

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 Director's Office, Aging and Disability Services Division (ADSD), the Division of Health Care Financing and Policy (DHCFP), Division of Welfare and Supportive Services (DWSS), the Division of Public and Behavioral Health (DPBH), 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, and the Administrative Services Division. The 2013 Legislature approved \$2.052 billion in General Fund support for the Human Services function for the 2013-15 biennium, an increase of approximately \$113.9 million, or 5.9 percent, compared to the General Fund support approved by the 2011 Legislature for the 2011-13 biennium.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AFFORDABLE CARE ACT

The federal Patient Protection and Affordable Care Act, commonly referred to as the Affordable Care Act (ACA) or health care reform, provides access to health insurance coverage to uninsured Americans by expanding both public and private insurance. The expansion is achieved primarily through mandating health insurance coverage; allowing states to expand Medicaid to include adults with incomes at or below 138 percent of the Federal Poverty Level (FPL); and creating state-based exchanges to help individuals and small businesses purchase health insurance.

HEALTH INSURANCE MANDATE

When the individual mandate to obtain health insurance becomes effective on January 1, 2014, it is anticipated that adults who are eligible for Medicaid, but not currently enrolled, will choose enrollment as the most economical option for acquiring health insurance. Additionally, the ACA requires that Medicaid coverage be extended to all children age 6 to 18 with household incomes up to 138 percent of the FPL. The Legislature included estimates in its approval of the Medicaid budget of annual projected caseload increases of approximately 246,000 clients during FY 2014 and 737,000 in FY 2015. The increase in caseload resulted in increased funds for medical services and administrative activities, such as eligibility determination, bill payment, and fraud prevention.

MEDICAID EXPANSION

Additionally, the 2013 Legislature approved the Governor's recommendation to expand Medicaid eligibility to adults, ages 19 to 64, with household incomes up to 138 percent of the FPL. Medicaid expansion is projected to increase the Medicaid annual caseload by approximately 277,000 clients in FY 2014 and 837,000 in FY 2015. Federal funding

to cover 100 percent of states' costs to serve those newly eligible for Medicaid will be provided for three years (2014 through 2016). The enhanced federal funding for the newly eligible persons will decrease to:

- 95 percent for each calendar quarter in 2017;
- 94 percent for each calendar quarter in 2018;
- 93 percent for each calendar quarter in 2019; and
- 90 percent for each calendar quarter in 2020 and in each year thereafter.

States will be responsible for the difference between the actual cost and the federal funding share.

Within the Department of Health and Human Services, the 2013 Legislature approved approximately \$321.2 million in total funding for the implementation of the ACA and approximately \$369 million for Medicaid expansion for the 2013-15 biennium. This funding included General Fund support totaling approximately \$82.9 million for implementation of the ACA and General Fund savings of \$27.6 million for Medicaid expansion during the 2013-15 biennium. The remainder of the legislatively approved funding for the 2013-15 biennium included federal funds for medical services paid through the federal Medicaid (Title XIX) program and Intergovernmental Transfer (IGT) revenue.

HEALTH INSURANCE EXCHANGE

Finally, the Silver State Health Insurance Exchange (see page 291) is required to be operational by October 1, 2013, in order to facilitate open enrollment for health care coverage, which will become effective on January 1, 2014. The 2013 Legislature approved the Governor's recommendation to establish fee revenue to fund the operating and maintenance costs of the Exchange, in accordance with the ACA mandate that state-based health insurance exchanges become self-sustaining by January 1, 2015. The fees include a per member per month assessment based on the number of individuals enrolled in the Exchange.

The 2013 Legislature's actions with regards to the ACA are more fully described in each agency section.

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 2013-15 biennium, the budget accounts directly administered by the office included 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 Indigent Persons; the Public Defender's Office; Consumer Health Assistance, and the Governor's Council on Developmental Disabilities. The 2013 Legislature approved the

transfer of the IDEA Part C budget from the Aging and Disability Services Division (ADSD) to the Director's Office (discussed under ADSD). Total funding for the Director's Office is \$71.5 million for FY 2014 and \$69.2 million for FY 2015, which includes General Fund appropriations of \$2.8 million in FY 2014 and \$2.9 million in FY 2015.

HEALTH AND HUMAN SERVICES ADMINISTRATION

The Health and Human Services Administration budget is supported primarily by federal funds and a General Fund appropriation. The 2013 Legislature approved a total budget of \$5.7 million, including \$2.3 million over the biennium in General Funds, which is a 34.5 percent decrease from the \$8.7 million approved for the 2011-13 biennium. The decrease is primarily attributable to the expiration of the Health Information Technology (HIT) grant in February 2014.

With the expiration of the federal HIT grant, the Legislature approved the Governor's recommendation to eliminate four positions in FY 2015 supported by the grant: a Project Manager, Health Program Manager, Administrative Assistant, and an Accounting Assistant. The \$6.1 million HIT grant was awarded in February 2010 to assist the state in providing for the electronic exchange of health-related information between patients and healthcare providers in compliance with the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The HIT grant requires a \$1.3 million non-federal match, which can be met through in-kind contributions or non-federal dollars. The Legislature approved the Governor's recommendation for \$828,932 in gifts, grants, and donations in FY 2014 to meet the match requirement. In that regard, the money committees approved a letter of intent directing the DHHS to report to the Interim Finance Committee on or before November 1, 2013, on the status of meeting the match requirement.

The Legislature approved the Governor's recommendation to use \$500,000 in tobacco settlement funds to support a portion of the expenditures for the Office of Suicide Prevention (OSP), including the addition of two new positions, an unclassified Statewide Suicide Trainer, and an Administrative Assistant position, whose duties had previously been contractual, and transfer the OSP from the DHHS Administration account to the newly created Division of Public and Behavioral Health.

In prior years, the majority of operating expenditures for the OSP was supported by a federal grant; however, the shift to tobacco settlement funds was a result of the federal suicide grant funds expiring in FY 2013. The transfer of the OSP to the Division of Public and Behavioral Health was anticipated to improve access to the collection of data regarding suicides in Nevada and expand opportunities for the OSP to collaborate with other public health programs and initiatives. A General Fund appropriation of approximately \$370,000 over the 2013-15 biennium supports the remaining operating expenditures for the OSP.

GRANTS MANAGEMENT UNIT

The Grants Management Unit was approved by the 2003 Legislature to consolidate six existing grant programs into one account: 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. As a result of budget reductions, the 2011 Legislature approved the Governor's recommendation to eliminate the F2F program, but maintained the FRC and DR programs within the Grants Management Unit. Total funding for the Grants Management Unit is \$56.0 million over the 2013-15 biennium, which primarily consists of federal funds and a transfer of tobacco settlement funds for Healthy Nevada Fund grants.

OFFICE OF FOOD SECURITY

In conjunction with approval of the DHHS Director's spending plan for the use of tobacco settlement funds over the 2013-15 biennium. The Legislature approved the Governor's recommendation to expend \$2.3 million in each fiscal year on a new "Food Security" initiative. The Legislature also approved the Governor's amended budget to increase a part-time Social Services Program Specialist position to full-time. The increased position will oversee the newly created Office of Food Security within the DHHS Director's Office, with the additional position costs supported by tobacco settlement funds. Food security was identified by the March 2012 statewide needs assessment as a high priority and falls within one of the Governor's four strategic priorities for an Educated and Healthy Citizenry. In February 2013 Nevada's Food Security Plan for Action was released after a statewide strategic planning group worked to study hunger issues.

Seventy percent of the \$4.6 million approved for food security was approved to support "Hunger One-Stop Shops" throughout the state geared to stabilize families and individuals and direct them towards self-sufficiency. Additional services provided through the Hunger One-Stop Shops are designed to maximize participation in existing food security programs such as the Supplemental Nutrition Assistance Program (SNAP) within the Division of Welfare and Supportive Services, and the School Nutrition program, approved for transfer from the Department of Education to the Department of Agriculture. A portion of the food security funding is also projected to increase food access points and establish new food pantries in unserved areas.

A total of \$14.3 million in federal Title XX funds were approved for each fiscal year of the 2013-15 biennium for allocation to both state agencies and non-state entities to continue support for social service programs throughout the state. Testimony indicated that a \$1.9 million surplus of Title XX funds is projected at the end of the 2013-15 biennium, which is anticipated by the agency to address impacts to DHHS

programs as a result of federal sequestration, which is estimated to decrease certain federal grants by an approximate five percent across-the-board reduction.

OFFICE OF CONSUMER HEALTH ASSISTANCE

The Office of Consumer Health Assistance (Office) was created by the 1999 Legislature and is located in Las Vegas. Through the passage of Assembly Bill 519, the 2011 Legislature approved the transfer of the Office from the Governor's Office to the DHHS Director's Office and merged Consumer Health Assistance with the Office of Minority Affairs. The Office assists consumers in navigating the health care system and understanding patient rights and responsibilities under various health care plans and policies, including industrial insurance. The Office responds to and investigates complaints regarding insurance 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.

Total funding for the Office is \$2.9 million for the 2013-15 biennium, which includes revenue from hospital assessments, federal funds, a transfer from the Workers' Compensation and Safety Fund, miscellaneous gifts and grants, and a \$613,237 General Fund appropriation. The Legislature approved the Governor's recommendation to eliminate four positions in FY 2015 due to expiring grants. Specifically, two Ombudsman positions and one Administrative Assistant position previously supported by federal Health Insurance Exchange (HIX) grant funds transferred from the Silver State Health Insurance Exchange (SSHIX) will be eliminated.

Additionally, as a result of the expiration of the UnitedHealth Settlement awarded to the state in October 2008, the Ombudsman position supporting the Small Business Health Information and Education program will be eliminated in FY 2015.

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 hospitals for care provided to indigent persons 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.

Since FY 2009, the majority of the revenue in the Indigent Supplemental Account has been redirected to the State General Fund to increase the amount of unrestricted revenue available to the state. However, for the 2013-15 biennium, the Legislature approved the Governor's recommendation to restore the Indigent Supplemental Account and authorized \$37.7 million over the biennium for indigent claims. Included within that amount is \$60,000 each year for the Nevada Association of Counties (NACO) to administer claims paid through this account.

In approving Senate Bill 452, the 2013 Legislature authorized the Board of Trustees of the Fund for Hospital Care to Indigent Persons to enter into an agreement with the Division of Health Care Financing and Policy (DHCFP) to transfer funds from the Indigent Supplement Account to DHCFP to provide for enhanced reimbursement rates for hospital care for Medicaid recipients or make supplemental payments to hospitals in accordance with the State Plan for Medicaid. The permissive authority in the legislation is anticipated to maximize the availability of federal dollars within Medicaid while still addressing hospital and county claims for indigent care.

Senate Bill 452, as amended, also creates the Hospital Assessment account. If an agreement is entered into between the Board of Trustees and the division, certain hospitals may be required to pay an annual assessment to the account to provide reimbursement or partial reimbursement to hospitals for uncompensated hospital care. Any money remaining in the Hospital Assessment account at the end of a fiscal year must be reimbursed to each hospital that paid the assessment in an amount proportional to the assessment paid.

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 Master Settlement Agreement funds received by the State of Nevada. 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 all Nevadans and to prevent or reduce the use of tobacco products is transferred to the Grants Management Unit account for allocation to various grantees.

Commencing with the 2011-13 biennium, 60 percent of the total tobacco settlement funds received by the state are deposited to the Fund for a Healthy Nevada. Senate Bill 421, approved by the 2011 Legislature, eliminated the Trust Fund for Public Health, which increased the Fund for a Healthy Nevada allocation from 50 percent to 60 percent. The legislation also eliminated the specific percentages allocated for each health-related program and instead required the DHHS Director to submit a biennial spending plan for the allocation of funds for health and wellness programs set forth in NRS 439.630.

The 2013 Legislature approved the director's spending plan to allocate \$48.6 million in tobacco settlement funds over the 2013-15 biennium for grants to state and non-state agencies. Of the \$48.6 million, approximately \$20.0 million is allocated to the Grants Management Unit to award grants to subgrantees for existing programs such as Family Resource Centers, Differential Response, and Disability Services. Additional programs funded with tobacco settlement funds over the 2013-15 biennium include food security, immunization, children's mental health programs, health access, suicide prevention, and support for the Nevada 2-1-1 system.

On December 19, 2012, the state joined 17 other states in settling the non-participating manufacturers (NPM) tobacco settlement dispute that arose in 2003. The terms of the settlement agreement became binding on the states on March 13, 2013, and in

April 2013, the state was awarded an additional one-time payment of \$12.5 million in tobacco settlement funds. The money committees approved \$8.5 million of the one-time payment to address mental health needs in the state, and \$3.2 million to improve autism caseloads, with the remaining allocated to reserves in the Fund for a Healthy Nevada.

AGING AND DISABILITY SERVICES DIVISION

The Aging and Disability Services Division (ADSD) develops, coordinates and delivers a comprehensive support system of services, which allow Nevada's residents aged 60 and over and persons with disabilities to lead independent, meaningful and dignified lives. Federal funding sources, such as Medicaid reimbursements and Administration for Community Living grants, are the largest funding sources for the division, but the division is also supported by General Funds and tobacco settlement funds. The 2013 Legislature approved \$494.2 million in total funding for the ADSD for the 2013-15 biennium, with approved General Fund support amounting to \$242.6 million. In comparison, the total legislatively approved amount for the 2011-13 biennium was \$108.9 million, with \$29.9 million of the total being General Fund appropriations. The 354 percent increase in total approved funding and 711 percent increase in General Fund appropriations is primarily due to the transfer of several budget accounts to the division due to the consolidation of disability services within ADSD, discussed below.

CONSOLIDATION OF STATEWIDE DISABILITY SERVICES

The 2013 Legislature approved the Governor's recommendation to consolidate department-wide disability services within the ADSD to create a continuum of services to serve persons at all stages of life within one state agency. To accomplish this, Developmental Services was transferred from the Division of Mental Health and Developmental Services (MHDS) and Early Intervention Services was transferred from the Health Division to ADSD.

Five budget accounts containing the service delivery components of disability service programs transferred to ADSD in their entirety as part of the consolidation. The chart below shows the transferred budgets, along with the legislatively approved total funding and staffing levels in the 2013-15 biennium.

	FY 2014	FY 2015	FTE
Budget Transferred from the Health Division			
Early Intervention Services (BA 3208)	\$ 33,579,668	\$ 37,136,995	196.62
Budgets Transferred from MHDS			
Family Preservation Program (BA 3166)	\$ 2,776,202	\$ 2,859,604	-
Rural Regional Center (BA 3167)	\$ 15,537,825	\$ 15,238,714	36.28
Desert Regional Center (BA 3279)	\$ 96,364,883	\$ 103,019,422	301.11
Sierra Regional Center (BA 3280)	\$ 34,520,616	\$ 35,323,235	67.04
Totals	\$ 182,779,194	\$ 193,577,970	601.05

The Legislature did not concur with the Governor's recommendation to locate service delivery and compliance functions for Early Intervention Services within the same division. To create separation between the two functions, the Legislature approved

transferring the Individuals with Disabilities Education Act Part C Office, which monitors compliance for Early Intervention Services, from ADSD to the Department of Health and Human Services Director's Office.

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 funds 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 is \$5.2 million in each year of the 2013-15 biennium.

FEDERAL PROGRAMS AND ADMINISTRATION

The 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. The Federal Programs and Administration account is primarily funded with federal funds. The 2013 Legislature approved funding totaling \$41.7 million for this account, including General Funds of \$6.7 million, in the 2013-15 biennium. In comparison, the 2011 Legislature approved total funding of \$37.0 million, including \$8.0 million in General Funds, for the 2011-13 biennium.

The Governor recommended, and the Legislature approved, transferring funding totaling \$4.7 million and 30.51 administrative, fiscal and information technology positions into the Federal Programs and Administration account from various other MHDS and Health Division accounts as part of the statewide consolidation of disability services. In addition, the Legislature approved the Governor's recommendation to support additional costs associated with the consolidation totaling \$380,574 in the 2013-15 biennium, including reclassifying a position, increasing the salaries of three unclassified positions, developing a data warehouse and additional operating and relocation costs.

The Legislature concurred with the Governor's recommendation to replace Civil Monetary Penalty funding with General Funds totaling \$489,877 in the 2013-15 biennium to support the state Long-Term Care Ombudsman Program (LTCOP). The Centers for Medicare and Medicaid Services directed that Civil Monetary Penalty funding could no longer be used to support ongoing LTCOP activities due to provisions included in the Affordable Care Act.

The 2013 Legislature also approved the Governor's recommendation of additional General Funds of \$32,640 and \$87,902 in redirected federal grant funding to add a new Program Officer position for statewide coordination of volunteers who provide services for ADSD programs, including the State Health Insurance Assistance Program, Senior

Medicare Patrol, Medicare Improvements for Patients and Providers Act and the Volunteer Long-Term Care Ombudsman Program.

SENIOR RX AND DISABILITY RX

The Senior Rx and Disability Rx programs assist eligible low-income seniors and the disabled to obtain prescription medications. The program helps pay for Medicare Part D premiums, pays Medicare Part D gap (i.e., the “doughnut hole”) costs and provides assistance for enrollees not eligible for Medicare. The 2013 Legislature approved funding of \$9.9 million in the 2013-15 biennium, a 17.5 percent decrease from the 2011-13 biennium approved amount of \$12 million. The decrease is primarily due to the transfer of the HIV/AIDS Prescription Assistance program to the Health Division during the 2011-13 biennium. The budget is supported by tobacco settlement funding.

Due to the expected decline in the cost of prescription drug benefits as a result of the Affordable Care Act, the Governor recommended, and the Legislature approved, shifting funding in the Senior Rx and Disability Rx budget account from prescription benefits to dental benefits. Dental benefits were approved to be provided to a subset of Senior Rx and Disability Rx members, approximately 1,091 and 1,114 people in FY 2014 and FY 2015 respectively, compared with the full Senior Rx and Disability Rx benefit caseload of 4,188 in FY 2014 and 4,624 in FY 2015.

The Legislature did not approve the Governor’s recommendation to establish a reserve in the Senior Rx and Disability Rx account to support dental benefit copay assistance and instead approved funding co-pay assistance as an ongoing expense. In addition, the Legislature did not concur with the Governor’s recommendation to include a nominal General Fund appropriation in this account for the purpose of allowing access to the Contingency Account.

Finally, the 2013 Legislature issued a letter of intent directing ADSD to operate the dental benefit as a pilot program in the 2013-15 biennium and remove the program from the agency’s 2015-17 biennium base budget to allow for programmatic evaluation prior to establishing dental benefits as an ongoing program.

HOME AND COMMUNITY BASED SERVICES

The Home and Community Based Services budget account funds community-based resources which assist seniors and people with severe disabilities who are ineligible for services through public entitlement programs, or for whom services do not otherwise exist in living as independently as possible. The Autism Treatment Assistance Program (ATAP), Elder Protective Services, Homemaker, Communications Access, Independent Living, Personal Assistance Services, waiver programs, and Traumatic Brain Injury (TBI) program comprise Community Based Services. The Home and Community Based Services budget account is funded with General Funds, tobacco settlement funds, federal funds and telephone surcharge funding received from the Public Utilities Commission. For the 2013-15 biennium, the Legislature approved funding totaling

\$55.4 million, a 31.3 percent increase from the \$42.2 million approved for the 2011-13 biennium. Of the total amount approved for the 2013-15 biennium, \$24.4 million is General Funds, a 12.4 percent increase from the \$21.7 million in General Funds approved for the 2011-13 biennium.

The Legislature approved the Governor's recommendation, as amended, of additional funding of \$4.0 million over the 2013-15 biennium, including \$2.4 million in General Funds, to increase the ATAP caseload from 137 children to 341 children per month by the end of FY 2015. Furthermore, the Legislature approved an additional \$3.18 million in tobacco settlement funding, bringing the total funding increase for ATAP to \$7.18 million over the 2013-15 biennium. The additional \$3.18 million in funding was approved to reduce the ATAP waitlist by 50 percent in the 2013-15 biennium, increasing the ATAP caseload to 572 children by the end of FY 2015. Seven new positions were approved to support the increased ATAP caseload, including one Social Services Program Specialist, one Management Analyst, two Developmental Specialists, and three Administrative Assistants.

The Legislature approved additional General Funds of \$1.2 million over the 2013-15 biennium, as recommended by the Governor, to increase caseload for the Independent Living Program from the FY 2013 legislatively approved 216 cases per year to 360 by the end of FY 2015 to comply with the federal Supreme Court Olmstead decision, which mandates reasonable wait times for disability services.

Home and Community Based Services provides services to seniors at risk of institutionalization through two federally-funded Medicaid waivers: the Home and Community Based Waiver (HCBW), and the Assisted Living (AL) waiver. In addition, there is a state-funded equivalent to the HCBW, the Community Options for the Elderly (COPE) program. Each of these programs provides alternatives to nursing home placement. The Legislature approved federal funds totaling \$421,641 and General Funds totaling \$489,797 over the 2013-15 biennium to add 117 waiver slots for the HCBW program, as recommended by the Governor. Seven new Social Worker positions were approved to support the increased caseload. Additionally, the Legislature approved the Governor's recommendation to decrease COPE caseload from the 96 waiver slots approved by the 2011 Legislature to 59 in FY 2014 and 61 in FY 2015 and continue AL caseload at 54 waiver slots.

The Legislature did not concur with the Governor's recommendation to increase tobacco settlement funding for the TBI program by \$200,000 in FY 2014 to support a technology project. Instead, the Legislature approved tobacco settlement funding totaling \$2.8 million for direct service subgrants in the 2013-15 biennium to support a TBI caseload of 51 and 44 people in FY 2014 and FY 2015, respectively.

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. Specialized therapies, as well as case management, are provided by state EIS clinic staff and its contracted therapists, as well as community-based providers working in the southern and northwestern regions of the state. Monitoring services are provided to children who are at risk of becoming developmentally delayed. These services are provided under Part C of the federal Individuals with Disabilities Education Act (IDEA) grant. However, most revenue for this budget comes from State General Fund appropriations. Total funding approved for the 2013-15 biennium is \$70.7 million, of which \$61.4 million, or 87 percent, is General Fund appropriations. Other revenue sources for EIS include Medicaid reimbursements and other federal grants such as the Maternal Child Health block grant.

The Governor recommended, and the Legislature approved, transferring EIS from the Health Division (now part of the Division of Public and Behavioral Health) to the Aging and Disability Services Division (ADSD). As part of the EIS program transfer, the Legislature approved transferring one Clinical Program Manager from the Sierra Regional Center budget account into the EIS budget account. This added General Fund appropriations totaling \$155,824 over the biennium to the EIS budget.

The Executive Budget recommended a change in how services were to be provided by increasing the community providers' share of the total EIS caseload over the 2013-15 biennium. Specifically, the Governor recommended that community providers serve 55 percent of the total caseload by the end of FY 2014 and 75 percent of the total caseload by the end of FY 2015. The recommended service delivery adjustment had a net cost of \$1.2 million in FY 2014 and \$4.6 million in FY 2015. However, the Legislature did not approve this recommendation. Instead, the Legislature evaluated numerous factors that contribute to the cost of early intervention services, including:

- The differing service costs for state clinics as opposed to community providers;
- The percentage of children who are assumed to qualify for EIS services;
- The methodology through which caseload is projected by DHHS;
- The methodology through which state-contracted therapists' costs are projected;
- EIS clinic staffing ratios; and
- Projections for medically fragile children versus non-medically fragile children.

In approving the 2013-15 EIS budget, the Legislature annualized the caseload based upon the assumption that 70 percent of children referred to the program would qualify for services (as compared to 60 percent in the Governor's recommendation), and decreased the EIS clinics' contracted therapist average cost (i.e., \$323.42 per month as opposed to the \$332.96 used in the Governor's recommendation). In addition, the

Legislature created new staffing ratios for medically fragile and non-medically fragile children. Approved staff-to-caseload ratios are 1:12 for medically fragile children with critical issues to 1:25 for non-medically fragile children.

Additionally, the Legislature did not agree with the Governor's recommendation and maintained an equal caseload split between the state EIS clinics and the community providers. Under the caseload split state staff will oversee the medically fragile portion of the caseload. New state staff were required as a result of this decision, and the Legislature approved 26 new positions in FY 2014, with 11.75 additional positions added to the budget in FY 2015. The new staff cost \$849,427 in FY 2014 and \$2.3 million in FY 2015, funded by State General Fund appropriations.

The total effect of adjusting various caseload factors was to add \$2.3 million to the EIS budget in FY 2014 and \$5.7 million in FY 2015, funded by General Fund appropriations. In addition to the adjustments to the caseload decision units, the Legislature approved a base budget adjustment that added \$461,786 in General Fund support in each year of the biennium. The recalculation of the base budget need was also based on the caseload projection factors previously noted. A biennial net total of \$3.1 million in General Fund support was added to the EIS budget, over and above what the Governor recommended. The majority of this additional support is due to adding state EIS staff to maintain approved caseload ratios.

DEVELOPMENTAL SERVICES

The Developmental Services budgets consist of the following programs and facilities: Desert Regional Center; Sierra Regional Center; Rural Regional Center; and the Family Preservation Program. The developmental services caseload is projected to increase to 6,827 individuals by the end of FY 2015, an increase of 445 individuals or 6.97 percent over the 6,382 individuals actually served as of the end of Fiscal Year 2013. For the developmental services accounts, the Legislature approved funding totaling \$305.6 million for the 2013-15 biennium, an increase of \$25.0 million (8.9 percent) when compared to total funding of \$280.6 million approved for the 2011-13 biennium. General Fund support for the 2013-15 biennium totals \$150.1 million, which represents a decrease of 1.3 percent compared to appropriations of \$152.1 million approved for the 2011-13 biennium.

DESERT REGIONAL CENTER

The Desert Regional Center (DRC) provides services for individuals with developmental disabilities and related conditions residing in Clark and parts of Lincoln and Nye Counties. Services include service coordination, family support/respite, community residential services, and Jobs and Day Training. The account is funded primarily with General Fund appropriations and federal Medicaid reimbursements. County reimbursements for services provided to children support approximately 3.0 percent of this budget.

Based on projected caseload growth for the 2013-15 biennium, the Legislature approved the Governor's recommendation for 41 new positions at the DRC. The positions, including 23 Developmental Specialists, will be phased in over the biennium. Salary and operating costs for the 41 new positions total \$5.1 million over the 2013-15 biennium. By approving these new positions, the average caseload for the Developmental Specialists positions will decrease from the current 50 client caseload to approximately 45 clients, the recommended standard caseload.

Due to an increase in the number of individuals with a dual diagnosis of mental illness and a developmental disability, who require a staffing ratio of 1:2 at the Intermediate Care Facility for the Intellectually Disabled, the Legislature also approved ten Developmental Support Technicians and a Mental Health Counselor. Funding approved for these positions and related costs totaled \$884,970 over the biennium, including \$347,693 in General Fund appropriations.

The Legislature approved the Governor's recommended increases, including amendments, for family support/respite services, supported living arrangements and Jobs and Day Training totaling \$17.4 million over the biennium, including \$9.2 million in General Funds. Funding for these direct services totaled \$151.0 million over the 2013-15 biennium, of which \$79.6 million is from General Fund appropriations.

SIERRA REGIONAL CENTER

The Sierra Regional Center provides services for individuals with developmental disabilities and related conditions residing in Northern Nevada, primarily Washoe County. As with the Desert Regional Center and the Rural Regional Center, services include service coordination, family support/respite, community residential services, and Jobs and Day Training. The account is funded primarily with General Fund appropriations and federal Medicaid funds. Federal Title XX funds and county reimbursements for services provided to children also support this budget.

The 2013 Legislature approved the Governor's recommendation to add four Developmental Specialist positions (3.51 FTE) due to projected increases in case management services. Personnel and related costs for these recommended positions total \$103,098 in FY 2014 (of which approximately \$52,000 is General Fund) and \$208,879 in FY 2015 (of which approximately \$103,000 is General Fund).

The Governor originally recommended increases for projected caseload growth for family support/respite services, supported living arrangements and Jobs and Day Training totaling \$3.15 million over the biennium. However, revised caseload projections revealed that caseload growth was not increasing as fast as originally expected. Therefore, the Legislature approved an amendment to reduce funding for these services by a biennial total of \$925,582. Funding for these direct services totaled \$58.8 million over the 2013-15 biennium, of which \$30.7 million is from General Fund appropriations.

RURAL REGIONAL CENTER

The Rural Regional Center provides services for children and adults with developmental disabilities and related conditions living in rural Northern Nevada. Intake services are provided from the main office in Carson City. Satellite offices are located in Elko, Fallon, Fernley, Minden and Winnemucca. This account is funded by the General Fund, federal Medicaid funds (both waiver reimbursements and administrative costs), federal Title XX funds, and reimbursements from counties for service coordination provided to children under age 18.

For the 2011-13 biennium, the Governor recommended and the 2011 Legislature approved a shift in funding for children's service coordination from General Funds to reimbursement from the counties in which the children reside. However, the division over-estimated the number of children eligible for reimbursement from the counties resulting in revenue shortfalls which did not allow the Rural Regional Center to fully serve its budgeted Supported Living Arrangements and Jobs and Day Training caseloads. For the 2013-15 biennium, the Governor recommended increases totaling \$2.5 million (\$1.3 million in General Fund appropriations) for Supported Living Arrangements (SLA) and Jobs and Day Training services to bring caseload funding to projected levels. However, updated projections indicated caseload would be less than originally projected. As a result, the 2013 Legislature approved increases totaling \$1.9 million (\$1.0 million in General Funds) for these services. Funding for these direct services, and family support/respice, totaled \$24.2 million over the 2013-15 biennium, of which \$12.8 million is from General Fund appropriations.

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.

Due to slightly higher caseload projections, the 2013 Legislature modified the Governor's recommendation for FY 2014, and approved increased funding of an additional \$18,326, to \$74,426 in order to serve 634 families, rather than 625 as recommended by the Governor. The Legislature approved the Governor's FY 2015 recommendation of \$157,828 for a caseload of 647 families. Approved funding for the FPP totals \$2.78 million for FY 2014 and \$2.86 million for FY 2015. Over the biennium, General Fund appropriations total \$3.24 million with the balance funded by tobacco settlement funds of \$2.40 million.

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 and Nevada Check Up programs in the most efficient manner; promote equal access to

health care at an affordable cost; restrain the growth of health care costs; and maximize the receipt of federal revenue for the provision of health care programs.

The 2013 Legislature approved approximately \$5.04 billion in total funding for the division over the 2013-15 biennium. The funding includes General Fund appropriations totaling \$1.15 billion over the 2013-15 biennium. When compared to the 2011-13 biennium, the 2013 Legislature approved an increase of approximately \$96.8 million in General Funds to operate the division for the 2013-15 biennium, which represents an increase of approximately 9.2 percent.

THE AFFORDABLE CARE ACT AND MEDICAID EXPANSION

The federal Patient Protection and Affordable Care Act, as mandated by the Health Care and Education Reconciliation Act of 2010, is commonly referred to as the Affordable Care Act (ACA) or “federal health care reform.” The ACA establishes a national framework for near-universal health coverage. The new law expands Medicaid coverage by establishing a national floor for benefits (138 percent of the federal poverty level [FPL]) and providing benefits to eligible adults without dependent children. When the individual mandate to obtain health insurance becomes effective on January 1, 2014, it is anticipated that individuals who are eligible for Medicaid, but not currently enrolled, will choose enrollment as the most economical option for acquiring health insurance. The Legislature approved the Governor’s recommendation to expand Medicaid eligibility to include two new recipient groups, as allowed by the ACA (E-740). The new eligibility groups are:

- Adults ages 19 to 64 (with children under age 18) with household incomes between 76 percent and 138 percent of the FPL and
- Adults ages 19 to 64 (childless) with household incomes up to 138 percent of the FPL.

Overall, the legislatively approved budget for the 2013-15 biennium includes approximately \$298.6 million for the implementation of the ACA and approximately \$385.5 million for the Medicaid expansion. This funding includes General Fund support totaling approximately \$78.1 million for implementation of the ACA and General Fund savings of 1.29 million for Medicaid expansion during the 2013-15 biennium. Many of the new mandates are funded through federal funding; however, increasing amounts of financial responsibility will be shifted to states during the next seven years.

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.

As part of the ACA, states are required to provide individuals the opportunity to apply for or renew Medicaid coverage through a website with an electronic signature. Other

provisions in the law lead to improved payments to primary care practitioners, changes in prescription drug coverage, and reductions to Disproportionate Share Hospital program payments. The 2013 Legislature approved approximately \$10.9 million, including General Fund totaling \$3.3 million, for the 2013-15 biennium for administrative costs related to the implementation of the ACA.

Additionally, the 2013 Legislature approved the Governor's recommendation to add nine new positions, which include the following:

- one Management Analyst position to oversee the contractors working on the Medicaid Management Information System (MMIS) replacement project and one Administrative Assistant position to provide clerical support for the Information Services Unit;
- one Administrative Services Officer, one Program Officer position, and one Social Service Program Specialist to support new programs in the Business Lines Unit and to implement components of the Affordable Care Act;
- two Management Analyst positions to process claims identified for payment recovery; and
- one Social Services Program Specialist and one Administrative Assistant to accommodate the anticipated increase in the number of fair hearing requests.

The Legislature also approved the Governor's recommendation for a technology investment request to implement the second of the three phases of MMIS replacement project, which will result in the development of a procurement process for the MMIS replacement. However, in doing so, the 2013 Legislature reduced by \$532,659 the General Fund appropriations recommended by the Governor, to \$354,724. Federal funds were increased by \$530,600 for the total 2013-15 biennium funding of \$3.55 million.

INTERGOVERNMENTAL TRANSFER PROGRAM

The Intergovernmental Transfer (IGT) budget collects funds from other governmental entities to support three programs: Disproportionate Share Hospital (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 the Medicaid and Nevada Check Up accounts 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 uninsured persons 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. The IGT payments in excess of the DSH match requirements are used to offset General Funds for other Medicaid and Nevada Check Up expenditures.

- Upper Payment Limit Program – The UPL program provides payments to county-owned hospitals for in-patient and out-patient services. 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 qualifying hospitals 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 hospitals. Excess IGT payments are used to offset General Funds for other Medicaid expenditures.
- 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 also designed to recognize the higher cost of providing medical services in a teaching environment. The IGT from Clark County provides the state match for federal Title XIX funds; collectively the funds are used to make the supplemental payments to UNSOM.

Participating hospitals will receive payments of approximately \$94.8 million for FY 2014 and \$97.3 million for FY 2015. The counties benefit indirectly from these payments by approximately \$63.8 million for FY 2014 and \$67.4 million for FY 2015 when comparing the hospital payments to the amount of the IGT payments. For the 2013-15 biennium, the IGT program will generate a benefit to the state in the amount of approximately \$34.9 million for FY 2014 and \$38.3 million for FY 2015.

The 2013 Legislature approved two budget amendments recommended by the Governor that ultimately reduced Clark County's voluntary contribution to the UPL and UNSOM programs from 60 percent to 50 percent of the supplemental payment amount. This action reduced the transfer to the Medicaid account by approximately \$8.5 million during the 2013-15 biennium, resulting in a General Fund shortfall of an equivalent amount in the Medicaid account.

INCREASED QUALITY OF NURSING CARE

The Increased Quality of Nursing care budget account was created by the 2003 Legislature through the enactment of Assembly Bill 395, which amended NRS Chapter 422, 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. *Nevada Revised Statutes 422.3755 - 379* 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 Centers for Medicare and Medicaid Services (CMS) approved a State Plan Amendment (SPA), effective October 1, 2011, that changed provider tax payments for long-term care (LTC) facilities from an enhanced daily rate to a monthly supplemental payment. Additionally, the provider tax rate has been increased to 6 percent of the net revenues for all LTC facilities during a specific quarter, and the tax is allocated based on the Medicaid occupancy rate. The division indicates that the supplemental payments paid to LTC facilities are greater than the enhanced per bed day rate previously paid.

The Legislature approved the Governor’s recommendation, as amended, to eliminate a \$2.50 per bed day General Fund expenditure in the Medicaid account, due to the expiration of a settlement agreement between long-term care providers and the state following the 2011 Legislative Session.

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 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 an HMO network does not exist.

Overall, the Legislature approved total funding for the Nevada Check Up program of approximately \$83.2 million for the 2013-15 biennium, which is \$14.4 million or 21 percent more than the \$68.8 million approved for the 2011-13 biennium. The Legislature approved General Fund support totaling approximately \$18.9 million over the 2013-15 biennium, which is an increase of approximately 0.8 percent, when compared to the legislatively approved amount of \$18.8 million for the 2011-13 biennium.

- Annual Caseload Growth – According to the revised caseload projections provided by the division in March 2013, Nevada Check Up average monthly caseloads were projected to increase by 1 percent in FY 2014, compared to FY 2013 projected caseloads and by 0.9 percent in FY 2015 compared to FY 2014.

Compared to the amounts originally recommended in The Executive Budget, the amended caseload projections increase the total expenditure to \$873,212 in FY 2014 and \$1.7 million in FY 2015. The table below compares the caseload projections included in The Executive Budget and the revised caseload projections, as of March 2013.

Nevada Check Up: Average Monthly Caseload (does not include Affordable Care Act)							
	FY 2012	FY 2013 (proj)	% change	FY 2014 (proj)	% change	FY 2015 (proj)	% change
The Executive Budget	21,316	20,981	(1.6%)	20,819	(0.8%)	20,756	(0.3%)
Budget Amendment	-	21,194	(0.6%)	21,395	1.0%	21,590	0.9%

- Affordable Care Act and Expanded Medicaid Eligibility – According to the agency, the Nevada Check Up caseload is projected to decrease during the 2013-15 biennium as a result of the implementation of the Affordable Care Act (ACA) and Medicaid expansion in the state, which will result in more children becoming eligible for services through Medicaid. The table below compares the caseload projections included in The Executive Budget and the revised caseload projections, as of March 2013, attributed to the ACA and Medicaid expansion.

Nevada Check Up: Annual Expanded Caseload Growth due to ACA						
Decision Unit	FY 2014 Gov. Rec.	FY 2014 Revised	Diff +/-	FY 2015 Gov. Rec.	FY 2015 Revised	Diff +/-
Health Insurance Mandate	64,542	61,180	(5.2%)	167,741	166,483	(0.8%)
Medicaid Eligible	(20,011)	(20,426)	2.07%	(122,815)	(127,006)	3.4%
Total	44,531	40,754	(8.5%)	44,926	39,477	(12.1%)

- Budget Restoration Measures – Consistent with the action taken when closing the Medicaid budget, the Legislature voted to approve the Governor's recommendation to restore or partially restore various provider rate reductions imposed during the previous biennia. The proposed rate restorations include the following:
 - 15 percent rate increase for free-standing ambulatory surgery centers and ambulance services;
 - Less than 1 percent rate increase for dental services;
 - Approximately 6.86 percent rate increase (partial restoration) for partial anesthesia services;
 - 28 percent increase for non-primary care obstetric services; and
 - 30 percent increase (partial restoration) to the enhancement rate for pediatric surgical services.
- Rate Increases – The Legislature approved the Governor's recommendation, as amended, to increase payment rates for primary care services provided through Nevada Check Up to create continuity between Medicaid and Nevada Check Up. The Legislature approved the Governor's recommendation to extend the rate increase for Medicaid check-up through FY 2015. The proposed primary care provider rate increase would be a supplemental payment, based on the quantity of services provided by each provider. The division projected that the overall rate increase for primary care providers would total approximately 50 percent, equal to the projected increase for primary care providers in Medicaid.
- Transfer of Staff – The Legislature approved the Governor's recommendation to transfer all personnel and operating expenditures from the Nevada Check Up account to either the Division of Health Care Financing and Policy (DHCFP) Administration account or the Division of Welfare and Supportive Services' Field Services account. This action limits the expenditures from the Nevada Check Up account to medical reimbursements only.

MEDICAID

Medicaid is the state-administered program for medical assistance established in 1965 with passage of Title XIX of the Social Security Act. 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, certain eligible groups and benefits must be covered by states. However, states are given discretion and flexibility to determine the additional categories of benefits and the eligible groups states' Medicaid programs will cover. Nevada has adopted both optional eligibility groups and optional benefit packages to be covered under its Medicaid plan.

The 2013 Legislature approved total funding in the Medicaid program of approximately \$4.41 billion for the 2013-15 biennium, which includes General Funds totaling approximately \$1.08 billion for the 2013-15 biennium.

As is customary during the Legislative Session, the division re-projected Medicaid expenditures in March 2013, based on actual caseload data through February 2013. The re-projections considered the most recent Federal Medical Assistance Percentage (FMAP) projections, caseload projections, cost per eligible (CPE) data, and mandatory and inflationary rate increases for Health Maintenance Organization (HMO) providers, Rural Health Clinics (RHC), Indian Health Services (IHS), pharmaceutical services and hospice services. This information is used as a guide to make adjustments to the Medicaid budget as recommended by the Governor.

According to the Issue Brief published by the Federal Funds Information for States (FFIS) on March 28, 2013, twenty-two states are projected to benefit from FMAP increases in FFY 2015, with Nevada projected to receive the greatest FMAP increase. The FMAP for Nevada is projected to increase to 64.55 percent in FFY 2015, resulting in a blended FMAP of 64.19 percent for FY 2015, which is an increase of 0.65 percent compared to the blended FMAP of 63.54 percent used in The Executive Budget. The agency indicates that the FMAP increase results in FY 2015 General Fund savings of \$11.0 million in the Medicaid account.

- Annual Caseload Growth – The 2013 Legislature approved a decrease in the projected caseloads for the upcoming biennium based on the re-projections, which indicated caseloads were trending lower than the caseload projections included in the Governor's recommended 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.

Medicaid: Average Monthly Caseload (w/o ACA)						
FY 2013 (proj)	FY 2014 Gov. Rec.	FY 2014 Revised	Diff +/-	FY 2015 Gov. Rec.	FY 2015 Revised	Diff +/-
302,491	313,388	310,943	(2,445)	323,882	318,940	(4,942)

The Legislature approved the Governor's recommended budget, as amended for increased costs associated with projected annual caseload growth totaling approximately \$305.2 million (\$112.4 million in General Funds) for the 2013-15 biennium. These projections exclude the projected impact of the ACA.

ACA and Medicaid Expansion – Based on the revised caseload projections for the 2013-15 biennium, caseload growth is projected to be slightly less than originally recommended in The Executive Budget (approximately 1.9 percent less in FY 2014 and 2.6 percent less in FY 2015). The table below provides a comparison of overall annual caseload projections due to the ACA and Medicaid expansion as originally recommended in The Executive Budget and as revised in March 2013.

Medicaid: Annual Expanded Caseload Growth due to ACA						
Decision Unit	FY 2014 Gov. Rec.	FY 2014 Revised	Diff +/-	FY 2015 Gov. Rec.	FY 2015 Revised	Diff +/-
Health Insurance Mandate (M-740)	204,138	199,661	(4,477)	545,585	530,445	(15,140)
Previously Check Up Eligible (M-741)	46,326	46,339	13	204,562	206,553	1,991
Newly Eligible (E-740)	282,610	277,182	(5,428)	865,872	836,541	(29,331)
Total	533,074	523,182	(9,892)	1,616,019	1,573,539	(42,480)

Based on the revised caseload growth projected for the 2013-15 biennium, the 2013 Legislature approved approximately \$212.5 million (\$72.8 million in General Funds) for the 2013-15 biennium for increased costs associated with caseload growth resulting from the ACA. Additionally, the Legislature approved approximately \$383.1 million (and a \$1.87 million General Fund reduction) for the 2013-15 biennium for costs associated with Medicaid expansion.

- Mandatory Rate and Inflationary Increases – The 2013 Legislature approved mandatory rate increases for five providers groups: Health Maintenance Organization (HMO) providers, Rural Health Clinics (RHC), Indian Health Services (IHS), pharmaceutical services and hospice services. Health Maintenance Organization provider rates are recommended to increase by 2.4 percent in FY 2014 and an additional 1.0 percent in FY 2015. The DHCFFP indicates that the rate increase for FY 2014 is based on a 2.4 percent insurance fee imposed by the Affordable Care Act (ACA) and FY 2015 is based on a three-year average of HMO provider rates (2011-13). Rural Health Center rates are recommended to increase 2.05 percent in each year of the 2013-15 biennium, and Indian Health Services rates are recommended to increase 8.79 percent in each year of the 2013-15 biennium. Pharmacy inflation is projected to increase by 3.5 percent in each year of the 2013-15 biennium, while freestanding hospice rates are recommended to increase by 2.3 percent in each year of the 2013-15 biennium.

Additionally, the Legislature approved primary care rate increases during the 2013-15 biennium. Beginning on January 1, 2013, state Medicaid programs were required to pay for specific primary care services provided by physicians with a specialty designation of family medicine, general internal medicine, or pediatric

medicine at a rate not less than 100 percent of the Medicare rate. The rate increases are 100 percent federally funded through December 31, 2014 (the first six months of FY 2015). The Legislature also approved the Governor's recommendation to extend these rate increases from January 1, 2015, through June 30, 2015 (the remainder of FY 2015), recognizing that extending the provider rate increase through the second half of FY 2015, is discretionary and not mandated by the ACA.

- Increase Waiver Slots – The 2013 Legislature approved the Governor's recommendations, as amended, to expand the number of Medicaid waiver slots and related administration expenditures as follows:
 - an additional 125 waiver slots for the Mental Retardation and Related Condition (MRRC) waiver in each year of the 2013-15 biennium;
 - an additional 91 waiver slots in FY 2014 and 84 waiver slots in FY 2015 for the Waiver for Persons with Physical Disabilities (also called WIN); and
 - an additional 58 waiver slots in FY 2014 and 59 waiver slots in FY 2015 for the Community and Home Based Initiative Program (previously called CHIP) for the frail elderly.

The goal of each waiver is to provide the option of home and community-based services as an alternative to residing at a residential health care facility. Increasing the number of waiver slots reduces the wait list and the wait time for services.

- Kidney Dialysis Services – The 2013 Legislature approved Assembly Bill 1, which requires the Director of the Department of Health and Human Services to amend the State Plan for Medicaid to require the state to pay the non-federal share of expenses for kidney dialysis needed to stabilize a patient with kidney failure and additional emergency care related to the treatment of kidney failure. Additionally, the Legislature approved the Governor's budget amendment, which totaled \$8.1 million (\$3 million in General Funds) for the 2013-15 biennium.
- Budget Restoration Measures – The 2013 Legislature approved the Governor's budget amendment to restore or partially restore various provider rate reductions imposed during previous biennia, including:
 - 15 percent rate increase for free-standing ambulatory surgery centers and ambulance services;
 - Less than 1 percent rate increase for dental services;
 - Approximately 6.86 percent rate increase (partial restoration) for partial anesthesia services;
 - 28 percent increase for non-primary care obstetric services; and
 - 30 percent increase (partial restoration) to the enhancement rate for pediatric surgical services.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

The 2013 Legislature approved the Governor's recommendation to consolidate the Health Division and Mental Health portion of the Division of Mental Health and Developmental Services (MHDS) into a new Division of Public and Behavioral Health (DPBH). With the exception of Early Intervention Services (EIS), whose functions and associated positions were transferred to the Aging and Disability Services Division (ADSD), all remaining Health Division programs were integrated into the new division. The various Health budget accounts comprising the new division will remain as currently organized, but they will be part of a revised division structure within the Department of Health and Human Services (DHHS).

As recommended by the DHHS and the Governor, the new Division of Public and Behavioral Health (DPBH) represents a holistic healthcare approach that integrates services that address both body and mind and treat individuals as a whole person. Further, by using a public health model for mental health issues, the department believes it can improve services and identify needs that will help prevent negative and costly outcomes.

PUBLIC HEALTH

OFFICE OF HEALTH ADMINISTRATION

The Office of Health Administration provides support functions for the public health programs within the Division of Public and Behavioral Health, as well as providing administrative support to the State Board of Health. Services include administration, accounting and fiscal management, information technology, public information, and personnel.

Total funding approved by the Legislature for this budget is \$7.1 million in FY 2014 and \$6.5 million in FY 2015. This budget is primarily funded by indirect cost assessments to public health programs within the division. The 2013 Legislature approved the transfer of 11 positions from the Health Administration account to the ADSD to support the EIS program, as recommended by the Governor. These include accounting, IT, and personnel positions. Additionally, the 2013 Legislature approved the Governor's recommendation to reclassify 4 existing positions as Deputy Division Administrator positions to be housed in the Administration account. This included the reclassification of the existing Division Administrator, State Health Officer, and Deputy Administrator positions within the Office of Health Administration, and the transfer and reclassification of the Community Health Nursing Manager position from the Community Health Services account. The approved reclassifications for these four positions resulted in a General Fund savings of \$131,309 over the 2013-15 biennium.

The 2013 Legislature approved the addition of four new Grants and Projects Analyst II positions to complete reporting, tracking, and auditing to satisfy federal grant requirements, as recommended by the Governor. This work was previously being

completed by contract staff. Total costs of \$430,791 over the 2013-15 biennium are approved to be funded by intra-agency indirect cost revenue.

The 2013 Legislature approved the Governor's recommended funding of \$100,000 per year in the 2013-15 biennium to support the Mammovan, funded with General Fund appropriations. This is compared to \$175,000 approved in FY 2012 and FY 2013. The FY 2012 and FY 2013 legislatively approved amounts each included \$75,000 in UnitedHealth Settlement funds, but those settlement funds have been expended.

The 2013 Legislature approved additional indirect cost revenues of \$379,000 in FY 2014 to replace primary network routers and video/calling bridges, as recommended by the Governor.

IMMUNIZATION PROGRAM

The purpose of the Immunization Program is to prevent the occurrence of vaccine-preventable diseases in Nevada by promoting immunizations and providing vaccines to prevent the transmission of diseases. The vaccines are purchased with federal vaccine funds that are made available and held by the Centers for Disease Control and Prevention (CDC), but managed by Immunization Program staff for Nevada purchases. Vaccines are provided free of charge to all physicians, hospitals, and clinics, both public and private, that agree to meet the requirements of the program. This includes vaccines provided for the Vaccines for Children (VFC) Program. The Immunization Program is responsible for supplying enrolled providers with vaccines for children who are eligible for the VFC Program. If children are eligible for the VFC Program, they are entitled to receive all vaccines that are recommended by the CDC's Advisory Committee on Immunization Practices (ACIP). In addition, the Immunization Program supports an immunization registry, known as Nevada WebIZ. Nevada WebIZ tracks immunizations of patients, consolidates records, identifies underserved populations, and offers recommendations for future vaccinations. This budget account is funded through federal grant revenue, transfers from the Nevada Check Up Program, transfers from Maternal Child Health Services, and General Fund appropriations.

The 2013 Legislature approved the Governor's recommendation to appropriate \$500,000 of General Funds in each fiscal year of the 2013-15 biennium to provide the pertussis vaccine (Tdap) to mothers immediately after the birth of their babies to help avert a pertussis outbreak in Nevada. The Legislature approved the funding to offset budget cuts and policy changes at the federal level, which have resulted in reduced federal funding for routine vaccinations to uninsured or underinsured children, adolescents, and adults, as the result of the transition to implement the Affordable Care Act.

The 2013 Legislature approved transfers of federal Title XXI funds from the Nevada Check Up of \$1.34 million in both FY 2014 and FY 2015, an increase of 25.7 percent from \$1.06 million transferred in FY 2012. The transfers of federal Title XXI funds provide for the purchase of vaccines for children who are enrolled in the Nevada

Check Up program. Most of the General Fund appropriation included in the Immunization budget is used as state match for the Title XXI funds. The Executive Budget recommended, and the Legislature approved, \$1.02 million in state appropriations in both FY 2014 and FY 2015. The Legislature approved total funding in this budget of \$6.7 million in FY 2014 and \$6.0 million in FY 2015.

Finally, the 2013 Legislature also approved a budget amendment authorizing \$500,000 in tobacco settlement funds in each fiscal year of the 2013-15 biennium, for the purpose of increasing immunization rates. Funding was approved to support immunization registries to conduct reminder/recalls and public information campaigns in an effort to increase immunization rates. Funding will also support promoting compliance with *Nevada Revised Statutes* 432A.230, which requires children who attend a licensed child care center to be up-to-date on their vaccinations.

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 Health Insurance Continuation Program [HICP], the Coordination of Benefits [COB] program, and the AIDS Drug Assistance Program [ADAP]) are all operated out of this budget account. The SPAP, HICP, 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. Total funding approved for this account was \$16.3 million for both FY 2014 and FY 2015. Of that total, approximately half comes from the federal Ryan White CARE Act grant. Other sources of funding include pharmaceutical company rebates on HIV/AIDS drugs, State General Fund appropriations, and the federal HIV Prevention grant. State General Fund appropriations for this budget total \$2.1 million per fiscal year.

The Governor recommended, and the Legislature approved, \$1.85 million in additional pharmaceutical company rebate revenue for each fiscal year of the 2013-15 biennium to enhance HIV/AIDS wraparound services and insurance support. Pharmaceutical makers 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. As approved by the Legislature the additional funding will support health insurance premium assistance, housing and transportation support, oral health services, drug counseling, and risk reduction education. This enhancement brought the total drug rebate revenue to \$3.1 million for both fiscal years of the biennium.

In addition, the Legislature continued the division's ability to transfer General Fund appropriations for ADAP medications between fiscal years of the 2013-15 biennium, with the approval of the Interim Finance Committee, pursuant to Section 35 of Assembly Bill 507 (the Appropriations Act).

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 (MCH) Block Grant; and State General Fund appropriations. The General Fund partially serves as maintenance of effort (MOE) for the MCH Block Grant, with metabolic screening fees making up the rest of the state's match. The 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 Governor recommended increasing the revenue authority for the metabolic screening fee such that the Newborn Screening program could charge \$75 in FY 2014 and \$77 in FY 2015, instead of \$71. The reason for this recommendation was to cover increasing laboratory contract costs and operating costs for the Newborn Screening program. The fee is authorized pursuant to NRS 442.008 and *Nevada Administrative Code* 440.210, and the Division of Public and Behavioral Health may adjust the fee as needed, via the regulation process.

However, the Legislature did not accept the Governor's recommendation, and increased the revenue authority for metabolic screening fees to reflect the ability to charge \$81 in FY 2014 and \$83 in FY 2015. This was done because the agency informed the Legislature that it would continue to contract with the Oregon Health Sciences University (OHSU) for at least the first year of the 2013-15 biennium. The OHSU charges more per specimen than was budgeted in The Executive Budget for a prospective new vendor (the University of Nevada School of Medicine). The additional fee income was approved to cover the cost of the laboratory contract with OHSU as well as other Newborn Screening operating expenses, such as contract clinics for children with metabolic disorders. This decision added \$506,691 in additional metabolic screening fee authority to the budget, over and above the Governor's recommendation. The total metabolic screening fee revenue approved for FY 2014 is \$3.4 million and for FY 2015, the total revenue approved is \$3.5 million. For comparison, the FY 2013 actual amount of fee revenue was \$2.4 million.

In addition, the Legislature approved the Governor's recommendation to add one new Administrative Assistant position to conduct patient follow up activities for the Newborn Screening program. The new position is funded with metabolic screening fees.

The Legislature also approved transferring the Suicide Prevention program from the DHHS Director's Office into this account, thereby adding four positions and a total of

\$1.4 million to this account over the 2013-15 biennium. Of that total, approximately \$371,500 is General Fund appropriations.

Finally, the Legislature continued the Maternal Child Health Services' ability to transfer General Fund appropriations between fiscal years of the 2013-15 biennium, with the approval of the Interim Finance Committee, pursuant to Section 34 of Assembly Bill 507 (the Appropriations Act).

HEALTH FACILITIES HOSPITAL LICENSING

The mission of the Health Facilities Hospital Licensing budget is to protect the health and welfare of the public through licensure, regulation, enforcement and education of various types of health facilities. The division also has an agreement with the Centers for Medicare and Medicaid Services to inspect facilities that receive Medicare and/or Medicaid reimbursements, as well as laboratories that must conform to the federal Clinical Laboratory Improvement Amendments. 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.

The Legislature approved total funding for this budget of \$15.0 million in FY 2014 and \$14.2 million in FY 2015 inclusive of balance forward amounts of \$4.7 million in FY 2014 and \$4.5 million in FY 2015, respectively. Additionally, the 2013 Legislature approved total funding of \$909,132 in the 2013-15 biennium for the Health Facilities Administration Penalty account (BA 3217). This account includes administrative sanctions collected from health facilities found to be in violation of statutes and regulations. The division is authorized to use money in the account for training and education to employees of Public Health, employees of medical facilities, and members of the general public regarding issues relating to the provision of quality and safe health care.

The Governor recommended, and the Legislature approved, an online licensing system technology investment request (TIR) to implement a comprehensive regulatory and licensing system that will allow Nevada businesses and individuals to apply for and renew Division of Public and Behavioral Health specific licenses, permits, and certificates, track application status, and pay fees. Funding of approximately \$1.4 million was approved over the biennium to support the TIR, of which \$234,287 is General Funds. The costs are allocated among six Health Division accounts: Radiation Control, Child Care Services, Consumer Health Protection, Health Facilities Hospital Licensing, Emergency Medical Services, and Marijuana Health Registry. The system is expected to be integrated with the Secretary of State's business portal (SilverFlume).

CHILD CARE SERVICES

The Child Care Services program 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 program 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. Effective Fiscal Year 2012, the Child Care Services program moved from the Division of Child and Family Services to the Health Division's Bureau of Health Care Quality and Compliance, as approved by the 2011 Legislature.

The 2013 Legislature approved total funding of \$1.6 million in each year of the 2013-15 biennium, which includes General Fund appropriations of \$26,111 in FY 2014 and \$49,639 in FY 2015. Of the General Fund amounts, \$18,308 over the biennium is to support the allocated costs for the online licensing system TIR that is described in the previous Health Facilities Hospital Licensing section.

The Legislature did not approve the Governor's recommendation to fund a portion of one existing Child Care Facility Surveyor position in FY 2015 with \$34,152 in General Fund appropriations, but rather increased child care facility license fee revenue in an equal amount. The position had been held vacant since July 1, 2011, due to limited funding. The 2013 Legislature approved the increase in fee revenue in order to fully fund a dedicated position for performing complaint investigations. The agency testified during the legislative budget hearing that the existing fee structure had remained unchanged for 20 years. In approving the increase in license fee revenue, the money committees instructed the agency to complete an analysis of the fee structure, and set fee amounts through the regulatory process to more accurately reflect the cost of performing child care facility licensing duties.

HEALTH STATISTICS AND PLANNING

The Office of Vital Records (OVR) 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 2011 Legislature approved a significant change to the funding 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 in the General Fund. However, the 2011 Legislature approved the removal of 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. However, NRS 440.690 was not amended to permit the OVR to retain vital records fees in the Health Statistics and Planning account. Consequently, the OVR needed a General Fund advance in each fiscal year in order to operate. The 2013 Legislature approved Assembly Bill 471 which provided a one-shot appropriation of \$519,243 to repay the General Fund advance that OVR received to cover FY 2013 operating expenses.

The 2013 Legislature reaffirmed the 2011 Legislature's funding change for this account by approving the Governor's recommendation to remove all General Fund appropriations from this account and replace them with vital records revenue. Assembly Bill 449 eliminated the provision of NRS 440.690 requiring vital records fees to be remitted to the General Fund. A total of \$1.02 million in vital records fee revenue was legislatively approved for each fiscal year of the 2013-15 biennium. Total revenue approved for the Health Statistics and Planning account is \$1.6 million for FY 2014 and \$1.8 million for FY 2015. Aside from vital records fee revenue, this budget account receives reimbursements from the National Center for Health Statistics and the Social Security Administration for providing birth and death data to the federal government.

The Legislature approved the Governor's recommendation to add three new positions to the account: one Statistician, one Program Officer and one Administrative Assistant. The total cost of the new staff is \$295,816 over the 2013-15 biennium, funded by reserved vital records fees. The Statistician and the Administrative Assistant will work for the OVR, while the Program Officer was approved to work 15 percent on the Medical Marijuana program and 85 percent on OVR workload.

Finally, numerous equipment and software enhancements were approved for the OVR, totaling \$333,222 over the biennium. Planned expenditures include software updates for the Web Enabled Vital Records Registry System (WEVRRS) and the Electronic Birth and Death Registry systems, data analysis software for WEVRRS, replacement computers, new cubicles, compact shelving for the vital records vault, and bullet-resistant glass for the OVR front desk.

BIostatISTICS AND EPIDEMIOLOGY

The Biostatistics and Epidemiology account houses the Office of Epidemiology as well as the Office of Health Statistics and Surveillance. The collective program effort is known as the Office of Public Health Informatics and Epidemiology (OPHIE), and its function is to centralize most data analysis personnel in one budget account. Programs managed out of Biostatistics and Epidemiology include: Sexually Transmitted Disease Control; HIV/AIDS Surveillance; Adult Viral Hepatitis; Tuberculosis Control; Behavioral Risk Factor Surveillance System; Sentinel Events Registry; and Epidemiology and Lab Capacity. The staff of OPHIE maintain several core public health data sets. Biostatistics and Epidemiology was approved for total funding of \$8.7 million over the 2013-15 biennium, of which \$6.9 million is federal grant funds. General Fund appropriations for this account total \$634,301 for the 2013-15 biennium.

The Legislature approved the Governor's recommendation to add a new unclassified Medical Epidemiologist position to this account, at a total cost of \$346,321 over the biennium, funded by the Epidemiology and Lab Capacity grant. The new position will focus on trend analysis with special attention to chronic disease. In addition, the Legislature approved the addition of three new grant-funded positions to support the BioSense surveillance application supplied by the federal Centers for Disease Control. One IT Professional and two Health Program Specialists were approved, at a total cost of \$517,514 over the biennium.

Finally, the Governor recommended, and the Legislature approved, transferring the Youth Risk Behavior Survey program (\$49,457 in federal grant funding in each fiscal year) from the Department of Education to the Division of Public and Behavioral Health. The division will contract with the University of Nevada to conduct the survey, since it already has a relationship with the University to conduct the Behavioral Risk Factor Surveillance System survey.

MARIJUANA HEALTH REGISTRY

The Division of Public and Behavioral Health administers the provisions of the Medical Use of Marijuana law (*Nevada Revised Statutes* Chapter 453A), which authorizes patients with chronic or debilitating medical conditions, or their caregivers, to possess or cultivate marijuana for medical use. The division administers the application and eligibility process, as well as the annual renewals of eligibility. The program was transferred from the Department of Agriculture by the 2009 Legislature. Total funding approved for the 2013-15 biennium is \$1.8 million.

The amount of fee revenue approved for this account was predicated on an application fee of \$50, a registration fee of \$150, and a yearly renewal fee of \$150. However, Senate Bill 374, as approved by the 2013 Legislature, reduced the fees for individual applications and registration to \$25 and \$75, respectively. The legislatively approved budget was not adjusted to account the passage of S.B. 374, which authorizes the division to regulate medical marijuana dispensaries, medical marijuana cultivators, manufacturers of medical marijuana infused products, and agents who operate such facilities. There are fees associated with the application and registration of such facilities, as well as a 2 percent excise tax on wholesale cultivators and marijuana product manufacturers, and a 2 percent excise tax on all retail sales of medical marijuana products. Senate Bill 374 specifies that 25 percent of the total excise tax must be expended to pay the costs of the division in carrying out the Medical Marijuana program. Therefore, although the individual registry card revenue will decrease, the facility application and registration fees, as well as the excise tax revenue, will be added to the budget as the facility registration process commences after April 1, 2014.

EMERGENCY MEDICAL SERVICES PROGRAM

The Emergency Medical Services (EMS) program establishes and enforces standards for the provision of quality pre-hospital emergency medical care, the operation of ambulance services, certification of EMS personnel, licensure of attendants and the delivery of trauma care. The program also supports the emergency medical services system in all counties, except Clark County, by providing technical assistance, consultation and training to EMS managers and personnel. A registry of all persons certified in Nevada is maintained as part of the program activities. In addition, this program is responsible for implementation, monitoring and maintaining a database for out-of-hospital emergency care. The EMS budget is funded by licensure fees, State General Funds, and federal grants.

The Governor recommended, and the Legislature approved, General Fund appropriations of \$197,518 in FY 2014 and \$18,461 in FY 2015 to support the EMS allocated costs for the online licensing system technology improvement request (TIR) that is described in the Health Facilities Hospital Licensing section. In addition, the 2013 Legislature approved the Governor's recommendation to transfer federal grant revenues of \$61,505 in FY 2014 and \$62,275 in FY 2015 from the Public Health Preparedness program to support the maintenance and transmission expense of the Nevada Shared Radio System, which is maintained by the Nevada Department of Transportation.

COMMUNITY HEALTH SERVICES

The Community Health Nursing program provides public health nursing services 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 diseases, 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 is also provided out of the Community Health Services account. Total funding approved for this budget is \$7.0 million over the biennium, of which \$1.9 million (27 percent) is General Fund appropriations. Other sources of revenue include federal grants, assessments to counties for nursing services, and client charges for medical and family planning services.

The Governor recommended, and the Legislature approved, the elimination of 3.25 Community Health Nurse positions due to the loss of Temporary Assistance for Needy Families (TANF) funds from the Division of Welfare and Supportive Services, as well as a reduction in the federal Preventive Health and Human Services Block Grant. However, the Legislature approved the addition of three Administrative Assistant positions to be dedicated to the Lyon County Community Health Nursing clinic. The positions' cost will be funded by Lyon County's reimbursement to the state for nursing and administrative services. The total salary cost is \$232,643 over the biennium.

CHRONIC DISEASE

The Chronic Disease budget account houses various federal grant programs that work to control, prevent, and track the incidence and prevalence of communicable and chronic diseases. These programs include the Women's Health Connection (Breast and Cervical Cancer Early Detection Program); Diabetes; Tobacco; Oral Health; Colorectal Cancer; and Chronic Disease Prevention. There are no General Fund appropriations in this budget account.

The 2013 Legislature approved an amendment to The Executive Budget for Chronic Disease that supplements the existing federal tobacco grant funding, which is approximately \$850,000 per fiscal year. The Governor recommended adding \$1 million in tobacco settlement monies to this account in each year of the 2013-15 biennium, in order to enhance the division's existing tobacco cessation and surveillance efforts. As approved by the Legislature, funding is intended to be granted to community partners to conduct tobacco cessation activities, with the remaining funding used to more effectively target tobacco intervention programs and provide salary support for existing positions.

Finally, the Governor recommended, and the Legislature approved, the transfer of the Oral Health grant program from the Maternal Child Health Services account into Chronic Disease. This transfer moved four positions, and a total of \$843,663 in grant funded expenditures, into this account.

BEHAVIORAL HEALTH

The Behavioral Health accounts consist of the following programs and facilities: Southern Nevada Adult Mental Health Services (SNAMHS); Northern Nevada Adult Mental Health Services (NNAMHS); Rural Clinics; Lake's Crossing Center; and the Substance Abuse Prevention and Treatment Agency (SAPTA). The division estimates it will provide services to an estimated 16,976 unduplicated individuals at the end of FY 2015, an increase of 545 individuals or 3.3 percent more than the 16,431 individuals served in June 2013. In addition to the budgets for each mental health facility, there is a Behavioral Health Administration account and a Behavioral Health Information Technology account. These budgets house fiscal management, personnel and information technology staff for the Behavioral Health functions of the Division of Public and Behavioral Health (DPBH).

Due to the Governor's recommendation to expand Medicaid eligibility under the Patient Protection and Affordable Care Act (ACA) to individuals who earn up to 138 percent of the federal poverty level, there are expected to be increases of \$24.3 million over the biennium in Medicaid reimbursements, and equivalent General Fund decreases. The Federal Medical Assistance Percentage (FMAP) for the newly eligible population is 100 percent federal for both FY 2014 and FY 2015. Additionally, \$2.5 million in General Fund savings were projected by enrolling individuals who have been Medicaid eligible in the past, but did not enroll. Section 48 of Assembly Bill 507 (the Appropriations Act) of the 2013 Legislative Session allows the transfer of appropriations between the Nevada Medicaid, SNAMHS, NNAMHS and Rural Clinics budget accounts to help ensure that appropriate services are provided as a result of the implementation of the ACA. Any transfer of General Fund monies between these four accounts is subject to the approval of the Interim Finance Committee. Finally, the Legislature approved the Governor's recommendation for \$6.4 million in General Fund savings in the Substance Abuse Prevention and Treatment Agency budget by requiring service providers to bill Medicaid directly rather than rely on General Fund reimbursement.

The 2013 Legislature approved funding for the Behavioral Health accounts totaling \$342.0 million for the 2013-15 biennium, a decrease of \$8.5 million (2.4 percent) when compared to total funding of \$350.5 million approved for the 2011-13 biennium. General Fund support for the 2013-15 biennium totals \$240.7 million, which represents a decrease of 9.6 percent compared to appropriations of \$266.2 million approved for the 2011-13 biennium. Most of this \$25.5 million decrease in General Funds is due to the Governor's recommendation to expand Medicaid eligibility and the projected enrollment of individuals who have been Medicaid eligible, but not previously enrolled. The General Fund is expected to be offset by an increase in Medicaid reimbursements and reductions to medication expenditures.

SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES

The Southern Nevada Adult Mental Health Services (SNAMHS) currently operates out of eight sites in Southern Nevada - six sites in Clark County, one site in southern Nye County and one site in southern Lincoln County. The main SNAMHS campus is located on West Charleston Boulevard in Las Vegas. Each site provides psychiatric and psychological services to seriously and chronically mentally ill individuals. On the SNAMHS main campus is the Rawson-Neal Psychiatric Hospital, which provides in-patient services for up to 160 individuals and an additional 30 individuals in the Psychiatric Observation Unit. For the 2013-15 biennium, the Legislature approved total funding of \$169.7 million for SNAMHS, of which \$137.5 million is General Fund appropriations.

The Governor recommended closing the Las Vegas Downtown outpatient clinic (Downtown Clinic) and moving these services to the Rawson-Neal Psychiatric Hospital. The recommended budget indicated savings from the closure of the Downtown Clinic would be allocated to a new urgent care center located at the Rawson-Neal Psychiatric Hospital. Although the Legislature approved the Governor's recommendation to close the Downtown Clinic and open an urgent care center, the Legislature requested that SNAMHS maintain services at the Downtown Clinic through December 2013 to help clients transition to the new site. By co-locating medical clearance and urgent care programs at the Rawson-Neal Psychiatric Hospital, SNAMHS hopes to divert individuals from local hospital emergency rooms and provide quicker access to inpatient and outpatient psychiatric services. The Legislature approved funding for two new Senior Psychiatrist and two new Accounting Assistant positions to help staff the urgent care center. The urgent care center will also be staffed with employees transferred from the Downtown Clinic and vacant positions transferred from other satellite clinics, as needed. Weekend services and extended hours at the new Urgent Care Center are expected to be phased in over the biennium until the urgent care center will be operating 24 hours per day, seven days per week by March 2015. In addition to the reallocation of funding from the Downtown Clinic, the Legislature approved \$809,076 in General Fund appropriations over the biennium for this transition of services and the operation of the urgent care center.

The 2013 Legislature also approved the Governor's budget amendment to add \$3.1 million in General Fund appropriations over the biennium to provide supported living housing and clinical services for individuals re-entering the community from jails, prisons and forensic hospitals to help prevent a return to incarceration. Funding will provide transitional housing for an average of one year for 60 individuals with mental illness, housing for 200 individuals with mental illness and co-occurring substance abuse issues for an average of 90 days, and clinical and medical detoxification services for approximately 150 individuals.

Due to the need for additional in-patient services in Southern Nevada, the 2013 Legislature approved \$2.1 million in capital improvement funding for renovation of the old Stein Hospital building, adding 19 beds on the SNAMHS campus. Additionally, the Legislature approved General Funds of \$3.0 million (Section 52 of A.B. 507, the Appropriations Act) and \$1.0 million of tobacco settlement funds (Section 24 of S.B. 521, the Authorizations Act) over the biennium for necessary facility improvements, furnishings, equipment, operating expenditures and staffing at SNAMHS in-patient facilities. These funds could be accessed with the approval of the Interim Finance Committee.

The 2011 Legislature approved the Governor's recommendation to eliminate one of the two Program of Assertive Community Treatment (PACT) teams providing outpatient services for individuals with severe mental illness. At that time, a Clinical Social Worker position and a Consumer Services Coordinator position were eliminated. However, the 2013 Legislature approved the Governor's budget amendment to fund the re-establishment of this PACT team using tobacco settlement funds in the amount of \$1.4 million over the biennium. The re-established PACT team is expected to serve 75 clients in total.

The Legislature approved \$1.44 million of tobacco settlement funds to establish a pilot Mental Health Home Visiting program. This program will provide home safety assessments for individuals with a history of criminal justice involvement or who have been recently released from an inpatient facility, and their families, as recommended by clinicians when the individual or members of their household could face potential dangers when weapons are present in the home. This program is expected to serve 650 individuals per year.

The Legislature also approved the Governor's recommendation to increase General Fund appropriations by \$141,372 over the biennium to add one first year psychiatric resident from the University of Nevada School of Medicine (UNSOM) residency program to the staff at SNAMHS. This recommendation will bring the number of residents at SNAMHS to eight.

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 facility located at the Dini-Townsend Psychiatric Hospital, service coordination and residential support services. Within the Dini-Townsend Psychiatric Hospital, there is a 10-bed Psychiatric Observation Unit.

Due to the Olmstead court decision, NNAMHS is required to place five youths that will return from out-of-state placements (as adults) in a community setting. To provide necessary mental health treatment and housing with high levels of supervision to maintain a safe environment, the Governor recommended General Fund appropriations of \$1.7 million over the biennium to contract with providers for these services. However, to better match expenditures with the expected arrival dates of these individuals, the 2013 Legislature reduced funding to \$1.4 million over the biennium.

Similar to the budget amendment that added \$3.1 million in General Fund appropriations over the biennium to the SNAMHS' budget for supported living housing and clinical services for individuals re-entering the community from jails, prisons and forensic hospitals, General Fund appropriations of \$984,000 were approved to provide supported living housing for approximately 40 NNAMHS clients each year. The agency anticipates that clinical and medical detoxification services for these individuals will be provided for through existing funding.

The Legislature approved \$580,532 of tobacco settlement funds to establish a pilot Mental Health Home Visiting program at NNAMHS. Similar to the budget amendment approved for the Mental Health Home Visiting program at SNAMHS, this program is expected to serve 250 individuals each year by providing home safety assessments for individuals with a history of criminal justice involvement or who have been recently released from an inpatient facility, and their families, as recommended by clinicians when the individual or members of their household could face potential dangers when weapons are present in the home.

The 2011 Legislature approved the Governor's recommendation to eliminate four Senior Psychiatrists at NNAMHS and use the savings to increase support for the Psychiatric Residency Program and increase the use of contract psychiatrist services. Due to continued difficulty in hiring Psychiatrists as state employees, the 2013 Legislature approved the Governor's recommendation to eliminate three Senior Psychiatrists positions (2.02 FTE) and use the personnel cost savings of \$802,675 to hire contract psychiatrists. Also, the Legislature approved the Governor's recommendation to transfer a vacant half-time Senior Psychiatrist position from NNAMHS to SNAMHS.

The 2013 Legislature also approved General Fund appropriations totaling \$136,759 to allow NNAMHS to contract with a psychiatric nurse and an administrative assistant on a part-time basis to provide after-hours medical clearance to support the Psychiatric Assessment Services/Psychiatric Observation Unit and in-patient units as needed to help reduce inappropriate use of local hospital emergency rooms.

To help support projected caseload increases in NNAMHS' Medication Clinic, Mental Health Court and supported living arrangements, the Governor recommended additional

funding of \$1.23 million over the biennium, of which \$1.20 was to come from General Fund appropriations. However, due to subsequent revisions to projected caseload growth, the Legislature only approved funding increases of \$767,956, of which \$736,124 was General Fund appropriations. The Legislature approved the Governor's recommendation to add a 0.51 FTE Psychiatric Caseworker position for the Mental Health Court.

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 2013 Legislature approved the 2013-15 biennium budget funded at \$26.1 million or 63 percent from the federal Substance Abuse Prevention and Treatment Block Grant. The grant requires the state to maintain a spending level of state funds (maintenance of effort), which is at least equal to the average of the past two years. For the 2013-15 biennium State General Fund appropriations were approved at \$12.8 million, or 30 percent of the SAPTA budgeted revenues.

To help address findings from an audit conducted by the Audit Division of the Legislative Counsel Bureau in April 2012, SAPTA revised and developed new grant oversight and monitoring procedures as well as new subgrant agreements. To implement the new and revised procedures, the Legislature approved a new Management Analyst position and a new Quality Assurance Specialist position. While General Fund Appropriations of \$120,153 were approved for the Management Analyst position for the biennium, net expenditure authority for support of community providers was reduced in the amount of \$115,474 to fund the Quality Assurance Specialist position.

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

The Lake's Crossing Center (formerly known as the Facility for the Mental Offender) is located in Washoe County and is Nevada's only forensic mental health 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.

Currently, the facility has 56 beds with an additional 10 beds available in the annex located at the Dini-Townsend Psychiatric Hospital. Total funding approved for the 2013-15 biennium is \$21.4 million, of which General Fund appropriations are \$17.9 million. To help ensure timely evaluations and restorative treatment is provided, the 2013 Legislature approved a \$3.0 million budget amendment recommended by the

Governor to provide funding for 10 additional beds at the Dini-Townsend Psychiatric Hospital. The amendment includes \$323,664 for construction costs, \$85,476 for equipment and \$2.6 million for 20 new staff and operating costs, funded with tobacco settlement monies. The new positions added include one Senior Psychiatrist; one Psychologist; four Psychiatric Nurses; nine Forensic Specialists; one Clinical Social Worker; two Activity Therapy Specialists; one Custodian; and one Administrative Assistant.

The 2011 Legislature approved the Governor's recommendation to eliminate 12 positions held vacant during the 2009-11 biennium, and an additional 9.49 positions in order to achieve budget reduction targets. Since none of these positions were recommended to be restored for the 2013-15 biennium, the Governor recommended General Fund appropriations totaling \$309,338 for overtime, holiday and shift differential pay. However, after evaluating projected staffing needs, the Legislature increased funding for overtime from \$115,704 per fiscal year to \$215,843 per fiscal year. Holiday and shift differential pay were approved as recommended by the Governor. A total of \$509,616 was approved for the biennium.

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. Except for parts of Lincoln, Nye and Esmeralda Counties, Rural Clinics serves all the rural counties through eight full-service clinics, four satellite clinics and three limited-service clinics.

The 2013 Legislature approved the Governor's recommendation to add a Management Analyst II and an Administrative Assistant II position to assist with the pharmacy patient assistance programs, which provide free medications to individuals who cannot otherwise afford them. While the positions increased General Fund appropriations by \$177,304 over the biennium, the Legislature understood that increased utilization of pharmaceutical patient assistance programs could realize General Fund savings of approximately \$500,000 per year in pharmaceutical expenditure costs. Furthermore, the addition of two program staff was expected to allow clinicians to spend more time serving clients directly, instead of filling out prescription assistance paperwork.

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 2013 Legislature approved \$612.9 million in total funding for the division over the 2013-15 biennium, which is an increase of \$54.5 million from the total funding approved for the 2011-13 biennium. The funding approved for the division includes General Fund

support in the amount of \$158 million over the 2013-15 biennium, which is an increase of approximately \$15.2 million compared to the General Fund support approved for the 2011-13 biennium.

The Legislature approved the receipt of enhanced Medicaid funding for both the DWSS Administration and Field Services accounts, which increases the federal share of administrative costs related to the eligibility function performed by DWSS from 50 percent federal funds and 50 percent General Funds, to 75 percent federal funds and 25 percent General Funds, beginning on October 1, 2013. The enhanced Medicaid funding was not included in the Governor's recommended budget because it was not available at the time DWSS budgets were prepared. Consequently, budget amendments were submitted to include the enhanced funding, which resulted in General Fund savings of approximately \$6.7 million in FY 2014 and \$10.8 million in FY 2015 for the Field Services account, and approximately \$137,000 in FY 2014 and \$149,000 in FY 2015 in the Administration account. It is anticipated that the enhanced Medicaid funding will continue into future biennia.

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.

In order to address the administrative needs of the 410 positions added to the DWSS Field Services account due to caseload increases, health care reform, and Medicaid expansion, the Legislature approved the Governor's recommendation to add a total of 21 new positions over the 2013-15 biennium to the DWSS Administration account. Seventeen new positions were approved for FY 2014 at a total cost of \$1.4 million, and four additional new positions were approved in FY 2015 at a total additional cost of \$721,551. The General Fund portion of these costs is approximately \$697,579 in FY 2014 and \$1.05 million in FY 2015. In a similar effort to phase-in positions in the Field Services account, Fiscal staff worked with the DWSS to phase-in positions in the Administration account, which provided savings of approximately \$30,939 over the 2013-15 biennium, including General Fund savings of \$15,471.

In order to address errors and omissions regarding the division's contract for Electronic Benefits Transfer (EBT) for the Supplemental Nutrition Assistance Program (SNAP), the Legislature approved the Governor's amended recommendation to add contract costs totaling \$601,032 over the biennium, including General Funds of \$297,936. In addition, during the 2013 Legislative Session, the Governor submitted a budget amendment to add a new contract that would provide immediate information regarding employment location and verification, and income verification, for use by many different DWSS programs. The Legislature approved the addition of this new contract, which provides for additional expenditures of \$415,075 in each year of the biennium, including General Funds of \$122,821 in each year.

The Legislature concurred with the Governor's recommendation to transfer a total of ten positions to the DWSS Administration account as follows: eight positions from the DWSS Child Support and Enforcement account to the Administration account; one position from the DWSS Child Assistance and Development account to the Administration account; and one position from the Division of Health Care Financing and Policy to the Administration account. The Legislature further concurred with the Governor's recommendation to provide General Funds of \$353,203 over the biennium to fund these positions through the Administration account's cost allocation formula.

The Legislature approved the Governor's recommendation for \$4.8 million in FY 2014 and \$3.8 million in FY 2015 to complete the design, development and implementation of the eligibility engine system and to support ongoing maintenance and operation costs. The amounts approved by the Legislature include General Funds of \$382,964 in FY 2014 and \$348,137 in FY 2015.

The Governor originally recommended total funding of \$2.19 million in FY 2014 (\$1.41 million General Funds) and \$139,000 in FY 2015 (\$88,802 General Funds) for the replacement of portions of the division's telephone system and associated equipment, as well as replacement of the customer service Voice Response Unit (VRU). However, during the 2013 Legislative Session, the Governor submitted budget amendments that would allow DWSS to utilize the new statewide telephone system that was proposed (and subsequently approved by the 2013 Legislature) for the Division of Enterprise Information Technology Services (EITS). These amendments required additional costs totaling \$161,581 in FY 2014 and \$356,487 in FY 2015 to be placed into other DWSS budget accounts. However, during the 2013 Legislative Session, DWSS and EITS were unable to determine the exact costs that would be required to connect to the new phone system. As a result, the 2013 Legislature approved the Governor's original recommendation to replace portions of the division's telephone system and associated equipment, including the VRU, and did not approve the Governor's amended recommendation for DWSS to connect the statewide phone system. However, the Legislature approved the utilization of the TANF funds totaling \$550,587 in FY 2014 in lieu of General Funds. Compared to the Governor's recommendation, General Fund savings were \$550,486 in FY 2014.

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. The 2013 Legislature concurred with the Governor and did not budget federal TANF supplemental or TANF contingency funds in either year of the 2013-15 biennium.

The 2013 Legislature approved the Governor’s recommendation for total funding (state and federal) to support the TANF budget in the amount of \$44.7 million in FY 2014 (\$24.6 million General Fund) and \$42.8 million for FY 2015 (\$24.6 million General Fund). Based on the Legislature’s actions in the TANF account, a reserve of approximately \$6.4 million is projected at the end of the 2013-15 biennium.

- **Caseloads** – The 2011 Legislature approved funding that would support TANF caseloads at 30,170 average monthly recipients in FY 2012 and 29,688 in FY 2013. For FY 2012, actual average monthly TANF recipients totaled 29,331, which was less than the approved caseload by 839 average monthly recipients. Based on revised caseload projections presented by the division, the 2013 Legislature approved funding that would support TANF caseloads at 28,051 average monthly recipients in FY 2014, for a decrease of 730 average monthly recipients compared to totals included in The Executive Budget, and 26,662 average monthly recipients in FY 2015, for a decrease of 1,095 average monthly recipients compared to the totals included in The Executive Budget. The following table displays the TANF caseloads originally recommended by the Governor and the caseloads approved by the Legislature for the 2013-15 biennium based on updated caseload projections received during the 2013 Legislative Session.

Fiscal Year	Governor Recommended*	Legislature Approved*	Difference+/-*
2014	28,781	28,051	(730)
2015	27,757	26,662	(1,095)

*Average monthly recipients

The dollar impact of revised caseload projections results in a savings of \$709,368 in FY 2014 and \$1.4 million in FY 2015, consisting of federal TANF funding.

- **Cash Grants** – The Executive Budget recommended, and the 2013 Legislature approved, retaining cash assistance grants at their current levels over the 2013-15 biennium. The monthly cash assistance grant for a three-person household

is currently \$383 for a TANF recipient without public housing, and \$307 for a TANF recipient with public housing.

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 2013 Legislature approved General Fund support for the aged and blind in the amount of \$17.6 million over the 2013-15 biennium, an increase of \$1.5 million when compared to the 2011-13 biennium. The increased funding is the result of projected caseload increases of 10.6 percent in FY 2014 over FY 2012, and 5.2 percent from FY 2014 to FY 2015. 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.

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.

In order to accommodate the anticipated caseload increases due to the implementation of the Affordable Care Act (ACA) and Medicaid expansion, as well as general caseload growth, the Governor recommended the addition of 410 new positions for the Field Services account, as well as the opening of four new field offices in Southern Nevada. All of these positions were to start within the first month of each fiscal year of the 2013-15 biennium, and three of the four new offices were to open on July 1, 2013, with the additional office to open on July 1, 2014.

However, the money committees expressed concern about the division's ability to hire such a large number of positions in such a short period of time, as well as have three new field offices open on July 1, 2013. As a result, the Legislature approved a phased-in approach to adding the 410 positions recommended by the Governor, thereby providing total savings of approximately \$3.1 million (General Fund savings of approximately \$0.9 million) over the 2013-15 biennium, based on the enhanced Medicaid funding split of 75/25 federal/state funding. Furthermore, for efficiency and flexibility, the Legislature revised the number of facilities authorized for the division from four large offices as originally recommended by the Governor, to two large offices and four smaller offices, which would be phased-in over the biennium, based on the actual number of positions needed and hired. The decision to modify and phase-in the offices was cost-neutral.

In order to consolidate all eligibility functions for the Supplemental Nutrition Assistance Program (SNAP), the Temporary Assistance for Needy Families (TANF) program, Nevada Check Up, and Medicaid under DWSS, the Legislature approved the Governor's recommendation to transfer Nevada Check Up eligibility staff from the Division of Health Care Financing and Policy to the DWSS Field Services account. This transfer includes 22.51 FTE positions and associated revenues and expenditures totaling \$1.32 million in FY 2014 and \$1.39 million in FY 2015. The Legislature further approved the Governor's recommendation to realign the revenues associated with these transfers on technical adjustments resulted in General Fund savings of \$237,275 in FY 2014 and \$251,302 in FY 2015. The Legislature also approved the Governor's recommendation to transfer one Accounting Assistant I position from the DWSS Child Assistance and Development account to the Field Services account, including the addition of General Funds totaling \$23,300 over the biennium.

The Legislature approved the Governor's recommendation to provide \$256,080 in FY 2014 (General Funds of \$148,444) and \$18,850 in FY 2015 (General Funds of \$10,528) for new equipment, including a new lobby management system for the division's six largest district offices.

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 (CSEP) is administered by the Division of Welfare and Supportive Services and jointly operated by the division and county district attorneys. The CSEP 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 to provide funding of \$1.05 million over the 2013-15 biennium for a technology improvement request (TIR) for the second phase to modernize the CSEP within the Nevada Operations of

Multi-Automated Data Systems (NOMADS). The money committees were concerned because the 2009 Legislature approved a similar TIR to conduct a study to identify solutions to modernize the CSEP system with existing funding resources and address technological alternatives to full system replacement. However, the money committees were apprised that the TIR presented before the 2013 Legislature is the result of the 2009 TIR study, which indicated the CSEP system should be replaced rather than modernized. As approved by the Legislature the TIR will identify CSEP requirements, consider potential alternate solutions, and estimate the costs for a new CSEP system.

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 Governor's original recommendation was to continue General Fund support for the Child Assistance and development account at the minimum maintenance of effort (MOE) amount only, which is \$2.6 million annually, and require certified matching funds to be used in lieu of General Funds as the state's portion for matching federal funds. This was a continuation of budget reductions proposed by the Governor, and approved by the 2011 Legislature, for the 2011-13 biennium. However, during the 2013 Legislative Session, the Governor amended his original recommendation by proposing an increase in General Fund support for the Child Assistance and Development account of \$2.0 million in each year of the biennium, thereby recommending General Funds of \$4.6 million in each year of the biennium, rather than the minimum MOE level of \$2.6 million. The 2013 Legislature concurred with the Governor's amended recommendation to add an additional \$2.0 million in General Funds in each year of the biennium for the Child Assistance and Development account, which will serve approximately 436 additional children, or 229 families, per year in the At-Risk category. The division indicated that as of March 2013, the projected waiting list for the At-Risk category was 1,178 children, or 621 families.

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 a decrease of \$1.1 million in General Fund support over the

2013-15 biennium to \$231.2 million compared to the Governor's recommendation of \$232.3 million. General Fund support as approved by the 2013 Legislature for the 2013-15 biennium reflects a 4.7 percent increase from the \$220.7 million approved by the 2011 Legislature for the 2011-13 biennium.

Adjustments were made to several budgets to reflect increased Federal Medical Assistance Percentages (FMAP) in FY 2015, and to reflect updated caseload growth.

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 approved various position transfers between the division's budget accounts as recommended by the Governor.

WASHOE COUNTY CHILD WELFARE

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, and renamed Washoe County Child Welfare for the 2013-15 biennium. The 2013 Legislature approved the same type of structural budget changes in the Washoe County Child Welfare account as were approved in the Clark County Child Welfare 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 Legislature approved additional General Fund appropriations of \$2.5 million over the biennium to support adoption caseload growth, as authorized by S.B. 447. Total approved General Fund appropriations were \$15.3 million and \$15.8 million in FY 2014 and FY 2015, respectively.

CLARK COUNTY CHILD WELFARE

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, and renamed Clark County Child Welfare for the 2013-15 biennium. The 2013 Legislature approved approximately \$170.9 million for Clark County for child welfare over the 2013-15 biennium, composed of \$92.1 million of General Funds, approximately \$74.6 million of federal funding, and \$4.2 million of interagency transfers.

In accordance with Senate Bill 447 of the 2011 Legislative Session, the 2013 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 2013-15 biennium were approved to continue funding 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. The 2013 Legislature approved additional General Fund appropriations of \$6.6 million over the 2013-15 biennium as a categorical grant to support adoption caseload growth, as authorized by S.B. 447. Additionally, the money committees approved adding clarifying back language in the Appropriations Act allowing the division to approach the Interim Finance Committee to request additional funding for adoption subsidies, and limiting the block grant funding, for the Clark County and Washoe County child welfare budgets.

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 \$3.9 million technology investment request to enhance the management tools of the UNITY system; the project is expected to make the system more user-friendly, streamlined and capable of producing adequate management reports.

The 2013 Legislature approved General Funds of \$54,176 over the 2013-15 biennium to enhance the division's cost allocation plan software to a web-based system, and \$498,705 to replace computer equipment and a video conferencing system.

YOUTH ALTERNATIVE PLACEMENT

The Youth Alternative Placement budget 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 2013 Legislature did not approve the Governor's recommendation to continue a flat budget for the China Spring/Aurora Pines youth camps. Instead, the Legislature approved increasing the youth camps' budget by \$1.3 million over the 2013-15 biennium to achieve intermediate Prison Rape Elimination Act (PREA) staffing ratios beginning in FY 2014. The budget enhancement was funded by retaining the county assessments at a comparable level to the 2011-13 biennium, rather than reducing county assessments by \$1.3 million over the 2013-15 biennium, as recommended by the Governor.

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 in North Las Vegas. 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 2013 Legislature approved the Governor’s recommendation to re-open the Summit View juvenile correctional facility in October 2013 with \$1.4 million in General Funds and \$3.7 million in cost savings realized through reducing bed capacity at Nevada Youth Training Center (NYTC) from 110 beds to 60 beds, and eliminating 29 vacant NYTC positions. The Legislature approved General Fund appropriations of \$3.5 million in FY 2014 and \$4.6 million in FY 2015. The Legislature did not approve the Governor’s recommendation to consolidate the three juvenile correctional facility budgets (Caliente Youth Center, NYTC and Summit View) into a single account. However, the Legislature did authorize Section 50 of the Appropriations Act (Assembly Bill 517) that allows the division to transfer General Fund appropriations between the three accounts with the approval of the IFC. The Legislature also approved increasing the existing Facility Supervisor position from part-time to full-time, and authorized Fiscal staff to transfer a vacant Assistant Superintendent position from the NYTC account to this account to act as the division’s facility monitor for Summit View.

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 \$15.8 million over the 2013-15 biennium, a slight increase over the \$15.6 million approved for the 2011-13 biennium. The Legislature approved General Funds of \$78,966 over the 2013-15 biennium to fund a new Food Service Cook/Supervisor II position, as recommended by the Governor.

RURAL CHILD WELFARE

Historically, this budget has contained funding for the placement costs of children in the division’s care because of abuse, neglect or behavioral/emotional problems. Adoption subsidies for the rural region are also paid from this account to adoptive parents of special needs children. The approved budget reflects foster care placement costs and

subsidized adoption costs for the Rural Region. Total funding approved by the Legislature for the 2013-15 biennium was \$38.3 million, of which \$12.9 million was General Fund appropriations.

The Legislature approved General Funds of \$1.9 million over the 2013-15 biennium for adoption subsidy and foster care caseload growth, and to revise the Federal Medical Assistance Percentage (FMAP) rates for FY 2015. The Legislature also approved General Funds of \$296,560 over the 2013-15 biennium to fund four new Family Support Worker positions for the Elko, Ely, Fernley and Pahrump offices, and General Funds of \$64,638 to fund two new Mental Health Counselor positions for the Intensive Family Services program. Additionally, the Legislature approved increasing two Administrative Assistant positions from part-time to full-time.

NEVADA YOUTH TRAINING CENTER

The Nevada Youth Training Center (NYTC) at Elko is a 24-hour residential treatment facility for male youths 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, reducing bed capacity at the facility to 110 beds. The 2013 Legislature approved the further reduction of NYTC beds from 110 to 60, including the elimination of 29 vacant positions, to provide budgetary savings to re-open the Summit View Youth Correctional Center in Southern Nevada.

Additionally, the 2013 Legislature approved the division's request to replace the NYTC phone system at a cost of \$36,000, instead of \$250,000 as recommended by the Governor, and redirect the difference in General Funds of \$214,000 to install a new water line from the water storage tanks to the NYTC campus. The 2013 Legislature approved total 2013-15 biennium funding of \$14.2 million, of which \$13.4 million was General Funds.

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, residential treatment homes and intensive targeted case management for youth with severe emotional disturbances.

The 2013 Legislature approved the Governor's recommendation to use \$252,278 in tobacco settlement funds over the 2013-15 biennium to provide Parent Management Training, Independent Living and Wraparound in Nevada (WIN) client services. The Legislature also approved converting a temporary contract employee to a part-time

state position to comply with the federal Fair Labor Standards Act, and approved increasing an Administrative Assistant from part-time to full-time, as recommended by the Governor.

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, residential treatment homes and inpatient psychiatric hospital services at Desert Willow Treatment Center (DWTC).

The 2013 Legislature approved the Governor's recommendations to use General Funds of \$301,454 over the 2013-15 biennium to add four new Psychiatric Nurse positions to DWTC, to bring the facility into compliance with federal regulations regarding the staffing of nurses. Total approved funding for the four positions was \$301,255 in FY 2014 and \$400,209 in FY 2015. The Legislature also approved a new Management Analyst position for the mental health services billing unit, funded entirely with federal Medicaid funds. Additionally, the Legislature approved converting two temporary contract employees to state employees, to comply with the federal Fair Labor Standards Act. Lastly, the Legislature approved \$745,690 in tobacco settlement funds over the 2013-15 biennium to provide Parent Management Training and Mobile Crisis Unit services, and General Funds of \$62,547 over the 2013-15 biennium to lease a medication management system for DWTC.

DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION

The mission of the Department of Employment, Training and Rehabilitation (DETR) is to provide Nevada's businesses with access to a qualified workforce and encourage equal employment opportunities. The department consists of the Employment Security Division, the Rehabilitation Division, the Nevada Equal Rights Commission, centralized administrative and information technology services, and the Research and Analysis Bureau. 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; unemployment insurance tax ranging from 0.25 percent to 5.4 percent of taxable wages, paid by Nevada employers; an additional surcharge of 0.05 percent of taxable wages earmarked for the Career Enhancement Program; and penalties and interest collected from employers for non-payment or late payment of unemployment insurance contributions. General Fund appropriations are provided to the Equal Rights Commission to supplement contract payments from the federal Equal Employment Opportunity Commission. General Fund appropriations are also provided to the Bureau of Vocational Rehabilitation and to the Bureau of Services to the Blind and Visually Impaired, primarily to match federal Section 110 grant funding.

For all DETR accounts combined, net of interagency transfers, the Legislature approved total funding of \$339.8 million, which includes General Fund appropriations of \$7.7 million in the 2013-15 biennium. Approved General Fund appropriations for the 2013-15 biennium are \$264,349 (3.6 percent) greater than the amounts appropriated by the 2011 Legislature for the 2011-13 biennium.

ADMINISTRATION SERVICES

The Department of Employment, Training and Rehabilitation Administration account 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 2013 Legislature approved the Governor's recommendation to transfer the Workforce Solutions Unit from the Employment Security account to the DETR Administration account. This transfer added cost allocation revenues totaling \$1.1 million to this budget account over the biennium. Five positions were included in the transfer, including a Deputy Administrator.

INFORMATION DEVELOPMENT AND PROCESSING

Information Development and Processing (IDP) provides data processing and information technology support services to DETR and oversees Nevada's automated workforce and rehabilitation information systems. The IDP is responsible for departmental application software development, maintenance, and implementation. The Legislature approved total biennial funding resources of \$26.2 million for IDP, including \$20.7 million in department cost allocation revenues and \$3.9 million in charges for IT services provided to the Employment Security Division and the Welfare Division. As recommended by the Governor, the Legislature approved \$712,800 over the biennium to fund information technology service contracts for ongoing technical expertise for the Unemployment Insurance modernization project (UInv). The Legislature also approved the Governor's recommendation to add a new Information Technology Manager II position that will be responsible for department-wide information technology security at a total cost of \$146,163 over the 2013-15 biennium. The Governor recommended \$4.23 million for new and replacement equipment and software over the biennium; however, due to duplicate requests, the Legislature reduced the Governor's recommendation by \$255,387 to \$3.98 million.

RESEARCH AND ANALYSIS BUREAU

The Research and Analysis Bureau provides labor market and economic information for the department, including state and local workforce, employment, occupation, career, and general economic and demographic information. The Legislature approved the Governor's recommendation to add one new Public Service Intern position to assist the Bureau in responding to labor market information requests and provide services to one or more of the nine Economic Development Sector Councils at a cost of \$49,425 in each year of the biennium. The Legislature also approved \$88,656 over the biennium

for an online software subscription service that will provide information and analysis on occupational labor demand at the national, state, and local levels.

REHABILITATION DIVISION

The Rehabilitation Division is comprised of three bureaus: Vocational Rehabilitation, Services to the Blind and Visually Impaired, and Disability Adjudication. 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 of Nevada 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.

DISABILITY ADJUDICATION

To help reduce the backlog of more than 600 claimants waiting for eligibility determinations, the Legislature authorized additional federal funds of \$506,964 over the biennium for two new Senior Physician positions. As the sole funding source for the Disability Adjudication program, the Social Security Administration (SSA) dictates when approved but vacant positions may be filled. For the past several years the SSA has maintained a hiring freeze, which prompted the Governor to recommend the elimination of 23 vacant positions (20 Disability Adjudicators and 3 Administrative Assistants) in FY 2014. However, the Governor also recommended that 9 of these positions be reinstated in FY 2015. To provide the bureau with the ability to fill vacant positions in FY 2014 should the SSA hiring freeze be lifted, the Legislature modified the Governor's recommendation by decreasing the number of eliminated positions to 13 (i.e. elimination of 10 Disability Adjudicator positions and 3 Administrative Assistant positions) for both years of the biennium.

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. The Legislature approved Section 110 grant funds totaling \$25.5 million over the 2013-15 biennium. The 2013 Legislature appropriated \$4.4 million in General Funds over the biennium, an increase of \$150,325 over General Fund appropriations approved for the 2011-13 biennium. Since this was not sufficient state funding to provide the calculated match, the Legislature requested that DETR demonstrate that it would be able to make the 21.3 percent match. In addition to General Fund appropriations, the

bureau identified matching resources from the Blind Business Enterprise program and the Independent Living program.

The 2013 Legislature did not approve the Governor's recommendation to combine the Vocational Rehabilitation and Services to the Blind and Visually Impaired budget accounts, citing concerns voiced by blind and visually impaired consumers and advocates and the Legislature's need for oversight of the division's resources and expenditures.

The Client Assistance Program budget account, previously within the Rehabilitation Division, was eliminated by the 2013 Legislature pursuant to the Governor's recommendation. The Governor transferred the Client Assistance Program's duties to the Nevada Disability Advocacy and Law Center (NDALC), a nonprofit organization, in November 2012. The state's responsibilities to assist clients navigating and accessing services available under the federal Americans with Disabilities Act and the Rehabilitation Act are now provided by the NDALC.

Finally, the Legislature approved \$60,000 each year of the biennium to fund the continuation of a media campaign directed at individuals who may qualify for services, but were unaware that such services were available and to educate businesses about the benefits of hiring individuals with disabilities.

The Legislature also approved the Governor's recommendation to transfer the Office of Disability Employment Policy Chief position and associated operating costs from the Rehabilitation Administration account to the Vocational Rehabilitation account.

BUREAU OF SERVICES TO THE BLIND AND VISUALLY IMPAIRED

The majority of funding for the Bureau of Services to the Blind and Visually Impaired comes from federal Section 110 grant funding. The Legislature approved Section 110 grant funds of \$6.5 million and \$1.2 million in General Fund appropriations over the biennium. Although the 2013-15 biennium reflects an increase in General Fund appropriations of \$49,406 over the 2011-13 biennium, total legislatively approved funding for the account decreased by \$227,407, or 2.7 percent from the total funding approved for the 2011-13 biennium.

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 2013 Legislature approved an additional \$223,200 over the biennium for new and replacement equipment and maintenance costs for facilities currently operated by BEN vendors. Additionally, the Governor recommended that four new sites be developed during the 2013-15 biennium, but as the 2013 Legislature progressed, it became apparent these sites would not be viable. Therefore, the Legislature did not approve the Governor-recommended funding of \$354,771 to develop four new locations. The Legislature directed the bureau to use the work program process to request additional authority should new vendor sites become available and viable during the 2013-15 biennium.

EMPLOYMENT SECURITY DIVISION

The Employment Security Division (ESD) 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, which is funded with a 0.05 percent tax on employers' taxable wages.

Due to high unemployment rates in Nevada over the last several years, the ESD borrowed funds from the U.S. Treasury to allow the State's Unemployment Trust Fund to continue paying unemployment benefits to unemployed Nevada workers. Under the terms of the loan, the state is required to make interest payments each September 30 until the loan is repaid. According to DETR, the balance of the UI Trust Fund loan was \$559.4 million as of June 12, 2013. Assembly Bill 482 authorizes the Administrator of the Employment Security Division (ESD) to impose a special assessment on Nevada employers for the payment of interest due on the UI Trust Fund loan until the loan is repaid. The Legislature authorized special assessment revenue authority of \$17.0 million for FY 2014 and \$14.2 million for FY 2015 to account for the additional revenue that would be generated by the new assessment.

Additionally, Senate Bill 515 authorizes the State Board of Finance, if requested by the Employment Security Division, to issue special obligation bonds to pay off the balance of the UI Trust Fund loan and to establish adequate balances in the UI Trust Fund. The bill authorizes ESD to impose special assessments on employers to pay the interest and principal on the outstanding bonds. The bonds will not count against the state's constitutional debt limit, nor will they receive the state's pledge of full faith and credit.

The Legislature approved the Governor's recommendation to fund ten new positions with federal revenues and Career Enhancement Program (CEP) wage assessments totaling \$1.2 million over the biennium. Four positions were added to help reduce fraud and improper payments; three positions will support the Unemployment Insurance Support Service Unit, providing technical, legal and policy guidance to all Unemployment Insurance operations; one ESD Manager II position was added for the

Northern Telephonic Intake Center; and two positions will work in the Workforce Investment Support Services Unit as program monitors.

As recommended by the Governor, the Legislature approved \$16.6 million over the biennium (\$1.1 million from the ESD Special Fund and \$15.5 million from federal UI administrative cost allowance revenues) to fund approximately 147 part-time intermittent positions for the Unemployment Insurance and Re-Employment & Eligibility Assessment programs. The 2011 Legislature approved \$16.1 million for 172 positions for the 2011-13 biennium and subsequently the Interim Finance Committee approved an additional \$1.1 million. Actual costs incurred for the FY 2012 totaled \$9.5 million and DETR estimates FY 2013 costs will be \$7.7 million for a total of \$17.2 million for the 2011-13 biennium.

To support additional client services and training designed to assist Nevada workers with finding employment or enhancing career opportunities, the Legislature approved \$5.1 million from CEP reserves over the biennium. Funding will support programs such as Silver State Works, Prisoner Reentry, and Train Employees Now. Partnerships with Nevada's community colleges and the IBM Center for Excellence will also be supported with CEP funds.

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 include interest and penalties collected from employers for non-payment or late payment of unemployment taxes. Federal funds for special projects, such as the Unemployment Insurance Modernization Project (UInv), are also included in this account. The Legislature approved \$3.2 million of federal Reed Act funds in FY 2014 to initiate the implementation and business transformation criteria of the UInv system, which will replace the current 30-year-old UI tax and benefit system used to process wage, contribution and benefit information.

The Legislature also approved the addition of \$888,650 for maintenance of agency-owned buildings in Carson City, Elko, Fallon, Las Vegas, and Sparks, including exterior and interior painting, maintenance to parking lots, bathroom fixture replacements, and general facility maintenance.

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HUMAN SERVICES					
HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE					
HHS-DO - ADMINISTRATION	6,090,231	4,089,703	4,085,372	1,680,879	1,660,669
GENERAL FUND	1,292,319	1,122,289	1,122,757	1,196,527	1,177,800
BALANCE FORWARD	14,916				
FEDERAL FUND	4,275,889	1,790,688	1,785,710	125,000	125,000
INTERAGENCY TRANSFER	271,833	347,794	347,973	359,352	357,869
OTHER FUND	235,274	828,932	828,932		
REVERSIONS					
HHS-DO - DEVELOPMENTAL DISABILITIES	650,622	663,227	658,901	663,230	659,011
GENERAL FUND	162,660	165,923	164,725	165,926	164,753
BALANCE FORWARD	213				
FEDERAL FUND	487,749	497,304	494,176	497,304	494,258
OTHER FUND					
REVERSIONS					
HHS-DO - GRANTS MANAGEMENT UNIT	26,186,852	28,956,122	27,986,582	28,979,539	27,991,749
GENERAL FUND	337,003	160,313	161,900	161,286	160,683
BALANCE FORWARD	40,000				
FEDERAL FUND	18,828,132	18,219,376	18,223,079	18,224,026	18,221,012
INTERAGENCY TRANSFER	6,901,717	10,576,433	9,601,603	10,594,227	9,610,054
OTHER FUND	80,000				
REVERSIONS					
HHS-DO - PROBLEM GAMBLING	1,361,786	2,054,491	2,047,151	1,959,002	1,943,036
BALANCE FORWARD	591,682	591,682	591,682	480,356	480,356
OTHER FUND	770,104	1,462,809	1,455,469	1,478,646	1,462,680
HHS-DO - CHILDREN'S TRUST ACCOUNT	759,841	746,875	746,875	782,660	782,660
BALANCE FORWARD	206,289	206,289	206,289	248,271	248,271
OTHER FUND	553,552	540,586	540,586	534,389	534,389
HHS-DO - CONSUMER HEALTH ASSISTANCE	1,862,191	1,719,041	1,736,947	1,177,668	1,195,694
GENERAL FUND	309,687	295,456	308,327	292,944	304,910
BALANCE FORWARD	80,239	80,239	80,239		
FEDERAL FUND	370,000	447,385	455,718	455,355	456,598
INTERAGENCY TRANSFER	584,121	557,524	555,954	87,643	92,003
OTHER FUND	518,144	338,437	336,709	341,726	342,183
REVERSIONS					
HHS-DO - INDIGENT SUPPLEMENTAL ACCOUNT	21,173,334	21,014,650	18,507,116	21,014,650	19,223,037
BALANCE FORWARD	1,780,616				
OTHER FUND	19,392,718	21,014,650	18,507,116	21,014,650	19,223,037
HHS-DO - HEALTHY NEVADA FUND	10,145,641	10,001,042	9,026,212	10,015,734	9,032,561
OTHER FUND	10,145,641	10,001,042	9,026,212	10,015,734	9,032,561

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HHS-DO - PUBLIC DEFENDER	2,688,551	2,728,446	2,721,121	2,724,208	2,697,071
GENERAL FUND	1,158,235	1,089,095	1,095,914	1,088,264	1,091,345
FEDERAL FUND	58,267				
INTERIM FINANCE	501				
OTHER FUND	1,471,548	1,639,351	1,625,207	1,635,944	1,605,726
REVERSIONS					
HHS-DO - IDEA PART C	5,524,018	3,972,105	3,972,105	3,972,105	3,972,105
FEDERAL FUND	5,522,518	3,972,105	3,972,105	3,972,105	3,972,105
INTERAGENCY TRANSFER	1,500				
TOTAL HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE	76,443,067	75,945,702	71,488,382	72,969,675	69,157,593
GENERAL FUND	3,259,904	2,833,076	2,853,623	2,904,947	2,899,491
BALANCE FORWARD	2,713,955	878,210	878,210	728,627	728,627
FEDERAL FUND	29,542,555	24,926,858	24,930,788	23,273,790	23,268,973
INTERAGENCY TRANSFER	7,759,171	11,481,751	10,505,530	11,041,222	10,059,926
INTERIM FINANCE	501				
OTHER FUND	33,166,981	35,825,807	32,320,231	35,021,089	32,200,576
REVERSIONS					
AGING AND DISABILITY SERVICES					
HHS-ADSD - SENIOR RX AND DISABILITY RX	6,361,031	5,007,611	4,858,174	5,150,858	5,048,144
GENERAL FUND	43,396	100		100	
BALANCE FORWARD		50,000		250,000	
INTERAGENCY TRANSFER	546,689				
OTHER FUND	5,770,946	4,957,511	4,858,174	4,900,758	5,048,144
REVERSIONS					
HHS-ADSD - TOBACCO SETTLEMENT PROGRAM	5,435,811	5,422,841	5,425,417	5,432,024	5,429,581
INTERAGENCY TRANSFER	5,435,811	5,422,841	5,425,417	5,432,024	5,429,581
HHS-ADSD - FEDERAL PROGRAMS AND ADMINISTRATION	19,562,920	20,898,449	20,837,686	21,008,944	20,850,121
GENERAL FUND	4,045,513	3,273,342	3,404,894	3,250,110	3,277,912
BALANCE FORWARD	57,411				
FEDERAL FUND	11,980,095	11,457,563	11,396,604	11,468,995	11,455,512
INTERAGENCY TRANSFER	2,716,939	5,792,610	5,660,800	5,914,905	5,741,763
OTHER FUND	762,962	374,934	375,388	374,934	374,934
REVERSIONS					
HHS-ADSD - HOME AND COMMUNITY BASED SERVICES	21,863,843	24,904,554	25,567,925	27,230,240	29,815,626
GENERAL FUND	9,664,778	11,027,267	11,328,331	13,020,715	13,107,004
BALANCE FORWARD	958,884	228,245	228,245	228,245	228,245
FEDERAL FUND	567,719	403,379	400,687	403,379	402,895
INTERAGENCY TRANSFER	9,064,682	7,309,312	7,228,537	7,585,731	7,571,648
OTHER FUND	1,607,780	5,936,351	6,382,125	5,992,170	8,505,834
REVERSIONS					

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HHS-ADSD - EARLY INTERVENTION SERVICES	27,782,827	31,933,990	33,579,668	35,691,398	37,136,995
GENERAL FUND	22,067,436	27,423,929	28,924,730	31,181,337	32,463,532
FEDERAL FUND	231,100	169,616	169,616	169,616	169,616
INTERAGENCY TRANSFER	5,298,898	4,192,884	4,337,761	4,192,884	4,356,286
OTHER FUND	185,393	147,561	147,561	147,561	147,561
REVERSIONS					
HHS-ADSD - FAMILY PRESERVATION PROGRAM	2,756,006	2,757,876	2,776,202	2,859,604	2,859,604
GENERAL FUND	1,596,310	1,557,876	1,576,202	1,659,604	1,659,604
INTERAGENCY TRANSFER	1,159,696	1,200,000	1,200,000	1,200,000	1,200,000
REVERSIONS					
HHS-ADSD - SIERRA REGIONAL CENTER	35,099,290	34,666,020	34,520,616	36,186,058	35,323,235
GENERAL FUND	18,629,896	16,887,415	17,764,569	17,397,239	17,695,240
INTERAGENCY TRANSFER	14,909,868	16,803,177	15,780,619	17,813,391	16,652,567
OTHER FUND	1,559,526	975,428	975,428	975,428	975,428
REVERSIONS					
HHS-ADSD - DESERT REGIONAL CENTER	87,761,603	95,554,055	96,364,883	103,164,090	103,019,422
GENERAL FUND	46,332,630	47,022,520	46,532,718	50,210,249	48,528,955
INTERAGENCY TRANSFER	38,500,499	45,126,680	46,427,310	49,548,986	51,085,612
OTHER FUND	2,928,474	3,404,855	3,404,855	3,404,855	3,404,855
REVERSIONS					
HHS-ADSD - RURAL REGIONAL CENTER	14,996,724	15,588,888	15,537,825	15,851,299	15,238,714
GENERAL FUND	7,958,242	8,528,063	8,344,931	8,528,974	7,984,160
INTERAGENCY TRANSFER	6,174,283	6,641,989	6,774,058	6,903,489	6,835,718
OTHER FUND	864,199	418,836	418,836	418,836	418,836
REVERSIONS					
TOTAL AGING AND DISABILITY SERVICES	221,620,055	236,734,284	239,468,396	252,574,515	254,721,442
GENERAL FUND	110,338,201	115,720,512	117,876,375	125,248,328	124,716,407
BALANCE FORWARD	1,016,295	278,245	228,245	478,245	228,245
FEDERAL FUND	12,778,914	12,030,558	11,966,907	12,041,990	12,028,023
INTERAGENCY TRANSFER	83,807,365	92,489,493	92,834,502	98,591,410	98,873,175
OTHER FUND	13,679,280	16,215,476	16,562,367	16,214,542	18,875,592
REVERSIONS					
HEALTH CARE FINANCING & POLICY					
HHS-HCF&P - HIFA HOLDING ACCOUNT					
GENERAL FUND					
INTERAGENCY TRANSFER					
REVERSIONS					
HHS-HCF&P - INTERGOVERNMENTAL TRANSFER PROGRAM	107,698,904	112,345,141	101,990,277	120,512,322	108,233,491
BALANCE FORWARD	529,220				
OTHER FUND	107,169,684	112,345,141	101,990,277	120,512,322	108,233,491

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HHS-HCF&P - ADMINISTRATION	141,248,635	131,583,263	138,150,975	122,936,238	134,711,230
GENERAL FUND	20,660,927	25,955,691	24,786,128	24,645,880	24,005,027
BALANCE FORWARD	1,669,757	969,317	969,317	1,113,505	1,113,505
FEDERAL FUND	116,266,321	101,969,703	109,706,728	94,618,152	107,037,999
INTERAGENCY TRANSFER	354,224	530,090	530,309	551,502	547,468
OTHER FUND	2,297,406	2,158,462	2,158,493	2,007,199	2,007,231
REVERSIONS					
HHS-HCF&P - INCREASED QUALITY OF NURSING CARE	31,360,392	30,947,740	30,947,740	32,204,514	32,204,514
BALANCE FORWARD	900,000	900,000	900,000	900,000	900,000
OTHER FUND	30,460,392	30,047,740	30,047,740	31,304,514	31,304,514
HHS-HCF&P - NEVADA CHECK-UP PROGRAM	34,829,761	40,852,569	40,971,067	41,376,943	42,232,367
GENERAL FUND	9,032,030	9,707,564	9,587,979	9,481,729	9,353,356
FEDERAL FUND	24,149,235	28,841,226	29,070,872	29,533,834	30,499,011
INTERAGENCY TRANSFER	72,299	184,724	184,724	179,727	176,558
OTHER FUND	1,576,197	2,119,055	2,127,492	2,181,653	2,203,442
HHS-HCF&P - NEVADA MEDICAID, TITLE XIX	1,706,027,202	2,007,810,923	1,994,278,709	2,434,585,609	2,414,437,820
GENERAL FUND	516,534,573	516,658,618	520,670,784	573,737,679	563,002,845
FEDERAL FUND	1,024,575,558	1,318,866,576	1,312,737,889	1,679,132,573	1,683,124,690
INTERAGENCY TRANSFER	133,253,115	141,707,706	131,352,843	151,124,091	138,680,555
OTHER FUND	31,663,956	30,578,023	29,517,193	30,591,266	29,629,730
HHS-HCF&P - HIFA MEDICAL					
FEDERAL FUND					
INTERAGENCY TRANSFER					
TOTAL HEALTH CARE FINANCING & POLICY	2,021,164,894	2,323,539,636	2,306,338,768	2,751,615,626	2,731,819,422
GENERAL FUND	546,227,530	552,321,873	555,044,891	607,865,288	596,361,228
BALANCE FORWARD	3,098,977	1,869,317	1,869,317	2,013,505	2,013,505
FEDERAL FUND	1,164,991,114	1,449,677,505	1,451,515,489	1,803,284,559	1,820,661,700
INTERAGENCY TRANSFER	133,679,638	142,422,520	132,067,876	151,855,320	139,404,581
OTHER FUND	173,167,635	177,248,421	165,841,195	186,596,954	173,378,408
REVERSIONS					
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH					
HHS-DPBH - RADIATION CONTROL	3,953,093	4,020,249	4,020,249	3,853,809	3,875,681
BALANCE FORWARD	1,089,063	1,343,134	1,343,134	1,176,819	1,198,691
FEDERAL FUND	229,400	215,001	215,001	215,000	215,000
INTERAGENCY TRANSFER	133,896	59,590	59,590	59,463	59,463
OTHER FUND	2,500,734	2,402,524	2,402,524	2,402,527	2,402,527
HHS-DPBH - CHILD CARE SERVICES	1,593,270	1,571,490	1,575,854	1,629,122	1,597,106
GENERAL FUND	51,088	26,146	26,111	83,778	49,639
BALANCE FORWARD	7,250	163	163	163	163
INTERAGENCY TRANSFER	1,464,152	1,471,402	1,471,402	1,471,402	1,471,402
OTHER FUND	70,780	73,779	78,178	73,779	75,902
REVERSIONS					

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HHS-DPBH - LOW-LEVEL RADIOACTIVE WASTE FUND	958,952	1,007,129	1,007,129	1,143,647	1,144,048
BALANCE FORWARD	815,396	848,865	848,865	985,383	985,784
OTHER FUND	143,556	158,264	158,264	158,264	158,264
HHS-DPBH - CANCER CONTROL REGISTRY	1,323,643	1,201,284	1,201,284	1,242,135	1,242,856
BALANCE FORWARD	420,490	431,420	431,420	472,272	472,993
FEDERAL FUND	814,784	689,056	689,056	689,055	689,055
OTHER FUND	88,369	80,808	80,808	80,808	80,808
HHS-DPBH - HEALTH STATISTICS AND PLANNING	979,021	1,600,057	1,606,477	1,784,146	1,803,131
BALANCE FORWARD	43,628	43,628	43,628	227,172	235,592
FEDERAL FUND	25,000				
INTERAGENCY TRANSFER	292,270	423,837	430,257	424,382	434,947
OTHER FUND	618,123	1,132,592	1,132,592	1,132,592	1,132,592
HHS-DPBH - CONSUMER HEALTH PROTECTION	2,201,252	2,329,154	2,328,980	2,268,826	2,266,961
BALANCE FORWARD	212,285	231,872	231,872	171,544	169,615
FEDERAL FUND	127,631	276,615	276,615	276,615	276,615
OTHER FUND	1,861,336	1,820,667	1,820,493	1,820,667	1,820,731
HHS-DPBH - IMMUNIZATION PROGRAM	7,513,520	5,932,668	6,720,201	5,490,149	5,990,149
GENERAL FUND	524,567	1,024,567	1,024,567	1,024,567	1,024,567
BALANCE FORWARD					
FEDERAL FUND	5,674,224	3,546,882	3,834,415	3,103,534	3,103,534
INTERAGENCY TRANSFER	1,314,729	1,361,219	1,861,219	1,362,048	1,862,048
REVERSIONS					
HHS-DPBH - WIC FOOD SUPPLEMENT	66,084,889	68,561,151	68,561,151	68,561,151	68,561,151
FEDERAL FUND	49,702,137	53,334,260	53,334,260	53,334,260	53,334,260
OTHER FUND	16,382,752	15,226,891	15,226,891	15,226,891	15,226,891
REVERSIONS					
HHS-DPBH - COMMUNICABLE DISEASES	14,571,419	16,346,531	16,348,835	16,346,686	16,345,542
GENERAL FUND	2,080,001	2,088,431	2,090,735	2,088,586	2,087,442
BALANCE FORWARD	2,190,796				
FEDERAL FUND	9,038,921	11,149,850	11,149,850	11,149,850	11,149,850
OTHER FUND	1,261,701	3,108,250	3,108,250	3,108,250	3,108,250
REVERSIONS					
HHS-DPBH - HEALTH FACILITIES HOSPITAL LICENSING	14,785,199	14,938,043	14,980,627	14,123,236	14,240,414
BALANCE FORWARD	4,318,528	4,672,805	4,672,805	4,384,042	4,524,236
FEDERAL FUND	2,396,807	2,557,515	2,557,515	2,557,488	2,557,488
INTERAGENCY TRANSFER	1,154,243	1,619,971	1,662,555	1,093,954	1,070,938
OTHER FUND	6,915,621	6,087,752	6,087,752	6,087,752	6,087,752
HHS-DPBH - HEALTH FACILITIES-ADMIN PENALTY	304,632	404,632	404,632	504,529	504,500
BALANCE FORWARD	304,632	304,632	304,632	404,529	404,500
OTHER FUND		100,000	100,000	100,000	100,000

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HHS-DPBH - PUBLIC HEALTH PREPAREDNESS PROGRAM	14,712,010	10,794,674	10,794,624	10,643,995	10,643,945
FEDERAL FUND	14,682,954	10,768,034	10,767,984	10,616,569	10,616,519
INTERAGENCY TRANSFER	21,556	15,141	15,141	15,927	15,927
OTHER FUND	7,500	11,499	11,499	11,499	11,499
REVERSIONS					
HHS-DPBH - BIOSTATISTICS AND EPIDEMIOLOGY	5,425,331	4,361,189	4,359,017	4,388,240	4,379,702
GENERAL FUND	342,240	319,341	317,118	323,574	317,183
FEDERAL FUND	4,437,020	3,421,446	3,470,903	3,427,146	3,476,603
INTERAGENCY TRANSFER	600,903	570,945	570,996	588,063	585,916
OTHER FUND	45,168	49,457		49,457	
REVERSIONS					
HHS-DPBH - CHRONIC DISEASE	6,153,851	5,757,629	6,757,629	5,760,584	6,760,584
BALANCE FORWARD					
FEDERAL FUND	5,995,851	5,656,165	5,656,165	5,656,165	5,656,165
INTERAGENCY TRANSFER	150,000	101,464	101,464	104,419	104,419
OTHER FUND	8,000		1,000,000		1,000,000
HHS-DPBH - MATERNAL CHILD HEALTH SERVICES	7,921,512	9,131,215	9,381,788	9,265,242	9,509,759
GENERAL FUND	879,181	1,069,798	1,069,203	1,077,958	1,066,952
FEDERAL FUND	4,720,912	4,371,210	4,371,210	4,356,327	4,356,327
INTERAGENCY TRANSFER	151,013	560,382	560,382	560,382	560,382
OTHER FUND	2,170,406	3,129,825	3,380,993	3,270,575	3,526,098
REVERSIONS					
HHS-DPBH - OFFICE OF HEALTH ADMINISTRATION	8,322,491	7,075,004	7,082,328	6,566,256	6,478,229
GENERAL FUND	828,373	953,024	944,844	946,173	931,233
BALANCE FORWARD	1,765,795	2,578,620	2,578,620	2,198,468	2,108,537
INTERAGENCY TRANSFER	5,653,323	3,543,360	3,558,864	3,421,615	3,438,459
OTHER FUND	75,000				
REVERSIONS					
HHS-DPBH - COMMUNITY HEALTH SERVICES	4,258,628	3,410,173	3,458,436	3,462,260	3,509,070
GENERAL FUND	1,064,232	988,965	939,353	1,043,120	963,682
BALANCE FORWARD					
FEDERAL FUND	656,000	645,000	645,000	645,000	645,000
INTERAGENCY TRANSFER	1,215,541	727,889	727,660	725,821	722,191
OTHER FUND	1,322,855	1,048,319	1,146,423	1,048,319	1,178,197
REVERSIONS					
HHS-DPBH - EMERGENCY MEDICAL SERVICES	965,376	1,050,719	1,052,451	894,030	885,310
GENERAL FUND	728,487	817,379	819,111	655,805	647,085
BALANCE FORWARD	50,010	1,435	1,435	1,435	1,435
FEDERAL FUND	130,000	130,000	130,000	130,000	130,000
INTERAGENCY TRANSFER		61,505	61,505	62,275	62,275
OTHER FUND	56,879	40,400	40,400	44,515	44,515
REVERSIONS					

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HHS-DPBH - MARIJUANA HEALTH REGISTRY	1,572,528	1,040,702	1,041,588	805,947	793,890
BALANCE FORWARD	600,763	498,766	498,766	270,403	263,767
OTHER FUND	971,765	541,936	542,822	535,544	530,123
HHS-DPBH - ADMINISTRATION	7,724,040	7,727,483	7,737,055	7,839,891	7,790,221
GENERAL FUND	1,978,700	1,911,851	1,920,554	2,010,897	1,970,249
FEDERAL FUND	4,168,893	4,513,238	4,513,238	4,513,238	4,513,238
INTERAGENCY TRANSFER	1,576,447	1,302,394	1,303,263	1,315,756	1,306,734
REVERSIONS					
HHS-DPBH - MENTAL HEALTH INFORMATION SYSTEM	1,771,512	2,674,254	2,648,358	2,714,509	2,678,048
GENERAL FUND	1,318,440	2,398,769	2,358,122	2,433,962	2,382,743
FEDERAL FUND	211,391	118,190	132,941	118,183	132,941
INTERAGENCY TRANSFER	241,681	157,295	157,295	162,364	162,364
REVERSIONS					
HHS-DPBH - ALCOHOL TAX PROGRAM	1,520,755	1,654,321	1,654,321	1,772,107	1,772,107
BALANCE FORWARD	563,234	563,234	563,234	654,321	654,321
OTHER FUND	957,521	1,091,087	1,091,087	1,117,786	1,117,786
HHS-DPBH - SUBSTANCE ABUSE PREV & TREATMENT AGCY	25,790,567	20,961,248	20,861,502	20,640,137	20,503,944
GENERAL FUND	9,532,651	6,648,372	6,548,626	6,384,016	6,247,823
BALANCE FORWARD	822,565	822,565	822,565	815,810	815,810
FEDERAL FUND	13,998,677	13,057,777	13,057,777	13,057,777	13,057,777
INTERAGENCY TRANSFER	1,179,337	350,000	350,000	300,000	300,000
OTHER FUND	257,337	82,534	82,534	82,534	82,534
REVERSIONS					
HHS-DPBH - RURAL CLINICS	12,705,541	12,089,971	12,112,330	12,126,023	11,950,448
GENERAL FUND	10,832,793	9,220,577	9,231,720	7,642,012	7,470,439
FEDERAL FUND	336,305	428,653	428,653	428,653	428,653
INTERAGENCY TRANSFER	1,229,008	2,217,137	2,228,352	3,825,514	3,821,511
OTHER FUND	307,435	223,604	223,605	229,844	229,845
REVERSIONS					
HHS-DPBH - NO NV ADULT MENTAL HEALTH SVCS	31,993,364	30,325,493	30,547,273	30,576,980	30,604,157
GENERAL FUND	26,605,748	24,752,631	24,676,199	22,821,146	22,556,665
FEDERAL FUND	2,057,954	1,580,849	1,580,849	1,585,983	1,585,983
INTERAGENCY TRANSFER	2,926,189	3,796,316	3,801,262	5,973,925	5,978,317
OTHER FUND	403,473	195,697	488,963	195,926	483,192
REVERSIONS					
HHS-DPBH - SO NV ADULT MENTAL HEALTH SERVICES	87,237,086	83,021,312	86,008,604	81,619,103	83,718,069
GENERAL FUND	74,956,332	70,664,943	72,371,060	64,534,912	65,153,511
FEDERAL FUND	6,258,156	5,782,603	5,782,603	5,782,603	5,782,603
INTERAGENCY TRANSFER	5,718,279	6,300,292	6,250,662	11,028,114	10,995,272
OTHER FUND	304,319	273,474	1,604,279	273,474	1,786,683
REVERSIONS					

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HHS-DPBH - FACILITY FOR THE MENTAL OFFENDER	8,693,455	9,098,568	10,688,091	9,222,225	10,715,602
GENERAL FUND	8,432,011	8,835,816	8,944,009	8,959,473	8,909,286
INTERAGENCY TRANSFER					
OTHER FUND	261,444	262,752	1,744,082	262,752	1,806,316
REVERSIONS					
TOTAL DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	341,036,937	328,086,343	334,940,814	325,244,965	330,264,624
GENERAL FUND	140,154,844	131,720,610	133,281,332	122,029,979	121,778,499
BALANCE FORWARD	13,204,435	12,341,139	12,341,139	11,762,361	11,835,444
FEDERAL FUND	125,663,017	122,242,344	122,594,035	121,643,446	121,707,611
INTERAGENCY TRANSFER	25,022,567	24,640,139	25,171,869	32,495,424	32,952,565
OTHER FUND	36,992,074	37,142,111	41,552,439	37,313,755	41,990,505
REVERSIONS					
WELFARE AND SUPPORTIVE SERVICES					
HHS-WELFARE - ADMINISTRATION	56,210,692	40,551,951	41,313,179	39,369,258	39,521,933
GENERAL FUND	9,258,425	11,567,873	11,291,107	10,930,600	10,985,140
BALANCE FORWARD					
FEDERAL FUND	19,378,810	21,189,176	21,942,717	21,478,697	21,376,707
INTERAGENCY TRANSFER	27,400,070	7,322,845	7,657,057	6,467,541	6,734,108
OTHER FUND	173,387	472,057	422,298	492,420	425,978
REVERSIONS					
HHS-WELFARE - TANF	48,659,084	45,431,131	44,741,139	44,228,088	42,827,698
GENERAL FUND	24,705,242	24,609,064	24,607,702	24,609,064	24,607,702
FEDERAL FUND	23,953,842	20,822,067	20,133,437	19,619,024	18,219,996
HHS-WELFARE - ASSISTANCE TO AGED AND BLIND	8,189,643	8,511,527	8,608,987	8,810,604	8,998,285
GENERAL FUND	8,189,643	8,511,527	8,608,987	8,810,604	8,998,285
INTERAGENCY TRANSFER					
REVERSIONS					
HHS-WELFARE - FIELD SERVICES	77,488,835	94,280,328	91,713,386	107,170,017	101,973,495
GENERAL FUND	27,282,749	36,449,572	29,353,659	42,900,741	30,384,651
BALANCE FORWARD	937				
FEDERAL FUND	37,549,362	38,521,870	36,978,250	40,842,874	39,227,436
INTERAGENCY TRANSFER	12,621,017	19,284,221	25,360,078	23,401,336	32,339,550
OTHER FUND	34,770	24,665	21,399	25,066	21,858
REVERSIONS					
HHS-WELFARE - CHILD SUPPORT ENFORCEMENT PROGRAM	18,859,438	18,517,207	18,674,978	19,172,128	19,587,180
BALANCE FORWARD	3,637,496	2,182,018	2,182,018	2,705,705	2,706,102
FEDERAL FUND	10,004,865	10,474,586	10,613,039	10,193,300	10,585,130
OTHER FUND	5,217,077	5,860,603	5,879,921	6,273,123	6,295,948
HHS-WELFARE - CHILD SUPPORT FEDERAL REIMBURSEMENT	40,903,165	39,027,634	39,027,634	40,968,578	40,968,578
BALANCE FORWARD	152,826	152,826	152,826	152,826	152,826
FEDERAL FUND	40,722,298	38,855,627	38,855,627	40,796,573	40,796,573
OTHER FUND	28,041	19,181	19,181	19,179	19,179

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HHS-WELFARE - CHILD ASSISTANCE AND DEVELOPMENT	39,301,777	35,322,146	37,322,550	35,450,303	37,439,516
GENERAL FUND	2,580,421	2,577,999	4,580,666	2,597,467	4,583,446
BALANCE FORWARD					
FEDERAL FUND	36,721,356	32,744,147	32,741,884	32,852,836	32,856,070
INTERAGENCY TRANSFER					
HHS-WELFARE - ENERGY ASSISTANCE PROGRAM	18,117,240	20,070,830	20,020,110	20,249,647	20,150,924
FEDERAL FUND	9,486,031	11,051,317	10,977,762	11,044,420	11,104,095
OTHER FUND	8,631,209	9,019,513	9,042,348	9,205,227	9,046,829
TOTAL WELFARE AND SUPPORTIVE SERVICES	307,729,874	301,712,754	301,421,963	315,418,623	311,467,609
GENERAL FUND	72,016,480	83,716,035	78,442,121	89,848,476	79,559,224
BALANCE FORWARD	3,791,259	2,334,844	2,334,844	2,858,531	2,858,928
FEDERAL FUND	177,816,564	173,658,790	172,242,716	176,827,724	174,166,007
INTERAGENCY TRANSFER	40,021,087	26,607,066	33,017,135	29,868,877	39,073,658
OTHER FUND	14,084,484	15,396,019	15,385,147	16,015,015	15,809,792
REVERSIONS					
CHILD AND FAMILY SERVICES					
HHS-DCFS - CHILDREN, YOUTH & FAMILY ADMINISTRATION	17,463,344	17,145,331	17,166,140	17,368,171	17,258,767
GENERAL FUND	5,016,962	5,390,675	5,403,390	5,575,276	5,473,059
BALANCE FORWARD	40,695				
FEDERAL FUND	11,304,915	10,693,725	10,701,792	10,720,698	10,713,403
INTERAGENCY TRANSFER	1,035,772	1,013,431	1,013,458	1,024,697	1,024,805
OTHER FUND	65,000	47,500	47,500	47,500	47,500
REVERSIONS					
HHS-DCFS - VICTIMS OF DOMESTIC VIOLENCE	4,248,440	3,767,543	3,767,543	4,109,606	4,109,606
BALANCE FORWARD	532,357	501,805	501,805	843,868	843,868
OTHER FUND	3,716,083	3,265,738	3,265,738	3,265,738	3,265,738
HHS-DCFS - UNITY/SACWIS	8,160,760	6,097,605	6,045,665	5,881,552	5,761,288
GENERAL FUND	4,204,177	3,194,196	3,173,855	3,074,842	3,017,550
FEDERAL FUND	3,705,651	2,620,642	2,588,925	2,529,907	2,468,416
INTERAGENCY TRANSFER	250,932	282,767	282,885	276,803	275,322
REVERSIONS					
HHS-DCFS - WASHOE COUNTY CHILD WELFARE	30,029,090	30,347,081	30,376,351	31,443,643	31,576,258
GENERAL FUND	14,250,000	15,258,993	15,251,425	15,781,672	15,786,606
FEDERAL FUND	14,156,554	14,397,738	14,434,576	14,971,621	15,099,302
INTERAGENCY TRANSFER	922,536	690,350	690,350	690,350	690,350
OTHER FUND	700,000				
HHS-DCFS - CLARK COUNTY CHILD WELFARE	81,400,060	83,206,842	83,612,613	86,691,251	87,250,752
GENERAL FUND	42,750,000	45,087,427	45,229,566	46,729,301	46,832,959
FEDERAL FUND	36,321,895	36,042,402	36,306,034	37,884,937	38,340,780
INTERAGENCY TRANSFER	2,328,165	2,077,013	2,077,013	2,077,013	2,077,013

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HHS-DCFS - RURAL CHILD WELFARE	18,197,504	18,633,241	18,743,510	19,745,677	19,540,354
GENERAL FUND	6,002,881	6,180,868	6,170,119	7,010,260	6,713,467
BALANCE FORWARD	282,626	215,126	215,126	215,126	215,126
FEDERAL FUND	7,117,959	7,894,136	8,015,154	8,177,180	8,268,650
INTERAGENCY TRANSFER	1,870,733	1,786,108	1,786,108	1,786,108	1,786,108
OTHER FUND	2,923,305	2,557,003	2,557,003	2,557,003	2,557,003
REVERSIONS					
HHS-DCFS - CHILD WELFARE TRUST	332,290	253,597	253,597	253,597	253,597
BALANCE FORWARD	5,019				
OTHER FUND	327,271	253,597	253,597	253,597	253,597
HHS-DCFS - TRANSITION FROM FOSTER CARE	1,947,752	1,814,096	1,814,096	1,701,700	1,701,700
BALANCE FORWARD	831,200	822,227	822,227	710,609	710,609
OTHER FUND	1,116,552	991,869	991,869	991,091	991,091
HHS-DCFS - REVIEW OF DEATH OF CHILDREN	338,306	333,653	333,653	344,404	344,404
BALANCE FORWARD	195,658	217,733	217,733	228,484	228,484
OTHER FUND	142,648	115,920	115,920	115,920	115,920
HHS-DCFS - COMMUNITY JUVENILE JUSTICE PROGRAMS	5,610,974	4,780,970	4,781,339	4,667,203	4,666,389
GENERAL FUND	2,349,615	2,349,807	2,349,807	2,349,807	2,349,807
BALANCE FORWARD	281,953	425,552	425,552	311,785	311,785
FEDERAL FUND	2,974,419	1,989,947	1,990,316	1,989,947	1,989,133
OTHER FUND	4,987	15,664	15,664	15,664	15,664
HHS-DCFS - YOUTH ALTERNATIVE PLACEMENT	3,532,099	3,532,099	4,191,465	3,532,099	4,191,465
GENERAL FUND	1,534,481	2,184,481	2,184,481	2,184,481	2,184,481
OTHER FUND	1,997,618	1,347,618	2,006,984	1,347,618	2,006,984
HHS-DCFS - JUVENILE CORRECTIONAL FACILITY	1,472,940	18,811,515	3,466,062	20,027,051	4,629,350
GENERAL FUND	1,472,940	18,167,144	3,466,062	19,352,154	4,629,350
INTERAGENCY TRANSFER		639,297		639,297	
OTHER FUND		5,074		35,600	
REVERSIONS					
HHS-DCFS - CALIENTE YOUTH CENTER	8,104,011		8,207,459		8,068,911
GENERAL FUND	7,856,110		7,948,070		7,809,522
INTERAGENCY TRANSFER	247,901		259,389		259,389
REVERSIONS					
HHS-DCFS - NEVADA YOUTH TRAINING CENTER	9,445,011		7,154,472		7,030,867
GENERAL FUND	8,960,654		6,769,490		6,615,359
BALANCE FORWARD					
INTERAGENCY TRANSFER	438,226		379,908		379,908
OTHER FUND	46,131		5,074		35,600
REVERSIONS					

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HHS-DCFS - YOUTH PAROLE SERVICES	5,925,476	5,626,164	5,633,237	5,777,788	5,711,725
GENERAL FUND	2,729,054	2,791,820	2,795,382	2,867,632	2,834,408
BALANCE FORWARD	412,083				
OTHER FUND	2,784,339	2,834,344	2,837,855	2,910,156	2,877,317
REVERSIONS					
HHS-DCFS - NORTHERN NV CHILD & ADOLESCENT SERVICES	7,750,565	7,784,895	7,745,119	8,018,288	7,886,653
GENERAL FUND	3,059,650	3,249,664	3,197,801	3,310,376	3,201,867
INTERAGENCY TRANSFER	4,614,881	4,384,266	4,396,353	4,559,227	4,536,101
OTHER FUND	76,034	150,965	150,965	148,685	148,685
REVERSIONS					
HHS-DCFS - SOUTHERN NV CHILD & ADOLESCENT SERVICES	24,857,612	24,089,123	24,155,029	25,273,724	24,850,380
GENERAL FUND	10,719,722	9,893,114	9,873,709	10,331,289	9,905,365
FEDERAL FUND		342,167	342,167	342,167	342,167
INTERAGENCY TRANSFER	13,343,411	12,872,291	12,957,420	13,607,154	13,609,462
OTHER FUND	794,479	981,551	981,733	993,114	993,386
REVERSIONS					
TOTAL CHILD AND FAMILY SERVICES	228,816,234	226,223,755	227,447,350	234,835,754	234,832,466
GENERAL FUND	110,906,246	113,748,189	113,813,157	118,567,090	117,353,800
BALANCE FORWARD	2,581,591	2,182,443	2,182,443	2,309,872	2,309,872
FEDERAL FUND	75,581,393	73,980,757	74,378,964	76,616,457	77,221,851
INTERAGENCY TRANSFER	25,052,557	23,745,523	23,842,884	24,660,649	24,638,458
OTHER FUND	14,694,447	12,566,843	13,229,902	12,681,686	13,308,485
REVERSIONS					
EMPLOYMENT, TRAINING AND REHABILITATION					
DETR - ADMINISTRATION	5,591,217	5,887,026	6,113,866	5,848,475	6,052,432
BALANCE FORWARD	351,191	351,192	351,192	351,192	351,192
INTERAGENCY TRANSFER	5,240,026	5,535,834	5,762,674	5,497,283	5,701,240
DETR - INFORMATION DEVELOPMENT AND PROCESSING	12,387,223	13,746,267	13,404,479	12,934,167	12,827,440
BALANCE FORWARD	903,994	903,994	903,994	703,994	703,994
INTERAGENCY TRANSFER	11,483,229	12,842,273	12,500,485	12,230,173	12,123,446
OTHER FUND					
DETR - RESEARCH & ANALYSIS	2,945,344	2,905,680	2,923,500	3,040,125	2,994,906
BALANCE FORWARD	287,332	287,333	287,333	327,765	327,765
FEDERAL FUND	1,127,375	1,333,247	1,342,452	1,364,927	1,342,605
INTERAGENCY TRANSFER	1,530,637	1,285,100	1,293,715	1,347,433	1,324,536
DETR - EQUAL RIGHTS COMMISSION	1,293,670	1,405,044	1,416,068	1,405,271	1,415,237
GENERAL FUND	930,078	984,944	995,968	985,171	995,137
FEDERAL FUND	361,950	418,900	418,900	418,900	418,900
OTHER FUND	1,642	1,200	1,200	1,200	1,200
REVERSIONS					

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DETR - REHABILITATION ADMINISTRATION	1,468,665	1,321,254	1,323,102	1,441,564	1,421,975
BALANCE FORWARD	210,518	210,518	210,518	231,605	231,605
FEDERAL FUND	340,680				
INTERAGENCY TRANSFER	887,467	1,081,271	1,083,061	1,180,401	1,161,324
OTHER FUND	30,000	29,465	29,523	29,558	29,046
DETR - DISABILITY ADJUDICATION	18,792,365	15,873,821	16,749,703	17,097,687	16,982,500
FEDERAL FUND	18,792,365	15,873,821	16,749,703	17,097,687	16,982,500
OTHER FUND					
DETR - VOCATIONAL REHABILITATION	18,599,558	20,162,209	16,104,564	20,567,276	16,202,077
GENERAL FUND	2,137,179	2,838,308	2,222,977	2,873,050	2,218,196
BALANCE FORWARD	65,317	65,317	65,317	65,317	65,317
FEDERAL FUND	16,239,092	17,231,584	13,789,215	17,601,909	13,893,195
INTERAGENCY TRANSFER	157,970	27,000	27,055	27,000	25,369
REVERSIONS					
DETR - SERVICES TO THE BLIND & VISUALLY IMPAIRED	4,741,185		4,138,251		4,143,365
GENERAL FUND	589,186		617,537		616,310
BALANCE FORWARD					
FEDERAL FUND	4,151,999		3,520,714		3,527,055
INTERAGENCY TRANSFER					
REVERSIONS					
DETR - BLIND BUSINESS ENTERPRISE PROGRAM	6,152,505	5,713,015	5,713,015	5,571,813	5,807,619
BALANCE FORWARD	3,808,706	3,402,075	3,402,075	3,260,873	3,496,679
FEDERAL FUND	838,752	825,134	825,134	825,134	825,134
OTHER FUND	1,505,047	1,485,806	1,485,806	1,485,806	1,485,806
DETR - CLIENT ASSISTANCE PROGRAM	201,471				
FEDERAL FUND	201,471				
DETR - EMPLOYMENT SECURITY	141,371,114	119,528,557	119,824,652	115,355,483	114,545,109
BALANCE FORWARD	10,682,696	8,211,238	8,211,238	6,549,948	6,549,948
FEDERAL FUND	91,714,798	80,659,555	80,941,158	80,659,550	79,944,434
INTERAGENCY TRANSFER	1,855,720	836,311	839,468	848,091	841,224
INTERIM FINANCE	26,000,000				
OTHER FUND	11,117,900	29,821,453	29,832,788	27,297,894	27,209,503
REVERSIONS					
DETR - EMPLOYMENT SECURITY - SPECIAL FUND	19,217,540	8,049,212	8,049,763	4,361,831	4,361,831
BALANCE FORWARD	4,201,521	3,471,452	3,471,452	2,961,740	2,961,740
FEDERAL FUND	13,528,769	3,177,669	3,178,220		
OTHER FUND	1,487,250	1,400,091	1,400,091	1,400,091	1,400,091

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TOTAL EMPLOYMENT, TRAINING AND REHABILITATION	232,761,857	194,592,085	195,760,963	187,623,692	186,754,491
GENERAL FUND	3,656,443	3,823,252	3,836,482	3,858,221	3,829,643
BALANCE FORWARD	20,511,275	16,903,119	16,903,119	14,452,434	14,688,240
FEDERAL FUND	147,297,251	119,519,910	120,765,496	117,968,107	116,933,823
INTERAGENCY TRANSFER	21,155,049	21,607,789	21,506,458	21,130,381	21,177,139
INTERIM FINANCE	26,000,000				
OTHER FUND	14,141,839	32,738,015	32,749,408	30,214,549	30,125,646
REVERSIONS					
HUMAN SERVICES					
GENERAL FUND	986,559,648	1,003,883,547	1,005,147,981	1,070,322,329	1,046,498,292
BALANCE FORWARD	46,917,787	36,787,317	36,737,317	34,603,575	34,662,861
FEDERAL FUND	1,733,670,808	1,976,036,722	1,978,394,395	2,331,656,073	2,345,987,988
INTERAGENCY TRANSFER	336,497,434	342,994,281	338,946,254	369,643,283	366,179,502
INTERIM FINANCE	26,000,501				
OTHER FUND	299,926,740	327,132,692	317,640,689	334,057,590	325,689,004
REVERSIONS					
TOTAL FOR HUMAN SERVICES	3,429,572,918	3,686,834,559	3,676,866,636	4,140,282,850	4,119,017,647
Less: INTER-AGENCY TRANSFER	336,497,434	342,994,281	338,946,254	369,643,283	366,179,502
NET HUMAN SERVICES	3,093,075,484	3,343,840,278	3,337,920,382	3,770,639,567	3,752,838,145