccines For Children Program:** Any physician, healthcare organization or medical practice licensed by the State of Nevada to prescribe and administer vaccines may enroll as participants in the VFC Program. The Program provides federally funded vaccines at no cost to these participants, who, in turn, administer them to eligible children. Eligible children are NV Checkup enrolled, Medicaid eligible, American Indian/Alaska native, uninsured or underinsured, and are not charged for the vaccine.

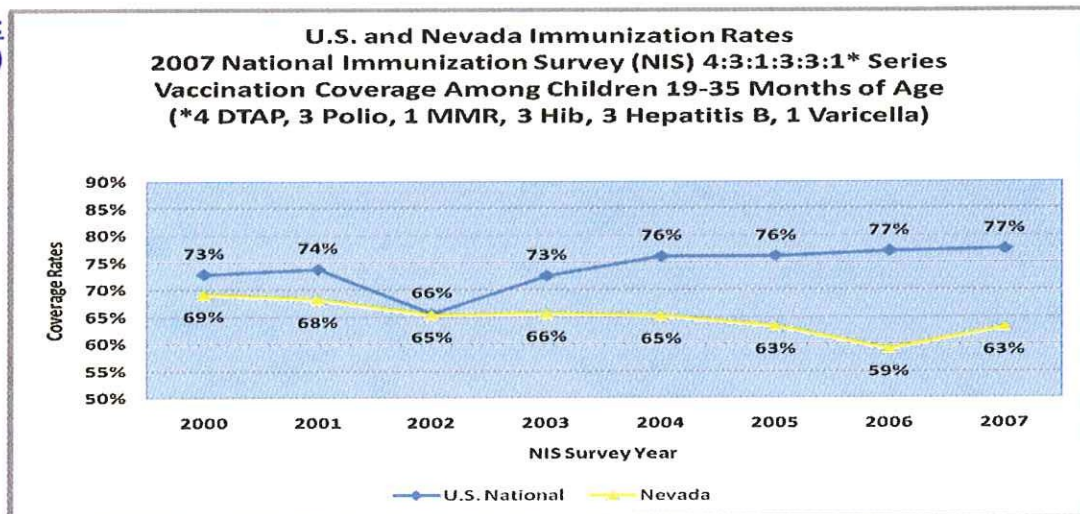
Nevada WebIZ: Any physician, healthcare organization or medical practice that administers vaccines and any organization with a need to verify immunization coverage may enroll as users of Nevada WebIZ. Vaccination data collected in the registry can be used to identify those at risk in the event of a disease outbreak or other emergency and to locate communities with low vaccine coverage rates to target interventions. Subsequent to legislation passed in 2007, regulations were adopted in July 2008 requiring all those administering vaccines to children to report the events in the registry.*

Program Participation: (by county)

Vaccines For Children Participation Status	
Clark	163 300 "Active" Providers (currently receiving vaccine supply)
Washoe	63 10 "Temp Leave" Providers (vaccine shipments temporarily suspended)
Carson/Rural	84

Nevada WebIZ Participation Status*	
Clark	229
Washoe	223
Carson/Rural	143

Immunization Rates: (as of 2007)



Comments: **Potential Participation:* It is estimated, based upon the 2007 Board of Examiners list of licensed medical practitioners, that there are approximately 700 licensed individuals (*not* sites) potentially needing access to the registry. In 2008, the Board of Pharmacy provided an estimate of 1700-1900 pharmacists (at ~400-500 pharmacies) needing access to the registry. These numbers include those currently using the registry. The Southern Nevada Immunization Coalition (SNIC) is conducting a research project to quantify the exact number of vaccine providers in Nevada. The results will be published in April 2009.

Program Website: http://health.nv.gov/index.php?option=com_content&task=view&id=54&Itemid=109

Nevada Department of Health and Human Services, Health Division

"Nassir Notes": Nevada Central Cancer Registry (NCCR)

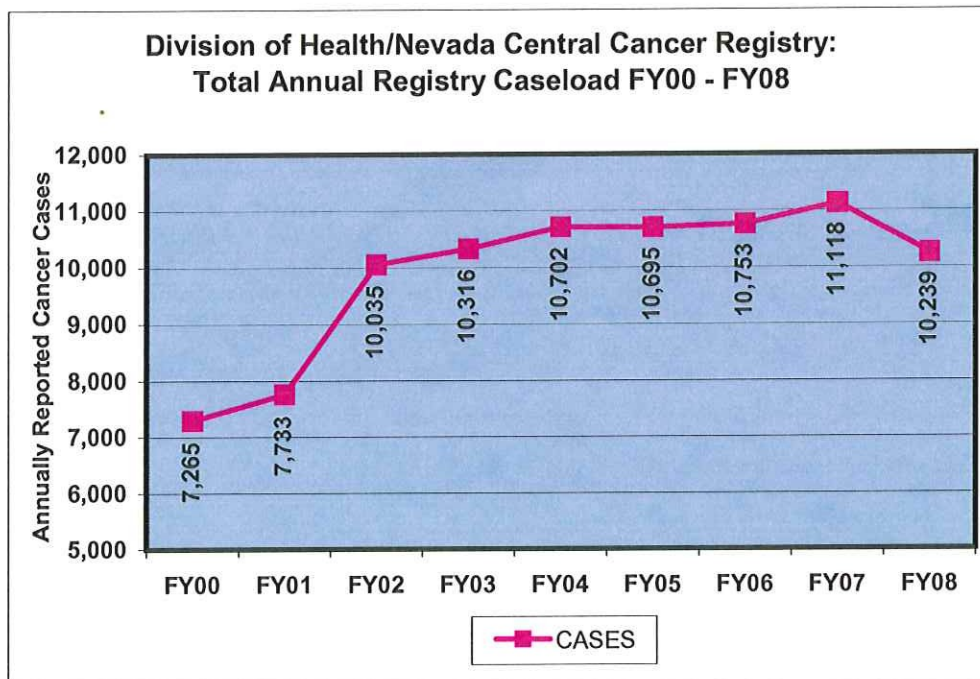
Program: The primary purpose of the Statewide Cancer Registry is to collect and maintain a record of reportable cases of cancer occurring in the state. The data is used to evaluate the appropriateness of measures for the prevention and control of cancer and to conduct comprehensive epidemiological surveys of cancer and cancer related deaths. Statutory Authority: NRS 457.

Eligibility: No eligibility required. This is a population-based Registry collecting data for all cancer cases diagnosed in Nevada.

Other: The figures in this report reflect actual cancer incidence data submitted annually to the Centers for Disease Control and Prevention/National Program of Cancer Registries. Cases collected & reported include all in-situ & invasive cancer, with the exception of in-situ cervix, noninvasive basal cell & squamous cell carcinomas of the skin.

Month FYTD*

JUL 08	918
Aug	29
Sep	785
Oct	408
Nov	847
DEC	509
JAN 09	
Feb	
Mar	
Apr	
May	
JUN 09	
FY09 Tot	3,496
FY09 Avg	583



*does not include cases received from the Veterans Administration and the Department of Defense.

Comments: The NCCR has met & exceeded all of the North American Association of Central Cancer Registries (NAACCR) standards by achieving & maintaining a minimum of 95% complete case ascertainment annually. The Registry received the Gold Standard certification from NAACCR for the 6th consecutive reporting year. Based on the NAACCR 2005 Call for Data submitted in FY07 receiving "Gold Standard" certification for 5 consecutive years, the NCCR 2001-2005 data set was used for the Cancer in North America (CINA) publication that reports national cancer incidence statistics.

Website - <http://health.nv.gov/>

Nevada Department of Health and Human Services, Health Division

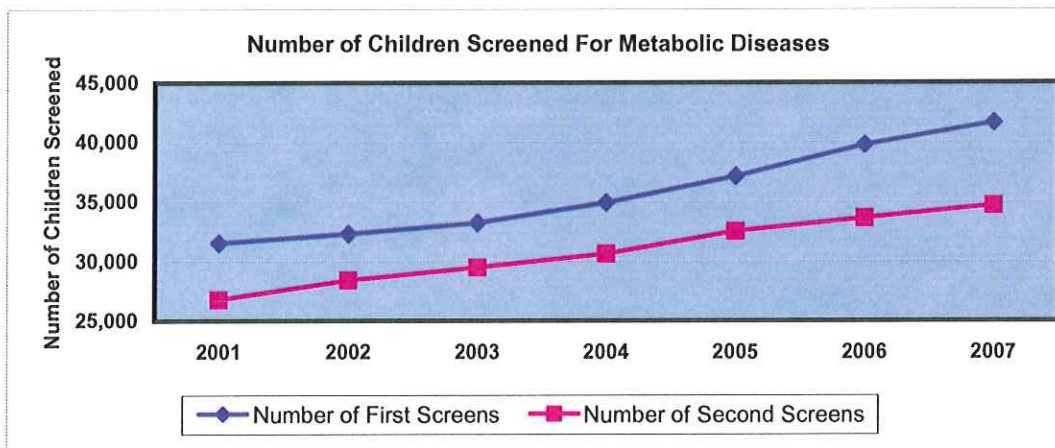
"Nassir Notes": Newborn Screening (NBS) Program

Program: Nevada Revised Statutes (NRS 442.008) mandate that all infants born in Nevada receive newborn screening for congenital disorders. A first screen is required between the third and seventh day of life, and a second screen is required between the 15th and 56th day of life. The Newborn Screening Program contracts with the Oregon Public Health Laboratory (OPHL) to test for 31 disorders and is adding cystic fibrosis. This screening is funded through birth registration fees. OPHL is also contracted to follow-up on positive screens and provides medical consultants to Nevada's primary care physicians until a confirmation of diagnosis is reached. The families of infants with identified disorders or children identified through the Nevada Birth Outcomes Monitoring System are sent informational letters concerning the Children with Special Health Care Needs Program giving them a point of contact if assistance is needed.

Eligibility: There are no eligibility requirements. Newborn screens are required of all infants born in Nevada and birthing facility staff are required to collect an acceptable sample before the infant leaves the facility. NAC 442.020-050.

Infants screened by year

Year	Number of First Screens	Number of Second Screens	Total
2001	31,463	26,697	58,160
2002	32,250	28,319	60,569
2003	33,159	29,388	62,547
2004	34,830	30,537	65,367
2005	37,050	32,423	69,473
2006	39,685	33,516	73,201
2007	41,560	34,609	76,169
2008	40,858	35,080	75,938



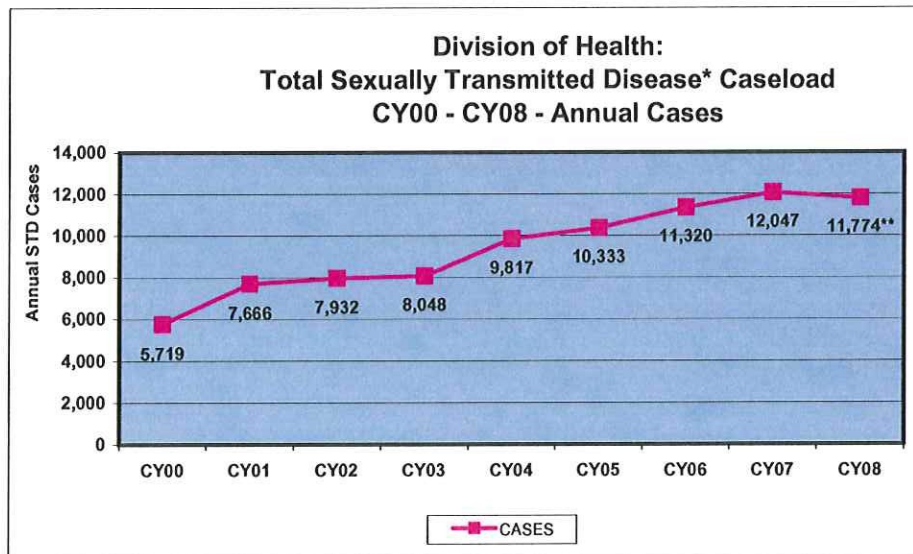
Nevada Department of Health and Human Services, Health Division
"Nassir Notes": Sexually Transmitted Disease Program

Program:

The Sexually Transmitted Disease 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.

Other:

In 2007, Nevada experienced record highs in the number of new reported chlamydia and early infectious syphilis cases. There were 9,559 new cases of chlamydia reported, up 12% from the previous year. Early infectious syphilis increased 7% from 2006 to 2007, a notable increase, but not as substantial as the increase experienced from 2005 to 2006, a growth of 48%. Reported gonorrhea cases continue to decline in Nevada, down 14% in 2007 from 2006. Females accounted for a disproportionately high percentage (74%) of the chlamydia cases in Nevada; while males comprise the majority of gonorrhea (54.8%) and early infectious syphilis (81.9%) cases. While only accounting for 6.9% of the population in Nevada, Black, non-Hispanic persons comprised 17.0% of the new chlamydia cases, 37.5% of the new gonorrhea cases, and 27.9% of the early infectious syphilis cases.



*Includes chlamydia, gonorrhea, and primary and secondary syphilis

**CY 2008 data as of January 5, 2009; an increase in cases is expected due to reporting delays.

Comments

In 2006 (most recent national data available), Nevada ranked:
*23rd nationally for chlamydia rate per 100,000 population,
*20th for gonorrhea rate per 100,000 population,
*4th for primary and secondary syphilis rate per 100,000 population, and
*1st for congenital syphilis cases rate per 100,000 population in 2006.

Websites:

Nevada State Health Division STD Prevention and Control Program:

http://health.nv.gov/index.php?option=com_content&task=view&id=204&Itemid=344

Centers for Disease Control and Prevention: <http://www.cdc.gov/STD/>

Kaiser State Health Facts: <http://www.statehealthfacts.org/comparecat.jsp?cat=2>

Source: Centers for Disease Control and Prevention (2006 Statistics)

Nevada Department of Health and Human Services, Health Division
"Nassir Notes": Tuberculosis Elimination Program

Program:

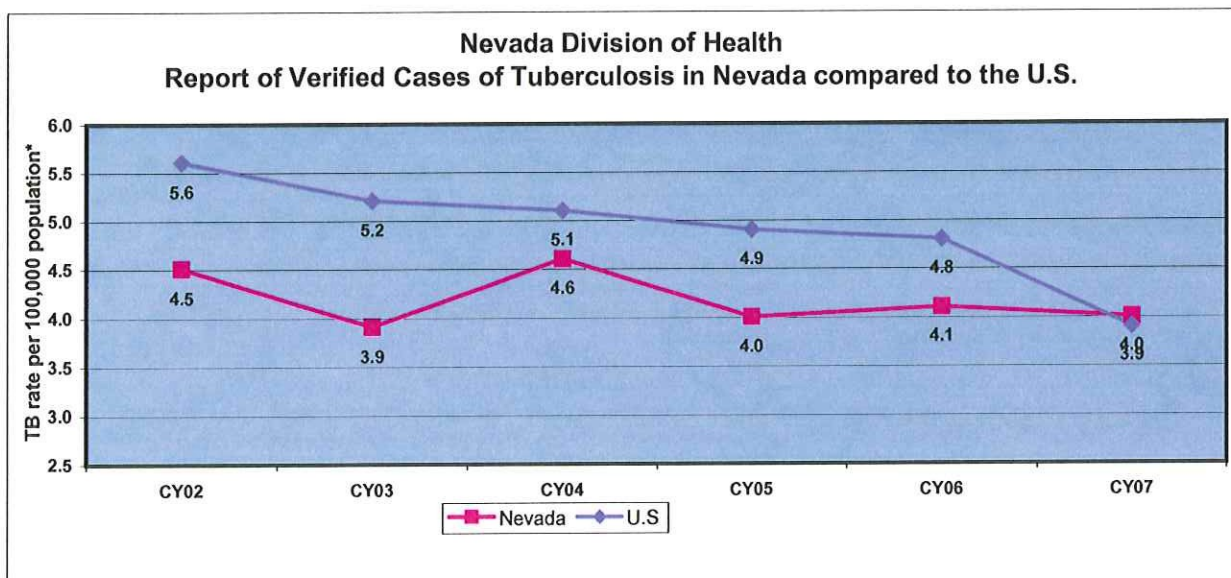
The mission of the Tuberculosis (TB) Program is to reduce the incidence of TB by the identification of and the aggressive management and treatment of newly diagnosed cases, as well as, providing preventative treatment to those diagnosed with latent TB infection (LTBI). The TB Program contracts with: the Southern Nevada Health District, the Washoe County Health District, Nevada State Health Division Frontier and Rural Public Health Services Program, Carson City Health and Human Services and the Nevada State Health Laboratory to provide TB surveillance, control and prevention activities for the entire state of Nevada. The Nevada State Health Division Tuberculosis Elimination Program is a part of the Office of Health Statistics and Surveillance Program within the Bureau of Health Statistics, Planning and Emergency Response and operates within the Chronic Disease Section of budget account 3320. The primary goal of this budget account is the ultimate elimination of uncontrolled chronic disease in Nevada through the implementation of regulatory controls, public education and supporting health and wellness service providers.

Authority:

NRS 441A.340 through NRS 441A.400 and NAC 441A.350 through NAC 441A.390 address the responsibilities that the state, county and local health care providers are required to perform in order to promote and protect the well-being of Nevada's citizens and visitors by preventing, controlling, tracking and treating tuberculosis in Nevada. Similar statutes and regulations addressing the public health threat posed by tuberculosis are found throughout the United States and its territories.

Other:

The State of Nevada is facing significant challenges in addressing its mission. The most notable and unpredictable encumbrance is the complexity of the TB cases in Nevada. In 2007: 64% of Nevada's cases were foreign born, five of these were Class B immigrants (one was smear positive, meaning the patient was contagious), 5% of the 102 cases were co-infected with HIV (5/102), 7% were homeless (7/102), 10% were pediatric cases (10/102), 10% abused alcohol (10/102), 3% abused drugs (3/102), 50% were unemployed (51/102), 5% were also diagnosed with diabetes (2/102) which inhibits the TB medications being absorbed thus extending the treatment regimen, 12% of Nevadan's with TB died (12/102), 5 of which had TB listed as the cause of death (COD). Nevada has reported two verified cases of extensively drug-resistant TB (XDR-TB) and fifteen verified cases of multi-drug resistant (MDR-TB) since 1993. Only eleven of the fifty U.S. states have ever reported any cases of XDR-TB. In order to cure these resistant cases, extended and complicated treatment regimens are required, which places a financial burden on the counties that treat them. One case received daily treatments for seven years before being cured in August 2008. Nevada is currently treating five cases of MDR, two diagnosed in 2006, one in 2007 and two in 2008.



rate calculation equation: (TB cases per CY/Population) 100,000 = rate per 100,000 population

Web Links:

Nevada State Health Division TB Program

http://health.nv.gov/index.php?option=com_content&task=view&id=206&Itemid=346

Nevada State Health Division TB Report

<http://www.southernnevadahealthdistrict.org/tuberculosis/faq.htm>

Nevada Department of Health and Human Services, Health Division

"Nassir Notes": Office of Minority Health (OMH)

Program:

The Office of Minority Health (OMH) was established by Statutory Authority under NRS 232.467. The purpose of OMH is to improve the quality of health care services, increase access to health care services, and disseminate information regarding matters concerning health care issues of interest to minority groups. The office provides a central source of information concerning healthcare services and issues for members of minority groups. They research, identify, apply for, use and monitor appropriate resources to support minority health services. Staff educate both minority groups and the general public through conferences, trainings, and other outreach efforts. They provide information regarding minority health care issues and help ensure that both public and private entities have access to cultural competency and diversity information. The Office of Minority Health incorporates appropriate bilingual communication as needed.

Eligibility:

No eligibility required. This is a population-based program targeting all residents of Nevada. The program goals are to:

- Improve the quality of health care services for members of minority groups;
- Increase access to health care services for members of minority groups; and
- Disseminate information to and educate the public on matters concerning health care issues of interest to members of minority groups

Key Demographics: Demographic Profile of Racial and Ethnic Populations Encountered:

Ethnic Group	Percent Encountered
African Americans	47
Hispanics/Latinos	32
Asian Americans	9
American Indians/Alaska Natives	9
Native Hawaiians/Other Pacific Islanders	2
Other/Unidentified	1

Other:

The OMH engages in outreach activities and maintains partnerships with various key stakeholder groups including but not limited to community and faith based organizations, universities/schools, medical centers, health departments, tribal, state and federal government offices , policy makers and community residents, advisory committees and task forces, health care systems, corporations, foundations, and the media.

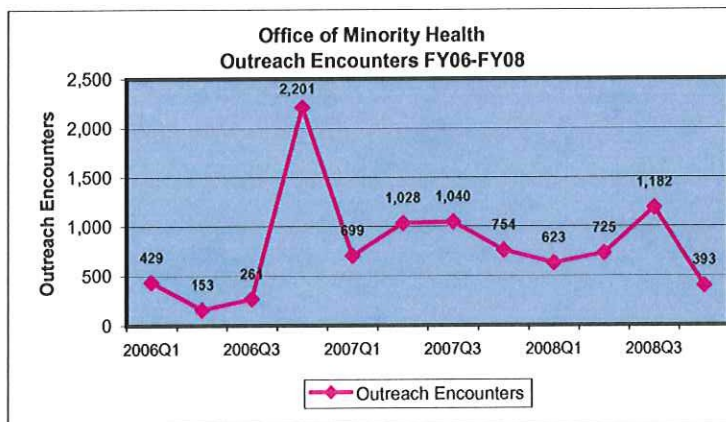
Outreach History: The OMH has engaged in a number of outreach activities

FY 06: Avg contacts:	277
FY 07: Avg contacts:	293
FY 08: Avg contacts:	244

*Average contacts were calculated by summing all quarters and dividing by the months in the fiscal year during which data were collected.

FYTD:

FY 06
1st = 429
2nd = 153
3rd = 261
4th = 2,201
FY 07
1st = 699
2nd = 1,028
3rd = 1,040
4th = 754
FY 08
1st = 623
2nd = 725
3rd = 1,182
4th = 393



** Quarter totals were calculated by summing all encounters during each month of the fiscal year

Comments:

The OMH began operations in late 2006, but primarily focused on hiring staff and appointing Advisory Committee members. Outreach efforts were gradually implemented through partnerships with community and faith based organizations, health fairs, community networking, information dissemination campaigns, and coalition building which led to a sharp rise in encounters during the fourth quarter. However, there has been a gradual overall reduction in outreach encounters between FY 07 and FY 08 as a result of the economic crisis which has led to fewer outreach and partnership opportunities.

Website Link:

<http://health.nv.gov>, click on Bureau of Community Health, then Office of Minority Health.

Nevada Department of Health and Human Services, Health Division

“Nassir Notes”: Oral Health

Program:

Nevada State Health Division, Oral Health Program, including School-based Dental Sealant Promotion and Oral Health Surveillance. For sealants, state staff provide technical support to organizations that implement school-based sealant programs. Second grade students are targeted. They must have their parents' permission to participate. Surveillance is used by the state and its partners to chart progress, identify gaps, and identify where resources should be targeted. The Oral Health Program is guided by an Oral Health Advisory Committee. It also works with 6 dental coalitions located statewide.

Eligibility:

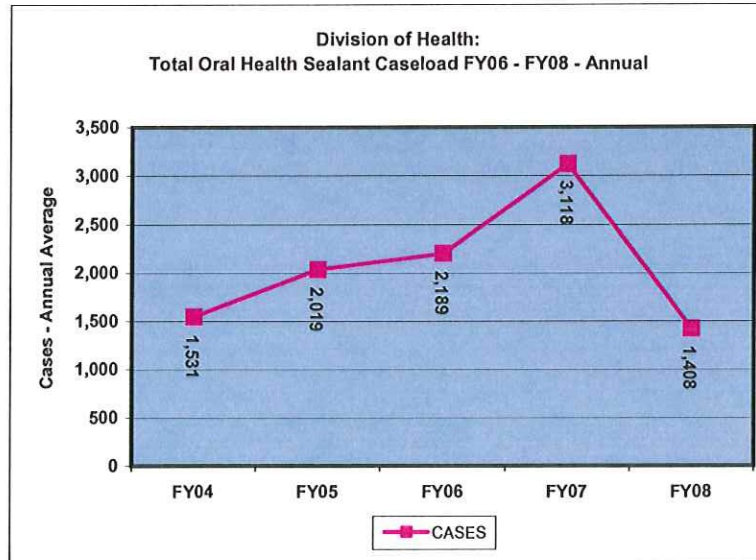
For sealants, schools with > 50% Free and Reduced lunch eligibility or located in a county that has been designated as underserved. For surveillance no eligibility required. This is a population-based program targeting all residents of Nevada.

Other: Surveillance Reports

The State Oral Health Plan was updated in 2008. A bi-annual comprehensive report on oral health status and oral health promotion activities, the Burden of Oral Disease in Nevada, was last updated in 2006. The most recent reports on the oral health status of the following populations were released as follows: Adults - 2006; Adults residing in assisted living facilities - 2005; Children enrolled in elementary school - 2006; Preschoolers - 2007; Individuals with mental and developmental disabilities - 2008.

FYTD

Jul 08 - Dec 08	
# Children sealed	1,184
# Sealants placed	4,019
FY08 Tot	1,408



Comments:

In 2007, 41% of Nevada children had dental sealants (tenth in the nation). The State with the highest percent was Vermont 66%. The lowest was South Carolina - 20%. Two of the three program funded through a Health Resources and Services (HRSA) grant ended in August 2007 when the HRSA grant that funds them was not renewed. In FY 2008, Saint Mary's continued to operate the Take Care-A-Van, primarily in Washoe County. In FY 2009, the Community Coalition for Oral Health (CCOH) in Las Vegas successfully applied for a Fund for a Healthy Nevada grant to implement a dental sealant program in Clark County schools. The number of children receiving sealants should increase as this new program is fully implemented. (Source: Dec 08 Association of State and Territorial Dental Directors (ASTDD) National Oral Health Surveillance System.)

Nevada Department of Health and Human Services, Health Division

"Nassir Notes": Ryan White AIDS Drug Assistance Program

Program:

The Ryan White Part B program is a federally funded grant that offers many services for HIV and AIDS residents of Nevada who meet the eligibility criteria. The AIDS Drug Assistance Program (ADAP) is the Ryan White CARE Program that combines federal and state funds to supply formulary medications to clients through contracted ADAP pharmacies. Medicare Part D and Health Insurance Continuation Program assistance is also available. Eligibility intake is offered in the north at the ACCESS to Healthcare office in Reno and in the south at the Aid for AIDS in Nevada (AFAN) office in Las Vegas.

Eligibility:

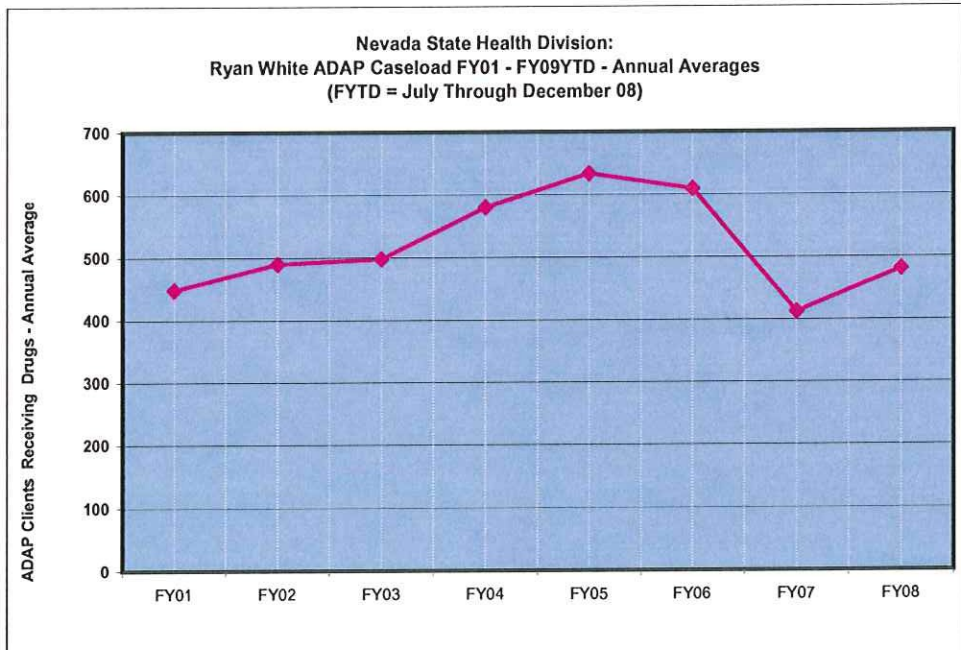
Client income must not exceed 400% of federal poverty level guidelines - approximately \$40,840 for a single person. A client may own a single-family home and a car. Additional assets of the client may not exceed \$4,000. Lab tests for T-cell and viral load must be done every six months. Ryan White eligibility recertification is mandated every six months. Necessary documents must be provided at each recertification.

Workload History:

FY 06: Avg Cases:	607
FY 06 Tot Expend:	\$7,603,697
FY 07: Avg Cases:	412
FY 07 Tot Expend:	\$5,121,494
FY 08 Avg Cases:	480
FY 08 Tot Expend:	\$6,946,589
FY 09: Avg Cases:	502
FY 09 Tot Expend:	\$3,332,913

FYTD

Jul08	508
Aug	487
Sep	510
Oct	500
Nov	486
Dec	522
Jan	
Feb	
Mar	
Apr	
May	
June	
FY09 Tot	3,013
FY09 Avg	502



Comments

The Medicare Part-D program went into effect on January 1, 2006. Clients were not required to complete their enrollment until May 15, 2006. The Ryan White ADAP program did not see the full effect of the decrease in client caseload until June 1, 2006. The chart above reflects the significant drop in the client case load between SFY06 & SFY07. The FY 08 Tot Expend includes State and Federal ADAP Drug costs, HICP expenditures as well as ADAP monitoring expenses.

Nevada Department of Health and Human Services, Health Division

"Nassir Notes": Teen Pregnancy Prevention

Program:

Nevada's Title V Abstinence Education Program is the only program within the Nevada State Health Division that specifically addresses teen pregnancy prevention. The program utilizes a positive youth development approach to help parents and youth see the value in delaying sexual debut, postponing pregnancy, and ensuring they have someone who supports their decision to abstain from sex. This program also teaches youth who have previously engaged in sexual activity that abstinence is still an option. The Abstinence Education Program provides funding to local programs that target youth, ages 9 to 14 and their parents which promotes the benefits of abstinence in an effort to curb adolescent pregnancy as a strategy for lowering the birth rates in youth, ages 14 to 19.

Eligibility:

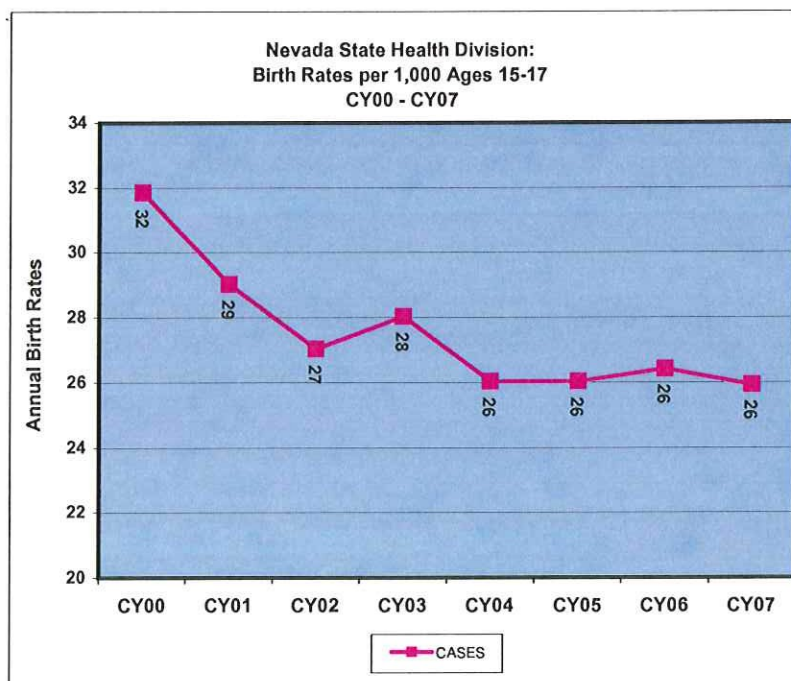
There are no eligibility requirements. This is a population-based program targeting all residents of Nevada.

Other:

Nevada recently received funding from the Title V, Section 510 State Abstinence Education Grant funding for FY 2009 through FY 2013. Abstinence education program funding supports a variety of teen pregnancy prevention efforts in Nevada through collaboration and coordination of services.

CY- Teen Birth Rates

2000	32
2001	29
2002	27
2003	28
2004	26
2005	26
2006	26
2007	26



Comments:

Teen birth rates for females age 15 to 17 in 2006 and 2007 were 26.4 per 1,000 and 25.9 per 1,000, respectively. Information reported is preliminary only. Data for 2008 is not yet available. According to the Centers for Disease Control and Prevention (CDC), Nevada's teen birth rates for 15-to-19 year olds rose in 2006 to 55.8 per 1,000. The CDC reports a national trend showing an increase in teen birth rates in 26 states, including Nevada, for the first time in 15 years. (Source: Bureau of Health Planning and Statistics, Preliminary Data, January, 2009; and the Centers for Disease Control and Prevention.)

Nevada Department of Health and Human Services, Health Division

"Nassir Notes": Vital Records

Program: The Office of Vital Records and Statistics administers the statewide system of Vital Records by documenting and certifying the facts of births, deaths and family formation for the legal purposes of the citizens of Nevada, participates in the national vital statistics systems and responds to the needs of health programs, health care providers, businesses, researchers, educational institutions and the Nevada public for data and statistical information.

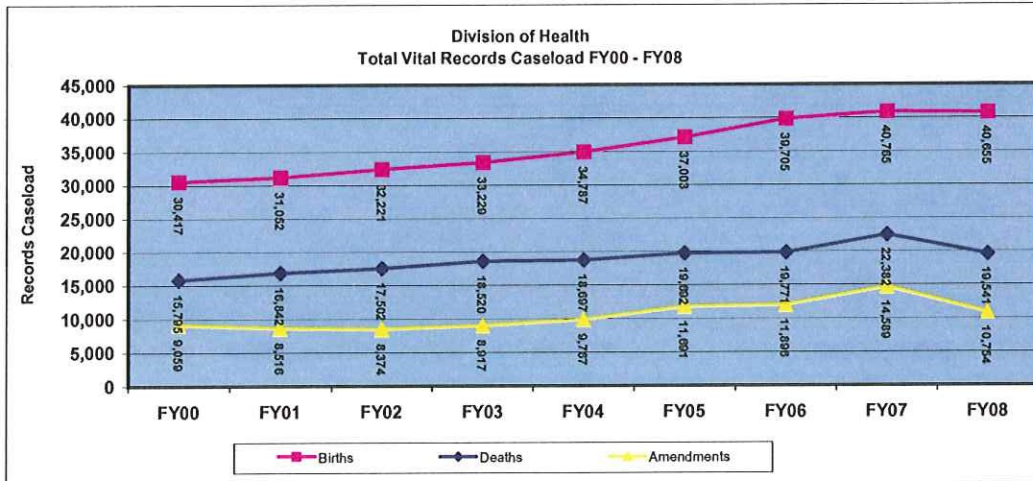
Authority: Any person or organization that can provide personal or legal relationship or need for birth, death or statistical data is eligible for services. NRS 440

Birth / Death / Amendment Cases by Fiscal Year

Customer Requests & Calls:

FY 07: # of Requests: 67,600
 FY 07 Customer Calls Received: 101,400
 FY 07 Helpdesk Calls: 10,400
 FY 08: # of Requests: 65,700
 FY 08 Customer Calls Received: 99,200
 FY 08 Helpdesk Calls: 10,200

	Births	Deaths	Amendments
FY00	30,417	15,795	9,059
FY01	31,052	16,842	8,516
FY02	32,221	17,502	8,374
FY03	33,229	18,520	8,917
FY04	34,787	18,697	9,767
FY05	37,003	19,692	11,691
FY06	39,705	19,771	11,898
FY07	40,765	22,382	14,589
FY08	40,655	19,541	10,754



Comments: Website: www.health.nv.gov

Nevada Department of Health and Human Services, Health Division

“Nassir Notes”: Women’s Health Connection Program

Mission: Reduce breast cancer mortality and incidence of cervical cancer thereby enhancing the quality of life for Nevada women and their families through collaborative partnerships, health education, and access to high quality screening and diagnostic services.

Program: The Women’s Health Connection Program (WHC) is a federally funded cooperative agreement through the Centers for Disease Control and Prevention. The cooperative agreement is authorized for 5-year periods, and the current agreement expires on June 29, 2012. Funding is awarded to pay for an office visit for the purpose of having a clinical breast exam, pelvic exam, and Pap test, if needed, for eligible clients. The program pays for the Pap test and will pay for mammograms for women 50 years of age and older. Clients who need a diagnostic work-up based on an abnormal screening exam also are covered by the program. Women diagnosed with breast or cervical cancer as a result of a program-eligible screening or diagnostic service and who are legal citizens of the U.S. are processed into Medicaid for treatment. The program fiscal year is June 30 to June 29 of each year.

Eligibility: Women must be residents of Nevada, be 40 to 64 years of age, not have health insurance, and must meet the income requirements noted below. Women between the ages of 18 and 39 are eligible for a diagnostic work-up of an abnormal Pap test if they are screened through the State Health Division’s Frontier and Rural Health Program (FaR). Women 65 years of age or older who are not eligible for Medicare are eligible for this program.

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

Household Size	Eligible Monthly Income*
1	\$2,167
2	\$2,917
3	\$3,667
4	\$4,417
5	\$5,167
6	\$5,917
7	\$6,667
8	\$7,417

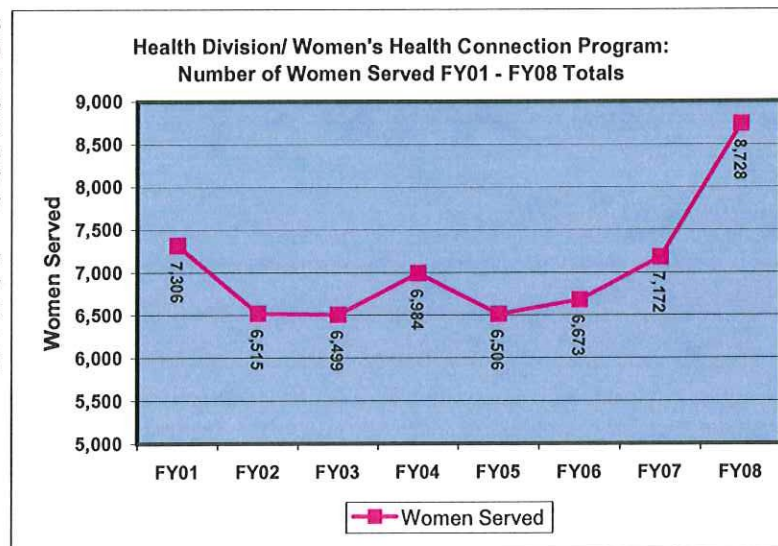
Note: For each additional person, add \$3,480
*Effective through June 30, 2009.

Workload History:

FY 06: Avg Cases/month:	556
FY 06 Tot Expend:	\$2,542,280
FY 06 Tot # New Enrollees:	3,080
FY 07: Avg Cases/month:	598
FY 07 Tot Expend:	\$2,286,452
FY 07 Tot # New Enrollees:	2,929
FY 08 Avg Cases/month:	727
FY 08 Total Expended:	\$2,527,397

Fiscal Year to Date

Jul 08	977
Aug	827
Sep	805
Oct	851
Nov	565
Dec	
Jan 09	
Feb	
Mar	
Apr	
May	
Jun	
FY09 Tot	4,025
FY09 Avg	335



Comments:

The increase between FY 07 and FY 08 was due to the economic downturn creating more eligible women who also accessed services. That trend looks like it will continue through FY09 and FY10. Due to the cancer care crisis in Las Vegas, breast specialists are limiting access to their services for WHC Program eligible women.

Website: <http://health.nv.gov>, click on Bureau of Community Health, then Women’s Health Connection Program

Nevada Department of Health and Human Services, Health Division

"Nassir Notes": Women, Infants and Children Program (WIC)

Program:

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

Eligibility:

Applicant must be (1) an infant or child under five years of age, (2) a pregnant woman, (3) a postpartum woman (up to 6 months after giving birth), or (4) a breastfeeding woman (up to the breastfed infants first birthday). Must be a Nevada resident and physically live in Nevada at the time of application. Must be at or below 185% of the federal poverty level. Last, but not least, the applicant must be at nutritional risk as determined by a Competent Professional Authority (CPA) at the WIC clinic.

Other:

Fiscal Year Participant Data

Fiscal Year	Total Women	Infants (birth to age 1)	Children (ages 1 to 5)	Average Monthly Participants	Total Food Dollars Expended	Monthly Average Food Voucher Cost
FFY04	138,890	157,027	242,940	44,907	\$28,650,258	\$53.17
FFY05	146,198	163,169	257,709	47,256	\$28,838,311	\$50.89
FFY06	162,977	176,866	262,045	50,157	\$30,036,415	\$49.90
FFY07	166,575	172,419	263,744	50,232	\$31,913,823	\$52.89
FFY08	189,681	193,183	328,154	59,252	\$40,237,744	\$56.57

Caseload History:

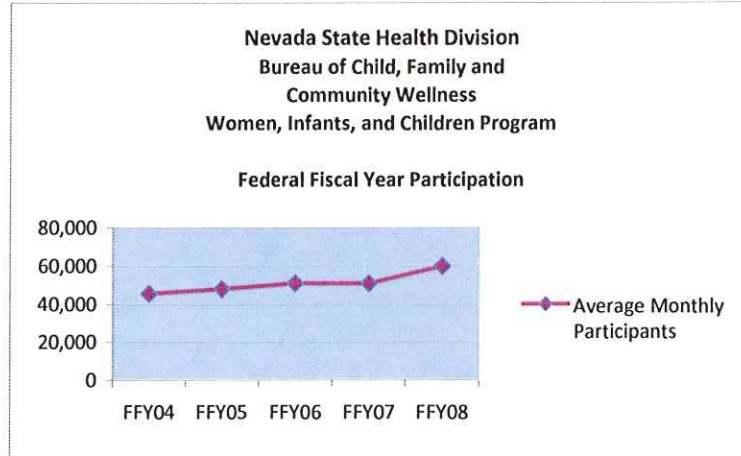
Graphic representation of participation by federal fiscal year (FFY).

FFY07

Quarter 1	144,939
Quarter 2	145,488
Quarter 3	151,798
Quarter 4	160,559

FFY08

Quarter 1	168,295
Quarter 2	173,925
Quarter 3	182,555
Quarter 4	186,243



Trends

As one of the fastest growing states in the country, Nevada has experienced a WIC participation growth of 32% from FFY04 to FFY08. Further, food funding for the WIC program for the same period has increased over 40%, from a total of \$28,650,258 in FFY04 to \$40,237,744 in FFY08.

Another key aspect of the WIC program is the current initiative, through a contract with JP Morgan, to fully automate the system for the purchase of authorized WIC food items. By the summer of 2009, the WIC program expects to issue to all participants an Electronic Benefits Card (EBT) to be used at WIC's 237 authorized grocery stores.

Contact Info:

Details on the WIC program may be accessed by going to the State of Nevada website at: www.nv.gov or by calling 1-800-8 NV WIC.

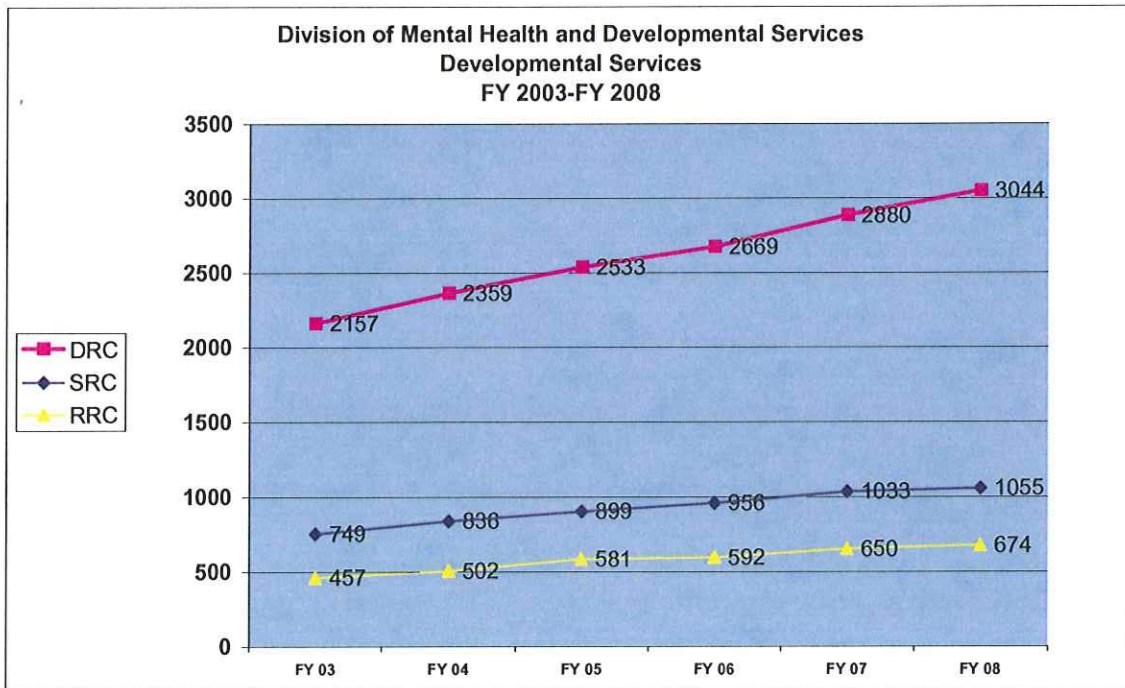
Nevada Department of Health and Human Services, MHDS

Nassir Notes: Developmental Services

Program: Sierra Regional Center (SRC), Desert Regional Center (DRC) and Rural Regional Center (RRC) provide a full array of community based services for people with developmental disabilities and related conditions and their families throughout Nevada. Services may include Service Coordination, Family Support (respite, financial and other assistance), Jobs and Day Training, Residential Programs, psychological testing and counseling and Quality Assurance. Other services are provided under contract with community providers. DRC in the Las Vegas area runs the only state-run Intermediate Care Facility-Mental Retardation (ICF-MR) program and is located on the campus near the main office.

Eligibility: Individuals must meet clinical criteria to receive service coordination and financial standards to receive services and care. Developmental Services agencies provide many services to Medicaid eligible clients. Provider based services are given under a Medicaid waiver depending on the level of care the individual needs. Direct services are provided under the Medicaid State Plan.

<u>FYTD</u>	<u>Desert Regional</u>	<u>Sierra Regional</u>	<u>Rural Regional</u>	<u>Total</u>
JUL 08	3,044	1058	671	4,773
Aug	3,060	1057	672	4,789
Sep	3,073	1065	666	4,804
Oct	3,092	1058	672	4,822
Nov	3,091	1063	672	4,826
Dec				0
JAN 09				0
Feb				0
Mar				0
Apr				0
May				0
Jun				0
 FY09 Avg	3,072	1,060	671	2,668



Website: http://mhds.nv.gov/index.php?option=com_content&task=view&id=77&Itemid=39

Nevada Demographics and Key Comparisons December 2008

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

POPULATION/DEMOGRAPHICS

- Nevada is currently the 8th fastest growing state. It had been among the top four fastest growing states for each of the last 23 years. (*U.S. Census, Press Release, Dec 22, 2008, CB08-187*)
- Nevada has been the fastest growing state in rate of population growth for the last five consecutive decennial censuses, 1960-2000. (*U.S. Census, Statistical Abstract of the United States, 2004-2005, Table HS-5. Percent Change 1900 to 2004*)
- Nevada is predicted to be the fastest growing state in rate of population growth to 2030, increasing 114% from 2000 to 2030 (*U.S. Census, Population Division, Interim State Population Projections, Table 1, 2005*)
 - By 2030, Nevada's projected population will be 4,282,102.
 - This growth will boost Nevada from 35th to 28th in population nationwide.
 - Nevada will be a mid-size state rather than a small state.
- Nevada's July 1, 2008 estimated population is 2,789,884. (*Nevada State Demographer, Annual Population Projections, August 2008*)
 - By Gender: Males 51%, Females 49%. (*U.S. Census, 2007 American Community Survey*)
 - By County: Clark 72%, Washoe 15%, Carson City 2%, and Balance-of-State 11%. (*Nevada State Demographer, 2007 Estimates by County*)

- Nevada's racial mix differs from the United States average. (*U.S. Census, 2007 American Community Survey*)

Population by Race	White, not Hispanic Origin	Hispanic or Latino	African American	Asian or Pacific Islander	Native American	Other/Mixed
Nevada	59%	24%	7%	6%	1%	2%
United States	66%	15%	12%	4%	1%	2%

- Nevada's minority population as a share of total population exceeds the United States average. (U.S. Census, 2007 American Community Survey)

Minority Population		2000	2001	2002	2003	2004	2005	2006	2007
%		34%	35%	36%	37%	39%	40%	41%	41%
Rank		11	12	12	12	10	7	6	=
%		31%	31%	32%	32%	33%	33%	34%	34%

- Nevada's population is slightly younger than the United States average. (U.S. Census, 2007 American Community Survey)

Population by Age		Under 5 years	5 to 17 years	18 to 65 years	65 to 74 years	75 to 84 years	85 years & over
Nevada		8%	18%	63%	6%	4%	1%
United States		7%	18%	63%	6%	4%	2%

- Growth in school enrollments has slowed statewide, although some districts are still experiencing large year-over-year changes. (Nevada Department of Education, 2008 Research Bulletin)

Enrollment by School District	2004-05 School Year		2005-06 School Year		2006-07 School Year		2007-08 School Year	
	# of students	% change	# of students	% change	# of students	% change	# of students	% change
Carson City	8,792	0%	8,596	-2%	8,423	-2%	8,255	-2%
Churchill	4,553	0%	4,548	0%	4,463	-2%	4,409	-1%
Clark	283,233	5%	293,961	4%	306,167	4%	312,546	2%
Douglas	7,284	1%	7,094	-3%	6,908	-3%	6,818	-1%
Elko	9,739	2%	9,830	1%	9,907	1%	9,811	-1%
Esmeralda	66	-4%	86	30%	68	-21%	77	13%
Eureka	236	7%	224	-5%	235	5%	236	0%
Humboldt	3,463	-2%	3,458	0%	3,399	-2%	3,394	0%
Lander	1,226	-2%	1,288	5%	1,258	-2%	1,273	1%
Lincoln	1,006	-1%	992	-1%	982	-1%	953	-3%
Lyon	8,193	7%	8,697	6%	9,175	5%	9,275	1%
Mineral	747	0%	699	-6%	667	-5%	624	-6%
Nye	5,887	8%	6,223	6%	6,536	5%	6,532	0%
Pershing	797	-5%	804	1%	797	-1%	722	-9%
Storey	479	3%	450	-6%	454	1%	428	-6%
Washoe	63,698	3%	64,199	1%	65,013	1%	65,677	1%
White Pine	1,446	5%	1,504	4%	1,420	-6%	1,443	2%
State Board	366	0%	599	64%	564	-6%	1,412	150%
Total	401,211	4%	413,252	3%	426,436	3%	433,885	2%

EMPLOYMENT

- Nevada's current unemployment rate is above the national average. (U.S. Bureau of Labor Statistics, December 2008)

Unemployment Rate	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	YTD Average
Nevada	5.5%	5.5%	5.8%	5.7%	6.2%	6.4%	6.6%	7.1%	7.2%	7.7%	8.0%	6.5%
Rank	40	44	44	44	41	42	39	43	43	46	45	44
United States	4.9%	4.8%	5.1%	5.0%	5.5%	5.5%	5.7%	6.1%	6.1%	6.5%	6.7%	5.6%

- Nevada's 2007 average unemployment rate was above the national rate. (U.S. Bureau of Labor Statistics, December 2008)

Average Unemployment Rate	2000	2001	2002	2003	2004	2005	2006	2007
Nevada	4.5%	5.3%	5.7%	5.2%	4.6%	4.2%	4.2%	4.8%
Rank	38	42	30	16	12	17	21	37
United States	4.0%	4.7%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%

POVERTY

- The 2008 Health and Human Services poverty guideline for one person at 100% of poverty is \$10,400 per year, and \$21,200 for a family of four. (Federal Register, Vol. 73, No. 15, January 2008)
- The share of Nevada's total population living in poverty (below 100%) is below the average for the United States. (U.S. Census, 2007 American Community Survey)
- The share of Nevada's children living in poverty (below 100%) is below the national average. (U.S. Census, 2007 American Community Survey)

Total Poverty (100%)	2000	2001	2002	2003	2004	2005	2006	2007
Nevada	16	11	26	27	29	16	10	14
Rank	16	11	26	27	29	16	10	14
United States	12%	12%	12%	13%	13%	13%	13%	13%

Under Age 18 in Poverty (100%)	2000	2001	2002	2003	2004	2005	2006	2007
Nevada	15	25	31	23	30	18	14	17
Rank	15	25	31	23	30	18	14	17
United States	17%	17%	18%	18%	18%	19%	18%	18%

- The share of Nevada's female-headed households with children, no husband, living in poverty (below 100%) is below the national average. (*U.S. Census, 2007 American Community Survey*)

Female-headed Households with Children Under 18, No Husband, in Poverty (100%)		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	%	25%	29%	31%	27%	45%	32%	35%	34%
Nevada	Rank	3	7	11	4	28	2	7	7
United States	%	35%	35%	36%	36%	44%	44%	44%	44%
									=

- The share of older Nevadans in poverty (below 100%) is lower than the average for the United States. (*U.S. Census, 2007 American Community Survey*)

Age 65+ in Poverty (100%)		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	%	7%	9%	10%	8%	6%	9%	7%	8%
Nevada	Rank	9	17	30	15	4	23	6	7
United States	%	10%	10%	10%	10%	9%	10%	10%	10%
									▼

- A higher percentage of older women are impoverished than older men. (*U.S. Census, 2007 American Community Survey*)

Age 65+ in Poverty (100%)		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	Females %	10%	11%	11%	9%	8%	10%	8%	9%
	Males %	5%	6%	8%	7%	5%	7%	6%	6%
United States	Females %	12%	13%	12%	12%	11%	12%	12%	12%
	Males %	7%	7%	7%	7%	7%	7%	7%	7%

- Nevada's Working Poor Families
 - The definition of a working poor family is one with:
 - One or more children
 - At least one member working or actively seeking work
 - Having a family income of 200 percent of poverty or less

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

Working Poor Families with Children		2000	2001	2002	2003	2004	2005	2006
Nevada	%	22%	19%	20%	22%	20%	21%	18%
	Rank	38	22	31	36	26	33	24
United States	%	19%	19%	18%	19%	19%	19%	18%

CHILDREN

- In 2007, Nevada had approximately 642,000 children and 287,000 households with children. (*U.S. Census, 2007 American Community Survey*)
- The share of Nevada's population that is under age 18 has been relatively constant between 2000 and 2007. (*U.S. Census, 2007 American Community Survey*)

Population Under Age 18		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	%	26%	26%	26%	26%	26%	25%	25%	26%
	Rank	28	11	11	14	12	13	13	10
United States	%	26%	26%	26%	25%	25%	25%	25%	25%

- Nevada's population under age 18 increased by 26% between 2000 and 2007, faster than any other state. The national average increase was 2%. (*U.S. Census, 2007 American Community Survey*)
- Nevada's share of children in families where no parent has full-time, year-round employment is lower than the national average. (*Kids Count*)

Children in families where no parent has full-time, year-round employment		2000	2001	2002	2003	2004	2005	2006
Nevada	%	30%	29%	34%	30%	36%	31%	30%
	Rank	19	18	30	17	36	16	14
United States	%	32%	31%	33%	33%	33%	34%	33%

- Nevada's share of children in families that are low-income (income less than 200% of the federal poverty level) is lower than the United States average. (*Kids Count*)

Children in Poverty (200%)		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	%	39%	40%	42%	38%	45%	39%	38%	37%
	Rank	27	32	33	28	36	28	23	22
United States	%	39%	39%	39%	39%	40%	40%	40%	39%

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

Children in Single Parent Families		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	%	33%	28%	31%	32%	31%	32%	34%	33%
	Rank	36	20	33	33	29	31	36	31
United States	%	31%	31%	31%	31%	31%	32%	32%	32%

- In 2007, approximately 4% of Nevadans ages 5 to 15 have some disability, compared to 6% nationwide. (*U.S. Census, 2007 American Community Survey*)
 - The prevalence of different types of disability among Nevada's children differs from the national average. (*U.S. Census, 2007 American Community Survey*)

Population Aged 5 to 15, by Type of Disability		Sensory	Physical	Mental	Self-Care
Nevada	# per 1,000	8	9	32	7
	Rank	1	11	1	6
United States	# per 1,000	12	11	51	9

- **Child Welfare**

- Nevada's child welfare expenditures per capita (children only) are below the national average. (*Child Welfare League of America, National Data Analysis System*)

Child Welfare Expenditures per Capita		2000	2002	2004
Nevada	\$	\$128.25	\$138.17	\$131.33
	Rank	42	44	45
United States	\$	\$243.45	\$265.90	\$280.24

- Fewer of Nevada's children suffer from abuse and neglect than average across the United States. (*Child Welfare League of America, National Data Analysis System*)

Abuse and Neglect		2000	2001	2002	2003	2004	2005
Nevada	# per 1,000	11	9	9	8	7	8
	Rank	25	23	17	15 of 48	13 of 49	14 of 49
United States	# per 1,000	12	13	12	12	11	12

- The number of children in out-of-home care per 1,000 children is higher in Nevada than the national average. (*Child Welfare League of America, National Data Analysis System*)

Out-of-Home Care		2000	2001	2002	2003	2004	2005
Nevada	#	1,615	2,959	3,291	3,525	4,050	4,696
	# per 1,000	3	5	6	6	7	8
	Rank	4	17	18	20	23	27 of 48
United States	# per 1,000	7	7	7	7	7	7

- Nevada's percentage of children in out-of-home care who are in kinship care is higher than average in the United States. (*Child Welfare League of America, National Data Analysis System*)

Kinship Care		2000	2001	2002	2003	2004	2005
Nevada	%	3%	2%	3%	15%	20%	33%
	Rank	49	48	49	27	20	5 of 48
	%	25%	24%	23%	23%	24%	24%
United States	%						

- In 2005, 412 Nevada children were adopted through public welfare agencies and 921 awaited adoption. The ratio of adoptions to waiting children was worse for Nevada than the national average. (*Child Welfare League of America, National Data Analysis System*)

Agency Adoptions		2001	2002	2003	2004	2005
Nevada	# Adoptions	244	254	287	278	412
	# Waiting	348	678	819	925	921
	Ratio	41%	47%	27%	24%	34%
United States	Rank	16	14	44	47	34 of 46
	Ratio	37%	41%	41%	44%	45%

- Nevada's children wait longer to be adopted from public agencies than the national average. The average number of months between termination of parental rights and date of finalized adoption is approximately three months longer for Nevada's children. (*Child Welfare League of America, National Data Analysis System*)

Average Number of Months Until Adoption		2000	2001	2002	2003	2004	2005
Nevada	Months	24	23	21	22	19	18
	Rank	46	50	44	49	39	37 of 48 ▲
United States	Months	16	16	16	16	15	15

SENIORS

- Nevada's share of population aged 65+ is smaller than the national average. (*U.S. Census, 2007 American Community Survey*)

Population Age 65+		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	%	11%	11%	11%	11%	11%	11%	11%	11%
	Rank	43	40	43	40	43	40	44	44
United States	%	12%	12%	12%	12%	12%	12%	12%	12%
- The population aged 65+ has been increasing faster in Nevada than in all other states except Alaska.
 - Nevada's population aged 65+ increased by 29% between 2000 and 2007. The national average increase was 13%. (*U.S. Census, 2007 American Community Survey*)

- Nevada's population aged 65+ is predicted to increase 264% between 2000 and 2030, more than any other state. (*U.S. Census, Population Division, Table 4: Interim Projections, 2006*)
 - Even with this predicted growth, Nevada's share of population aged 65+ will still fall below the national average. (*U.S. Census, Population Division, Table 4: Interim Projections, 2006*)

Population Age 65+		2000	2010	2030
Nevada	%	11%	12%	19%
	Rank	43	41	37 ▲
United States	%	12%	13%	20%

- The percent of Nevadans aged 65+ that are low-income (below 200% of federal poverty level) is lower than the average for the United States. (U.S. Census, 2008 Current Population Survey)

Age 65+ in Poverty (200%)		2002	2003	2004	2005	2006	2007
Nevada	%	32%	33%	31%	37%	29%	23%
	Rank	10	6	6	26	8	3
United States	%	38%	39%	38%	37%	36%	36%

- In 2007, approximately 37% of Nevadans aged 65+ have some disability, compared to 41% nationwide. (U.S. Census, 2007 American Community Survey)
 - The prevalence of different types of disability among Nevada's seniors differs from the national average. (U.S. Census, 2007 American Community Survey)

Population Age 65+, by Type of Disability		Sensory	Physical	Mental	Self-Care	Go-Outside-Home
Nevada	# per 1,000	144	288	99	89	151
	Rank	6	15	11	19	14
United States		165	313	123	104	176

- The nursing facility residency rate for elderly Nevadans is lower than the national average. (Centers for Disease Control & Prevention, National Center for Health Statistics, 2007Health--United States)

Nursing Facility Residents		1995	2000	2005	2006
Residents		3,645	3,657	4,399	4,664
Nevada	Residents per 1,000 population aged 85+	312	215	171	168
	Rank	7	5	5	6
United States		405	349	282	271

DISABILITY

- In 2007, a smaller percent of Nevada's non-institutionalized population in each age group was disabled than the United States average. (U.S. Census, 2007 American Community Survey)

Disabled Population by Age		5 to 15 years	16 to 20 years	21 to 64 years	65 years & over
Nevada	%	4%	5%	11%	37%
	Rank	1	2	9	6
United States		6%	7%	13%	41%

- Disabled population aged 5 and over in Nevada increased by 19% between 2000 and 2007, while that of the nation increased by just 4% in the same period. (*U.S. Census, 2007 American Community Survey*)
- However, the number of disabled per 1,000 population has declined for both Nevada and the United States between 2000 and 2007. (*U.S. Census, 2007 American Community Survey*)

Disabled Population		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	# per 1,000	132	132	138	122	120	119	126	125
	Rank	4	4	4	7	6	2	5	=
United States	# per 1,000	156	156	158	143	143	149	151	151

- According to the National Association for the Deaf, approximately 7% of Americans have some degree of hearing loss. Based on the State Demographer's 2008 population estimate, this translates into approximately 195,000 Nevadans suffering from some degree of hearing loss.
 - The 2008 year-to-date monthly average number of calls made through Relay Nevada was 26,383. (*Nevada Dept. of Health and Human Services, Relay Nevada*)
- Nevada's spending on developmental services in 2006 fell below the national average. (*State of the States in Developmental Disabilities, 2008*)

Developmental Services Spending per \$1,000 of Personal Income	Community Services	Institutional Settings	Total
Nevada	\$1.13	\$0.21	\$1.34
United States	\$3.35	\$0.78	\$4.12

 - For 2006, family support spending per participant in Nevada was \$2,693. The national average was \$5,387. (*State of the States in Developmental Disabilities, 2008*)

HEALTH

- Nevada's overall ranking from the Annie E. Casey Foundation's 10 infant, children and teen indicators has declined to 36th in 2006. (*Kids Count*)

Kids Count Overall Rank		2000	2001	2002	2003	2004	2005	2006
Nevada	Rank	39	31	34	32	36	33	36

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

Low Birth Weight Babies		2000	2001	2002	2003	2004	2005
Nevada	%	7%	8%	8%	8%	8%	8%
	Rank	20	22	19	26	22	27
United States	%	8%	8%	8%	8%	8%	8%

- Nevada's infant mortality rate (deaths of children under 1 year of age per 1,000 live births) is lower than the national average. *(Kids Count)*

Infant Mortality		2000	2001	2002	2003	2004	2005
Nevada	# per 1,000	7	6	6	6	6	6
	Rank	17	9	13	13	23	10
United States	# per 1,000	7	7	7	7	7	7

- Nevada's child death rate (deaths of children aged 1 to 14 years, from all causes, per 100,000 children in this age range) is increasing and is higher than the national average. *(Kids Count)*

Child Death		2000	2001	2002	2003	2004	2005
Nevada	# per 100,000	23	22	19	19	21	24
	Rank	27	21	10	11	20	34
United States	# per 100,000	22	22	21	21	20	20

- Nevada's teen birth rate (births per 1,000 females aged 15-19) is 25% higher than the United States average. *(Kids Count)*

Teen Birth Rate		2000	2001	2002	2003	2004	2005
Nevada	# per 1,000	63	56	54	53	51	50
	Rank	45	40	40	42	39	41
United States	# per 1,000	48	45	43	42	41	40

- Nevada is ranked 50th with the lowest immunization rate for two-year-olds. *(Kids Count)*

Immunized 2-year-olds		2002	2003	2004	2005	2006	2007
Nevada	%	65%	66%	65%	63%	60%	63%
	Rank	22	36	48	49	50	50
United States	%	66%	73%	76%	76%	77%	77%

- A higher percentage of adult Nevadans smoke than is average for the United States as a whole. (CDC, Behavioral Risk Factor Surveillance System)

Smoking Population	2000	2001	2002	2003	2004	2005	2006	2007
%	29%	27%	26%	25%	23%	23%	22%	22%
Rank	48	45	38	28	28	39	36	35
United States %	23%	23%	23%	22%	21%	21%	20%	20%

- Cigarette use by teens (9th through 12th grade) is lower in Nevada than the national average and has dropped in recent years. (CDC, Youth Risk Behavior Surveillance System)

Teen Cigarette Use		2001	2003	2005	2007
Nevada	%	25%	20%	18%	14%
United States	%	29%	22%	23%	20%

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

Obese Population	2000	2001	2002	2003	2004	2005	2006	2007
%	18%	20%	22%	21%	21%	21%	25%	25%
Rank	10	14	23	18	11	8	24	13
United States %	20%	21%	22%	23%	23%	24%	25%	26%

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

Infectious Disease Cases	2000	2001	2002	2003	2004	2005	2006	2007
# per 100,000	41	30	26	23	23	20	20	17
Rank	44	34	32	34	34	32	33	33
United States # per 100,000	36	31	30	27	26	23	23	20

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

Suicide Rate		2000	2001	2002	2003	2004	2005
Nevada	# per 100,000	20	18	20	19	19	20
United States	# per 100,000	10	11	11	11	11	11

- For 2005, Nevada had the second highest suicide rate of all states; Montana was first. (American Association of Suicidology)

- The suicide rate among Nevadans aged 65+ is more than twice the average for the United States. (CDC, National Center for Injury Prevention and Control)

Suicide Rate Age 65+		2000	2001	2002	2003	2004	2005
Nevada	# per 100,000	30	32	34	39	34	36
United States	# per 100,000	15	15	16	15	14	15

- In 2005, suicide was the 6th leading cause of death in Nevada and the 11th nationwide. (CDC, National Center for Injury Prevention and Control)

Rank of Suicide as a Leading Cause of Death, by Age	15 to 24 years	25 to 34 years	34 to 44 years	45 to 54 years	55 to 64 years	All Ages
Nevada	2nd	2nd	4th	4th	8th	6th
United States	3rd	2nd	4th	5th	8th	11th

- In 2007, 8.9% of Nevada's 9th through 12th graders attempted suicide in the last 12 months, compared to 6.9% nationwide. (CDC, National Center for Chronic Disease Prevention & Health Promotion, 2007 Youth Risk Behavior Surveillance System)
 - Of these suicide attempts, 37% of the Nevadan teens required treatment by a doctor or nurse. On average for the US, only 29% of the teen suicide attempts required treatment. (CDC, National Center for Chronic Disease Prevention & Health Promotion, 2007 Youth Risk Behavior Surveillance System)
- Mental Health**
- The average number of mentally unhealthy days per month for Nevadans exceeds the national average. (CDC, National Center for Chronic Disease Prevention and Health Promotion)

Average Number of Mentally Unhealthy Days Per Month		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	# of Days	3.4	3.7	No Data	3.9	3.8	3.6	3.5	3.8
	Rank	39	46	No Data	46	43 of 49	40	36	44
United States	# of Days	3.1	3.3	3.1	3.3	3.4	3.3	3.3	3.3

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

Frequent Mental Distress		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	%	10%	10%	No Data	12%	11%	11%	11%	11%
	Rank	36	30	No Data	43	38 of 49	35	38	40
United States	%	9%	10%	9%	10%	10%	10%	10%	10%

- Nevada's adult public mental healthcare system earned poor grades in a nationwide survey. (National Alliance on Mental Illness, Grading the States 2006)

Adult Public Mental Healthcare System		Infrastructure	Information Access	Services	Recovery Supports	Overall Grade
Nevada	Grade	F	F	D	D	D-
	Rank	No Data	No Data	No Data	No Data	37 of 48

- Nevada's per capita mental health spending is below the national average. (NASMHPD Research Institute Inc. (NRI))

Per Capita Mental Health Expenditures		FY02	FY03	FY04	FY05
Nevada	\$ per capita	\$59	\$63	\$54	\$63
	Rank	35	34	40	39
United States	\$ per capita	\$84	\$92	\$98	\$103

MEDICAL CARE

- Medicaid programs have long had an institutional bias.
 - Nevada's Medicaid Home and Community Based Services spending was 37% of Medicaid long-term care expenditures in 2005. Nevada ranked 23rd. (AARP Public Policy Institute, Across the States 2006)
 - Nevada's Medicaid nursing facility spending was 53% percent of Medicaid long-term care expenditures in 2005. Nevada ranked 24th. (AARP Public Policy Institute, Across the States 2006)
 - Medicaid personal care spending was 15% of Medicaid long-term care expenditures in 2005. Nevada ranked 18th. (AARP Public Policy Institute, Across the States 2006)

- Nevada's Medicaid spending per capita is below the national average and ranks last among states. (*National Association of State Budget Officers, 2007 State Expenditure Report; U.S. Census, Annual Population Estimates*)

Medicaid Expenditures	FFY00	FFY01	FFY02	FFY03	FFY04	FFY05	FFY06	FFY07
\$ per capita	\$325	\$352	\$424	\$519	\$501	\$476	\$468	\$487
Rank	50	50	50	47	50	50	50	=
United States \$ per capita	\$638	\$708	\$791	\$845	\$902	\$967	\$983	\$1,016

- **Uninsured**
- A higher percentage of Nevadans are uninsured than average in the United States. (*United Health Foundation, America's Health Rankings*)
- Uninsured Population

	2000	2001	2002	2003	2004	2005	2006	2007
%	21%	21%	16%	17%	19%	17%	18%	18%
Rank	47	46	40	46	44	36	42	43
United States %	16%	16%	15%	15%	16%	16%	16%	16%
- Approximately 17%, of Nevada's children ages 0-18 were without health insurance in 2006-2007. Nevada ranked 48th. The national average was 12%. (*Kaiser Family Foundation, The Uninsured, October 2008*)
- The average cost of health insurance through a private employer for a Nevada individual in 2007 was \$3,802, and the average cost for a family was \$10,341. (*Families USA, Premiums versus Paychecks: A Growing Burden for Nevada's Workers, September 2008*)
- It is estimated that more than five people between the ages of 25-64 die each week in Nevada due to lack of health insurance. (*Families USA, Dying for Coverage in Nevada, March 2008*)
 - This equates to 290 in 2006 and approximately 1,600 between 2000 and 2006. (*Families USA, Dying for Coverage in Nevada, March 2008*)
- Adequacy of prenatal care (the percent of pregnant women who receive care during the first trimester) is lower for Nevada than the national average. (*United Health Foundation, America's Health Rankings*)

Adequacy of Prenatal Care	2000	2001	2002	2003	2004	2005	2006	2007
%	68%	68%	67%	68%	70%	67%	67%	61%
Rank	47	46	48	46	41	45	45	=
United States %	76%	76%	76%	76%	76%	75%	75%	70%

PUBLIC ASSISTANCE

- Historically, Nevada ranked low in providing Medicaid coverage to pregnant women; Nevada was one of 9 states that provided minimum coverage at 133% of poverty through FY2006 (*Kaiser Family Foundation, State Health Facts, 2005*)
 - However, effective December 1, 2006, pregnant women were covered with incomes up to 185% of the federal poverty level. (*DHCFP, HIFA Waiver*)
 - Currently 19 states provide Medicaid coverage to pregnant women at higher income levels (200% to 275% of poverty). (*Kaiser Family Foundation, State Health Facts, 2008*)
- Nevada is one of 15 states with no medically needy program (FFY03 is latest data available). (*Kaiser Family Foundation, State Health Facts*)
- The number of Nevada households that receive public assistance income per 1,000 households is lower than the national average. (*U.S. Census, 2007 American Community Survey*)

Households Receiving Public Assistance Income		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	# per 1,000	19	14	20	20	24	19	17	18
	Rank	19	4	17	14	25	13	10	=
United States	# per 1,000	26	24	24	25	24	26	24	23

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

Maximum Income for Initial Eligibility for a Family of Three (1 adult, 2 kids)		1996	2000	2004	2007
Nevada	Maximum Income	\$642	\$1,055	\$1,168	\$1,341
United States	Maximum Income	\$669	\$737	\$771	\$789
- In 2007, the asset limit for TANF recipients in Nevada is \$2,000. The median asset limit in the United States is \$2,000, the minimum is \$1,000, and the maximum is unlimited assets. (*Urban Institute, Welfare Rules Databook*)

- The maximum TANF benefit for a family of three (1 adult, 2 children) with no income in Nevada is lower than the average in the United States. (*Urban Institute, Welfare Rules Databook*)

Maximum TANF Benefit for a Family of Three with No Income		1996	2000	2004	2007
Nevada	Maximum Benefit	\$348	\$348	\$348	\$348
United States	Maximum Benefit	\$394	\$405	\$413	\$419

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

TANF Work Participation Rate		2000	2001	2002	2003	2004	2005	2006
Nevada	%	37%	35%	22%	22%	35%	42%	48%
	Rank	23 of 49	28	43	43	27	15	12
United States	%	34%	34%	33%	31%	32%	33%	33%

- The average number of hours of participation in work activities per week for all adult TANF recipients participating in work activities is lower for Nevada than the national average. (*U.S. DHHS, Administration for Children and Families, Office of Family Assistance*)

Average Participation in Work Activities Per Week		2000	2001	2002	2003	2004	2005	2006
Nevada	Hours	25	25	22	23	23	18	20
	Rank	43	37	43	44	44	50	48
United States	Hours	29	30	29	28	28	28	28

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

Job Entry by TANF Recipients		2001	2002	2003	2004	2005	2006
Nevada	%	37%	37%	37%	39%	40%	28%
	Rank	25 of 49	19 of 48	15 of 49	13 of 49	11	46
United States	%	37%	36%	34%	36%	35%	36%

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

Job Retention by Employed TANF Recipients		2001	2002	2003	2004	2005	2006
Nevada	%	61%	63%	63%	65%	67%	71%
	Rank	23 of 49	13 of 48	13 of 49	10 of 49	12	3
United States	%	60%	59%	59%	60%	63%	64%

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

Earnings Gain by Employed TANF Recipients		2001	2002	2003	2004	2005	2006
Nevada	%	28%	35%	29%	38%	37%	44%
	Rank	37 of 49	26 of 48	39 of 49	32 of 49	37	20
United States	%	36%	38%	38%	42%	44%	43%

- **Child Care**

- Of families with income greater than \$0 that receive subsidized child care, the percentage of these families with a \$0 co-payment is lower in Nevada than the United States average. (U.S. DHHS, Administration for Children and Families, Child Care Bureau)

Families with \$0 Copay		FFY2002	FFY2003	FFY2004	FFY2005	FFY2006	FFY2007
Nevada	%	47%	51%	38%	24%	15%	18%
United States	%	26%	25%	25%	24%	24%	23%

- The average family co-payment for subsidized child care as a percent of family income is higher in Nevada than average for the United States. (U.S. DHHS, Administration for Children and Families, Child Care Bureau)

Average Family Co-Payment as a % of Income		FFY2002	FFY2003	FFY2004	FFY2005	FFY2006	FFY2007
Nevada	%	5%	4%	4%	5%	6%	6%
	Rank	33	21	21	30	38	34
United States	%	4%	5%	5%	5%	5%	5%

- **Food Stamps**

- Nevada's food stamp participation rate (% of eligible population that receives benefits) is lower than the national average. (U.S. Dept. of Agriculture, Food and Nutrition Service)

Food Stamp Participation Rate	2000	2001	2002	2003	2004	2005	2006
Nevada	43%	46%	41%	42%	53%	51%	54%
Rank	50	49	49	50	42	49	48
United States	60%	60%	54%	56%	61%	65%	67%

- A lower percentage of Nevada's families receive food stamps than average for the United States. (U.S. Census, 2007 American Community Survey)

Households Receiving Food Stamps During Last 12 Months	2000	2001	2002	2003	2004	2005	2006	2007
Nevada	3%	3%	5%	4%	4%	4%	4%	4%
United States	6%	6%	6%	7%	7%	8%	8%	8%

- For FFY2006, Nevada's average monthly food stamp benefit per person was \$87.86 while the national average was \$93.18. Nevada ranked 41st. (USDA, Food Stamp Program State Activity Report, February 2008)

- **Child Support Enforcement**

- The U.S. DHHS Office of Child Support Enforcement measures states using five performance indicators. In all cases, Nevada scored below the national average. (Administration for Children and Families, Office of Child Support Enforcement, FY07 Preliminary Report, April 2008)

Paternity Established	FFY2005	FFY2006	FFY2007
Nevada	66%	69%	80%
Rank	49	49	=
United States	92%	95%	95%

Support Orders Established	FFY2005	FFY2006	FFY2007
Nevada	62%	67%	69%
Rank	45	44	=
United States	77%	78%	79%

Current Support Collected		FFY2005	FFY2006	FFY2007
Nevada	%	46%	46%	48%
	Rank	49	50	50
				=
United States	%	59%	60%	61%

Arrearages Collected		FFY2005	FFY2006	FFY2007
Nevada	%	50%	52%	52%
	Rank	48	48	49
				▼
United States	%	61%	61%	62%

Cost Effectiveness		FFY2005	FFY2006	FFY2007
Nevada	Ratio	\$2.98	\$3.34	\$3.51
	Rank	48	47	45
				▲
United States	Ratio	\$5.02	\$5.08	\$5.21

Cost effectiveness is the ratio of dollars collected over dollars expended.

FUNDING

- Nevadans pay more federal taxes per capita than the average for the United States. (Tax Foundation, Special Report No. 158, "Federal Tax Burdens & Spending by State")

Federal Taxes Paid		FFY2000	FFY2001	FFY2002	FFY2003	FFY2004	FFY2005
Nevada	\$ per capita	\$7,742	\$7,356	\$6,810	\$6,602	\$7,289	\$8,417
	Rank	12	12	14	13	6	6
							=
U.S. Average	\$ per capita	\$6,566	\$6,427	\$5,974	\$5,708	\$5,974	\$6,787

- Nevadans receive less federal spending per capita than the average for the United States and ranks last among states. (Tax Foundation, Special Report No. 158, "Federal Tax Burdens & Spending by State"; U.S. Census, Consolidated Federal Funds Report)

Federal Spending Received		FFY2000	FFY2001	FFY2002	FFY2003	FFY2004	FFY2005	FFY2006	FFY2007
Nevada	\$ per capita	\$4,322	\$4,638	\$4,992	\$5,234	\$5,529	\$5,889	\$5,852	\$6,032
	Rank	50	50	50	50	50	50	50	50
									=
U.S. Average	\$ per capita	\$5,907	\$6,411	\$6,890	\$7,202	\$7,548	\$7,964	\$8,058	\$8,339

Nevada Department of Health and Human Services, Public Defender

"Nassir Notes": Public Defender

Program: Representation of indigent persons charged with a criminal offense in a participating county.

Eligibility: The court determines eligibility considering income, expenses, personal property, and outstanding debt. The potential client must be at risk of receiving a sentence of confinement. If the defendant does not have the liquid assets to retain private counsel for the specific type of case, the court will consider appointing the public defender. The defendant may be required to reimburse the county for the services of the public defender.

Workload History:

FY 07: Cases: 3,459

FY 08: Cases: 3,259

Fiscal Year 07

Carson City	2,619
Eureka	103
Lincoln	94
Storey	226
White Pine	289
State/Appellate	128
Humboldt	opt out
Pershing	opt out
Total FY 07	3,459

Fiscal Year 08

Carson City	2,435
Eureka	67
Lincoln	81
Storey	217
White Pine	329
State/Appellate	130
Total FY 08	3,259

