

HUMAN SERVICES



HUMAN SERVICES

The Human Services function provides services directly to members of the public and includes the Department of Health and Human Services (DHHS) and the Department of Employment, Training and Rehabilitation (DETR). The DHHS consists of the Division of Health Care Financing and Policy (HCFP), the Division of Mental Health and Developmental Services (MHDS), the Health Division, the Division of Welfare and Supportive Services (DWSS), the Aging and Disability Services Division (ADSD), the Division of Child and Family Services (DCFS), and the Office of the Public Defender. DETR consists of the Rehabilitation Division, the Employment Security Division, the Information Development and Processing Division, and the Nevada Equal Rights Commission. The 2011 Legislature approved \$1.938 billion in General Fund support for the Human Services function for the 2011-13 biennium. This is an increase of approximately \$12.9 million compared to the General Fund support approved by the 2009 Legislature for the 2009-11 biennium.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

The Director's Office is responsible for coordinating all departmental programs, the oversight of the department's budgets, and providing fiscal and technical assistance to the various divisions. Prior to the 2011-13 biennium, eight budget accounts were directly administered by the office, including: Department of Health and Human Services Administration; Healthy Nevada Fund Administration; the Grants Management Unit; the Children's Trust Account; the Revolving Account for the Prevention and Treatment of Problem Gambling; the Supplemental Account for Medical Assistance to Injured Persons; the Public Defender's Office; and the Indian Affairs Commission. The 2011 Legislature approved the Governor's recommendation to transfer the Governor's Office of Consumer Health Assistance, which was merged with the Health Division's Office of Minority Health, to the Director's Office. The Legislature determined that the transfer of these programs would improve the facilitation of resources, and improve outreach efforts for consumer-related health issues. Total funding for the Director's Office is \$58.0 million for FY 2012 and \$65.1 million for FY 2013, which includes General Fund appropriations of \$5.8 million in FY 2012 and \$3.4 million in FY 2013.

HEALTH AND HUMAN SERVICES ADMINISTRATION

The Health and Human Services Administration budget is supported primarily by federal funds and a General Fund appropriation. The 2011 Legislature approved a total budget of \$8.7 million, including \$2.6 million over the biennium in General Funds, which is a 10.3 percent decrease from the \$2.9 million approved for the 2009-11 biennium.

The 2011 Legislature approved the Governor's recommendation for \$31,000 in General Funds each year for the Nevada 2-1-1 system, which is a total reduction of approximately \$100,000 from the amount approved for the system for the

2009-11 biennium. The General Funds will be combined with \$67,447 in UnitedHealth settlement funds each year, and \$15,000 in Casey Foundation funds in FY 2012 to provide a portion of the total funding needed to maintain current hours of operation for the program. The Legislature also approved the Governor's recommendation to transfer the Nevada 2-1-1 system from the Administration account to the Office of Consumer Health Assistance within the Director's Office, in an effort to consolidate consumer-related services and improve outreach efforts to consumers.

The Legislature approved the Governor's recommendation to support the Suicide Trainer position with federal Youth Suicide Prevention grant funds instead of General Funds, for a General Fund savings of approximately \$100,000 each year. Lastly, the Legislature authorized \$3.1 million over the 2011-13 biennium to continue the Health Information Technology (HIT) grant awarded pursuant to the American Recovery and Reinvestment Act in February 2010. The HIT grant will be utilized to plan, develop and facilitate the infrastructure and capacity of a statewide health information exchange for patients and healthcare professionals.

DEVELOPMENTAL DISABILITIES

The Developmental Disabilities budget account supports the Governor's Council on Developmental Disabilities in providing conditional demonstration grants to the community, conducting analyses of various services and provider systems, and working to identify and fill gaps in service delivery through a matching grant from the federal Administration on Developmental Disabilities. The 2011 Legislature approved the Governor's recommendation to transfer the Developmental Disabilities budget account from the Aging and Disability Services Division (ADSD) to the Department of Health and Human Services Director's Office. Previously, the 2009 Legislature approved the Governor's recommendation to transfer the Developmental Disabilities budget account from the Director's Office to the ADSD. During the 2009-11 biennium, the department received guidance from the federal Administration on Developmental Disabilities indicating that the Governor's Council on Developmental Disabilities should be located in the Director's Office rather than the ADSD in order to ensure the Council's ability to operate without interference from an agency that provides direct services to individuals with disabilities.

General Funds provided to this program are used to manage housing development and home ownership opportunities for low-income people with disabilities. The 2011 Legislature approved General Funds in the amount of \$162,660 in each year of the 2011-13 biennium to continue to provide the 75 percent match for the annual federal developmental disabilities grant.

OFFICE OF CONSUMER HEALTH ASSISTANCE

The Office of Consumer Health Assistance (Office) was created by the 1999 Legislature within the Governor's Office and is located in Las Vegas. The mission of the Office is to assist consumers in navigating the health care system and understanding their patient

rights and responsibilities under various health care plans and policies, including industrial insurance. The Office responds to and investigates complaints regarding those plans and policies, resolves disputes between patients and hospitals, and provides information to consumers concerning prescription drug programs offered by manufacturers of prescription drugs or by the State of Nevada. *Nevada Revised Statutes* 223.575 creates the Bureau for Hospital Patients (Bureau) within the Office. The Bureau is responsible for resolving hospital billing disputes of billed charges to the patient. In this role, the Bureau also addresses quality of care and length of stay issues. To resolve billing disputes, the Bureau works with hospitals, health plans and physicians in an attempt to obtain discounts and/or write-offs for the uninsured/underinsured patient.

The 2011 Legislature approved the Governor's recommendation to merge the Health Division's Office of Minority Health with the Governor's Office of Consumer Health Assistance, and through the passage of Assembly Bill 519, transferred the combined accounts to the Department of Health and Human Services (DHHS) Director's Office. The merger of the accounts is anticipated to enhance access to health care information for all consumers and to streamline consumer-related information for more efficient operations. Additionally, the transfer of the accounts to the DHHS is expected to provide improved oversight, and greater administrative and fiscal assistance for the Office. Assembly Bill 519 revised the qualifications necessary to be the Director and changed the position title for the Director to the Consumer Health Advocate.

The Legislature also approved the Governor's recommendation to add a full-time Ombudsman position to assist injured workers. Due to budget reductions in the prior biennium, this position had been eliminated. Additionally, as a result of the transfer of the Office from the Governor's Office to the DHHS, the Legislature issued a letter of intent directing the Department of Personnel to study the unclassified Ombudsman positions in the Office to determine where in the state's classification system the positions should be placed.

Total funding for the Office is approximately \$2.5 million for the 2011-13 biennium, which supports 11.51 FTE positions. The funding to support the Office includes a General Fund appropriation of approximately \$615,000 over the biennium, hospital assessments, federal funds, a transfer from the Workers' Compensation and Safety Fund, and miscellaneous gifts and grants.

GRANTS MANAGEMENT UNIT

The Grants Management Unit was approved by the 2003 Legislature to consolidate six existing grant programs into one account. The six grant programs include: Title XX Purchase of Social Services, Family-to-Family Connection (F2F), Family Resource Centers (FRC), Community Services Block Grant, Children's Trust Account, and Healthy Nevada Fund grants. Subsequently, the 2005 Legislature approved the Prevention and Treatment of Problem Gambling program, and the 2009 Legislature

approved the Differential Response (DR) program, which are also administered by the Grants Management Unit.

Family-to-Family Connection, Family Resource Centers and the Differential Response Program – The F2F program was established in 1998 to provide information, referrals, and support to families of infants and toddlers. Due to the need for budget reductions, the 2011 Legislature approved the Governor’s recommendation to eliminate the F2F program, resulting in General Fund savings of approximately \$2.5 million over the biennium. A portion of those savings (\$471,149 each year) was used to restore General Fund support for the FRC and the DR program to the level approved for the two programs in FY 2009.

In total, the 2011 Legislature approved General Funds of \$5.2 million to support the FRC and DR program (\$2.6 million for each program) over the 2011-13 biennium. However, the Legislature also approved the redirection of \$2.6 million in Tobacco Settlement Funds in FY 2013 to reduce the General Funds needed to support the two programs. Although the Governor recommended the freed-up General Funds be used to fund a portion of the Silver State Works Initiative proposed for the Division of Welfare and Supportive Services, the Legislature directed the General Fund savings be used instead to fund existing programs within the DHHS. In approving the use of \$2.6 million in Tobacco Settlement Funds to support the FRCs and the DR program in FY 2013, the Legislature approved the elimination of tobacco cessation grants in FY 2013. Due to budget reductions approved during the 26th Special Session, funding for tobacco cessation grants was eliminated for FY 2012.

The Legislature also approved the use of \$86,569 in available Tobacco Settlement Funds to offset General Funds in the DR program in FY 2013. Lastly, Casey Foundation funds of \$120,000 were approved to offset General Funds in the DR program and provide additional training for the DR program in FY 2012.

INDIGENT SUPPLEMENTAL ACCOUNT

The primary purpose of the Indigent Supplemental Account is to provide reimbursement to Nevada counties for unpaid hospital charges for medical treatment of indigent persons, and to provide reimbursement to hospitals for care provided to indigent persons who have been injured in motor vehicle accidents in Nevada. The claims are funded through property tax revenues equivalent to 1 cent per \$100 of assessed value and a property tax levy of 1.5 cents on each \$100 of assessed valuation.

Through the passage of Assembly Bill 529, the 2011 Legislature approved the Governor’s recommendation to redirect revenues from the Indigent Supplemental Account (projected at \$19.1 million in FY 2012 and \$19.2 million in FY 2013) to the State General Fund as a budget reduction measure for the 2011-13 biennium.

FUND FOR A HEALTHY NEVADA

Revenue for the Fund for a Healthy Nevada is provided through a transfer from the Treasurer's Office of Tobacco Settlement Funds received by the State of Nevada. Historically, the fund has received 50 percent of the Tobacco Settlement Funds received by the state. Of this amount, 15 percent was allocated for grants to reduce tobacco use, 10 percent was allocated for grants to improve the health of children, 10 percent was allocated for programs that improve the health and well-being of persons with disabilities, 30 percent was allocated to support the Senior Prescription Drug program (Senior Rx), and 5 percent was allocated for a program to extend coverage for prescription drugs and other related services to certain persons with disabilities (Disability Rx). The programs are administered by the Director's Office with direction from the Grants Management Advisory Board. The funding for grants to improve the health of children and disabled persons and grants to prevent or reduce the use of tobacco products is transferred to the Grants Management Unit account for allocation to various grantees. The remaining 30 percent of the total yearly tobacco settlement payment is allocated to the Aging and Disability Services Division (ADSD) for programs that assist senior citizens with independent living.

The 2011 Legislature approved Senate Bill 421, which eliminates the Trust Fund for Public Health permanently, and allocates the 10 percent of Tobacco Settlement Funds previously allocated to the Trust Fund to the Fund for a Healthy Nevada instead. Elimination of the Trust Fund for Public Health allowed for \$3.8 million in Tobacco Settlement Funds projected for FY 2013 to be redirected to the Autism program administered by the ADSD and the Family Preservation program administered by the Division of Mental Health and Developmental Services, as recommended by the Governor. Although the Legislature approved the redirection of \$3.8 million in Tobacco Settlement Funds for the Autism and Family Preservation programs, it did not concur with the Governor's recommendation to use the freed-up General Funds to establish the new Silver State Works program within the Division of Welfare and Supportive Services, and instead allocated the General Fund savings to other existing DHHS programs.

Commencing with the 2011-13 biennium, 60 percent of the total Tobacco Settlement Funds received by the state will be deposited to the Fund for a Healthy Nevada. In addition, in passing Senate Bill 421, the Legislature approved the elimination of the specific percentages allocated for each health-related program and instead required the Director of the DHHS to submit a biennial plan for the allocation of funds for each program identified in statute. The Director's plan must consider the recommendations submitted by the Grants Management Advisory Committee, the Nevada Commission on Aging, and the Nevada Commission on Services for Persons with Disabilities.

OFFICE OF THE STATE PUBLIC DEFENDER

The Office of State Public Defender (Office) represents adult and juvenile indigent, criminal defendants when a court appoints the Office as counsel. Prior to the 2011-13 biennium, the Office provided services for Carson City, Storey County, Eureka County, Lincoln County and White Pine County. The 12 remaining counties provide

their own public defender services through a county public defender, or by contracting with a private attorney to provide those services.

During the 2011 Legislative Session, the Office was notified by Lincoln County that it would be opting out of the services provided by the Office for the 2011-13 biennium. Accordingly, the 2011 Legislature approved a revised budget to re-allocate revenue and expenditures for the four remaining counties. The revised budget included the elimination of a full-time Attorney position in the Ely office that had recently become vacant. Based on the reallocation of resources, the 2011 Legislature approved reduced fees assessed to the remaining counties by approximately \$110,000 each year and reduced the General Fund appropriation by approximately \$2,000 each year of the 2011-13 biennium.

INDIAN AFFAIRS COMMISSION

The Nevada Indian Affairs Commission (Commission) was created in 1965 to study issues affecting the social and economic welfare and well-being of Native Americans residing in Nevada. The Commission, comprised of 5 members appointed by the Governor, serves as a liaison between the state and 27 separate tribes, bands and community councils. The Commission has historically been funded almost entirely through a General Fund appropriation.

In order to meet budget reduction targets, the Governor recommended reducing the 2.0 full-time positions to 1.68 FTE (.84 each), eliminating the pay, per diem and travel costs for the Commission to meet quarterly, eliminating travel and training for staff, and reducing other operating costs for a total General Fund reduction to the budget of \$82,751 over the 2011-13 biennium. The Legislature expressed concern for how the Commission would carry out its mission based on the level of General Fund recommended by the Governor so delayed closing the budget in order for the agency to provide an alternative plan to keep the Commission fully operable over the 2011-13 biennium. Through collaborative efforts between the Indian Affairs Commission and the Commission on Tourism, the Legislature ultimately approved the Governor's revised budget to transfer the Indian Affairs Commission to the Commission on Tourism and fully restore the proposed operating budget reductions with room tax revenues instead of General Funds.

AGING AND DISABILITY SERVICES DIVISION

The Aging and Disability Services Division (ADSD) serves as the primary advocate for Nevadans age 60 years and older and those with disabilities. The 2011 Legislature approved the Governor's recommendation to consolidate fiscal and administrative positions within the Federal Programs and Administration budget account and program positions within the Community Based Services budget account. As a result of the consolidation, the Home and Community Based Programs and Elder Protective Services/Homemaker budget accounts were eliminated. In addition, the Developmental Disabilities budget account was transferred to the Department of Health and Human

Services Director's Office and the Senior Citizens' Property Tax Assistance budget account was eliminated, bringing the total number of ASD budget accounts to five.

These budgets are funded through a combination of State General Fund appropriations, federal funds, and tobacco settlement proceeds. The 2011 Legislature approved approximately \$108.9 million in total funding for the ASD for the 2011-13 biennium. The General Fund support approved for the 2011-13 biennium totals \$29.9 million. In comparison, the total legislatively approved amount for the 2009-11 biennium was \$130.3 million, with \$45.4 million of the total being General Fund appropriations. The 34 percent decrease in General Fund is largely due to the elimination of the Senior Citizens' Property Tax Assistance program.

SENIOR CITIZENS' PROPERTY TAX ASSISTANCE

The 2011 Legislature concurred with the Governor's recommendation to eliminate the Senior Citizens' Property Tax Assistance program, which provided relief to eligible senior citizens who carried an excessive residential property tax burden in relation to their income, or through rent payments, paid a disproportionate amount of their income for property taxes. The program was funded entirely with General Funds. The elimination of the program results in General Fund savings of approximately \$5.7 million in each year of the 2011-13 biennium, and the two positions that administered the program were eliminated.

TOBACCO SETTLEMENT PROGRAM

This budget account supports the Independent Living Grants (ILG) program, and all funding is provided by Tobacco Settlement Agreement monies. This program enhances the independent living of older Nevadans through respite care and relief for caregiving, transportation options, and care in the home to enable older persons to remain at home rather than in institutional placement. The total amounts legislatively approved to be subgranted to nonprofit agencies as part of the ILG program are \$4.1 million in FY 2012 and \$5.1 million in FY 2013.

AGING FEDERAL PROGRAMS AND ADMINISTRATION

The Aging Federal Programs and Administration budget account is the division's primary administrative account and provides for various grant programs as well as resource development, elder rights, and fiscal services for the division.

As discussed in the introductory section for the division, the 2011 Legislature concurred with the Governor's recommendation to consolidate fiscal and administrative positions within the Federal Programs and Administration budget account. The objective of the consolidation is to streamline the application of the division's cost allocation plan and maximize federal funds. As part of the consolidation, 24 positions were transferred to the Federal Programs and Administration account from 4 other accounts, including Home and Community Based Programs, Senior Rx and Disability Rx, EPS/Homemaker Programs and Community Based Services.

The Legislature also approved the Governor's recommendation to add an income eligibility component to the Senior Ride program, including two new positions, funded by transfers from the Taxicab Authority. Senior Ride eligibility changed from no income level restriction to restricting eligibility to people with an income at or below 400 percent of the federal poverty level. Because the division did not collect income information from recipients in the past, it was unable to project coupon book revenue and program expenses for the 2011-13 biennium. Consequently, the Legislature approved issuing a letter of intent instructing the division to report Senior Ride program information to the Interim Finance Committee on a quarterly basis over the biennium.

In addition, the Legislature approved a General Fund enhancement of \$20,844 over the 2011-13 biennium to add a volunteer component to the Long-Term Care Ombudsman Program, as recommended by the Governor. The additional funding will support expenses for 25 volunteers for the program, including background checks and supplies.

Finally, the Legislature approved transferring the Senior Medicare Patrol program, including two positions, from the Attorney General's Medicaid Fraud budget account to the Federal Programs and Administration budget account. The Senior Medicare Patrol program, which empowers seniors through increased awareness and understanding of health care programs, is entirely supported by federal grant funding.

COMMUNITY BASED SERVICES

The Community Based Services budget account provides community-based resources which assist seniors and people with severe disabilities in living as independently as possible. The agency provides services through its Personal Assistance Services (PAS) program, the Traumatic Brain Injury (TBI) program, the Independent Living Services program, the Homemaker Program and the Assistive Technology programs, which include a program to provide telecommunications devices for persons with communications difficulties. The account also includes the Elder Protective Services (EPS) program, which provides protective services to prevent and remedy abuse, neglect, exploitation and isolation of elderly persons 60 years and older. Services may include investigation, evaluation, counseling, and arrangement and referral for other services and assistance. Finally, there are three federally-funded Medicaid waiver programs and one General Funded waiver program included in this budget account, all with the objective of replacing or delaying placement of seniors into institutional care. The programs are the Home and Community Based Waiver (HCBW, formerly known as Community Home-Based Initiatives Program or CHIP waiver); the Waiver for Elderly in Adult Residential Care (WEARC); the Assisted Living (AL) program; and the Community Options for the Elderly (COPE) program.

REORGANIZATION

As part of the Aging and Disability Services Division's reorganization, the 2011 Legislature approved transferring 121 positions to the Community Based Services budget account, including 67 positions from the Home and Community Based Programs

budget account and 54 positions from the Elder Protective Services (EPS)/Homemaker Programs budget account. All programmatic areas from the Home and Community Based Programs budget account and the EPS/Homemaker Programs budget account were also transferred to the Community Based Services budget account, including waiver programs, EPS and the homemaker program. Because of transparency concerns with consolidating multiple program areas within the Community Based Services budget account, the money committees approved issuing a letter of intent instructing the division to report the number of hours of work for each programmatic area, as well as program expenditures, for all Aging and Disability Services Division budget accounts on a quarterly basis.

AUTISM TREATMENT ASSISTANCE PROGRAM

Through the enactment of A.B. 345, the 2011 Legislature established the Autism Treatment Assistance Program (ATAP) as an ongoing program within the Aging and Disability Services Division. Additionally, A.B. 345 established ATAP as the DHHS's primary autism treatment program. The Legislature approved funding totaling \$4.2 million over the biennium to provide services to 132 children per month in FY 2012 and 137 children per month in FY 2013 and approved one new position to manage the program. Of the \$4.2 million, \$1.7 million was transferred from the Mental Health and Developmental Services (MHDS) Self-Directed Autism program, which was eliminated by the Legislature. Mental Health and Developmental Services will continue to provide autism treatment services to existing clients and direct future clients to ATAP. The Early Intervention Services (EIS) program will direct clients with autism to ATAP, although these clients would continue to be eligible to receive autism treatment services under EIS if they choose the EIS program instead of the ATAP program. The money committees expressed concern that ATAP's wait list and wait time could not be projected by the division, and approved a letter of intent to require the division to report ATAP caseload and waitlist information on a quarterly basis.

PERSONAL ASSISTANCE SERVICES PROGRAM

The 2011 Legislature approved transitioning the Personal Assistance Services (PAS) program from a sole-source contractor model to a multi-vendor contract model. The program's sole-source contractor advised the division that it would terminate its contract in June 2011. The sole-source contractor provided intake, eligibility determination and needs assessments, as well as direct services to clients. Under the multi-vendor contract model, the division will provide intake, eligibility determination and needs assessments, and direct services will be provided by contractors. Six new Social Worker positions were approved to manage the division's additional responsibilities under the multi-vendor contract model. In order to maintain the \$6.4 million General Fund level for the biennium recommended by the Governor for the PAS program, the money committees approved reducing monthly PAS caseload from the 165 recommended monthly slots to 150 monthly slots in FY 2012 and 151 monthly slots in FY 2013. The money committees approved a letter of intent instructing the division to

search for another sole-source provider for PAS and report its findings to the Interim Finance Committee.

ELDER PROTECTIVE SERVICES

The Legislature also approved additional General Funds of \$1.8 million over the 2011-13 biennium to add 15 new positions to support the Elder Protective Services (EPS) program, as recommended by the Governor. The division experienced a significant increase in EPS caseload during the 2009-11 biennium due to Clark County transferring its Elder Protective Services function to the state in May 2010, and the 15 new positions were approved to maintain the average caseload per Social Worker at 40.

HOMEMAKER PROGRAM

The Legislature approved the Governor's recommendation to decrease Homemaker caseload from the 637 slots per month approved by the 2009 Legislature to 320 slots per month. The division revised eligibility requirements for the Homemaker program during the 2009-11 biennium in order to target services to those most at risk of institutional placement, resulting in a reduction in persons qualified for Homemaker services.

WAIVER PROGRAMS

The 2011 Legislature concurred with the Governor's recommendation to continue the caseload reductions for the three federally-funded waiver programs approved during the 26th Special Session, including 1,241 slots for Home and Community Based Waiver (HCBW), 472 for the Waiver for Elderly in Adult Residential Care (WEARC), and 54 for the Assisted Living (AL). The Legislature also approved the Governor's recommendation to reduce caseload for the General Fund supported Community Options for the Elderly (COPE) waiver program. COPE monthly caseload slots were reduced from the 125 (for FY 2010) approved by the 26th Special Session to a consistent monthly total of 96 slots. The division experienced declining COPE caseload due to revised program eligibility during the 2009-11 biennium.

REDIRECTION OF TOBACCO SETTLEMENT FUNDS

Finally, the Legislature approved redirecting funding for the Traumatic Brain Injury program and a portion of the ATAP from General Fund to Tobacco Settlement Funds in FY 2013 for a General Fund savings of \$2.7 million. Of the \$2.7 million in General Fund savings, \$1.5 million is related to Traumatic Brain Injury costs and \$1.2 million is related to ATAP costs. Since \$1.3 million in General Fund was originally approved for ATAP in FY 2013, the General Fund will continue to support ATAP costs totaling approximately \$906,000 in FY 2013 due to the use of tobacco monies.

SENIOR RX AND DISABILITY RX

The Nevada Senior Rx and Disability Rx programs assist eligible applicants to obtain essential prescription medications. Members who are not eligible for Medicare pay ten dollars for generic drugs and twenty-five dollars for brand name drugs. Members who are eligible for Medicare receive help with the monthly premium for the Part D plan and may use the program as a secondary payer for the Medicare Part D coverage gap.

The Legislature did not approve the Governor's recommended Senior Rx and Disability Rx monthly caseloads, which did not apply demographic growth factors to caseload projections, unlike previous caseload projections. Additionally, the Governor's recommended caseload did not account for the full amount of Tobacco Settlement Funds available for the Senior Rx and Disability Rx programs and used a historical inflation rate which did not account for prescription drug utilization changes. Instead, the Legislature approved adjusting caseloads to align with the amount of Tobacco Settlement Funds available, an inflation rate which incorporates both price level and utilization changes, and demographic caseload growth, resulting in Senior Rx and Disability Rx funding amounting to \$4.4 million in FY 2012 and \$5.7 million in FY 2013. Specifically, the Legislature approved monthly caseload slots for Senior Rx totaling 1,433 in FY 2012 and 3,356 in FY 2013, and approved monthly caseload slots for Disability Rx totaling 182 in FY 2012 and 412 in FY 2013.

The money committees discussed the division's caseload projection methodology for Medicare Part D Gap coverage for the Senior Rx and Disability Rx programs, and noted that the division does not have a projection model which can reasonably project Medicare Part D Gap caseload and expenses for the programs, despite the fact that Part D Gap coverage accounts for a majority of the costs for both programs. Consequently, the money committees approved a letter of intent instructing the division to develop a reasonable caseload projection methodology and to report the revised projection methodology as well as Senior Rx and Disability Rx program information, including caseload, waiting list and expenses, to the Interim Finance Committee.

DIVISION OF HEALTH CARE FINANCING AND POLICY

The mission of the Division of Health Care Financing and Policy is to purchase and provide quality health care service to low-income Nevadans through the Medicaid, Nevada Check Up and HIFA Medical (HIFA waiver) programs in the most efficient manner; to promote equal access to health care at an affordable cost; to restrain the growth of health care costs; and to maximize the receipt of federal revenue for the provision of health care programs.

The 2011 Legislature approved approximately \$3.96 billion in total funding for the division over the 2011-13 biennium, an increase of approximately \$74.1 million when compared to the total funding recommended by the Governor. The funding includes General Fund support in the amount of approximately \$1.05 billion over the 2011-13 biennium, a decrease of approximately \$10.7 million when compared to the

General Fund support recommended by the Governor. When compared to the 2009-11 biennium, the 2011 Legislature approved an increase of approximately \$119.5 million in General Funds to operate the division for the 2011-13 biennium, which represents an increase of approximately 12.8 percent.

HEALTH CARE FINANCING AND POLICY ADMINISTRATION

The Administration budget provides the administrative staff and the support services for the division, which include administration, accounting, budgeting, personnel, rates, compliance, surveillance, utilization review, provider enrollment and information technology.

The 2011 Legislature approved the Governor's recommendation to add 12 new positions, which include the following:

- One Social Services Program Specialist position to oversee the implementation of health care reform;
- One Health Care Coordinator position to ensure compliance with federal fair hearing requirements;
- One Social Services Chief position and one Social Services Program Specialist position to oversee the expansion of the eligibility categories for Medicaid and to establish the benefit requirements for these new eligibility categories;
- Seven new FTE positions and reclassification of one Management Analyst position to a Social Services Chief to expand fraud, waste, and abuse activities in the division; and
- One of the two Auditor positions recommended for the implementation of the Health Information Technology (HIT) requirements included in the American Recovery and Reinvestment Act.

The Legislature established sunset provisions for the two positions approved for the expansion of Medicaid eligibility categories and benefits, which will allow the 2013 Legislature to revisit the retention of these positions in the event the federal health care reform legislation is overturned or requirements on states are significantly changed or reduced. Additionally, the money committees indicated the division may request approval from the Interim Finance Committee to add the second Auditor position for the implementation of HIT, once the workload has been established.

The Executive Budget indicated that the agency's fraud, waste, abuse and improper payment activities will generate General Fund savings totaling \$7.9 million during the 2011-13 biennium. In order to understand the correlation between the additional audit staff approved by the Legislature and the projected General Fund savings, the money committees directed the division, via a letter of intent, to provide semi-annual reports on the performance of the seven positions for the audit unit.

Recognizing that the procurement and development of a Health Care Exchange, which includes an eligibility system interface, is a major component of the federal health care

reform requirements, the money committees issued a letter of intent directing the division to provide updates on the procurement and implementation of the eligibility interface.

The Legislature approved the Governor's recommendation for a technology investment request for two conversion projects for the Medicaid Management Information System (MMIS). The first project will improve electronic data exchange functionality as part of the Health Insurance Portability and Accountability Act (HIPAA), and the second project will provide an upgrade to the ICD-10 diagnostic codes used by physicians for billing purposes.

INTERGOVERNMENTAL TRANSFER PROGRAM

The Intergovernmental Transfer (IGT) budget collects funds from other governmental entities to support three programs: Disproportionate Share Hospitals (DSH), Upper Payment Limit (UPL), and University of Nevada School of Medicine (UNSOM) Supplemental Payments. Funds are collected in the IGT budget and then transferred to Medicaid for use as state matching funds for these programs.

- Disproportionate Share Hospital Program – The DSH program provides payments to hospitals that have a disproportionate share of uncompensated costs due to services provided to indigents and the uninsured in comparison to other hospitals. Pursuant to NRS 422.380 through NRS 422.390, the methodology for the calculation of disproportionate share payments is included in the State Plan for Medicaid. Intergovernmental transfer payments in excess of the DSH match requirements are used to offset General Funds for other Medicaid expenditures.

The IGT budget, as legislatively approved, continues the DSH program for the 2011-13 biennium as designed and approved by the 2003 Legislature through the enactment of A.B. 482 which included provisions to establish a long-term methodology for distributing disproportionate share funding to qualifying hospitals. The 2009 Legislature, through the enactment of S.B. 382, eliminated the specific amounts of the intergovernmental transfers which must be made by counties to the division to fund the non-federal share of the program beginning in FY 2011. The bill also eliminated the specific amounts that must be paid by the division to hospitals that serve a disproportionate number of low-income patients for their uncompensated costs associated with providing services to those patients.

Participating hospitals will receive payments of approximately \$84.2 million for FY 2012 and \$80.3 million for FY 2013. The counties benefit indirectly from these payments by approximately \$25.0 million for FY 2012 and \$23.8 million for FY 2013 when comparing the hospital DSH payments to the amount of the IGT payments. For the 2013 biennium, the IGT program will generate a benefit to the state in the amount of approximately \$21.4 million for FY 2012 and \$23.8 million for FY 2013.

- Upper Payment Limit Program – The UPL program provides payments to county-owned hospitals. Federal Medicaid law allows states the option of making supplemental payments to qualifying hospitals (county or municipal hospitals) up to the Medicare upper payment limit. The intent is to preserve access to inpatient hospitals for needy individuals by reimbursing hospitals that qualify for uncompensated or under-compensated care. Pursuant to interlocal agreements, counties make IGT payments to this budget to be used as state matching funds for the UPL payments to their respective hospitals. Excess IGT payments are used to offset General Funds for other Medicaid expenditures.

The budget, as approved, expands the UPL program to include outpatient services provided by county-owned hospitals. The money committees also authorized the department to move forward with expansion of the UPL program to non county-owned hospitals. Because the expansion to non county-owned hospitals was not approved by Centers for Medicare and Medicaid Services (CMS) prior to the close of the Legislative Session, the money committees requested, via a letter of intent, that the department report on the expansion efforts and the projected net benefit to the state during the 2011-13 biennium.

- University of Nevada School of Medicine Program – During FY 2007, the division and UNSOM entered into an agreement that provides UNSOM supplemental payments in recognition of the gap between Medicaid reimbursement and the average private insurance reimbursement for the same services (primarily outpatient services). The agreement is designed to recognize the higher cost of providing medical services in a teaching environment. The UNSOM provides the IGT payments to be used as the state's match to receive federal Title XIX funds that in combination are used to make the supplemental payments. The Legislature approved the Governor's recommendation to restore the Graduate Medical Education (GME) program at the University Medical Center during the 2011-13 biennium.

The Legislature also approved a budget amendment to increase the balance forward from FY 2011 to FY 2012 and corresponding increases to the transfer from this account to the Medicaid account by \$14.6 million in FY 2012, resulting in a General Fund offset in the Medicaid account.

INCREASED QUALITY OF NURSING CARE

The Increased Quality of Nursing Care budget account was created in accordance with A.B. 395 of the 2003 Legislature, which instituted a methodology that requires the division to establish a provider tax program encompassing all freestanding long-term care facilities (except those owned by the state) in Nevada. Assembly Bill 395 stipulates that funding received via the provider tax, which is used to match federal Title XIX funds, must be applied to increasing reimbursement rates and cannot be used to replace existing state expenditures paid to long-term care facilities. The budget accounts for the provider tax received by the industry.

The provider tax is an established uniform rate based on the non-Medicare patient days. Historically, the rate was set at the equivalent of 6.0 percent of the total annual gross revenues, but it was reduced to 5.5 percent during FY 2008 to comply with the Deficit Reduction Act (DRA), which placed restrictions on the use of provider taxes. The division may use no more than 1.0 percent of the taxes collected to administer the provider tax program.

The Governor recommended reducing the per bed day rate for Skilled Nursing Facilities by \$20 per bed day during the 2011-13 biennium. The reduction was later amended by the Governor to \$15 per bed day. The Legislature did not approve the Governor's recommended rate reduction, but approved a rate reduction totaling \$5 per bed day. According to the division's rate projections, the legislatively approved rate reduction will reduce the average per bed day rate to \$180.21 for FY 2012 and \$184.32 for FY 2013, compared to the average per bed day rate of \$121.66 received prior to the implementation of the provider tax program.

NEVADA CHECK UP

The Balanced Budget Act of 1997 created the State Children's Health Insurance Program (SCHIP) under Title XXI of the Social Security Act to enable states to initiate and expand health care coverage targeted to low-income and uninsured children. The Nevada Check Up program was approved as a stand-alone program that covers children ages birth through 18 years from families with income up to 200 percent of the federal poverty level (FPL). Eligibles pay quarterly premiums ranging from \$0 to \$80 based on their income level and family size. Services are provided under a managed care arrangement with participating HMOs in Clark and Washoe counties and on a fee-for-service basis in areas of the state where a HMO network does not exist.

Overall, the Legislature approved total funding for the Nevada Check Up program of approximately \$68.8 million for the 2011-13 biennium, which is \$20.99 million or 23.4 percent less than the \$89.7 million approved for the 2009-11 biennium. The Legislature approved General Fund support totaling approximately \$18.8 million over the 2011-13 biennium, which is a decrease of approximately \$9 million, or 32.2 percent, when compared to the legislatively approved amount of \$27.7 million for the 2009-11 biennium.

- **Caseload** – According to the revised caseload projections provided by the division in March 2011, Nevada Check Up caseloads are projected to decrease by 0.67 percent in FY 2012, compared to FY 2011 projected caseloads, and increase by 1.3 percent in FY 2013 compared to FY 2012.

According to the division, employment is a significant variable used in projecting caseload, as are historical trends. The division's latest projections do not anticipate marked improvements in employment for the upcoming biennium; therefore, the projections forecast caseloads in FY 2012 and FY 2013 remaining near the FY 2010 and FY 2011 levels. Also, the division indicates that as a result

of the economic downturn, families that qualified for Nevada Check Up due to employment and income now qualify for the Child Health Assurance Program (CHAP) in Medicaid because of a loss in employment and/or income.

Compared to the amounts originally recommended in The Executive Budget, the amended caseload projections result in General Fund decreases of \$417,761 in FY 2012 and \$649,319 in FY 2013.

Check Up (Monthly Average) Caseload Projections 2011-13 Biennium							
FY 2010	FY 2011 (Projected)	FY 2012 (Gov. Rec.)	FY 2012 (Leg. Appr.)	Difference	FY 2013 (Gov. Rec.)	FY 2013 (Leg. Appr.)	Difference
21,713	21,118	22,042	20,977	(1,065)	22,944	21,241	(1,703)

- Budget Reduction Measures – The Legislature approved the Governor’s recommendation to eliminate non-emergency transportation for Nevada Check Up recipients during the 2011-13 biennium, based on data from the division indicating that although the service is available to all recipients, fewer than 20 recipients utilize the service each month. The money committees issued a letter of intent directing the division to report on the impact of the elimination of non-emergency transportation services on Nevada Check Up recipients.

Consistent with the action taken when closing the Medicaid budget, the Legislature voted to approve the Governor’s recommendation to continue rate reductions for anesthesia services approved during the 26th Special Session but voted not to approve the Governor’s recommendations for additional rate reductions. The budget reduction measures listed below were recommended by the Governor for the 2011-13 biennium to maintain consistency with the reductions recommended for the Medicaid program:

- A 5 percent rate reduction for inpatient hospitals, inpatient psychiatric facilities and specialty inpatient hospitals;
- A 15 percent rate reduction for non-primary care physicians, physician assistants, nurse midwives, nurse practitioners and outpatient hospitals;
- A 25 percent rate reduction for dental services, durable medical equipment, and disposable medical supplies; and
- A 15 percent rate reduction for ambulatory surgical centers, ambulance services, and end stage renal disease services.

Consistent with the manner in which the Legislature closed the budget for the Medicaid program, it did not approve the 5 percent rate reduction for inpatient hospitals, inpatient psychiatric facilities and specialty inpatient hospitals or the 15 percent rate reductions for non-primary care physicians, physician assistants, nurse midwives, nurse practitioners and outpatient hospitals. As with the Medicaid program, the Legislature approved the 15 percent rate reduction for ambulatory centers, ambulance services and end stage renal disease services, but reduced the Governor’s recommended rate reduction for dental services, durable medical equipment and disposable medical supplies from 25 percent to less than 1 percent.

- Rate Increases – The Legislature approved the Governor’s recommendation, as amended, to increase General Fund appropriations in the Nevada Check Up program by \$49,136 in FY 2012 and \$47,045 in FY 2013, based on changes in the drug rebate law, enacted through the Affordable Care Act (ACA). Similar to the rate increases approved in the Medicaid budget (see the Medicaid section of this report), the Legislature approved mandatory rate increases for HMOs.

MEDICAID

Medicaid is the state-administered program for medical assistance. The Medicaid program purchases or provides medical services for persons who meet certain eligibility criteria. Medicaid covers three main groups of low-income people: parents and children; the elderly; and the disabled. Under federal Medicaid law, there are certain eligible groups and benefits that must be covered by states. However, states are given discretion and flexibility to determine the various categories of benefits and the eligible groups their Medicaid programs will cover. Nevada has adopted both optional eligibility groups and optional benefit packages to be covered under its Medicaid plan.

The 2011 Legislature approved total funding for Medicaid medical assistance payments of approximately \$3.32 billion for the 2011-13 biennium, which is an increase of approximately \$46.91 million when compared to the total funding recommended by the Governor. The funding includes General Fund support of approximately \$996.4 million for the 2011-13 biennium, which is a decrease of approximately \$10.6 million when compared to the General Fund support recommended by the Governor.

The 2011 Legislature addressed a number of major issues during the process of reviewing the Medicaid budget for the 2011-13 biennium. From a General Fund standpoint, the most significant issue was the anticipated decrease in the Federal Medical Assistance Percentage (FMAP) resulting from the lapse of the American Recovery and Reinvestment Act of 2009 (ARRA). The Governor included an FMAP decrease in his recommended budget. However, the Federal Funds Information for States (FFIS) published an Issue Brief that projected a more favorable FMAP rate than the one projected in The Executive Budget.

The Governor submitted a budget amendment to incorporate the FMAP increases in the budget. Rather than including the impact of the increased FMAP in a separate decision unit, as was done in The Executive Budget for the Governor’s projected FMAP increase, the amendment incorporated the adjusted FMAP rate increase across the various decision units in the budget and included other revenue and expenditure adjustments to The Executive Budget. As a result of the manner in which the budget amendment was constructed, the impact resulting solely from the revised FMAP is not easily isolated; however, information from the Budget Division indicates that the FMAP increase resulted in a General Fund savings of approximately \$25.8 million.

As is customary during the Legislative Session, the division reprojected Medicaid expenditures in March 2011, based on actual caseload data through February 2011. The rejections considered the most recent caseload projections, cost per eligible (CPE) data and mandatory inflation rate increases for managed care and transportation services. This information is used as a guide to make adjustments to the Medicaid budget as recommended by the Governor. Subsequent to the submittal of The Executive Budget, actual caseload growth trended slightly lower than the caseload projections included in the Governor’s budget for most caseload groups. Additionally, the CPE rates for all caseload groups were lower than the CPE rates included in the Governor’s recommended budget, with the exception of the mental retardation waiver slots, which increased due to the fact the costs were based on caseload rather than on the number of waiver slots. Although caseloads were still projected to increase, the combination of caseload growth increasing at a lower rate and the reduced CPE resulted in reductions in expenditures for caseload growth totaling approximately \$5.4 million in FY 2012 and \$13.9 million in FY 2013.

- Caseload Growth – The 2011 Legislature approved a decrease in the projected caseloads for the upcoming biennium based on the rejections, which indicated caseloads were trending lower than the caseload projections included in the Governor’s budget. The following table provides a comparison of overall average monthly caseload projections originally recommended in The Executive Budget compared to the revised caseload projections used in the legislatively approved budget.

FY 2011 (proj)	FY 2012 Gov. Rec.	FY 2012 Revised	Diff +/-	FY 2013 Gov. Rec.	FY 2013 Revised	Diff +/-
278,586	295,940	295,300	(640)	308,076	306,369	(1,707)

- Mandatory Rate and Inflationary Increases – The 2011 Legislature approved approximately \$22.0 million (\$8.5 million General Funds) over the 2011-13 biennium for mandatory rate increases for four providers groups: hospice; Federal Qualified Health Centers (FQHC) and Rural Health Centers; Indian Health Services; and health maintenance organizations (HMOs). Funding was approved to support an increase in freestanding hospice rates totaling 2.84 percent in each year of the 2011-13 biennium. Additionally, the rates for FQHC and Rural Health Centers were funded to increase by 2.3 percent annually and Indian Health Services by 4.58 percent per year. Health maintenance organization capitation rates are anticipated to increase by 0.5 percent each year of the 2011-13 biennium. The Executive Budget did not recommend, and the Legislature did not approve, an inflationary increase in pharmacy or non-emergency transportation rates for the 2011-13 biennium.
- Budget Reduction Measures – The 2011 Legislature approved the Governor’s recommendation, as amended, to continue the budget reduction measures imposed during the 2009-11 biennium, including:

- Requiring a therapy clinical assessment prior to authorization of personal care services, lowering monthly limits for incontinence supplies, eliminating disposable gloves as a covered medical service, and revising behavioral health rates from a three tier structure based on provider qualifications to a single rate;
- Reducing the rates paid for anesthesia services;
- Maintaining the expanded Preferred Drug List (PDL), approved during the 26th Special Session, which allowed the Medicaid program to include atypical and typical anti-psychotics, anti-convulsants, and anti-diabetic medications on the PDL; and
- Reducing reimbursement rates for oximeters, oxygen concentrators, and negative pressure wound pumps to align the rates with Medicare rates.

The Governor recommended the following reductions as budget reduction measures:

- A 25 percent rate reduction for dental services, durable medical equipment, and disposable medical supplies;
- A 15 percent rate reduction for:
 - Outpatient hospitals;
 - Ambulatory surgical centers, ambulance services, and end stage renal disease services;
 - Non-primary care physicians, physician assistants, nurse midwives, and nurse practitioners;
 - Home and community-based services for the frail elderly, adult group care, and disability waivers;
 - Non-pediatric beds for Intermediate Care Facilities for the Mentally Retarded and Developmentally Disabled (ICF/MR); and
 - Laboratory, pathology, clinical, and radiology services;
- A 5 percent rate reduction for inpatient hospitals, inpatient psychiatric facilities, and specialty inpatient hospitals; and
- A \$20 per bed day reduction for Skilled Nursing Facilities and hospice services provided by Skilled Nursing Facilities, which are paid at 95 percent of the daily bed rate.

The Legislature approved the Governor's recommended 15 percent rate reduction for ambulatory surgical centers, ambulance services and end stage renal disease services. The Legislature reduced the rate reduction recommended by the Governor for Skilled Nursing Facilities to \$5 per bed day or its equivalent for hospice beds and reduced the rate reduction for dental services, durable medical equipment and disposable medical supplies from 25 percent to less than 1 percent. The Legislature did not approve the other rate reductions recommended by the Governor. The rate reductions approved by the Legislature reduced General Fund appropriations by \$2.5 million in FY 2012 and \$2.3 million in FY 2013.

The Legislature did not approve the Governor's recommendation, as amended, to eliminate non-medical vision services for adults, aged 21 years and older, and restored General Fund appropriations totaling \$874,554 in FY 2012 and \$820,388 in FY 2013.

The Legislature also revised the Governor's recommendation to transfer financial responsibility for a portion of the Medical Aid for the Aged, Blind and Disabled (MAABD) institutional population and the waiver population to the County Match Program. The Governor recommended increasing the counties' responsibility for the programs as necessary to achieve General Fund reductions totaling \$17.4 million in FY 2012, and \$19.8 million in FY 2013. The Legislature approved increasing the counties' responsibility only as necessary to achieve General Fund reductions totaling \$6.0 million in FY 2012 and \$8.5 million in FY 2013.

- Revenues and Expenditure Offsets – The 2011 Legislature approved the Governor's recommendations to generate new revenues to offset General Fund expenditures during the 2011-13 biennium, which include the following measures:
 - Restoration of subpoena power to the Director of the Department of Health and Human Services, allowing access to records to facilitate Medicaid Estate Recovery efforts, which are projected to result in Medicaid recoveries totaling \$204,375 in each year of the 2011-13 biennium (\$91,866 General Funds in FY 2012 and \$83,262 General Funds in FY 2013).
 - Modification of the Medicaid Management Information System's claim check software and adoption of the National Correct Coding Initiative, resulting in a projected savings to the General Fund of \$975,304 in FY 2012 and \$914,135 in FY 2013.
 - Implementation of Affordable Care Act mandated program integrity activities, resulting in General Fund reductions totaling \$3,998,146 in FY 2012 and \$3,754,792 in FY 2013.
 - Adoption of drug rebate laws and programs resulting from the enactment of the Affordable Care Act, resulting in net General Fund reductions in the Medicaid program totaling \$836,795 in FY 2012 and \$774,519 in FY 2013.
- Implementation of a Care Management Program - The 2011 Legislature approved the Governor's recommendation, as amended, to implement a care management program for the aged, blind and disabled, which is projected to result in a total General Fund savings of \$11.2 million in FY 2012 and \$4.55 million in FY 2013. The money committees expressed concern over the absence of a formal, written plan for the care management program and approved a letter of intent directing the division to report on the progress of implementing the program and achieving the projected General Fund reductions identified during the Legislative Session.

HIFA MEDICAL

With passage of A.B. 493, the 2005 Legislature approved a significant expansion of health care coverage for low-income Nevadans. The legislation required the division to apply for a HIFA waiver from the Centers for Medicare and Medicaid Services (CMS). A HIFA waiver provides states flexibility to expand health care coverage while limiting financial risk through various means, such as capping enrollment and expenditures, cost-sharing, and limiting services and benefits. The expansion was intended to cover the following three coverage groups:

- Pregnant women with income levels from 134 percent of the FPL up to 185 percent of FPL.
- A premium subsidy for an Employer Sponsored Insurance (ESI) product in an amount up to \$100 per person, per month, to employees and their spouses who work for small employers (2-50 employees) and who have household incomes less than 200 percent of FPL.
- Catastrophic event coverage to qualified indigent individuals with incomes up to 150 percent of FPL currently covered under county-based programs funded by the Indigent Supplement monies.

The Legislature approved the Governor's recommendation to terminate the HIFA waiver program when the waiver expires on November 30, 2011. The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) limits coverage for adults and prohibits new waivers for parent coverage. The division indicated that all enrollees would be notified of the termination of the program and would receive assistance to find other health care coverage assistance. The agency suspended new enrollments effective June 1, 2011.

HEALTH DIVISION

The Health Division has four bureaus, plus an administrative section, to protect the health of Nevadans and visitors to the state. The division operates under the guidance of a seven member, Governor-appointed Board of Health that enforces health laws and regulations, promotes public health education, investigates the causes of disease, and provides direct public health services in Nevada's rural counties.

In total, the 2011 Legislature approved \$174.4 million in funding in FY 2012 for the Health Division, with \$177.3 million approved for FY 2013. The amount approved for FY 2012 represents a 4.7 percent increase from the actual amount expended in FY 2010 (\$166.6 million).

General Fund support for the Health Division for FY 2012 totals \$26.1 million, which is a 2.8 percent increase from the amount actually expended in FY 2010. For FY 2013, the approved amount of General Fund is \$28.6 million. Over 75 percent of the total General Fund appropriated for the Health Division is used to support early intervention services for children with developmental delays.

The total approved federal funding authorized for FY 2012 (\$92.9 million) increased by 1.3 percent over the FY 2010 actual amount of \$91.7 million. For FY 2013, the total federal funding authorized is approved to decrease 0.86 percent (approximately \$800,000) from FY 2012. Federal funding authorized for FY 2013 is \$92.1 million.

OFFICE OF HEALTH ADMINISTRATION

The Office of Health Administration provides support functions for the entire Health Division, including the State Board of Health. Programs include administration, central business management, accounting, and personnel.

The Legislature approved the Governor's recommendation to replace \$300,000 of General Fund that previously supported the division's contract for poison control hotline services with federal Public Health Emergency Preparedness grant funds, and to move that expense to the Public Health Preparedness budget account. However, the balance of the poison control contract cost (\$63,921) will be supported by the General Fund and will remain in the Health Administration account.

The Legislature did not approve the Governor's recommendation to eliminate \$50,000 per fiscal year of General Fund support to the Mammovan. The Mammovan is operated by Nevada Health Centers and travels to rural counties of Nevada to provide mammograms to women who might not normally seek out mammography services, due to their remote location. The Legislature's disapproval of the budget reduction represented a \$50,000 General Fund add-back in each year of the 2011-13 biennium, and so the legislatively approved total support for the Mammovan in each year is \$175,000.

Finally, the Governor recommended, and the Legislature approved, three new positions to aid in the fiscal management of the Health Division, at a total cost of \$301,063 over the 2011-13 biennium. The positions are funded by indirect cost assessments to other Health Division budget accounts.

CHILD CARE SERVICES BUREAU

The Child Care Services Bureau is responsible for licensing and monitoring child care facilities caring for five or more children not licensed by local entities. Facilities include child care centers, pre-schools, group care homes, institutions and outdoor youth programs. The bureau is also responsible for licensing, monitoring and providing technical assistance to family foster and group foster care homes to reduce the risk of harm to children placed in care.

The Legislature approved the Governor's recommendation to reassign the Child Care Services Bureau to the Health Division to gain efficiencies through placing the program with similar regulatory functions within that division. There are no significant cost savings related to the reassignment. The Child Care Services Bureau will pay for

administrative support provided by the Health Division through an indirect rate assessment in the amount of \$115,151 in FY 2012 and \$117,154 in FY 2013.

The Legislature also approved the continuation of funding for 4.25 FTE and associated expenses to perform additional licensing duties resulting from Clark County's return of child care facilities licensing responsibilities to the state in September 2010. Additional Child Care Development Block Grant funding in the amount of \$271,380 per year was budgeted to be transferred from the Division of Welfare and Supportive Services to fund a portion of the increased costs, leaving \$15,441 in FY 2012 and \$51,088 in FY 2013 to be supported by the General Fund.

HEALTH STATISTICS AND PLANNING

The Office of Vital Records serves as the official permanent custodian of original documents, which encompasses: filing, maintaining and protecting birth and death certificates and related vital records; providing legal corrections and amendments to vital records; and maintaining an official database of vital statistics information for use in a wide variety of private and public programs both statewide and nationally.

The Legislature approved a significant change to the funding support of this account. Previously, the Health Statistics and Planning budget was predominantly supported by direct General Fund appropriation, since vital records fees were not recorded in the Health Statistics and Planning budget, but rather were deposited to the General Fund. The Legislature previously set the vital records fees in Chapter 440 of NRS. Since the vital records fees historically have been higher than the amount of General Fund appropriated to this budget, the previous system was beneficial to the General Fund. However, the 26th Special Session of the Legislature (2010) permitted the Health Division to set vital records fees by regulation, rather than having the Legislature set the fees. To incentivize the Health Division to keep its fee schedule current, the Legislature removed all General Fund appropriations from the Health Statistics and Planning budget for the 2011-13 biennium and approved supporting the account with fee income (as well as federal revenues) retained directly in the Health Statistics and Planning account. In order to smooth the transition from General Fund support to fee support, the Legislature authorized the Health Division to request a General Fund advance not to exceed \$600,000 per fiscal year to support the program's operations.

CONSUMER HEALTH PROTECTION

The Consumer Health Protection staff permits and inspects food establishments and a variety of other facilities and businesses to ensure safe sanitary standards are maintained in the state, excluding Clark and Washoe Counties and Carson City, which have their own health districts. Consumer Health Protection regulates all state institutions, as well as food and drug manufacturers and shellfish processors, even in the urban counties. According to Health Division records, 2,375 rural food establishments are inspected annually, as well as 148 rural school kitchens and 272 public swimming pools and spas in rural counties. The state also inspects

412 state food establishments and pools and spas at state institutions in the urban counties (Clark, Washoe, and Carson City).

The Governor recommended, and the Legislature approved, a significant change to the funding of this budget account. Previously, General Fund appropriations and revenue supported this budget; however, the Governor recommended replacing the General Fund with proportional assessments to the counties for environmental health services. The assessments to each rural county were predicated on the number of food establishments in each rural county. Since the Consumer Health Protection staff only inspects state facilities in urban counties, the urban counties' assessments were based upon the time and effort spent in urban counties. This budget reduction resulted in a General Fund savings of \$594,495 in FY 2012 and \$600,146 in FY 2013. Senate Bill 471 codified the requirement that the counties pay the Health Division for the cost of providing Consumer Health Protection services, among other public health services. However, a county is authorized to request an exemption from the assessment by submitting a proposal to the Governor and the Interim Finance Committee for the county to carry out environmental health services that would ordinarily be provided by the Consumer Health Protection staff.

EARLY INTERVENTION SERVICES

Early Intervention Services (EIS) identifies and assists infants and toddlers with, or who are at risk for, developmental delays. The program provides services and support to families with children from birth through age three who have been diagnosed as developmentally delayed in the areas of cognition, communication, physical development, social/emotional development and/or adaptive skills. In addition, the clinics provide services to children who are at risk of becoming developmentally delayed. These services are an entitlement under Part C of the federal Individuals with Disabilities Education Act (IDEA) grant. Program services and support to families is provided by and budgeted within the Health Division. However, administration and oversight for the IDEA Part C federal grant is operated within the Aging and Disability Services Division. The Part C compliance function provides the federal portion of EIS funding as well as the program's regulatory structure.

To address projected new caseload expected over the 2011-13 biennium, the Legislature appropriated nearly \$3.8 million in General Fund. Funding to serve children on the EIS wait list was not included in The Executive Budget, as it was for the 2009-11 biennium. This was because the agency testified that the existing wait list would be eliminated by the end of FY 2011. In addition to the enhancement approved for new caseload, the Legislature added an additional \$3.4 million over the biennium, above what was recommended, to account for the base budget caseload (i.e., existing children in the system). The base shortfall in The Executive Budget was estimated at \$6.7 million for the biennium; however, the Health Division identified several service efficiencies and other savings measures that reduced the total estimated shortfall of \$6.7 million to \$3.4 million. The most significant efficiency the Health Division identified was providing services in a clinical setting rather than in the home, with certain

exceptions. Providing services in a clinical setting is expected to reduce the number of hours of contracted services as well as reduce travel expenses. In addition, the division is working toward utilizing electronic media where possible, to reduce travel to rural counties.

As a result of the base budget caseload shortfall identified in The Executive Budget, the Legislature issued a letter of intent to the Health Division to form a group to analyze the methodology used to project caseload and to develop written procedures, including variables, and the rationale for adding referred children to the caseload projections. In addition, the group is to determine and document a reasonable methodology that will be consistently used to calculate the budget for caseload for the EIS program. Furthermore, the Health Division will reevaluate the amounts that are reimbursed to the community providers to determine if they are appropriate (i.e., a rates study). Different rates may be needed to support the state EIS clinics and the community providers, since the EIS clinics provide services that community providers do not, thus increasing the state clinics' overhead.

IMMUNIZATION PROGRAM

The purpose of the Immunization program is to prevent the occurrence of vaccine-preventable diseases in Nevada by promoting immunizations and by providing vaccines to health care providers for uninsured and under-insured Nevadans. State-supplied vaccines are provided free of charge to all physicians, hospitals, or clinics that agree to meet the requirements of the program.

The 2011 Legislature approved the transfer of \$1.3 million per fiscal year in Title XXI funds from the Nevada Check Up budget. The transfer of Title XXI funds provide for the purchase of vaccines made available to children who are enrolled in Nevada Check Up. The General Fund appropriation included in the Immunization budget is used as state match for the Title XXI funds. General Fund support for vaccine purchases was approved at \$579,740 for FY 2012 and \$524,567 in FY 2013. This is a reduction from the FY 2010 actual amount of \$810,178 due to the anticipated increase in the Federal Medical Assistance Percentage (FMAP) for Nevada Check Up.

COMMUNICABLE DISEASES

The major objective of the programs comprising the Communicable Diseases budget is to reduce the incidence and prevalence of HIV/AIDS in Nevada. The programs emphasize the importance of education, counseling, testing, treatment and referrals to appropriate community services. The Ryan White assistance programs (including the State Pharmacy Assistance Program (SPAP), the Coordination of Benefits [COB] program, and the AIDS Drug Assistance Program (ADAP)) are all operated out of this budget account. The SPAP and COB programs aim to keep clients on their own health insurance or assist them in overcoming the Medicare Part D coverage gap while the ADAP is the payor of last resort for individuals who earn 400 percent of the federal poverty level or less and do not have insurance.

The Governor recommended, and the Legislature approved, \$1.9 million in General Fund for each fiscal year of the biennium to support the Ryan White caseloads. In addition, the Legislature authorized \$1.3 million per year in pharmaceutical company rebate revenue. Drug companies provide rebates on certain HIV/AIDS medications to the state, though the state and its vendors do not know which drugs will net the rebates. Pharmaceutical rebates have been an increasing source of revenue for the Ryan White program over the past few fiscal years. Though the state funds (General Fund and drug company rebates) total \$3.2 million per fiscal year in the 2011-13 biennium, it appears that most of the federal Ryan White Comprehensive Care grant funds will be needed to support medication expenses, based upon the Department of Health and Human Services' 8 percent caseload growth projection for these programs. In the past, the Ryan White grant has been able to support other services such as drug counseling, but the caseload projections are such that the Health Division believes it will not be able to support many wraparound services in the 2011-13 biennium, given the funding available. In addition, the Legislature permitted the Health Division the flexibility to transfer its General Fund appropriations for ADAP medications between fiscal years of the 2011-13 biennium with the approval of the Interim Finance Committee.

BIostatistics AND EPIDEMIOLOGY

The Governor recommended, and the Legislature approved, a new budget account for the Health Division, the objective of which is to consolidate the epidemiology staff and most of the public health data management staff. The account is mostly funded by federal funds, with approximately 10 percent of the budget funded by the State General Fund. Nineteen positions and 11 different programs were transferred from 7 other Health Division budget accounts to create the Biostatistics and Epidemiology account. Programs managed out of the new account include: Sexually Transmitted Disease Control; HIV/AIDS Surveillance; Adult Viral Hepatitis; Tuberculosis Control; Behavioral Risk Factor Surveillance; Sentinel Events Registry; and Epidemiology and Lab Capacity.

The Legislature approved three budget reductions for this account. First the Legislature approved the Governor's recommendation to cease reimbursing the counties for tuberculosis treatment. This amounted to a General Fund savings of \$617,804 in each year of the 2011-13 biennium. Pursuant to Senate Bill 471, the counties are now mandated to provide their own tuberculosis treatment for their residents. If the counties do not pay for tuberculosis treatment, the Health Division will be responsible for controlling tuberculosis and will bill the counties for its time, since S.B. 471 requires the counties to reimburse the Health Division for public health services provided. Also, the Legislature approved the elimination of \$7,380 per fiscal year in state support of the Sexually Transmitted Disease (STD) control program. This reduction in General Fund affected the rural counties only. The majority of STD control funding is provided by the federal government, and the urban health districts provide their own support for STD screening and treatment, as well as receiving federal STD funding subgranted by the Health Division. Finally, the Legislature eliminated General Fund support for the

Trauma Registry. This change was approved because there are no dedicated positions to collect or analyze the trauma data any longer, and because the Health Division indicated it could source any necessary trauma data from other public health data sets. This reduction resulted in a General Fund savings of \$35,179 in FY 2012 and \$31,973 in FY 2013.

MATERNAL CHILD HEALTH SERVICES

The goal of the Maternal Child Health (MCH) program is to improve the health of at-risk families, pregnant and post-partum women, infants, children, adolescents, and children with special health care needs. The program provides direct health care services to clients and administers community-based, family-centered health care initiatives throughout the state. The program is funded through metabolic screening fees; a variety of federal grants, the largest of which is the Maternal Child Health block grant; and State General Fund support. The General Fund partially serves as maintenance of effort (MOE) for the MCH block grant (MOE has been \$853,034 for a number of fiscal years). The State General Fund also supports contracts with community providers, such as the district health departments, University Medical Center and the University of Nevada, Reno School of Medicine to provide pre- and post-natal care, education, and treatment of children with metabolic disorders, fetal alcohol syndrome and craniofacial abnormalities.

The Legislature considered the state matching support of both the Children with Special Health Care Needs (CSHCN) program and the Pre/Post Natal program. Historically, the metabolic screening fees received in this budget have operated as “soft” match for the MCH block grant. However, during the budget hearing process, the Health Division asserted that the General Fund support of the two programs provided a portion of the state’s match for the MCH block grant (i.e., “hard” match). However, the Health Division could not substantiate its assertion, and so it was unclear that the General Fund recommended in this account was necessary to continue to receive the same amount of federal MCH funding. Given that there was approximately \$2.2 million per year in metabolic screening fee revenue approved, it appeared that the state’s match would be covered, without jeopardizing the receipt of MCH grant funds. Therefore, the Legislature approved a General Fund reduction of \$94,385 in FY 2012 and \$94,353 in FY 2013, to bring the base budget General Fund support of CSHCN to \$105,330 per fiscal year. In addition, the Legislature issued a letter of intent instructing the Health Division to examine the required state match for all programs that constitute the overall MCH policy effort, and determine the correct amount of state match and which revenue sources suffice for that purpose.

COMMUNITY HEALTH SERVICES

The Community Health Nursing program provides public health nursing in 14 of Nevada’s rural counties. Eleven of these counties have community health nursing clinics. Essential public health nursing services include adult and child immunizations and Early Periodic Screening Diagnosis and Treatment (EPSDT) examinations,

including lead testing. In addition, family planning, cancer screening, and identification/treatment of communicable diseases such as Tuberculosis (TB), Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus (HIV) are provided. Two Community Health Nurses function as the school health nurse in those rural districts without school nurses (Lincoln and Esmeralda Counties). Public health preparedness coverage and epidemiology assistance for 12 counties are also provided out of the Community Health Services account.

Because of a projected decrease in medical service charge revenues, the Legislature approved a budget amendment to increase General Funds by \$147,010 in FY 2012 and \$146,881 in FY 2013. Also, the management of public health preparedness program efforts in the rural counties was moved to this account from Consumer Health Protection. This transfer of program duties included the transfer-in of two grant-supported positions so that the public health preparedness positions would be budgetarily co-located with its supervisor.

The Health Division indicated that Douglas and Lyon Counties were in the planning stages of organizing with Carson City Health and Human Services for provision of certain public health services, including public health nursing. As a result of these discussions, Senate Bill 471 of the 2011 Legislature provides that a county may submit a proposal to the Governor for it to carry out the services that would otherwise be provided by the Health Division.

RADIOLOGICAL HEALTH

The Radiological Health program protects public health and safety and the environment by regulating sources of ionizing radiation. The program licenses and inspects radioactive material users; registers and inspects x-ray machines statewide; registers and inspects mammography x-ray machines; certifies mammography operators; educates the public on radon hazards in the home and workplace; and conducts statewide radiological emergency response activities as necessary.

The Legislature approved the transfer of \$1.5 million from this account to the State General Fund in FY 2011 because the reserve level exceeded six months of operating expenses.

EMERGENCY MEDICAL SERVICES

The Emergency Medical Services (EMS) program establishes and enforces standards for the provision of quality pre-hospital emergency care, the operation of ambulance services, certification of EMS personnel and licensure of attendants. The program also supports the emergency medical services system in all counties except Clark by providing technical assistance, consultation and training to EMS personnel. The EMS budget is funded by General Fund appropriations and licensure fees.

The Governor originally recommended removing all the General Fund support from this account and funding the operations of the EMS program with county reimbursements. However, a budget amendment was submitted to add back the General Fund. The Legislature approved the Governor's amended recommendation, given the concerns about rural EMS coverage if the counties were required to provide the service on their own.

MARIJUANA HEALTH REGISTRY

The Health Division administers the provisions of the Medical Use of Marijuana law (Chapter 453A of NRS), which authorizes patients with chronic or debilitating medical conditions, or their caregivers, to possess or cultivate marijuana for medical use. The Health Division administers the application and eligibility process, as well as the annual renewals of eligibility. This program was transferred to the Health Division from the Department of Agriculture by the 2009 Legislature.

Three new positions were approved to provide oversight and to process the increase in new applications and renewals for the Marijuana Health Registry program. The positions are funded by fee revenue. Also, the Legislature approved the transfer of \$700,000 in each year of the biennium to the Division of Mental Health and Developmental Services Substance Abuse Prevention and Treatment Agency to provide priority access for assessments and treatment to families referred by child welfare agencies.

HEALTH FACILITIES HOSPITAL LICENSING

The primary function of the Health Facilities budget is to license and regulate health facilities in accordance with NRS and NAC regulations, and to certify that health facilities that participate in Medicare/Medicaid reimbursement programs comply with the federal agreements with the Centers for Medicare and Medicaid Services. The program also has the responsibility to inspect, monitor and evaluate the care and treatment received by individuals residing in medical and group care facilities, as well as outpatient facilities. The program also conducts complaint investigations regarding medical facilities and coordinates with other oversight bodies, such as the Board of Medical Examiners and the Board of Pharmacy. This budget account is primarily funded by licensure and inspection fees charged to the various health facilities, and the Legislature was advised of the most recent fee schedule for health facility licensure, which was updated via regulation in January 2011. Other funding support comes from Medicare and Medicaid reimbursements and medical laboratory inspection fees.

The Legislature approved a new Administrative Assistant position, funded by fees, Medicare/Medicaid reimbursements, and transfers from the Radiological Health budget account, to be the office manager for the Carson City office of the Bureau of Health Care Quality and Compliance (BHCQC).

CONSUMER HEALTH ASSISTANCE (FORMERLY OFFICE OF MINORITY HEALTH)

The Legislature approved the merger of the Office of Minority Health account with the Consumer Health Assistance account and the transfer of the combined programs to the Department of Health and Human Services Director's Office. The Office of Minority Health was originally established by the 2005 Legislature (Assembly Bill 580) to improve the quality of health care services for members of minority groups, to increase access to health care services for minorities, and to disseminate information and educate the public on health care issues of interest to minorities.

In addition to the merger of the two accounts, a half-time Administrative Assistant position was eliminated for a savings of \$27,306 in FY 2012 and \$27,286 in FY 2013, from the federal Minority Health grant. The savings from the elimination of this position will be used to provide direct services.

DIVISION OF WELFARE AND SUPPORTIVE SERVICES

The Division of Welfare and Supportive Services (DWSS) is responsible for administering the delivery of cash grants and food stamps, enforcing child support, administering employment and training programs for welfare recipients, distributing child care funding, and determining eligibility for Nevada's Medicaid program.

The 2011 Legislature approved \$558.4 million in total funding for the division over the 2011-13 biennium, which is a decrease of \$11.3 million from the total funding approved for the 2009-11 biennium. The funding approved for the division includes General Fund support in the amount of \$142.8 million over the 2011-13 biennium, which is a decrease of approximately \$4.3 million compared to the General Fund support approved for the 2009-11 biennium.

WELFARE AND SUPPORTIVE SERVICES ADMINISTRATION

The Welfare Administration budget supports the administrative staff that provides oversight to the various programs administered by the division. The budget also includes support resources utilized by and provided to the division's field staff for the operation of the various programs under the division's jurisdiction.

To provide for the development and implementation of an Eligibility Engine system that will determine individual eligibility for publicly subsidized health care programs, the Legislature approved the Governor's recommendation for \$1.0 million in FY 2012 and \$13.9 million in FY 2013 for an associated Technology Investment Request (TIR). The entire FY 2012 cost of \$1.0 million is funded with federal Health Exchange funds, and the \$13.9 million in FY 2013 is funded with \$9.0 million in federal Health Exchange funds, \$4.5 million in federal Medicaid funds, and General Fund appropriations of \$494,838. The TIR also includes five new positions in FY 2012 and an additional eight positions in FY 2013, and provides for the conversion of the current Nevada Operations

of Multi-Automated Data System (NOMADS) programming code from an outdated programming language, to a modern language, thereby prolonging the usefulness of the system. The Eligibility Engine is a key component of the Health Insurance Exchange associated with federal health care reform as mandated under the Affordable Care Act (ACA).

To reduce expenditures, the Legislature approved the Governor's recommendation to eliminate 4.0 FTE positions from the division's Central Office in Carson City. The four eliminated positions include one Administrative Assistant II, one Accounting Assistant II, one Management Analyst III, and one Training Officer I. The division indicated that through organizational restructuring, the elimination of these four positions will not compromise the Central Office's ability to effectively support the division.

In order to provide General Fund savings, the Legislature approved the Governor's recommendation for annual transfers of \$1.0 million in State Share of Collections (SSC) revenue from the Child Support Enforcement Program (CSEP) account to the Welfare Administration account to cover a portion of the Child Support allocation of administrative costs. These transfers reduce General Fund appropriations to the Administration account by the same amounts. The Welfare Administration account covers administrative and support costs which are not cost allocated between the various programs in the division. Prior to the 26th Special Session, the state share of CSEP costs in the Administration account was paid with General Funds; however, A.B. 6 of the 26th Special Session required the transfer of SSC revenues totaling \$2.25 million of the 2009-11 biennium from the CSEP account to the Administration account to offset General Funds by the same amount.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

The Temporary Assistance for Needy Families (TANF) budget provides funding for cash assistance for eligible recipients, which is time limited; supports the employment and training programs and services administered by the division designed to help clients prepare for and find work; and provides a wide variety of services for families and individuals to support and maintain self-sufficiency.

Federal funding to support the TANF program is allocated to states in the form of a capped block grant that covers cash assistance, welfare employment and training, and the administrative costs associated with providing these services. The federal government has provided states the flexibility to design their own TANF self-sufficiency programs for welfare recipients in conformance with the capped funding, time limitations on program eligibility and work requirements. The TANF program requires work in exchange for time-limited assistance. TANF is intended to provide assistance to needy families so dependent children can be cared for in their own home or in the home of a relative by furnishing financial assistance on a temporary basis.

- Funding – Nevada will continue to receive its annual TANF Block Grant of approximately \$44 million each year. The TANF Block Grant is allocated between the Division of Welfare and Supportive Services (DWSS) Administration and Field

Services budgets. The TANF Block Grant funds are also allocated to other divisions within the Department of Health and Human Services (DHHS) to support TANF-eligible programs. Supplemental grants, which were previously anticipated to be phased out beginning October 1, 2008, pursuant to the Deficit Reduction Act of 2005, were extended until June 30, 2011. The division anticipates the Supplemental Grants will continue, with Nevada projected to receive grants of approximately \$3.7 million in FY 2012 and \$2.8 million in FY 2013, for its high population growth.

The Governor's recommended budget also assumes the receipt of \$6.5 million in TANF Block Grant Contingency Funds in FY 2012 due to the state's economic standing. However, during the 2011 Legislative Session, the division learned that due to changes in federal funding allocations through the Federal Fiscal Year 2011 Continuing Resolution budget process, the TANF Block Grant Contingency Funds for Nevada would be reduced to \$2.2 million (\$4.3 million less). As a result, TANF-related expenditures as recommended in The Executive Budget (cash assistance, eligibility, administration, etc.) exceed available resources (block grant plus maintenance of effort [MOE]) in each year of the 2011-13 biennium. Accordingly, the balance of unspent TANF funding is projected to decrease to \$5.3 million at the end of FY 2012, and then to negative \$2.5 million at the end of FY 2013. To address the projected negative reserve, DWSS and the Department of Health and Human Services indicated their preference to include \$2.5 million in TANF Block Grant Contingency Funds in FY 2013. While the agency did not have formal notice it would receive these funds for FY 2013, it did testify that recent correspondence with the federal government provided some optimism that these funds would be available in FY 2013. Rather than reduce revenues and expenditures for FY 2013, which would include reductions to cash awards, the Legislature approved the TANF budget with the revenues and expenditures as originally recommended by the Governor in The Executive Budget. The money committees issued a letter of intent requiring the agency report to the Interim Finance Committee prior to the start of FY 2013 to provide a status report on TANF revenues, and to indicate whether DWSS would have to reduce TANF expenditures in FY 2013.

The 2011 Legislature approved the Governor's recommendation for total funding (state and federal) to support the TANF budget in the amount of \$49.2 million in FY 2012 (\$25.7 million General Fund) and \$48.7 million (\$24.7 million General Fund) for FY 2013.

- Caseloads – The 2009 Legislature approved funding that would support TANF caseloads at 25,873 average monthly recipients in FY 2010 and 29,376 in FY 2011. For FY 2010, actual average monthly TANF recipients totaled 29,084, which was greater than the approved caseload by 3,211 average monthly recipients. Based on revised caseload projections presented by the division, the 2011 Legislature approved funding that would support TANF caseloads at 30,170 average monthly recipients in FY 2012, for a decrease of 1,652 average

monthly recipients compared to totals included in The Executive Budget, and 29,688 average monthly recipients in FY 2013, for a decrease of 991 average monthly recipients compared to the totals included in The Executive Budget. The following table displays the TANF caseloads used in constructing The Executive Budget compared to the TANF caseloads approved by the Legislature over the 2009-11 biennium.

Fiscal Year	Governor Recommended*	Legislature Approved*	Difference+/-*
2012	31,822	30,170	(1,652)
2013	30,679	29,688	(991)

*Average monthly recipients

The dollar impact of revised caseload projections results in a savings of \$403,789 in FY 2012 and an increase of \$408,519 in FY 2013, consisting of federal TANF funding. The increase in TANF funding in FY 2013, despite the general caseload decrease, is due to higher cost caseloads being projected to increase in the second year of the biennium.

- **Budget Reductions** – The Governor initially recommended five measures to reduce transfers of TANF Block Grant funds by a total of \$12.37 million in FY 2012 and \$12.75 million in FY 2013. These recommendations were:
 1. Reduce the average benefit level for kinship care payments from \$894 (based on 90 percent of the Foster Care Rate) to the non-needy caretaker rate of \$427, which reduces TANF Block Grant expenditures by \$1.68 million in FY 2012 and \$1.76 million in FY 2013;
 2. Eliminate the TANF Loan Program, which would reduce TANF Block Grant expenditures by \$2.03 million in FY 2012 and \$2.34 million in FY 2013;
 3. Reduce TANF Block Grant funding provided by DWSS to social services subcontractors by 50 percent, reducing TANF Block Grant expenditures by \$694,544 in each year of the biennium;
 4. Eliminate all transfers of TANF funds to other state programs within DHHS, reducing TANF Block Grant expenditures by \$7.14 million in each year of the biennium; and
 5. Eliminate the transfer of TANF Block Grant funds for county emergency assistance child protection services in Clark and Washoe Counties, reducing TANF Block Grant expenditures by \$817,498 in each year of the biennium.

The 2011 Legislature approved recommendations 3, 4, and 5 as originally recommended by the Governor, however, the Legislature approved the Governor's amended recommendation to provide General Funds in lieu of TANF funds totaling \$5.1 million over the biennium to restore kinship care payments to 75 percent of the current benefit level, and restore the TANF Loan Program to 75 percent of its current level. The money committees requested a letter of intent to have DWSS report to the Interim Finance Committee concerning the status of the TANF Loan Program and the effects the funding reductions have had on the program.

- Deferral of Maintenance of Effort – The Legislature approved the Governor's recommendation to defer \$6.2 million of the State's General Fund Maintenance of Effort (MOE) contribution for Federal Fiscal Year (FFY) 2012 until the first quarter of State Fiscal Year (SFY) 2013 (between July 1, 2012 and September 30, 2012), which corresponds to the last quarter of FFY 2012. Similarly, the Legislature approved the Governor's recommendation to defer \$7.1 million of the state's General Fund MOE contribution for FFY 2013 until the first quarter of SFY 2014, which corresponds to the last quarter of FFY 2013. Historically, DWSS has provided the state's full \$27.1 million General Fund MOE funding during each state fiscal year. The net result is General Fund reductions of \$6.2 million in FY 2012 and \$7.1 million in FY 2013. This recommendation is possible because the state's fiscal year and the federal fiscal year are offset by three months.
- Silver State Works – As originally proposed in The Executive Budget, the Governor recommended General Fund appropriations of \$10.0 million over the 2011-13 biennium to implement Silver State Works, which is a plan to increase employment outcomes for the state's TANF client population. Subsequent to the release of The Executive Budget, the Governor submitted an amendment to reduce the recommended funding for the Silver State Works program from \$10.0 million over the biennium to \$2.0 million. The 2011 Legislature did not approve any funding for the Silver State Works program specifically for TANF clients. However, the Legislature approved the Governor's proposal to direct existing client services funding to establish the Silver State Works initiative in the Department of Employment, Training, and Rehabilitation.

ASSISTANCE TO AGED AND BLIND

The Supplemental Security Income (SSI) program was created by Congress effective January 1, 1974, and is administered by the Social Security Administration (SSA). States were given the option to make payments in addition to the amount paid by the federal government. Nevada has paid state supplements to the aged and blind since the beginning of the program, but has never supplemented payments to the disabled. The purpose of the program is to provide supplemental income to low-income aged and blind individuals and provide adult group care facilities with supplements that enable individuals to avoid institutionalization. The state supplement for the aged is \$36.40 per month and the supplement for the blind is \$109.30 per month. The DWSS contracts with the SSA for the determination of eligibility and the issuance of the state supplement. The federal and state supplemental payments for the aged and blind are combined into one benefit check and are issued on a monthly basis by the SSA.

The 2011 Legislature approved General Fund support for the aged and blind in the amount of \$16.1 million over the 2011-13 biennium, an increase of \$290,674 when compared to the 2009-11 biennium. The increased funding is the result of projected caseload increases of 8.3 percent in FY 2012 and 4.2 percent in FY 2013. The Executive Budget did not recommend a state-funded increase in the amount of the

supplement paid to eligible aged and blind individuals, or a rate increase for group-care operators. The money committees, through a letter of intent, requested the DWSS report to the Interim Finance Committee (IFC) prior to implementing the annual federal SSI cost-of-living increase. This will allow the IFC an opportunity to review and fully understand the criteria the division uses when determining how to best implement the annual SSI cost-of-living increase.

WELFARE AND SUPPORTIVE SERVICES FIELD SERVICES

The Division of Welfare and Supportive Services (DWSS) Field Services budget provides for the salaries, operating expenses and support costs for the staff that determines eligibility for the TANF, Food Stamp and Medicaid programs, as well as the staff that supports the employment and training education programs administered by the division.

Historically, the division has requested additional staff in the Field Services account to handle projected increases in caseload; however, The Executive Budget did not recommend any new positions to deal with the projected caseload increases for the 2011-13 biennium. Instead, the division is relying on increased caseload processing efficiencies generated through the recently implemented information technology system approved by the 2009 Legislature. This new system, referred to as AMPS (Application Modernization and Productivity Services), was designed to automate the application process for all DWSS services, thereby increasing employee efficiency.

The Legislature approved the Governor's recommendation to relocate the current Reno District Office into two smaller offices to better serve clients. The combined rent and utilities costs for the two new offices is projected to be less than the same costs for the current office. The Legislature also approved the Governor's recommendation to close the Northern Professional Development Center (NPDC), providing General Fund savings of \$44,636 in FY 2012 and \$45,786 in FY 2013. The services historically provided at the NPDC will be absorbed by existing programs and space in the division's other Northern Nevada facilities.

The Legislature supported the Governor's recommendation to eliminate the Supplemental Nutrition Assistance Program (SNAP) Employment and Training 50/50 program, which is funded 50 percent with General Funds and 50 percent with federal funds. This action provides General Fund savings of \$33,474 in each year of the 2011-13 biennium. The 100 percent federally funded SNAP Employment and Training program will continue to operate, and absorb clients that were served through the eliminated program.

CHILD SUPPORT ENFORCEMENT

The Child Support Enforcement Program provides five basic services: location of absent parents; establishment of parentage; establishment of child support orders; collection of support payments; and enforcement of private medical insurance. In Nevada, the Child

Support Enforcement Program is administered by the Division of Welfare and Supportive Services and jointly operated by the division and county district attorneys. The Child Support Enforcement budget is funded with a portion of the child support collections the state is allowed to retain, which is used to match federal Title IV-D funds. The state share of collections supports all non-federal expenditures; no General Fund support is provided in this budget.

The Legislature approved the Governor's recommendation for annual transfers of \$1.0 million in State Share of Collections revenue from the Child Support Enforcement account to the Administration account, which provides General Fund savings of \$1.0 million in each year of the 2011-13 biennium in the Administration account. The Legislature also approved the Governor's recommendation to eliminate the Child Support Enforcement program's Employment Assistance Program, including the associated 4.0 FTE positions, thereby reducing State Share of Collections expenditures by \$172,111 over the biennium.

To reduce expenditures, the Governor recommended the elimination of 13 positions from the Child Support Enforcement account, including 10 positions co-located with Clark County Child Support Enforcement in Las Vegas, 2 positions located in the division's Central Office in Carson City, and 1 position located in the Las Vegas State Collections and Disbursement Unit (SCaDU). However, due to a re-projection of State Share of Collections revenues during the 2011 Legislative Session, the ending reserve balance in the Child Support Enforcement account was projected to increase from \$1.03 million at the end of the 2011-13 biennium as reflected in The Executive Budget, to \$1.33 million. The division indicated to the 2011 Legislature that a minimum reserve level for this account is approximately \$800,000. Accordingly, the Legislature voted to utilize the existing projected revenues in the Child Support Enforcement account to add back 12 of the 13 positions recommended for elimination by the Governor. All 10 of the positions co-located with Clark County Child Support Enforcement were added back, as well as the 2 positions in the divisions Central Office in Carson City. The Legislature approved the Governor's recommendation to eliminate the position located in the SCaDU because this position is no longer needed due to the consolidation of duties.

CHILD ASSISTANCE AND DEVELOPMENT

The Child Assistance and Development budget provides for all child care related expenditures for TANF recipients, former TANF recipients, non-TANF eligible clients who are at risk of losing employment due to a lack of assistance with child care, and low-income non-TANF eligible clients.

The Legislature concurred with the Governor's recommendation to reduce General Fund appropriations in the Child Assistance and Development account by 69.2 percent, from the 2009-11 legislatively approved level of \$16.9 million to \$5.2 million for the 2011-13 biennium. General Funds in this account have historically been used to match federal grants and provide funding for a portion of the TANF Block Grant maintenance of effort (MOE) requirement, which is \$2.6 million annually. The Governor's recommendation reduces the General Fund appropriation in this account to the

minimum MOE amount only, requiring certified matching funds to be used in lieu of General Funds as the state's portion for matching federal funds. Certified matching funds consist of qualifying expenditures from both public and private community partners.

With approval of the Governor's recommendation, a monthly average of 1,111 eligible children will go unserved in FY 2012 and a monthly average of 1,515 eligible children will go unserved in FY 2013. However, all TANF NEON (New Employees of Nevada) and all TANF At-Risk clients would be served; the clients that would not be served will come from the discretionary population, which generally consists of families with incomes between 131 percent and approximately 250 percent of the federal poverty level. The table below shows the projected child assistance caseloads and the groups that will be served and unserved by the Child Assistance and Development program.

Updated Child Assistance Caseload Projections					
	Actual FY 2010	Gov Rec FY 2012	Projected FY 2012	Gov Rec FY 2013	Projected FY 2013
NEON	1,451	1,893	1,720	1,890	1,723
At-Risk	4,262	4,876	5,311	4,396	4,788
Discretionary Served	1,537	327	164	670	519
Discretionary Unserved	1,666	2,626	2,836	3,066	2,133
TOTAL	8,916	9,722	10,031	10,022	9,163

ENERGY ASSISTANCE

The Energy Assistance Program provides payments for eligible households, which can either be applied to the heating provider, the cooling provider, or split between them. Funding is provided through a combination of Low Income Home Energy Assistance (LIHEA) program block grant funds and Universal Energy Charges established by the 2001 Legislature and collected from certain electric and gas utilities.

In order to remain within existing funding levels for Universal Energy Charges and federal LIHEA block grant funds, the Governor recommended, and the 2011 Legislature approved, revenue reductions of \$11.4 million in FY 2012 and \$11.5 million in FY 2013, which results in reductions in the payments of benefits from the program. Accordingly, the average payment per case will decrease from \$915 in FY 2010 to \$732 in each year of the 2011-13 biennium. As approved by the Legislature, the Governor's recommended budget results in approximately 11,184 eligible households going unserved in FY 2012 and \$11,331 eligible households going unserved in FY 2013.

Due to the uncertainty of federal LIHEA grant revenue over the 2011-13 biennium, the money committees issued a letter of intent to have the division report to the Interim Finance Committee semi-annually during the biennium regarding the status of the Energy Assistance program. The status reports will include updates on the amount of LIHEA grant funds that will be received by the state, and whether any program adjustments will be implemented during the biennium due to LIHEA grant revenue falling short of the levels recommended by the Governor.

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES

The Division of Mental Health and Developmental Services (MHDS) is responsible for the development, administration, coordination and evaluation of state treatment and training programs for mentally ill citizens and citizens with intellectual disabilities. The division consists of the following programs and facilities: Northern Nevada Adult Mental Health Services (NNAMHS); Southern Nevada Adult Mental Health Services (SNAMHS); Lake's Crossing Center; Desert Regional Center; Sierra Regional Center; Rural Regional Center; the Family Preservation Program; and the Substance Abuse Prevention and Treatment Agency (SAPTA).

The 2011 Legislature approved funding for MHDS totaling \$631.2 million over the 2011-13 biennium, an increase of approximately \$13.8 million when compared to total funding of \$617.4 million recommended by the Governor. General Fund support for the 2011-13 biennium totals \$418.3 million, which represents a decrease of 10.2 percent compared to appropriations of \$465.7 million provided over the 2009-11 biennium. For the division as a whole, the Governor recommended reducing the number of positions from 1,717.23 to 1,541.99, or by 175.24 positions. The 2011 Legislature restored a total of 12.51 positions for a legislatively approved staffing level of 1,554.5 positions.

Funding for mental health services approved by the 2011 Legislature is projected to provide resources to serve an estimated 16,670 unduplicated individuals at the end of FY 2013, an increase of 402 individuals or 2.5 percent from the 16,268 individuals served as of June, 2011. The developmental services caseload is projected to increase to 5,841 individuals at the end of FY 2011, an increase of 414 individuals or 7.6 percent over the 5,427 individuals currently budgeted through FY 2011.

The 2011 Legislature also approved medication funding totaling \$34.4 million in the 2011-13 biennium, which represents a decrease of approximately \$13.1 million, or 27.5 percent, when compared to medication funding approved by the 2009 Legislature. The money committees noted the division's continued efforts diverting more Medicaid and Medicare-eligible clients from state pharmacies to retail pharmacies, increased usage of free medications, better management of inventory costs and formulary utilization, and an increasing number of medications becoming available as generics.

The 2011 Legislature accepted the Governor's budget amendment to maintain the state's one-third funding support of \$1.25 million each year for the community triage centers in Clark and Washoe Counties that was originally recommended for elimination. The money committees approved the Governor's recommendation to eliminate 12.51 positions staffing the Psychosocial Rehabilitation Services program statewide, except for a Vocational Rehabilitation Trainer to maintain the operation of the campus canteen at NNAMHS. The money committees also restored five of 12.51 positions that were recommended for elimination to partially restore outpatient counseling services statewide, as well as restored funding of \$2.1 million each year for supported living arrangements statewide representing approximately 60 percent of the Governor's

recommended funding reduction of approximately \$3.5 million annually. Lastly, the 2011 Legislature approved continued state support of \$3.0 million each year for services supporting the mental health courts in Las Vegas, Reno and Carson City instead of assessing the local governments for these services as recommended by the Governor.

MENTAL HEALTH AND DEVELOPMENTAL SERVICES ADMINISTRATION

Division Administration, otherwise known as the Central Office, is responsible for overseeing the state's mental health and developmental services policies and regulations; coordinating program development and operations statewide; and establishing service and funding priorities. The 2011 Legislature approved the Governor's recommendation to continue General Fund appropriations for the psychiatric residency program of \$294,165 each year in Northern Nevada and \$550,201 each year in Southern Nevada as adjusted by the Interim Finance Committee during the 2009-11 biennium. The Legislature also approved the Governor's recommendation to eliminate four positions. The four eliminated positions include a Clinical Program Manager responsible for oversight of the division's planning and performance unit; a Management Analyst who served primarily as the division's HIPAA Privacy Officer and provided internal staff training; an Accounting Assistant responsible for monitoring posting and reconciling incoming electronic remittances; and a Quality Assurance Specialist primarily responsible for managing grants and program oversight for residential support services. The duties previously performed by these positions have either been reduced through budget reductions or redistributed to remaining agency staff.

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

Northern Nevada Adult Mental Health Services (NNAMHS) provides psychiatric and psychological services to the seriously and chronically mentally ill population in Northern Nevada, including a 50-bed inpatient hospital, service coordination and residential support services.

The 2011 Legislature approved a budget amendment to restore the Mobile Outreach Safety Team in Washoe County, including two Mental Health Counselor positions, that was originally recommended for elimination. General Fund appropriations totaling \$279,428 in the 2011-13 biennium support the team that assists emergency first responders in the community who come into contact with individuals who either appear or are known to be mentally ill. The 2011 Legislature also approved the Governor's recommendation to eliminate four Senior Psychiatrist positions and utilize the savings to offset the increase in the base budget for the Psychiatric Residency program through the University of Nevada, School of Medicine, and to increase funding for contract psychiatrist services by \$513,954 each year. However, the Governor's recommendation to increase General Fund appropriations by \$200,000 each year for contract psychiatrist services was not approved.

LAKE'S CROSSING CENTER (FACILITY FOR THE MENTAL OFFENDER)

The Lake's Crossing Center (formerly known as the Facility for the Mental Offender) is Nevada's only forensic facility. The Lake's Crossing Center's mission is to provide statewide forensic mental health services in a secure facility to mentally disordered offenders who are referred from the court system. The agency also provides evaluation and assistance to some city and county jail facilities in the state through a contractual arrangement. The 2011 Legislature approved the Governor's recommendation to eliminate 12 positions held vacant during the 2009-11 biennium, and 9.49 additional positions in order to achieve desired budget reduction targets. The eliminated positions result in a 4-bed reduction in the agency's capacity from 70 to 66 beds.

RURAL CLINICS

Rural Clinics provides community-based mental health services to persons of all age groups with serious and persistent mental illnesses and mild to moderate mental health problems. The division operates 19 clinics in the 15 rural counties and portions of Clark County (Laughlin and Mesquite).

The 2011 Legislature approved the Governor's recommendation to transfer funding and operating costs, including 25.77 positions that support the rural clinic offices in Caliente, Laughlin, Mesquite, Moapa and Pahrump to Southern Nevada Adult Mental Health Services to allow for better management efficiencies and staff training and supervision in the southern portion of Nevada. The Legislature also approved the Governor's recommendation to eliminate three Administrative Assistants, of which two were assigned to the Carson City office and the other assigned to the Garnerville office, as well as to eliminate four Psychiatric Caseworker positions (three from the Carson City clinic and one from the Fernley clinic).

SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES

The Southern Nevada Adult Mental Health Services (SNAMHS) operates out of four sites in Clark County, including the main campus located on West Charleston Boulevard, to provide psychiatric and psychological services to the seriously and chronically mentally ill. Funding for a total of 234 inpatient beds was approved by the 2009 Legislature: 160 acute inpatient beds and a 30-bed psychiatric observation unit in the Rawson-Neal Hospital; 22 low-acuity beds in building 3A; and 22 beds in the former inpatient facility (Stein Hospital building 3).

The 2011 Legislature approved the Governor's recommendation to eliminate 50.35 positions by closing the two 22-bed inpatient units. The first 22-bed unit in building 3 was closed during the 2009-11 biennium as a budget reduction measure approved during the 26th Special Session. The second 22-bed unit that will be closed is located in building 3A. The combined 44-bed reduction leaves the 190-bed Rawson-Neal Hospital as the sole inpatient unit on the SNAMHS campus. The Legislature also eliminated an additional 14.31 positions, including 11.31 positions

resulting from further analysis of staffing needs due to ongoing program and facility downsizing, and three Ground Maintenance positions whose duties will be undertaken by a contract landscaping maintenance service.

The 2011 Legislature also approved the Governor's recommendation to eliminate one of the two Program of Assertive Community Treatment teams providing outpatient services for up to 75 individuals with severe mental illness. A Clinical Social Worker position and a Consumer Services Coordinator position overseeing the Consumer Assistance Program were also eliminated. Their duties will be absorbed by the Assistant Director for Community Services. Similar to actions impacting Northern Nevada Adult Mental Health Services, the Legislature approved the Governor's recommendation to eliminate three Senior Psychiatrist positions in order to offset the increase in base funding for the Psychiatric Residency program, and to eliminate an additional three Senior Psychiatrists and two Senior Physicians in order to outsource all internal medicine services in the inpatient facilities at SNAMHS. The approval is based upon the division's assertion that outsourcing the internal medical services will give the agency more flexibility and increased productivity in meeting the staffing needs of a 24-hour, seven day per week facility.

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY

The Substance Abuse Prevention and Treatment Agency (SAPTA) is the designated single state agency for purposes of applying for and expending the federal Substance Abuse Prevention and Treatment Block Grant issued through the Substance Abuse and Mental Health Services Administration. The SAPTA plans and coordinates statewide substance abuse services delivery and provides technical assistance to programs and other state agencies, but does not provide direct substance abuse prevention or treatment services. The SAPTA will receive nearly 56 percent of the total budgeted revenue from the federal Substance Abuse Prevention and Treatment Block Grant. The grant requires MHDS to maintain a spending level of state funds (maintenance of effort), which is at least equal to the average of the past two years.

The 2011 Legislature did not accept the Governor's recommendation to reduce General Funds in support of the co-occurring disorders program by \$1.02 million each year, but instead voted to restore one-half of that amount totaling \$510,000 each year. The Legislature approved the Governor's budget amendment to restore \$112,000 each year for prevention programs and \$1.59 million each year for treatment programs that were originally reduced in The Executive Budget. The Legislature also approved the Governor's recommendation to eliminate 6.51 positions that were vacated during the 2009-10 interim period to achieve budget savings. Lastly, the Legislature approved the Governor's recommendation to transfer \$700,000 each year in marijuana medical registry licensing and registration fees to provide priority assessments to families affected with substance abuse issues that are referred from child welfare agencies.

DEVELOPMENTAL SERVICES

The Developmental Services agencies of the division provide service coordination, family support/respite, community residential services and jobs and day training to individuals with developmental disabilities and related conditions statewide.

The 2011 Legislature approved the Governor's recommendation to reduce General Funds by \$11.5 million over the 2011-13 biennium by assessing the counties for the state's cost of providing services to approximately 1,550 children under the age of 18 statewide pursuant to Chapter 435 of NRS. The Legislature restored General Funds of \$828,573 each year to continue providing funding support to 61 families participating in the Self-Directed Autism program, but redirected the funding to the Division of Aging and Disability Services Community Based Services program to better consolidate autism programs statewide.

The Legislature did not approve the Governor's recommendation to discontinue the self-directed Family Support program for 230 families statewide to purchase speech and behavioral therapies, which increases General Funds by \$1.3 million each year. However, the Legislature approved the Governor's recommendation to eliminate 54 supported living arrangements at Desert Regional Center for biennial General Fund savings of \$2.7 million. The Legislature also approved the Governor's recommendation to eliminate 4.51 positions supporting behavioral health and crisis intervention services at the three regional centers, as well as two Developmental Specialist positions in the Rural Regional Center account.

FAMILY PRESERVATION PROGRAM

The Family Preservation Program (FPP) is a statewide program providing monthly cash assistance to low-income families who provide care in their homes for relatives with profound or severe intellectual disabilities or children under six years of age who have developmental delays. The FPP aims to strengthen and support families so that they may remain intact and limit or avoid the need for institutional care. The 2011 Legislature approved the Governor's recommendation to provide monthly allotments to 98 additional families, from 528 families at the end of FY 2011 to 626 families by the end of the 2011-13 biennium, and maintain the payment of \$374 per month per family. The Legislature also approved the Governor's recommendation to replace \$1.2 million of General Funds supporting the program in FY 2013 with Tobacco Settlement Funds.

DIVISION OF CHILD AND FAMILY SERVICES

The Division of Child and Family Services (DCFS) provides a wide array of services to children and adolescents and is organized into three major program areas, Child Welfare Services, Children's Mental/Behavioral Health Services, and Juvenile Justice Services. The division is responsible for child protective and child welfare service delivery in rural Nevada and oversight of urban county-operated child protective and

child welfare services programs; children's mental/behavioral health treatment and residential services in urban Nevada; and statewide juvenile justice services including state-operated youth training centers and youth parole.

The money committees made adjustments to the budgets within the DCFS, which resulted in an increase of \$13.4 million in General Fund support over the 2011-13 biennium to \$220.7 million compared to the Governor's recommendation of \$207.3 million. General Fund support as approved by the 2011 Legislature for the 2011-13 biennium reflects a 13.0 percent decrease from the level approved by the 2009 Legislature for the 2009-11 biennium.

Adjustments were made to several budgets to reflect increased Federal Medical Assistance Percentages (FMAP) in FY 2013. The committees also restored funding for several services recommended by the Governor to be eliminated or for which the responsibility for funding was to be transferred to the counties.

CHILD AND FAMILY SERVICES ADMINISTRATION

The Child and Family Services Administration account is the central administrative account of DCFS and contains the unclassified Administrator, the division's four unclassified Deputy Administrators, and the central fiscal, accounting and personnel staff of the division.

The Legislature did not approve the Governor's original recommendation to eliminate funding for mental health room and board costs for youth not in the custody of the division. With caseload growth, the funding to be eliminated totaled \$4.5 million in FY 2012 and \$4.9 million in FY 2013. Instead, the Legislature approved General Fund appropriations of approximately \$2.8 million per year to continue funding for some services, but also approved the transfer of the funds to other division accounts to provide services directly or provide the funding to the counties so that they may contract for services as necessary.

The Legislature approved the transfer of three of the six positions from other division budget accounts recommended by the Governor to establish a Children's Behavioral Health Policy and Accountability Board. The Legislature did not approve the transfer of the other three positions because their transfers would have affected direct services provided to children. Although the Legislature did not pass Senate Bill 448, which would have established the board's activities in statute, the division testified that it could still perform reduced functions of the board with existing statutory authority and voluntary compliance from mental health providers. The Legislature approved two new Social Services Program Specialist positions, as recommended by the Governor, to support the block grant of state funding in the Clark and Washoe County Integration budget accounts, which will be discussed later in this report.

COMMUNITY JUVENILE JUSTICE PROGRAMS

The Community Juvenile Justice Programs budget serves as a pass-through account for federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) funds that are allocated to judicial districts for community-based delinquency prevention programs. The budget has also historically contained the Community Corrections Partnership Block Grant program, supported by the General Fund, which provides funding to the nine judicial districts to implement programs that reduce or limit commitments to the state.

The 2011 Legislature approved the Governor's recommendation to eliminate General Funds of \$2.8 million over the biennium for the Community Corrections Partnership Block Grants.

Additionally, the Legislature approved the transfer of \$2.3 million of General Funds in each year of the biennium from the DCFS Administration account to this account for payments to the counties/judicial districts for mental health room and board expenses for county probation youth.

CLARK COUNTY INTEGRATION

The Clark County Integration account was established by the 2005 Legislature to isolate the state's portion of costs of child welfare services in Clark County. The 2011 Legislature approved approximately \$159.7 million for Clark County for child welfare integration over the 2011-13 biennium, composed of \$85.5 million of General Funds, approximately \$70.0 million of federal funding, and \$4.1 million of interagency transfers.

The Legislature approved the Governor's recommendation to provide state funding for child welfare expenses to Clark and Washoe Counties in the form of capped annual block grants, with flexibility to expend the funds as needed and without restrictions created by the historic method of line-item expense budgets. General Fund appropriations totaling \$37.5 million in each year of the 2011-13 biennium were approved for the block grant to Clark County. Outside of the block grant, a performance improvement plan was enacted and an additional \$5.25 million per year was approved to support a fiscal incentive program to stimulate and support improvement in defined areas. Senate Bill 447 establishes the block grants, the performance improvement plan, and the fiscal incentive plan and specifies requirements for each program. The provisions regarding the fiscal incentive plan include a delayed implementation schedule, with all budgeted incentive plan funding to be provided to the counties during the 2011-13 biennium regardless of achievement of goals.

Funding for caseload growth in foster care and specialized care placements and adoption subsidies was included in the block grant funding for the 2011-13 biennium, but S.B. 447 stipulates that funding for caseload growth of adoption subsidies will be funded in a separate grant in the future, with the intent to support and encourage finalization of adoptions.

WASHOE COUNTY INTEGRATION

The Washoe County Integration account was established by the 2005 Legislature to isolate the state's portion of costs for child welfare services in Washoe County. The 2011 Legislature approved the same type of structural budget changes in the Washoe County Integration account as were approved in the Clark County Integration account. General Fund appropriations totaling \$12.5 million in each year of the biennium were approved for the block grant and an additional \$1.75 million per year were approved for the fiscal incentive plan. The same performance improvement plan structure and delayed implementation of the fiscal incentive plan approved in S.B. 447 apply to the Washoe County Integration account.

UNITY/SACWIS

The UNITY/SACWIS budget represents the division's compliance with a federal mandate to automate foster care and adoption information systems. The Statewide Adoption and Child Welfare Information System (SACWIS), referred to as Unified Nevada Information Technology for Youth (UNITY), began in FY 1995 as a project with business process reengineering and became fully operational statewide in September 2003.

The 2011 Legislature approved a technology investment request to enhance the management tools of the division's UNITY system. Funding includes approximately \$3.9 million over the 2011-13 biennium, split evenly between General Funds and federal Title IV-E funding. The approved project will (1) apply business process reengineering to the existing system; (2) add a web-based presentation layer; and (3) add a data warehouse to the existing system. The Legislature also approved the transfer of computing charges related to the UNITY system from the Clark County Integration account in order to consolidate all system charges for the division within one account.

YOUTH ALTERNATIVE PLACEMENT

The Youth Alternative Placement budget primarily contains funding for payments to the China Spring Youth Camp and Aurora Pines Girls Facility in Douglas County and the Spring Mountain Youth Camp in Clark County. Pursuant to NRS 62B.150, county participation fees in this account represent assessments collected from all Nevada counties, except Clark County, for the operation of the China Spring Youth Camp and Aurora Pines Girls Facility. Funding to support the operations of Spring Mountain Youth Camp has historically been provided primarily by Clark County, not from county participation assessments collected and passed through this account. General Funds are provided to all three youth camps to support operating costs.

The 2011 Legislature approved the Governor's amended recommendation to continue to provide General Funds for support of the China Spring Youth Camp, Aurora Pines Girls Facility and the Spring Mountain Youth Camp. The Legislature approved the Governor's recommendation to continue a 10 percent General Fund reduction of

\$170,498 in each year of the 2011-13 biennium, which was initially approved during the 26th Special Session of the Legislature. The Legislature did not approve, however, the Governor's recommendation to eliminate an additional 10 percent of General Funds in each year of the biennium, so General Fund appropriations were approved to continue at the FY 2011 amount of \$1,534,481 per year.

JUVENILE CORRECTIONAL FACILITY

The Juvenile Correctional Facility budget historically funded the operation of the Summit View Youth Correctional Center, a secure male juvenile correctional facility for serious and chronic offenders, located near Nellis Air Force Base. The 96-bed facility opened on June 1, 2000. A private contractor operated the facility for the state until March 2002, but chose to terminate the contract, and the facility was essentially "mothballed" from March 2002 until January 2004. The state resumed operation of the facility with state employees in January 2004. The 2009 Legislature approved the Governor's recommendation to eliminate funding for half (48) of the beds at the facility to address reduced levels of youth placements. During the 26th Special Session of the Legislature, budget reductions were approved that eliminated the remaining 48 beds and closed the facility, effective May 2010.

The 2011 Legislature approved General Fund appropriations totaling approximately \$1.5 million per year in the 2011-13 biennium to continue to fund the debt service payments for the facility as well as minimal utilities and the salary of a part-time employee to maintain the facility.

CHILD CARE SERVICES BUREAU

The Child Care Services Bureau is responsible for licensing and monitoring child care facilities caring for five or more children not licensed by local entities.

The Legislature approved the Governor's recommendation to reassign the Child Care Services Bureau to the Health Division to gain efficiencies through placing the program with similar regulatory functions within that division. There are no significant cost savings related to the reassignment. The Child Care Services Bureau will pay for administrative support provided by the Health Division through an indirect rate assessment in the amount of \$115,151 in FY 2012 and \$117,154 in FY 2013.

The Legislature also approved the continuation of funding for 4.25 FTE and associated expenses to perform additional licensing duties resulting from Clark County's return of child care facilities licensing responsibilities to the state in September 2010. Additional Child Care Development Block Grant funding in the amount of \$271,380 per year was budgeted to be transferred from the Division of Welfare and Supportive Services to fund a portion of the increased costs, leaving \$15,441 in FY 2012 and \$51,088 in FY 2013 to be supported by the General Fund.

CALIENTE YOUTH CENTER

The Caliente Youth Center is a coeducational juvenile residential correctional facility that serves youth between the ages of 12 and 18 and has a capacity of 140. In recent years, four of the seven housing units have housed male youth, with the remaining three housing units dedicated to female youth.

The Legislature approved General Funds of \$15.6 million over the 2011-13 biennium, which is a 3.5 percent increase over the \$15.1 million approved for the 2009-11 biennium. The increase is primarily the result of continued funding for 10 positions and expenses to operate 20 youth beds, which were closed due to budget reductions approved by the 2009 Legislature, but which were re-opened in FY 2010 to accommodate the closure of the Summit View Youth Correctional Center.

VICTIMS OF DOMESTIC VIOLENCE

The Victims of Domestic Violence budget has historically been funded primarily by the collection of a \$20 fee on each marriage license sold in the state by county clerks, and an assessment of a \$5 fee for Justices of the Peace celebrating a marriage and Commissioners of Civil Marriages solemnizing a marriage. The program provides grants to nonprofit agencies on a statewide basis to provide direct services to victims of domestic violence including shelter, crisis phone access, emergency assistance, advocacy, hospital accompaniment and counseling. There are no positions in this budget.

The 2009 Legislature passed Senate Bill 14 which increased the fee on marriage licenses sold in the state from \$20 to \$25, and established a \$5 fee on certified copies of marriage licenses sold or abstracts of marriage licenses certified. The 2011 Legislature approved increased fee revenue based on the fees established by Senate Bill 14 and the division's actual collections in the 2009-11 biennium. The Legislature also approved the elimination of \$200,000 per year in Temporary Assistance to Needy Families funds in this account, which was approved by the 2009 Legislature as a temporary addition to support programs until additional fee revenue could be realized.

RURAL CHILD WELFARE

Historically, the Rural Child Welfare budget contained only funding for the costs of placing children in the division's care because of abuse, neglect or behavioral/emotional problems. Adoption subsidies for the rural region were also paid from this account to adoptive parents of special needs children. The 2005 Legislature approved a title change for this account from Youth Community Services to Rural Child Welfare and introduced major changes through the division's reorganization and budget realignment process.

The 2009 Legislature approved the Governor's original recommendation to allocate the cost of child protective services (CPS) in the rural counties to the counties receiving the services. General Fund appropriations were reduced by approximately \$2.4 million each year and replaced with the same amount of county reimbursement revenue. Clark and Washoe Counties have historically funded the costs of and provided CPS in their jurisdictions. The approved budget allocation assesses the rural counties for the cost of CPS, but continues to provide the services with division staff. The distribution of the assessed costs is determined by each county's percentage of the state population of persons under 18 years old. The Governor submitted a budget amendment to restore General Funds to be eliminated for this service, but the Legislature did not approve that amendment.

The Legislature approved funding for caseload increases in adoption subsidies, foster care placements, and specialized care placements, as well as increases in non-Medicaid eligible medical expenses for children in the division's custody. Additional General Funds of \$1.8 million over the 2011-13 biennium were approved for caseload increases. The Legislature also approved the elimination of ten vacant positions, eight of which were established by the 2009 Legislature to be funded with increased Social Security revenues that the division projected to generate, but which were not realized.

TRANSITION FROM FOSTER CARE

The Transition from Foster Care account was established to administer funds for assisting youth transitioning out of foster care at 18 years of age. Assembly Bill 94, passed by the 2001 Legislature, authorized county recorders to charge and collect an additional fee of \$1 on documents, instruments, notices, or deeds processed and deposit those fees to this account. The funds may be used to provide assistance to youth with training costs, housing assistance and medical insurance, and can also be granted to nonprofit organizations or used to match federal funds. The 2011 Legislature approved total expenditures in this account to be divided among the child welfare jurisdictions in the state in approximately the same proportions as approved previously, with approximately 71 percent approved for Clark County, 20 percent for Washoe County, 7 percent for Rural Nevada, and 2 percent for Indian tribes.

REVIEW OF DEATH OF CHILDREN

The Review of Death of Children account was created as a result of the passage of A.B. 381 of the 2003 Legislative Session. The budget is funded by a \$1 fee added to the cost of certified copies of death certificates issued. The legislation revised provisions governing multi-disciplinary teams, which review selected cases of death of children under 18 years of age and make recommendations for improvements to policies, practices, and laws that support the safety of children and prevent future deaths of children. The Administrator of the DCFS is required to establish an executive committee that is charged with developing statewide protocols and distributing an annual report, which must include statistics and recommendations on improving laws, regulatory or policy changes.

The 2011 Legislature approved this budget as recommended by the Governor with projected revenues of \$140,191 in FY 2012 and \$142,648 in FY 2013. Expenditures in this budget for the 2011-13 biennium were recommended and approved at levels lower than those approved for the 2009-11 biennium, but which are closer to FY 2010 actual expenditures. The approved budget continues to support a spending plan for the multi-disciplinary team and executive committee activities including: operating costs; travel; support activities; analysis and data entry; public education; and training.

NEVADA YOUTH TRAINING CENTER

The Nevada Youth Training Center (NYTC) at Elko is a 24-hour residential treatment facility for male youth between 12 and 18 years of age. At capacity, the center can accommodate 160 youth and provides educational and remedial programs, counseling services, rehabilitative training and recreational activities. The center operates an accredited junior/senior high school.

The 2011 Legislature approved the Governor's recommendation to close three residential units (60 beds) at NYTC, increase one 20-bed unit to 30 beds, and eliminate 18 positions. The actions reduce the bed capacity at the facility to 110 beds. The 2009 Legislature had approved the closure of 20 beds and the elimination of 10 positions at the facility during the 2009-11 biennium, but the Legislature approved funding for the restoration of the beds and the positions during the 26th Special Session to accommodate the closure of the Summit View Youth Correctional Center in May 2010.

Additionally, the 2011 Legislature recommended a letter of intent directing the division to provide quarterly reports to the Interim Finance Committee on the ratios of youth held in county detention facilities and lengths of stay.

YOUTH PAROLE SERVICES

Youth Parole Services provides supervision, counseling, residential and aftercare services to youth (male and female) released from juvenile correctional facilities, including the Nevada Youth Training Center at Elko, the Caliente Youth Center, the China Spring Youth Camp (state commitments), youth committed to out-of-state programs, and delinquent youth who require inpatient mental health treatment. Offices are maintained in Las Vegas, Reno, Fallon and Elko.

The 2011 Legislature approved the Governor's recommendation to eliminate General Funds of \$576,090 in each year of the 2011-13 biennium representing reimbursement to county detention facilities for housing youth whose parole is revoked. The Legislature did not approve the Governor's recommendation to allocate the entire cost of youth parole services (approximately \$5.4 million per year) to the counties, but instead approved General Funds of approximately \$2.7 million in each year to fund half of the cost of the services and approved county reimbursements of approximately \$2.7 million in each year of the biennium for the other half. The cost to the counties is

to be allocated based upon the percentage of the public school enrollment for youth in grades 7 through 12 in each county.

WRAPAROUND IN NEVADA

The Wraparound in Nevada (WIN) budget account was created by the 2005 Legislature to track the costs of the program separately from the division's other children's mental health budgets. The WIN program is designed to serve children in the foster care system with severe emotional disturbance. It is an alternative to traditional mental health services, and is an intensive intervention program that provides a high-risk child experiencing emotional or behavioral challenges with a "wrap" of support designed to stabilize the child and family.

The 2011 Legislature approved the Governor's recommendation to merge the WIN program budget account into the Northern and Southern Nevada Child and Adolescent Services accounts. The merger does not reduce funding for the program, but is projected to increase Medicaid reimbursements for existing services by adding the WIN program to the different cost allocations of the Child and Adolescent Services accounts. The merger is projected to produce General Fund savings of \$384,601 over the 2011-13 biennium by making the same amount of unallocated expenses eligible for Medicaid reimbursement.

NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES

Northern Nevada Child and Adolescent Services provide a continuum of mental health services to emotionally disturbed children, adolescents and their families. Programs for Washoe County, Carson City and Northern Nevada rural counties include outpatient counseling, day treatment, intensive treatment homes and inpatient services.

The 2011 Legislature approved the transfer of one Mental Health Counselor position to the division's Administration account to support the creation of a Children's Behavioral Health Policy and Accountability Board. The Governor had recommended the transfer of two positions, but the Legislature did not agree with transferring a position to support the Board, which would have resulted in the reduction of direct services to children. The Legislature approved adjustments related to the Policy and Accountability Board recommended by the division based on the understanding that the adjustments would be cost-neutral to the General Fund and additions in this account would be offset by reductions in the Administration account. The Legislature also did not approve the reclassification of the Mental Health Counselor position that was not approved to transfer to the Administration account. As noted above, the Legislature approved the merger of the WIN program into this account and the Southern Nevada Child and Adolescent Services account.

SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES

Southern Nevada Child and Adolescent Services provide a comprehensive continuum of behavioral health care services for emotionally disturbed children and adolescents from birth through 18 years of age. Programs include outpatient counseling, day treatment, intensive treatment homes and inpatient services.

Similar to the Northern Nevada Child and Adolescent Services account, the Legislature did not approve the transfer of two of four positions recommended by the Governor to support the new Children's Behavioral Health Policy and Accountability Board in the Administration account. The Legislature instead maintained two Public Service Intern positions in this account and reinstated funding for the Western Day Treatment program and a Child Care Worker position that were recommended for elimination. The Legislature also did not approve increasing one of the Public Service Intern positions from part-time to full-time.

As noted above, the Legislature approved the merger of the WIN program into this account and the Northern Nevada Child and Adolescent Services account. The Legislature also approved the transfer of a portion of contract services which support the WIN program from this account to the Northern Nevada Child and Adolescent Services account.

DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION

The mission of the Department of Employment, Training and Rehabilitation (DETR) is to connect Nevada's businesses with a qualified workforce and to encourage equal employment opportunities. The department consists of the Director's Office and centralized administrative services, the Employment Security Division, the Rehabilitation Division, the Research and Analysis Bureau, the Information Development and Processing Division, and the Nevada Equal Rights Commission. The department is the lead state agency responsible for the administration of the Workforce Investment Act in Nevada.

Funding for the department consists of federal funds from the U.S. Departments of Labor and Education; the Social Security Administration; a surcharge of 0.05 percent on wages paid by Nevada employers; and interest on, and forfeitures of, employer contributions. General Funds are provided to the Equal Rights Commission to supplement contract payments from the federal Equal Employment Opportunity Commission. General Funds are also provided to the Vocational Rehabilitation program and to the Bureau of Services to the Blind and Visually Impaired primarily to match federal Section 110 funding.

For all DETR accounts combined, net of interagency transfers, the Legislature approved total funding of \$333.7 million, which includes General Fund appropriations of \$7.4 million in the 2011-13 biennium. Approved General Fund appropriations for the 2011-13 biennium were \$2.46 million or 24.9 percent lower than the amounts

appropriated by the Legislature for the 2009-11 biennium. The legislatively approved General Fund appropriations were \$467,648 higher than the amounts recommended in The Executive Budget.

ADMINISTRATION

The Department of Employment, Training and Rehabilitation Administration account includes the Director's Office and provides management and support services to the agencies within the department. The account is funded by cost allocations to the other DETR budget accounts. The Legislature approved the Governor's recommendation to add two new positions, including a Personnel Technician and an Accountant Technician. The positions will assist in responding to the increased workload associated with current economic conditions. As recommended by the Governor, the Legislature also approved the reclassification of an existing Employment Services Officer position to an unclassified Assistant to the Director.

INFORMATION DEVELOPMENT AND PROCESSING DIVISION

The Information Development and Processing Division is responsible for the department's mainframe and server-based application development, system administration and operation, personal computer and network operations and maintenance, and information technology planning for the department. As recommended by the Governor, the Legislature approved \$562,500 in each year of the biennium to fund Master Services Agreement (MSA) programmers knowledgeable on the legacy system to assist in maintaining and supporting existing critical applications. The MSA programmers are needed during the transition to the Unemployment Insurance (UI) modernization system. The funding will support three MSA programmers for 1,500 billable hours each per year.

RESEARCH AND ANALYSIS BUREAU

The Research and Analysis Bureau is the primary source of labor market and economic information for the department, including state and local labor force, employment, occupation, career and general economic and demographic information. The Governor recommended funding for two intermittent Workforce Services Representative positions to conduct a customer satisfaction survey at a cost of \$176,027 in FY 2012 and \$181,804 in FY 2013. During budget closings, the department indicated that the surveys are no longer a mandatory function and requested that the funding for this purpose be eliminated. The Legislature eliminated the funding for the survey as requested by the department.

EQUAL RIGHTS COMMISSION

The Nevada Equal Rights Commission (NERC) investigates and resolves complaints of discrimination in employment, housing and public accommodations related to race, religion, age, sex (gender and/or orientation), disability, and national origin. The

Commission consists of five members appointed by the Governor. Funding is provided through General Fund appropriations and a contract with the federal Equal Employment Opportunity Commission (EEOC) for a specific number of intakes and case closures for employment discrimination cases.

As recommended by the Governor, the Legislature approved the elimination of a vacant Deputy Administrator position, which will eliminate on-site supervision in the Reno office. According to the department, eliminating the Deputy Administrator in lieu of other reductions will allow the Commission to retain more investigator positions for direct case work. The Legislature also approved the elimination of a Compliance Investigator II position, which had been vacant for an extended period of time. The Legislature also approved relocating staff in NERC's Reno office location to the existing Sparks JobConnect office.

The Legislature did not approve the Governor's recommendation to eliminate an Administrative Assistant III position and two additional vacant Compliance Investigator II positions. According to the NERC, the loss of the two Compliance Investigators would have resulted in an increased backlog of cases and potential revenue lost from the federal EEOC. The loss of the Administrative Assistant III position would have negatively affected the intake process with a decline in customer service, an increase in wait times and a decrease in the quality and length of time spent with each client. The restoration of the positions resulted in General Fund add backs of \$187,469 in FY 2012 and \$207,810 in FY 2013.

The Executive Budget recommended federal EEOC revenues based on a reimbursement rate of \$550 for each closure. On May 5, 2011, the department reported that the EEOC contract rate was increased to \$600 per closure. The Legislature approved EEOC revenue adjustments that resulted in General Fund savings of \$20,590 in FY 2012 and \$32,202 in FY 2013 as compared to the amounts recommended by the Governor.

The Legislature added General Fund appropriations of \$101,255 in FY 2012 and \$20,664 in FY 2013 to relocate the NERC office from the Grant Sawyer State Office Building to alternative office space. The relocation will make additional office space available in the Grant Sawyer State Office Building for the Legislative Counsel Bureau.

REHABILITATION DIVISION

The Rehabilitation Division is comprised of three bureaus: Vocational Rehabilitation, Services to the Blind and Visually Impaired, and Disability Adjudication. The division also includes the Client Assistance program.

The Bureau of Vocational Rehabilitation provides rehabilitation services to eligible individuals with disabilities to assist them in preparing for and obtaining employment and self-sufficiency. The Bureau of Services to the Blind and Visually Impaired provides services to persons who are blind, deaf/blind and/or severely visually impaired to assist

them in achieving employment, independent living and self-sufficiency. The bureau also administers the Blind Business Enterprise program statewide. The Bureau of Disability Adjudication is responsible for providing medical disability decisions to individuals in Nevada who file claims for disability benefits under the federal Social Security Administration's Disability Insurance and Supplemental Security Income Disability programs. The bureau also conducts evidentiary hearings for those disability beneficiaries who are recommended for benefits termination.

BUREAU OF VOCATIONAL REHABILITATION

A significant portion of the Bureau of Vocational Rehabilitation's activities are supported by federal Section 110 funds, which require a 21.3 percent match from the state. As recommended by the Governor, the Legislature approved General Fund reductions totaling \$1.39 million for the 2011-13 biennium. Because state funding is used as match, the reductions will trigger losses of federal Section 110 funding totaling \$5.04 million for the biennium.

The funding decreases resulted in the elimination of one vacant Vocational Evaluator position. Vocational Evaluators help determine a client's capabilities and survey the job market prospects that may be suitable for the client. Funding reductions may require establishing waiting lists for eligible clients to receive services.

BUREAU OF SERVICES TO THE BLIND AND VISUALLY IMPAIRED

As recommended by the Governor, the Legislature approved General Fund reductions totaling \$644,312 for the 2011-13 biennium. The reductions include the elimination of two positions, elimination of state funding for the Life Skills program, and decreases in state matching funds used to secure federal Section 110 funding for client services.

The elimination of state funding for the Life Skills program resulted in General Fund reductions of \$175,436 in FY 2012 and \$178,066 in FY 2013. The Life Skills program offers individualized training in home management, daily living skills, mobility, and communication for persons who are blind or visually impaired and for whom employment is not an intended outcome. Approximately 70 individuals are served through this program annually according to the department.

Decreases in state funding will also result in losses of federal Section 110 funding totaling \$1.02 million and reductions to client services such as assistance with job seeking, assistive technology tools, assistance with job site modification, and transition services. During the 76th Legislative Session, the department indicated that no clients will be turned away or denied services; however, DETR anticipates it will take longer to provide needed services to enable clients to become employed and more self-sufficient.

The reductions approved by the Legislature resulted in the elimination of a Rehabilitation Instructor and a Rehabilitation Counselor. The Rehabilitation Instructor has worked in Life Skills and provided services to vocational rehabilitation clients with

visual impairments. The Rehabilitation Counselor position has provided services to blind and visually impaired clients seeking employment.

BLIND BUSINESS ENTERPRISE PROGRAM

The Blind Business Enterprise of Nevada program (BEN) provides blind individuals seeking self-sufficiency the opportunity to operate snack bars and vending operations in federal, state and municipal buildings statewide. The program is responsible for the selection, training, and licensing of legally blind persons as vendors; establishing new vending facilities; maintaining existing vending facilities, including remodeling and refurbishment; providing vendors with business management consultation; and monitoring blind vendor business activities to ensure program compliance and facility profitability. The program is funded primarily from fees charged to blind vendor operations and commissions from vending companies.

The Legislature approved the Governor's recommendation to fund the opening of three major vendor sites and one vending machine site in FY 2012 and two additional major sites in FY 2013. The money committees issued a letter of intent directing the department to report semi-annually to the Interim Finance Committee on the status of the new sites.

EMPLOYMENT SECURITY DIVISION

The Employment Security Division is responsible for programs that pay Unemployment Insurance (UI) benefits, collect UI premiums, and provide job placement services and labor market information to employers and job seekers. The division also oversees the claimant/employer appeals process and provides training through the Career Enhancement Program.

During the 2011 Legislative Session, the Department of Employment, Training and Rehabilitation (DETR) estimated that Nevada would borrow up to \$746.0 million by the end of FFY 2011 in order to pay unemployment benefit claims. Interest on UI Trust Fund loans was waived by the American Recovery and Reinvestment Act (ARRA) through December 31, 2010. However, interest began accruing at the beginning of 2011 with the first interest payment due September 30, 2011. The Legislature approved Assembly Bill 484, as amended, which makes General Fund appropriations of \$23.9 million in FY 2011 and \$40.1 million in FY 2013 to fund interest payments due the federal Government for the loans made to the State of Nevada. Any balance of the funding not needed to make interest payments to the federal government may be allocated to the IFC Unrestricted Contingency Account for other purposes.

As recommended by the Governor, the Legislature approved federal administrative cost allowance revenues of \$7.5 million per year to fund 160 FTE intermittent positions to address the unemployment claims workload. The division spent \$10.21 million for this purpose in FY 2010.

Based on a guidance letter from the United States Department of Labor, the Legislature approved \$1.4 million per year in additional federal Workforce Investment Act (WIA) revenues beyond the amounts recommended in The Executive Budget. While the total WIA grant increased beyond anticipated amounts, the portion of the formula grant funds that may be reserved for statewide activities decreased from 15 percent to 5 percent. The agency noted the allocation change may result in some programmatic impacts, because DETR will not be able to sustain discretionary training programs previously funded with the reserve funding.

The Legislature approved the Governor's proposal to direct existing client services funding to establish the Silver State Works initiative, which is designed to encourage employers to hire and assist workers in removing employment barriers to promote a work first culture. The Governor proposed to direct \$4.65 million per year of existing funding in the DETR accounts for this purpose. The Legislature authorized the use of existing funding to support Silver State Works activities; however, as a result of the change in available WIA funding reserved for statewide activities, the amount available to support the initiative was reduced to \$4.15 million per year.

As recommended by the Governor, the Legislature approved the transfer of the Apprenticeship Program from the Other State Education Programs account, to the Employment Security Division (ESD) account. The approved transfer of \$459,449 per year included a change in the program funding source from General Funds to federal Workforce Investment Act (WIA) revenues. In support of the transfer, The Executive Budget narrative indicated that the ESD is more closely aligned with the goals and population of the program as part of a comprehensive program aimed at preparing Nevada residents for the workplace. The money committees approved a letter of intent directing DETR to provide quarterly reports on the status of the program transition and efforts to work with the Apprenticeship Program.

CAREER ENHANCEMENT PROGRAM

The Career Enhancement Program provides re-employment services and training programs to enhance the skills of both employed and unemployed individuals in the state. The Legislature approved the Governor's recommendation to merge the Career Enhancement Program account into the Employment Security Division (ESD) main account. Combining the accounts will create a fiscal structure that supports an integrated service delivery goal and will provide accounting and budgeting efficiencies, program administration efficiencies, and program service delivery improvements.

The Career Enhancement Program is funded primarily through a 0.05 percent surcharge on wages paid by Nevada employers. Wage assessment collections have declined in recent years as a result of the state's record unemployment rate. As recommended by the Governor, the Legislature approved eliminating five existing vacant Workforce Services Representative positions and restoring \$623,818 in wage assessment reserves for the 2011-13 biennium.

To accommodate the Re-Employment Service (RES) workload, the Legislature approved the Governor's recommendation to use remaining American Recovery and Reinvestment Act of 2009 (ARRA) funds totaling \$580,000 per year to add 12 intermittent Workforce Services Representative positions. DETR anticipates the addition of the 12 intermittent positions will shorten the duration of UI benefits payments by one week for at least 10,000 participants resulting in estimated UI Trust Fund savings of approximately \$3.2 million per year.

EMPLOYMENT SECURITY SPECIAL FUND

The Employment Security Special Fund is used to pay costs of administering employment security programs that may not be charged against federal grants. The sources of revenue for this fund are all interest and forfeitures collected from employers for non-payment or late payment of unemployment taxes. Federal funds for special projects are also included in this account.

The 2009 Legislature approved federal Reed Act funds of \$11.7 million for FY 2010 and \$10.4 million for FY 2011 to begin development and implementation of the UI System Modernization project. The Interim Finance Committee (IFC) approved an additional \$13.6 million in federal project funding on September 17, 2009. At the February 3, 2011, meeting, the IFC authorized an additional \$1.4 million in federal funding to incorporate UI overpayment detection upgrades and fraud reduction technology as part of the project.

The department entered into a fixed-fee, deliverable-based contract to develop and implement the new system. The department reported that the 100 percent federally funded contract will continue through June 30, 2014. During 2011 budget hearings, DETR noted that the UI modernization project is on schedule and on budget and that to date, no material issues or problems have been identified. As recommended by the Governor, the Legislature authorized unexpended federal funds of \$6.7 million in FY 2012 and \$2.9 million in FY 2013 to continue the contract with the implementation contractor and to fund change orders.

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HUMAN SERVICES					
HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE					
HHS-DO - ADMINISTRATION	5,955,857	5,132,822	5,059,035	3,800,175	3,737,018
GENERAL FUND	1,514,392	1,306,701	1,300,361	1,290,434	1,292,319
BALANCE FORWARD	186,239				
FEDERAL FUND	3,797,847	3,265,150	3,265,150	1,936,225	1,937,592
INTER-AGENCY TRANSFER	256,484	258,325	258,325	270,795	271,833
INTERIM FINANCE					
OTHER FUND	200,895	302,646	235,199	302,721	235,274
REVERSIONS					
HHS-DO - GRANTS MANAGEMENT UNIT	34,365,532	24,773,939	24,788,792	25,793,553	25,793,523
GENERAL FUND	3,501,523	2,941,261	2,749,545	337,033	337,003
FEDERAL FUND	24,419,336	18,535,484	18,535,484	18,554,803	18,554,803
INTER-AGENCY TRANSFER	6,274,673	3,297,194	3,383,763	6,901,717	6,901,717
OTHER FUND	170,000		120,000		
REVERSIONS					
HHS-DO - PROBLEM GAMBLING	2,126,362	766,297	758,952	776,651	770,104
BALANCE FORWARD	484,280				
OTHER FUND	1,642,082	766,297	758,952	776,651	770,104
HHS-DO - CHILDREN'S TRUST ACCOUNT	886,908	618,860	618,860	653,552	653,552
BALANCE FORWARD	194,600	40,770	40,770	100,000	100,000
OTHER FUND	692,308	578,090	578,090	553,552	553,552
HHS-DO - INDIGENT SUPPLEMENTAL ACCOUNT	23,403,820	19,677,508	19,268,867	19,839,105	19,278,718
BALANCE FORWARD	100,000	40,000	40,000		
OTHER FUND	23,303,820	19,637,508	19,228,867	19,839,105	19,278,718
HHS-DO - HEALTHY NEVADA FUND	7,061,244	2,740,019	2,826,588	10,145,641	10,145,641
OTHER FUND	7,061,244	2,740,019	2,826,588	10,145,641	10,145,641
HHS-DO - PUBLIC DEFENDER	2,844,873	2,707,319	2,593,625	2,743,632	2,628,394
GENERAL FUND	1,213,209	1,152,360	1,150,156	1,160,348	1,158,235
BALANCE FORWARD					
FEDERAL FUND	100,000				
OTHER FUND	1,531,664	1,554,959	1,443,469	1,583,284	1,470,159
REVERSIONS					
HHS-DO - INDIAN AFFAIRS COMMISSION	311,102	136,643	178,004	136,838	180,082
GENERAL FUND	161,602	136,643	137,215	136,838	137,160
INTER-AGENCY TRANSFER	134,500				
OTHER FUND	15,000		40,789		42,922
REVERSIONS					
HHS-DO - DEVELOPMENTAL DISABILITIES	761,303	649,519	650,618	649,515	650,622
GENERAL FUND	156,565	161,536	162,660	161,534	162,660
BALANCE FORWARD	4,615				
FEDERAL FUND	469,694	487,983	487,958	487,981	487,962
INTER-AGENCY TRANSFER	130,429				
REVERSIONS					

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HHS-DO - CONSUMER HEALTH ASSISTANCE	146,869	1,194,888	1,277,325	1,197,484	1,264,942
GENERAL FUND		304,771	304,771	309,687	309,687
BALANCE FORWARD		2,603	2,603	2,603	2,603
FEDERAL FUND	146,869	370,000	370,000	370,000	370,000
INTER-AGENCY TRANSFER		64,508	64,508	64,508	64,508
OTHER FUND		453,006	535,443	450,686	518,144
REVERSIONS					
TOTAL HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE	77,863,870	58,397,814	58,020,666	65,736,146	65,102,596
GENERAL FUND	6,547,291	6,003,272	5,804,708	3,395,874	3,397,064
BALANCE FORWARD	969,734	83,373	83,373	102,603	102,603
FEDERAL FUND	28,933,746	22,658,617	22,658,592	21,349,009	21,350,357
INTER-AGENCY TRANSFER	6,796,086	3,620,027	3,706,596	7,237,020	7,238,058
INTERIM FINANCE					
OTHER FUND	34,617,013	26,032,525	25,767,397	33,651,640	33,014,514
REVERSIONS					
AGING AND DISABILITY SERVICES					
HHS-ADSD - SENIOR CITIZENS' PROP TAX ASSISTANCE	4,761,398				
GENERAL FUND	4,761,398				
REVERSIONS					
HHS-ADSD - TOBACCO SETTLEMENT PROGRAM	6,458,857	3,826,382	4,383,932	5,435,811	5,435,811
INTER-AGENCY TRANSFER	6,458,857	3,826,382	4,383,932	5,435,811	5,435,811
HHS-ADSD - HOME & COMMUNITY BASED PROGRAMS	8,258,336				
GENERAL FUND	3,157,232				
BALANCE FORWARD	265,730				
INTER-AGENCY TRANSFER	4,835,374				
REVERSIONS					
HHS-ADSD - FEDERAL PROGRAMS AND ADMINISTRATION	17,274,360	18,269,086	18,776,086	17,969,832	18,192,914
GENERAL FUND	3,454,986	4,001,039	3,999,650	4,045,701	4,045,513
BALANCE FORWARD	82,480				
FEDERAL FUND	11,622,608	11,258,212	11,769,002	11,002,875	11,228,796
INTER-AGENCY TRANSFER	1,681,492	2,606,182	2,603,781	2,517,603	2,514,952
OTHER FUND	432,794	403,653	403,653	403,653	403,653
REVERSIONS					
HHS-ADSD - SENIOR RX AND DISABILITY RX	6,424,496	4,854,894	5,357,711	6,926,184	6,661,031
GENERAL FUND	103,284	43,602	43,603	43,395	43,396
INTER-AGENCY TRANSFER	792,844	546,689	546,689	546,689	546,689
OTHER FUND	5,528,368	4,264,603	4,767,419	6,336,100	6,070,946
REVERSIONS					
HHS-ADSD - EPS/HOMEMAKER PROGRAMS	3,623,222				
GENERAL FUND	135,282				
INTER-AGENCY TRANSFER	3,487,940				

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HHS-ADSD - COMMUNITY BASED SERVICES	12,540,776	20,183,603	21,129,325	20,135,821	21,073,680
GENERAL FUND	9,072,758	10,224,540	12,053,662	7,598,187	9,664,778
BALANCE FORWARD	1,324,492	850,523	850,523	539,298	539,298
FEDERAL FUND	577,022	496,224	496,229	427,400	427,313
INTER-AGENCY TRANSFER	342,127	6,422,618	6,421,690	9,134,790	9,134,511
OTHER FUND	1,224,377	2,189,698	1,307,221	2,436,146	1,307,780
REVERSIONS					
HHS-ADSD - IDEA PART C COMPLIANCE	5,867,201	3,932,175	3,932,144	3,932,175	3,932,143
BALANCE FORWARD	5,495				
FEDERAL FUND	5,860,206	3,930,675	3,930,644	3,930,675	3,930,643
INTER-AGENCY TRANSFER	1,500	1,500	1,500	1,500	1,500
REVERSIONS					
TOTAL AGING AND DISABILITY SERVICES	65,208,646	51,066,140	53,579,198	54,399,823	55,295,579
GENERAL FUND	20,684,940	14,269,181	16,096,915	11,687,283	13,753,687
BALANCE FORWARD	1,678,197	850,523	850,523	539,298	539,298
FEDERAL FUND	18,059,836	15,685,111	16,195,875	15,360,950	15,586,752
INTER-AGENCY TRANSFER	17,600,134	13,403,371	13,957,592	17,636,393	17,633,463
OTHER FUND	7,185,539	6,857,954	6,478,293	9,175,899	7,782,379
REVERSIONS					
HEALTH CARE FINANCING & POLICY					
HHS-HCF&P - HIFA HOLDING ACCOUNT	665,686	192,492	192,492		
GENERAL FUND	332,843	96,246	96,246		
INTER-AGENCY TRANSFER	332,843	96,246	96,246		
REVERSIONS					
HHS-HCF&P - INTERGOVERNMENTAL TRANSFER PROGRAM	111,036,372	111,821,583	133,284,658	101,583,688	107,169,684
BALANCE FORWARD	19,175,148	9,911,774	22,957,079	1,513,553	
OTHER FUND	91,861,224	101,909,809	110,327,579	100,070,135	107,169,684
REVERSIONS					
HHS-HCF&P - ADMINISTRATION	92,583,749	128,889,283	128,899,548	145,164,062	144,859,232
GENERAL FUND	21,464,961	19,271,526	19,264,369	20,078,805	20,074,689
BALANCE FORWARD	2,001,678	1,640,621	1,640,621	1,162,829	1,162,829
FEDERAL FUND	66,137,738	104,996,611	105,014,033	121,065,798	120,765,084
INTER-AGENCY TRANSFER	454,445	344,071	344,071	354,224	354,224
INTERIM FINANCE	245,671				
OTHER FUND	2,279,256	2,636,454	2,636,454	2,502,406	2,502,406
REVERSIONS					
HHS-HCF&P - INCREASED QUALITY OF NURSING CARE	23,148,932	30,079,617	30,079,617	31,360,392	31,360,392
BALANCE FORWARD	918,558	900,000	900,000	900,000	900,000
OTHER FUND	22,230,374	29,179,617	29,179,617	30,460,392	30,460,392
REVERSIONS					
HHS-HCF&P - NEVADA CHECK-UP PROGRAM	36,409,032	33,297,427	33,931,335	35,059,245	34,829,761
GENERAL FUND	10,833,631	9,472,543	9,762,817	9,415,126	9,032,030
FEDERAL FUND	22,974,012	22,048,663	22,494,438	23,912,344	24,149,235
INTER-AGENCY TRANSFER	713,968	154,720	78,467	78,096	72,299
OTHER FUND	1,887,421	1,621,501	1,595,613	1,653,679	1,576,197

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HHS-HCF&P - NEVADA MEDICAID, TITLE XIX	1,401,300,149	1,603,023,997	1,638,585,088	1,669,131,493	1,680,484,318
GENERAL FUND	431,670,698	506,201,587	506,794,541	500,836,117	489,621,665
FEDERAL FUND	831,950,998	921,126,254	941,016,079	1,001,153,392	1,025,381,817
INTER-AGENCY TRANSFER	110,945,235	135,801,869	158,854,750	126,711,534	133,816,880
OTHER FUND	26,733,218	39,894,287	31,919,718	40,430,450	31,663,956
HHS-HCF&P - HIFA MEDICAL	1,906,582	595,179	595,179		
FEDERAL FUND	1,258,915	407,935	407,935		
INTER-AGENCY TRANSFER	647,667	187,244	187,244		
TOTAL HEALTH CARE FINANCING & POLICY	1,667,050,502	1,907,899,578	1,965,567,917	1,982,298,880	1,998,703,387
GENERAL FUND	464,302,133	535,041,902	535,917,973	530,330,048	518,728,384
BALANCE FORWARD	22,095,384	12,452,395	25,497,700	3,576,382	2,062,829
FEDERAL FUND	922,321,663	1,048,579,463	1,068,932,485	1,146,131,534	1,170,296,136
INTER-AGENCY TRANSFER	113,094,158	136,584,150	159,560,778	127,143,854	134,243,403
INTERIM FINANCE	245,671				
OTHER FUND	144,991,493	175,241,668	175,658,981	175,117,062	173,372,635
REVERSIONS					
HEALTH DIVISION					
HHS-HD - RADIOLOGICAL HEALTH	5,535,641	5,406,167	3,623,252	5,630,615	3,838,286
BALANCE FORWARD	1,843,765	2,546,923	758,495	2,772,033	974,256
FEDERAL FUND	555,460	320,518	325,304	319,856	325,304
INTER-AGENCY TRANSFER	460,896	133,896	134,623	133,896	133,896
OTHER FUND	2,675,520	2,404,830	2,404,830	2,404,830	2,404,830
HHS-HD - HEALTH RADIOACTIVE & HAZARDOUS WASTE	882,756	606,804	606,804	620,743	638,070
BALANCE FORWARD	539,216	463,248	463,248	477,187	494,514
OTHER FUND	343,540	143,556	143,556	143,556	143,556
HHS-HD - CANCER CONTROL REGISTRY	1,159,468	1,392,546	987,913	1,380,521	985,902
BALANCE FORWARD	414,057	456,154	17,227	521,560	82,749
FEDERAL FUND	610,861	788,023	814,784	770,592	814,784
INTER-AGENCY TRANSFER			7,533		
OTHER FUND	134,550	148,369	148,369	88,369	88,369
HHS-HD - HEALTH STATISTICS AND PLANNING	1,645,403	1,061,039	1,601,409	1,068,204	1,580,040
GENERAL FUND	810,630	663,592		670,031	
FEDERAL FUND	579,969	261,066	256,043	262,745	255,671
INTER-AGENCY TRANSFER	245,365	127,233	149,248	126,280	126,314
OTHER FUND	9,439	9,148	1,196,118	9,148	1,198,055
REVERSIONS					
HHS-HD - CONSUMER HEALTH PROTECTION	2,531,109	1,853,233	1,859,467	1,844,967	1,861,336
GENERAL FUND	487,674				
INTER-AGENCY TRANSFER	735,094				
OTHER FUND	1,308,341	1,853,233	1,859,467	1,844,967	1,861,336
REVERSIONS					

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HHS-HD - EARLY INTERVENTION SERVICES	25,832,860	22,832,845	24,513,845	24,451,564	26,533,342
GENERAL FUND	19,305,065	18,366,869	19,710,338	19,985,658	22,067,436
BALANCE FORWARD	952				
FEDERAL FUND	644,949	155,415	155,415	155,346	155,346
INTER-AGENCY TRANSFER	5,723,977	4,251,929	4,251,929	4,251,928	4,251,928
OTHER FUND	157,917	58,632	396,163	58,632	58,632
REVERSIONS					
HHS-HD - IMMUNIZATION PROGRAM	5,996,459	5,537,165	5,120,781	5,195,582	4,737,489
GENERAL FUND	969,931	717,382	579,740	695,748	524,567
BALANCE FORWARD	32,107	32,107		32,107	
FEDERAL FUND	3,422,878	3,216,522	3,215,780	2,896,573	2,898,193
INTER-AGENCY TRANSFER	1,571,543	1,571,154	1,325,261	1,571,154	1,314,729
REVERSIONS					
HHS-HD - WIC FOOD SUPPLEMENT	63,592,626	63,200,823	63,199,188	64,086,162	64,086,094
BALANCE FORWARD	4,604				
FEDERAL FUND	48,307,485	47,714,712	47,713,077	47,703,410	47,703,342
OTHER FUND	15,280,537	15,486,111	15,486,111	16,382,752	16,382,752
HHS-HD - COMMUNICABLE DISEASES	14,729,228	14,564,251	14,570,134	14,556,657	14,557,049
GENERAL FUND	2,092,653	2,081,067	2,081,040	2,079,975	2,080,001
BALANCE FORWARD	70				
FEDERAL FUND	12,136,137	11,221,483	11,221,069	11,214,981	11,215,347
INTER-AGENCY TRANSFER			6,324		
OTHER FUND	500,368	1,261,701	1,261,701	1,261,701	1,261,701
REVERSIONS					
HHS-HD - HEALTH FACILITIES HOSPITAL LICENSING	10,856,101	11,310,018	11,177,315	11,763,218	11,593,996
BALANCE FORWARD	1,591,936	1,031,591	1,031,591	1,491,166	1,450,349
FEDERAL FUND	3,116,991	2,102,947	2,083,453	2,046,364	2,029,213
INTER-AGENCY TRANSFER	1,197,343	1,206,883	1,196,889	1,207,770	1,198,813
OTHER FUND	4,949,831	6,968,597	6,865,382	7,017,918	6,915,621
HHS-HD - PUBLIC HEALTH PREPAREDNESS PROGRAM	18,866,126	14,243,250	14,501,213	14,204,872	14,272,781
BALANCE FORWARD					
FEDERAL FUND	18,785,601	14,219,228	14,276,927	14,184,621	14,251,225
INTER-AGENCY TRANSFER	80,525	24,022	224,286	20,251	21,556
HHS-HD - BIOSTATISTICS AND EPIDEMIOLOGY		3,805,334	3,751,311	3,804,169	3,751,518
GENERAL FUND		384,528	340,782	383,754	342,240
FEDERAL FUND		2,905,814	2,896,179	2,900,879	2,886,832
INTER-AGENCY TRANSFER		514,992	514,350	519,536	522,446
HHS-HD - CHRONIC DISEASE	7,528,071	5,367,947	5,368,177	4,985,114	4,987,305
GENERAL FUND	785,827				
BALANCE FORWARD	12,830				
FEDERAL FUND	6,702,215	5,354,319	5,354,549	4,985,114	4,987,305
INTER-AGENCY TRANSFER	10,509	13,628	13,628		
OTHER FUND	16,690				
REVERSIONS					

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HHS-HD - MATERNAL CHILD HEALTH SERVICES	7,950,977	7,219,143	7,101,731	7,082,636	6,973,127
GENERAL FUND	988,649	978,842	881,541	974,880	879,181
BALANCE FORWARD	550				
FEDERAL FUND	3,606,833	3,780,766	3,784,064	3,766,481	3,772,527
INTER-AGENCY TRANSFER	44,190	154,562	155,383	156,398	156,404
OTHER FUND	3,310,755	2,304,973	2,280,743	2,184,877	2,165,015
REVERSIONS					
HHS-HD - OFFICE OF HEALTH ADMINISTRATION	5,869,716	7,611,570	8,085,460	9,251,892	8,974,691
GENERAL FUND	1,067,517	664,948	714,509	778,369	828,373
BALANCE FORWARD	1,104,068	1,115,168	1,115,168	2,675,554	2,417,995
INTER-AGENCY TRANSFER	3,698,131	5,756,454	6,180,783	5,722,969	5,653,323
OTHER FUND		75,000	75,000	75,000	75,000
REVERSIONS					
HHS-HD - COMMUNITY HEALTH SERVICES	4,180,329	3,952,259	4,001,929	3,959,922	3,988,423
GENERAL FUND	776,409	906,852	1,083,651	912,268	1,064,232
BALANCE FORWARD	101,842				
FEDERAL FUND	1,173,936	645,000	645,000	645,000	645,000
INTER-AGENCY TRANSFER	1,014,528	1,412,180	1,429,945	1,413,658	1,434,541
OTHER FUND	1,113,614	988,227	843,333	988,996	844,650
REVERSIONS					
HHS-HD - EMERGENCY MEDICAL SERVICES	1,034,544	1,281,012	1,279,282	959,446	947,501
GENERAL FUND	791,854		726,861		728,487
BALANCE FORWARD	39,957	39,957	39,957	9,521	32,135
FEDERAL FUND	162,805	130,000	130,000	130,000	130,000
INTER-AGENCY TRANSFER			22,442		
OTHER FUND	39,928	1,111,055	360,022	819,925	56,879
REVERSIONS					
HHS-HD - MARIJUANA HEALTH REGISTRY	970,136	1,779,367	1,504,078	1,717,481	1,419,648
BALANCE FORWARD	362,992	620,099	620,099	558,213	447,883
OTHER FUND	607,144	1,159,268	883,979	1,159,268	971,765
REVERSIONS					
HHS-HD - CHILD CARE SERVICES	1,493,304	1,579,611	1,579,611	1,600,120	1,600,203
GENERAL FUND	100	15,441	15,441	51,088	51,088
BALANCE FORWARD	110,682	21,988	21,988	6,850	6,933
INTER-AGENCY TRANSFER	1,313,072	1,471,402	1,471,402	1,471,402	1,471,402
OTHER FUND	69,450	70,780	70,780	70,780	70,780
REVERSIONS					
TOTAL HEALTH DIVISION	180,654,854	174,604,384	174,432,900	178,163,885	177,326,801
GENERAL FUND	28,076,309	24,779,521	26,133,903	26,531,771	28,565,605
BALANCE FORWARD	6,159,628	6,327,235	4,067,773	8,544,191	5,906,814
FEDERAL FUND	99,806,120	92,815,813	92,871,644	91,981,962	92,070,089
INTER-AGENCY TRANSFER	16,095,173	16,638,335	17,084,026	16,595,242	16,285,352
OTHER FUND	30,517,624	34,043,480	34,275,554	34,510,719	34,498,941
REVERSIONS					

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WELFARE AND SUPPORTIVE SERVICES					
HHS-WELFARE - ADMINISTRATION	29,362,063	29,604,268	29,434,117	42,564,996	41,986,187
GENERAL FUND	4,221,547	8,089,201	8,247,937	8,597,107	8,758,699
BALANCE FORWARD	129,120				
FEDERAL FUND	20,259,396	17,740,780	17,514,764	17,800,661	17,577,986
INTER-AGENCY TRANSFER	4,307,096	3,600,900	3,498,029	15,993,841	15,476,115
OTHER FUND	444,904	173,387	173,387	173,387	173,387
REVERSIONS					
HHS-WELFARE - TANF	54,248,806	53,188,229	49,152,854	49,564,604	48,659,084
GENERAL FUND	24,565,852	29,353,373	25,721,787	26,019,425	24,705,242
BALANCE FORWARD					
FEDERAL FUND	29,682,954	23,834,856	23,431,067	23,545,179	23,953,842
HHS-WELFARE - ASSISTANCE TO AGED AND BLIND	7,949,442	7,887,442	7,887,442	8,189,643	8,189,643
GENERAL FUND	7,949,442	7,887,442	7,887,442	8,189,643	8,189,643
INTER-AGENCY TRANSFER					
REVERSIONS					
HHS-WELFARE - FIELD SERVICES	76,700,142	76,568,436	76,563,446	77,153,516	77,161,897
GENERAL FUND	25,408,117	26,590,036	26,986,019	26,791,153	27,186,569
BALANCE FORWARD	468,721				
FEDERAL FUND	37,655,007	36,980,881	37,072,477	37,266,358	37,371,397
INTER-AGENCY TRANSFER	13,143,897	12,947,851	12,470,681	13,045,900	12,569,327
OTHER FUND	24,400	49,668	34,269	50,105	34,604
REVERSIONS					
HHS-WELFARE - CHILD SUPPORT ENFORCEMENT PROGRAM	19,095,188	15,134,617	15,929,103	14,971,709	15,472,041
BALANCE FORWARD	4,635,954	2,293,703	2,593,703	1,846,825	1,866,335
FEDERAL FUND	8,709,204	7,517,093	8,061,575	7,835,173	8,388,629
OTHER FUND	5,750,030	5,323,821	5,273,825	5,289,711	5,217,077
HHS-WELFARE - CHILD SUPPORT FEDERAL REIMBURSEMENT	35,085,474	35,237,108	35,237,108	38,536,485	38,536,485
BALANCE FORWARD	130,658	69,418	69,418		
FEDERAL FUND	34,947,622	35,139,649	35,139,649	38,508,444	38,508,444
OTHER FUND	7,194	28,041	28,041	28,041	28,041
HHS-WELFARE - CHILD ASSISTANCE AND DEVELOPMENT	47,627,937	38,025,996	38,025,473	39,302,167	39,301,777
GENERAL FUND	7,723,200	2,580,421	2,580,421	2,580,421	2,580,421
BALANCE FORWARD	1,409,235	893,755	893,755		
FEDERAL FUND	38,495,502	34,551,820	34,551,297	36,721,746	36,721,356
HHS-WELFARE - ENERGY ASSISTANCE PROGRAM	22,796,265	18,441,374	18,441,391	18,417,288	18,417,240
BALANCE FORWARD				300,000	300,000
FEDERAL FUND	12,197,155	9,789,346	9,789,370	9,486,067	9,486,031
OTHER FUND	10,599,110	8,652,028	8,652,021	8,631,221	8,631,209

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TOTAL WELFARE AND SUPPORTIVE SERVICES	292,865,317	274,087,470	270,670,934	288,700,408	287,724,354
GENERAL FUND	69,868,158	74,500,473	71,423,606	72,177,749	71,420,574
BALANCE FORWARD	6,773,688	3,256,876	3,556,876	2,146,825	2,166,335
FEDERAL FUND	181,946,840	165,554,425	165,560,199	171,163,628	172,007,685
INTER-AGENCY TRANSFER	17,450,993	16,548,751	15,968,710	29,039,741	28,045,442
OTHER FUND	16,825,638	14,226,945	14,161,543	14,172,465	14,084,318
REVERSIONS					
MENTAL HEALTH AND DEVELOPMENTAL SERVICES					
HHS-MHDS - SO NV ADULT MENTAL HEALTH SERVICES	94,351,499	84,678,076	86,454,644	85,827,525	87,219,086
GENERAL FUND	79,182,312	71,337,901	74,353,953	72,485,115	74,956,332
FEDERAL FUND	7,514,845	6,227,822	6,252,220	6,225,890	6,258,156
INTER-AGENCY TRANSFER	7,317,420	5,149,293	5,562,573	5,150,209	5,718,279
OTHER FUND	336,922	1,963,060	285,898	1,966,311	286,319
REVERSIONS					
HHS-MHDS - NO NV ADULT MENTAL HEALTH SVCS	33,857,154	30,678,701	31,753,414	30,830,330	31,993,364
GENERAL FUND	28,504,759	24,383,057	26,418,705	24,519,496	26,605,748
BALANCE FORWARD	137,273				
FEDERAL FUND	1,501,424	2,004,793	2,044,485	2,014,391	2,057,954
INTER-AGENCY TRANSFER	3,396,605	2,699,216	2,889,014	2,693,535	2,926,189
OTHER FUND	317,093	1,591,635	401,210	1,602,908	403,473
REVERSIONS					
HHS-MHDS - MENTAL HEALTH INFORMATION SYSTEM	1,941,107	1,665,350	1,660,558	1,694,642	1,692,946
GENERAL FUND	1,541,099	1,293,860	1,289,084	1,320,126	1,318,440
FEDERAL FUND	142,200	132,871	132,861	132,833	132,825
INTER-AGENCY TRANSFER	257,808	238,619	238,613	241,683	241,681
REVERSIONS					
HHS-MHDS - FAMILY PRESERVATION PROGRAM	2,335,268	2,638,570	2,638,570	2,756,006	2,756,006
GENERAL FUND	2,335,268	2,638,570	2,638,570	1,596,310	1,596,310
INTER-AGENCY TRANSFER				1,159,696	1,159,696
REVERSIONS					
HHS-MHDS - RURAL REGIONAL CENTER	16,071,357	14,663,030	14,955,675	14,692,561	14,996,724
GENERAL FUND	9,276,340	8,034,929	8,296,726	7,850,720	7,958,242
FEDERAL FUND					
INTER-AGENCY TRANSFER	6,795,017	5,738,499	5,769,347	5,977,642	6,174,283
OTHER FUND		889,602	889,602	864,199	864,199
REVERSIONS					
HHS-MHDS - ADMINISTRATION	7,569,059	7,686,725	7,685,658	7,720,841	7,724,040
GENERAL FUND	2,577,400	1,950,640	1,949,613	1,976,623	1,978,700
FEDERAL FUND	4,169,574	4,169,861	4,169,830	4,168,188	4,168,893
INTER-AGENCY TRANSFER	807,086	1,566,224	1,566,215	1,576,030	1,576,447
OTHER FUND	14,999				
REVERSIONS					

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HHS-MHDS - SUBSTANCE ABUSE PREV & TREATMENT AGCY	29,512,767	22,588,166	24,685,871	22,581,462	24,680,730
GENERAL FUND	10,367,541	7,410,410	9,509,326	7,432,967	9,532,651
BALANCE FORWARD	458,198				
FEDERAL FUND	17,626,318	13,700,185	13,698,974	13,711,821	13,711,405
INTER-AGENCY TRANSFER	790,163	1,179,337	1,179,337	1,179,337	1,179,337
OTHER FUND	270,547	298,234	298,234	257,337	257,337
REVERSIONS					
HHS-MHDS - ALCOHOL TAX PROGRAM	1,326,164	1,233,685	1,233,685	1,233,685	1,233,685
BALANCE FORWARD	256,823	276,164	276,164	276,164	276,164
OTHER FUND	1,069,341	957,521	957,521	957,521	957,521
HHS-MHDS - DESERT REGIONAL CENTER	90,507,916	86,593,578	87,473,862	86,841,985	87,761,603
GENERAL FUND	49,980,436	46,399,745	47,516,854	45,990,126	46,332,630
INTER-AGENCY TRANSFER	40,358,038	36,884,923	36,953,277	37,397,360	38,500,499
OTHER FUND	169,442	3,308,910	3,003,731	3,454,499	2,928,474
REVERSIONS					
HHS-MHDS - SIERRA REGIONAL CENTER	34,818,421	34,412,501	34,991,626	34,458,018	35,061,290
GENERAL FUND	20,002,478	18,549,183	19,120,518	18,445,704	18,629,896
INTER-AGENCY TRANSFER	14,815,943	14,177,419	14,265,490	14,374,812	14,871,868
OTHER FUND		1,685,899	1,605,618	1,637,502	1,559,526
REVERSIONS					
HHS-MHDS - FACILITY FOR THE MENTAL OFFENDER	9,396,076	8,590,096	8,589,528	8,666,792	8,683,655
GENERAL FUND	9,140,163	8,338,452	8,337,884	8,415,148	8,432,011
INTER-AGENCY TRANSFER					
OTHER FUND	255,913	251,644	251,644	251,644	251,644
REVERSIONS					
HHS-MHDS - RURAL CLINICS	15,969,321	12,264,870	12,548,221	12,383,740	12,682,056
GENERAL FUND	12,668,885	10,359,984	10,727,274	10,460,149	10,832,793
FEDERAL FUND	657,122	335,146	337,707	333,305	336,305
INTER-AGENCY TRANSFER	2,183,483	1,175,795	1,199,290	1,195,621	1,229,008
OTHER FUND	459,831	393,945	283,950	394,665	283,950
REVERSIONS					
TOTAL MENTAL HEALTH AND DEVELOPMENTAL SERVICES	337,656,109	307,693,348	314,671,312	309,687,587	316,485,185
GENERAL FUND	225,576,681	200,696,731	210,158,507	200,492,484	208,173,753
BALANCE FORWARD	852,294	276,164	276,164	276,164	276,164
FEDERAL FUND	31,611,483	26,570,678	26,636,077	26,586,428	26,665,538
INTER-AGENCY TRANSFER	76,721,563	68,809,325	69,623,156	70,945,925	73,577,287
OTHER FUND	2,894,088	11,340,450	7,977,408	11,386,586	7,792,443
REVERSIONS					

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CHILD AND FAMILY SERVICES					
HHS-DCFS - COMMUNITY JUVENILE JUSTICE PROGRAMS	4,657,606	2,128,740	4,478,545	2,271,756	4,621,374
GENERAL FUND	1,165,665		2,349,807		2,349,615
BALANCE FORWARD	353,436	362,928	362,928	505,944	505,944
FEDERAL FUND	3,111,930	1,760,825	1,760,823	1,760,825	1,760,828
INTER-AGENCY TRANSFER					
OTHER FUND	26,575	4,987	4,987	4,987	4,987
REVERSIONS					
HHS-DCFS - WASHOE COUNTY INTEGRATION	30,481,491	29,353,212	29,057,336	29,939,685	29,643,809
GENERAL FUND	15,321,327	14,250,000	14,250,000	14,250,000	14,250,000
FEDERAL FUND	12,650,465	13,447,787	13,419,791	14,034,260	14,006,264
INTER-AGENCY TRANSFER	1,783,398	955,425	687,545	955,425	687,545
INTERIM FINANCE					
OTHER FUND	726,301	700,000	700,000	700,000	700,000
REVERSIONS					
HHS-DCFS - CLARK COUNTY INTEGRATION	78,987,025	78,348,217	78,644,092	80,712,878	81,008,754
GENERAL FUND	45,767,772	42,750,000	42,750,000	42,750,000	42,750,000
FEDERAL FUND	27,147,888	33,803,462	33,831,457	36,168,123	36,196,119
INTER-AGENCY TRANSFER	3,456,846	1,794,755	2,062,635	1,794,755	2,062,635
OTHER FUND	2,614,519				
REVERSIONS					
HHS-DCFS - UNITY/SACWIS	5,198,761	5,963,410	5,975,155	8,151,953	8,160,760
GENERAL FUND	2,720,419	3,107,989	3,113,990	4,199,709	4,204,177
BALANCE FORWARD	156				
FEDERAL FUND	2,373,381	2,606,109	2,611,730	3,701,386	3,705,651
INTER-AGENCY TRANSFER	104,805	249,312	249,435	250,858	250,932
REVERSIONS					
HHS-DCFS - CHILDREN, YOUTH & FAMILY ADMINISTRATION	21,846,188	17,588,497	17,295,469	17,700,607	17,406,470
GENERAL FUND	9,484,971	5,356,769	4,935,433	5,439,458	5,016,962
BALANCE FORWARD	86,361				
FEDERAL FUND	10,541,756	11,027,296	11,263,547	11,052,087	11,288,736
INTER-AGENCY TRANSFER	1,553,100	1,139,432	1,031,489	1,144,062	1,035,772
OTHER FUND	180,000	65,000	65,000	65,000	65,000
REVERSIONS					
HHS-DCFS - YOUTH ALTERNATIVE PLACEMENT	3,532,099	1,997,618	3,532,099	1,997,618	3,532,099
GENERAL FUND	1,534,481		1,534,481		1,534,481
OTHER FUND	1,997,618	1,997,618	1,997,618	1,997,618	1,997,618
HHS-DCFS - JUVENILE CORRECTIONAL FACILITY	968,074	1,472,661	1,472,661	1,472,939	1,472,940
GENERAL FUND	968,074	1,472,661	1,472,661	1,472,939	1,472,940
INTER-AGENCY TRANSFER					
REVERSIONS					

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HHS-DCFS - CALIENTE YOUTH CENTER	8,399,270	8,006,198	8,006,198	8,104,011	8,104,011
GENERAL FUND	8,131,449	7,777,466	7,777,466	7,856,110	7,856,110
INTER-AGENCY TRANSFER	267,821	228,732	228,732	247,901	247,901
REVERSIONS					
HHS-DCFS - VICTIMS OF DOMESTIC VIOLENCE	2,479,980	4,036,547	4,036,547	4,005,995	4,005,995
BALANCE FORWARD	456,306	320,464	320,464	289,912	289,912
INTER-AGENCY TRANSFER	200,000				
OTHER FUND	1,823,674	3,716,083	3,716,083	3,716,083	3,716,083
HHS-DCFS - RURAL CHILD WELFARE	17,714,055	16,105,502	16,434,267	16,567,282	17,078,049
GENERAL FUND	8,894,128	5,506,280	5,752,173	5,723,224	6,002,881
BALANCE FORWARD	232,294	232,294	232,294	232,294	232,294
FEDERAL FUND	4,687,427	5,702,343	5,785,215	5,902,351	6,133,461
INTER-AGENCY TRANSFER	3,815,170	2,050,652	2,050,652	2,050,652	2,050,652
OTHER FUND	85,036	2,613,933	2,613,933	2,658,761	2,658,761
HHS-DCFS - CHILD WELFARE TRUST	739,167	327,271	327,271	327,271	327,271
BALANCE FORWARD	5,599				
FEDERAL FUND					
OTHER FUND	733,568	327,271	327,271	327,271	327,271
HHS-DCFS - TRANSITION FROM FOSTER CARE	1,723,929	1,732,602	1,732,602	1,737,420	1,737,420
BALANCE FORWARD	1,099,177	630,033	630,033	620,868	620,868
OTHER FUND	624,752	1,102,569	1,102,569	1,116,552	1,116,552
HHS-DCFS - REVIEW OF DEATH OF CHILDREN	262,849	255,665	255,665	277,740	277,740
BALANCE FORWARD	125,245	115,474	115,474	135,092	135,092
OTHER FUND	137,604	140,191	140,191	142,648	142,648
HHS-DCFS - NEVADA YOUTH TRAINING CENTER	10,858,459	9,136,302	9,136,302	9,284,926	9,284,926
GENERAL FUND	10,222,116	8,758,397	8,758,397	8,885,654	8,885,654
BALANCE FORWARD	4,421				
INTER-AGENCY TRANSFER	587,927	377,905	377,905	399,272	399,272
OTHER FUND	43,995				
REVERSIONS					
HHS-DCFS - YOUTH PAROLE SERVICES	6,605,371	5,490,544	5,490,652	5,506,153	5,513,393
GENERAL FUND	6,529,355		2,714,118		2,729,054
OTHER FUND	76,016	5,490,544	2,776,534	5,506,153	2,784,339
REVERSIONS					
HHS-DCFS - WRAPAROUND IN NEVADA	4,080,760				
GENERAL FUND	2,096,125				
INTER-AGENCY TRANSFER	1,984,635				
REVERSIONS					

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HHS-DCFS - NORTHERN NV CHILD & ADOLESCENT SERVICES	6,320,123	7,404,705	7,536,027	7,556,879	7,710,147
GENERAL FUND	2,777,183	3,109,465	3,200,061	3,120,662	3,159,650
BALANCE FORWARD					
INTER-AGENCY TRANSFER	3,466,906	4,219,206	4,259,932	4,360,183	4,474,463
OTHER FUND	76,034	76,034	76,034	76,034	76,034
REVERSIONS					
HHS-DCFS - SOUTHERN NV CHILD & ADOLESCENT SERVICES	22,707,404	23,984,754	24,407,260	24,240,227	24,704,744
GENERAL FUND	9,564,251	10,940,206	11,244,555	10,619,703	10,678,194
INTER-AGENCY TRANSFER	12,857,152	12,265,285	12,383,442	12,826,045	13,232,071
OTHER FUND	286,001	779,263	779,263	794,479	794,479
REVERSIONS					
TOTAL CHILD AND FAMILY SERVICES	227,562,611	213,332,445	217,818,148	219,855,340	224,589,902
GENERAL FUND	125,177,316	103,029,233	109,853,142	104,317,459	110,889,718
BALANCE FORWARD	2,362,995	1,661,193	1,661,193	1,784,110	1,784,110
FEDERAL FUND	60,512,847	68,347,822	68,672,563	72,619,032	73,091,059
INTER-AGENCY TRANSFER	30,077,760	23,280,704	23,331,767	24,029,153	24,441,243
INTERIM FINANCE					
OTHER FUND	9,431,693	17,013,493	14,299,483	17,105,586	14,383,772
REVERSIONS					
EMPLOYMENT, TRAINING AND REHABILITATION					
DETR - ADMINISTRATION	5,032,917	5,463,567	5,460,092	5,515,821	5,515,103
BALANCE FORWARD	351,469	275,077	275,077	275,077	275,077
INTER-AGENCY TRANSFER	4,681,448	5,188,490	5,185,015	5,240,744	5,240,026
DETR - INFORMATION DEVELOPMENT AND PROCESSING	9,632,199	12,252,814	12,277,889	12,138,033	12,137,747
BALANCE FORWARD	902,021	654,518	654,518	654,518	654,518
FEDERAL FUND	27,882				
INTER-AGENCY TRANSFER	8,702,296	11,598,296	11,623,371	11,483,515	11,483,229
DETR - RESEARCH & ANALYSIS	4,828,103	3,053,569	2,874,049	3,094,442	2,902,536
BALANCE FORWARD	228,721	251,805	251,805	251,805	251,805
FEDERAL FUND	3,296,654	1,110,589	1,110,520	1,119,192	1,120,094
INTER-AGENCY TRANSFER	1,302,728	1,691,175	1,511,724	1,723,445	1,530,637
DETR - EQUAL RIGHTS COMMISSION	1,434,655	1,042,790	1,360,001	1,036,186	1,293,670
GENERAL FUND	982,752	699,788	996,409	704,796	930,078
FEDERAL FUND	451,103	341,360	361,950	329,748	361,950
OTHER FUND	800	1,642	1,642	1,642	1,642
REVERSIONS					
DETR - REHABILITATION ADMINISTRATION	1,522,802	1,427,409	1,426,403	1,450,861	1,449,877
GENERAL FUND	2,791				
BALANCE FORWARD	175,000	191,730	191,730	191,730	191,730
FEDERAL FUND	205,411	343,580	365,838	347,909	370,680
INTER-AGENCY TRANSFER	1,139,600	892,099	868,835	911,222	887,467
DETR - DISABILITY ADJUDICATION	16,873,983	18,471,110	18,407,914	18,865,135	18,792,365
FEDERAL FUND	16,873,983	18,471,110	18,407,914	18,865,135	18,792,365

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	2010-2011 Work Program	2011-2012 GOVERNOR RECOMMENDS	2011-2012 LEGISLATIVELY APPROVED	2012-2013 GOVERNOR RECOMMENDS	2012-2013 LEGISLATIVELY APPROVED
DETR - VOCATIONAL REHABILITATION	21,379,985	16,805,944	16,731,469	16,716,389	16,640,543
GENERAL FUND	2,879,554	2,169,532	2,153,669	2,153,334	2,137,179
BALANCE FORWARD	902,574	882,575	882,575	882,576	882,576
FEDERAL FUND	17,448,650	13,744,837	13,686,225	13,671,479	13,611,788
INTER-AGENCY TRANSFER	149,207	9,000	9,000	9,000	9,000
DETR - SERVICES TO THE BLIND & VISUALLY IMPAIRED	5,659,298	4,319,912	4,286,682	4,254,359	4,222,341
GENERAL FUND	1,010,689	606,534	595,255	600,144	589,186
BALANCE FORWARD	145,605	133,859	133,859	133,859	133,859
FEDERAL FUND	4,485,098	3,545,925	3,523,974	3,486,233	3,465,173
INTER-AGENCY TRANSFER	17,906	33,594	33,594	34,123	34,123
DETR - BLIND BUSINESS ENTERPRISE PROGRAM	5,703,149	5,478,768	5,473,745	5,196,692	5,188,012
BALANCE FORWARD	3,252,890	3,129,629	3,129,629	2,847,553	2,844,213
FEDERAL FUND	830,001	838,752	838,752	838,752	838,752
OTHER FUND	1,620,258	1,510,387	1,505,364	1,510,387	1,505,047
DETR - CLIENT ASSISTANCE PROGRAM	208,559	198,380	197,295	202,576	201,471
FEDERAL FUND	208,559	198,380	197,295	202,576	201,471
DETR - EMPLOYMENT SECURITY	108,031,561	109,304,257	110,242,828	110,069,727	110,843,210
BALANCE FORWARD	1,801,448	10,226,131	10,226,131	10,365,070	10,317,719
FEDERAL FUND	103,894,112	86,356,962	87,297,903	86,791,195	87,614,962
INTER-AGENCY TRANSFER	1,820,379	1,785,533	1,783,468	1,795,213	1,792,629
OTHER FUND	515,622	10,935,631	10,935,326	11,118,249	11,117,900
DETR - CAREER ENHANCEMENT PROGRAM	17,917,782				
BALANCE FORWARD	5,452,368				
FEDERAL FUND	1,410,414				
INTER-AGENCY TRANSFER	15,000				
OTHER FUND	11,040,000				
DETR - EMPLOYMENT SECURITY - SPECIAL FUND	15,244,017	10,744,876	10,744,876	7,034,566	7,034,566
BALANCE FORWARD	3,108,528	2,571,907	2,571,907	2,650,428	2,650,428
FEDERAL FUND	10,416,900	6,685,719	6,685,719	2,896,888	2,896,888
OTHER FUND	1,718,589	1,487,250	1,487,250	1,487,250	1,487,250
TOTAL EMPLOYMENT, TRAINING AND REHABILITATION	213,469,010	188,563,396	189,483,243	185,574,787	186,221,441
GENERAL FUND	4,875,786	3,475,854	3,745,333	3,458,274	3,656,443
BALANCE FORWARD	16,320,624	18,317,231	18,317,231	18,252,616	18,201,925
FEDERAL FUND	159,548,767	131,637,214	132,476,090	128,549,107	129,274,123
INTER-AGENCY TRANSFER	17,828,564	21,198,187	21,015,007	21,197,262	20,977,111
OTHER FUND	14,895,269	13,934,910	13,929,582	14,117,528	14,111,839
REVERSIONS					

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HUMAN SERVICES					
GENERAL FUND	945,108,614	961,796,167	979,134,087	952,390,942	958,585,228
BALANCE FORWARD	57,212,544	43,224,990	54,310,833	35,222,189	31,040,078
FEDERAL FUND	1,502,741,302	1,571,849,143	1,594,003,525	1,673,741,650	1,700,341,739
INTER-AGENCY TRANSFER	295,664,431	300,082,850	324,247,632	313,824,590	322,441,359
INTERIM FINANCE	245,671				
OTHER FUND	261,358,357	298,691,425	292,548,241	309,237,485	299,040,841
REVERSIONS					
TOTAL FOR HUMAN SERVICES	3,062,330,919	3,175,644,575	3,244,244,318	3,284,416,856	3,311,449,245
Less: INTER-AGENCY TRANSFER	295,664,431	300,082,850	324,247,632	313,824,590	322,441,359
NET HUMAN SERVICES	2,766,666,488	2,875,561,725	2,919,996,686	2,970,592,266	2,989,007,886

