

Helping People --



**NEVADA DEPARTMENT OF HEALTH
AND HUMAN SERVICES**

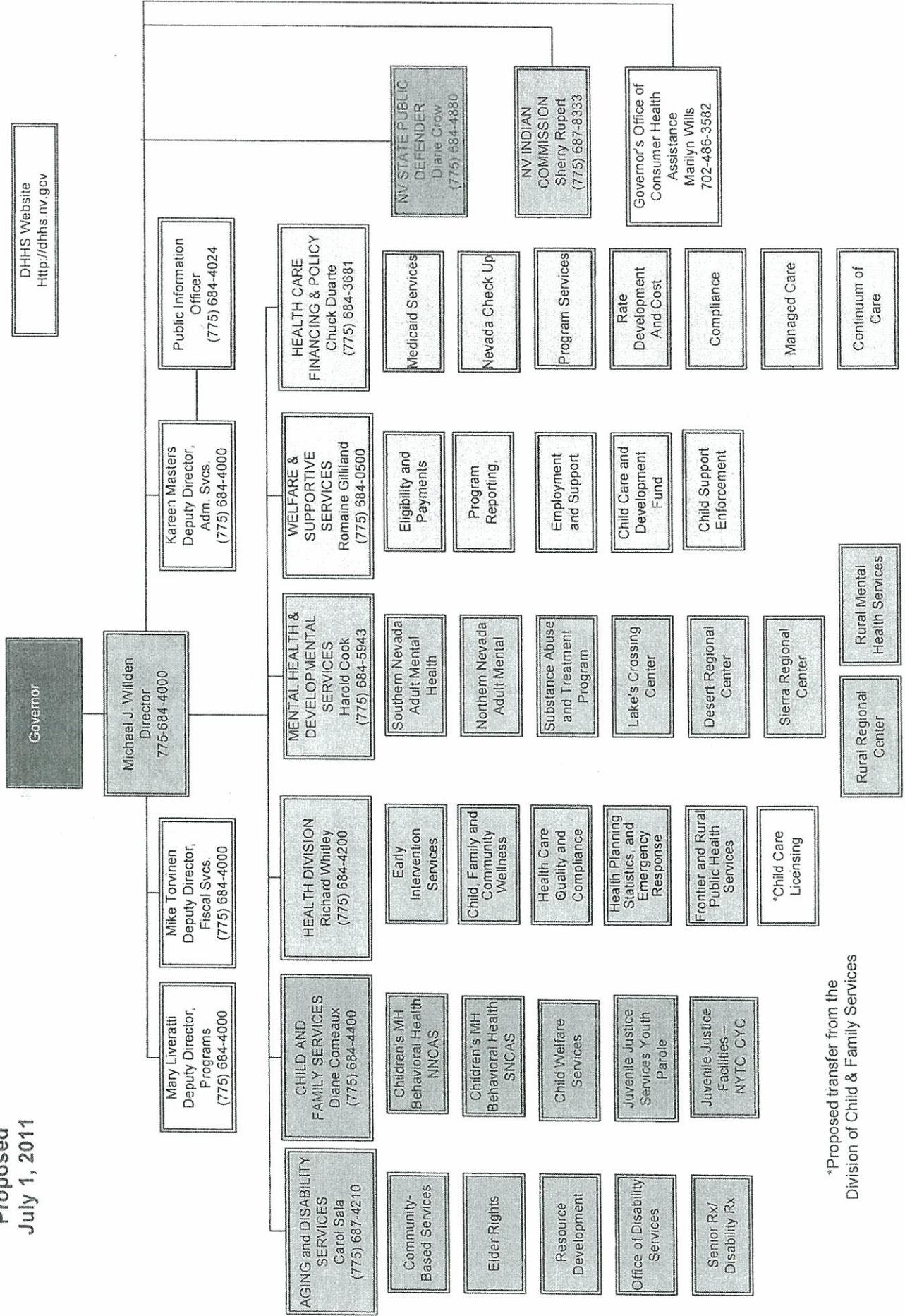
it's who we are and what we do

**DHHS PRESENTATION TO
BUSINESS LOBBYIST GROUP
JANUARY 4, 2011**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Proposed
July 1, 2011**

DHHS Website
Http://dhhs.nv.gov



*Proposed transfer from the
Division of Child & Family Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DHHS promotes the health and well-being of Nevadans through the delivery or facilitation of essential services. DHHS ensures families are strengthened, public health is protected and individuals achieve their highest level of self-sufficiency.

Organizational Structure:

The Department of Health and Human Services (DHHS) Director's Office is responsible for the management and administration of human services programs, which are operated individually by each of the seven divisions of the department. Activities of the Director's Office include coordination of departmental programs, planning, budgetary management, public information, and personnel administration.

Programs in the Director's Office include:

- Grants Management Unit
- Family Resource Centers
- Family to Family Program
- Differential Response
- Problem Gambling Program
- Head Start State Collaboration Office
- Early Childhood Comprehensive Systems
- Suicide Prevention Office
- Office of Health Information Technology
- Nevada 2-1-1

The seven divisions of DHHS are:

- Aging and Disability Services
- Child and Family Services
- Health
- Health Care Financing and Policy
- Mental Health and Developmental Services
- Welfare and Supportive Services
- Public Defender's Office

DHHS also provides administrative support to the Indian Commission.

Aging and Disability Services Division (ADSD)

ADSD develops, coordinates, and delivers a comprehensive support service system that will allow Nevada's senior citizens and persons with disabilities to lead independent, meaningful, and dignified lives.

Programs include:

- Long Term Care Ombudsmen
- Elder Protective Services
- Senior and Disability Rx Programs
- Senior Property Tax Assistance Program
- State Health Insurance Counseling and Assistance Program (SHIP)

Aging and Disability Services Division (ADSD) (cont'd)

- Senior Ride Program
- Community Advocate for Elder Rights
- Personal Assistance Services
- Medicaid Waiver Programs: Community Home based Initiatives Program (CHIP), Group Care Waiver (WEARC) and Assisted Living Waiver
- Older American Act grants
- Homemaker Program
- Community Option Program for Elders (COPE)
- Autism Treatment Assistance Program (ATAP)
- Traumatic Brain Injury Program
- Independent Living grants
- Communication assistance for deaf and hard of hearing (Relay Nevada 711)
- IDEA Part C compliance and
- Administrative support to the Governor's Council on Developmental Disabilities

Division of Child and Family Services (DCFS)

DCFS provides quality child welfare, mental health, and juvenile justice services to children and their families that enhance child safety, well-being, permanency, and community safety in Nevada.

DCFS program areas include:

- Child Welfare Services
 - Child protective services
 - Foster care
 - Adoptions
 - Clinical/intensive family services
 - Child care licensing
 - Victim assistance services
 - Child death reviews
 - Child welfare training
- Children's Mental/Behavioral Health Services
 - Outpatient clinical services
 - Intensive care coordination services
 - Community treatment homes
 - In-patient psychiatric services (Desert Willow Hospital)
- Juvenile Justice Services
 - Juvenile correction care (youth training centers)
 - Community alternative correction placements
 - Juvenile justice and delinquency prevention
 - Youth parole
- Systems Advocates
- Program Integrity and Oversight

Nevada State Health Division (NSHD)

NSHD promotes and protects the health of Nevadans and visitors through its leadership in public health matters and enforcement of laws and regulations pertaining to public health. NSHD takes such measures necessary to prevent the spread of sickness and disease.

Services include:

- Women, Infants and Children (WIC)
- Data Maintenance (Vital Statistics, cancer registry, trauma registry)
- Childhood immunization services
- Early Intervention Services
- Public health and clinical services (environmental health, community nursing)
- Maternal and Child Health (home visiting program)
- Chronic Disease Prevention
- HIV Prevention Program
- Access to quality health care
- Planning for Public Health Preparedness for emergency response
- Primary Care Office
- Injury prevention
- Regulatory and certification activities (licensing and oversight of health facilities, radioactive waste)
- Sexual Assault and Violence Prevention
- Office of Minority Health
- Medical Marijuana Registry

The Division of Health Care Financing and Policy (DHCFP)

DHCFP purchases quality, accessible, and economical health care services for eligible Nevadans; evaluates alternative methods of providing medical services through either Medicaid or Nevada Check Up; and focuses on maximizing federal funding for both. DHCFP is committed to improving access to quality health care for all residents and to restraining the growth of the cost of health care.

Programs include:

- Nevada Medicaid
 - Managed care (children and parents)
 - Fee for service (Aged, Blind and Disabled)
- Nevada Check Up
- Program Integrity

Division of Mental Health and Developmental Services (MHDS)

MHDS works in partnership with consumers, families, advocacy groups, agencies, and diverse communities to provide responsive services to people with serious mental illnesses or developmental delays. This mission includes person-centered services in the least restrictive, most inclusive environment. These services maximize each individual's degree of independence, functioning, satisfaction, and self-sufficiency while ensuring the exercise of individual rights.

Services include:

- Mental Health
 - Inpatient Services (Rawson Neal Hospital, Dini Townsend Hospital),
 - Forensic Inpatient Services (Lakes Crossing),
 - Outpatient Counseling,
 - Service Coordination,
 - Medication Clinic,
 - Psychosocial Rehabilitation,
 - Residential Programs,
 - Psychiatric Emergency Services,
 - Intensive Service Coordination,
 - Mental Health Court,
 - Senior Outreach,
 - Mobile Crisis, and
 - Programs for Assertive Community Treatment (PACT).
- Developmental Services
 - Service Coordination,
 - Family Support (respite, financial, and other assistance),
 - Job and Day Training,
 - Residential Programs, and
 - Quality Assurance.
- Substance Abuse Prevention and Treatment Agency (SAPTA)
 - Residential Treatment
 - Social model detoxification and civil protective custody
 - Transitional housing
 - Intensive outpatient treatment
 - Co-occurring disorders treatment
 - Opioid maintenance treatment
 - Outpatient treatment
 - Substance abuse prevention
 - Methamphetamine education and prevention.

The Nevada State Division of Welfare and Supportive Services (DWSS)

DWSS provides quality, timely, and temporary services enabling Nevada families, persons with disabilities, and older persons to achieve their highest levels of self-sufficiency.

Services include:

- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Aged and Blind Supplemental Security Income
- Child Support Enforcement
- Child Care Assistance
- Energy Assistance
- Medicaid eligibility determination
- Program Integrity

Public Defender's Office

Public Defender's Office provides representation to indigent persons in criminal cases, involuntary mental commitment cases, and juvenile courts in Carson City, Storey, Eureka, White Pine and Lincoln Counties which have not established a county public defender's office. The office also represents defendants on direct appeal from the denial of petitions for post-conviction relief, and distributes payment to counsel appointed to represent post-conviction petitioners in district court pursuant to orders for payment from the district court.

Nevada Indian Commission

The Indian Commission ensures the well being of Native American Indian citizens throughout the state by serving as a liaison between the state and the twenty seven tribes in Nevada.

GOVCHA (proposed transfer to DHHS)

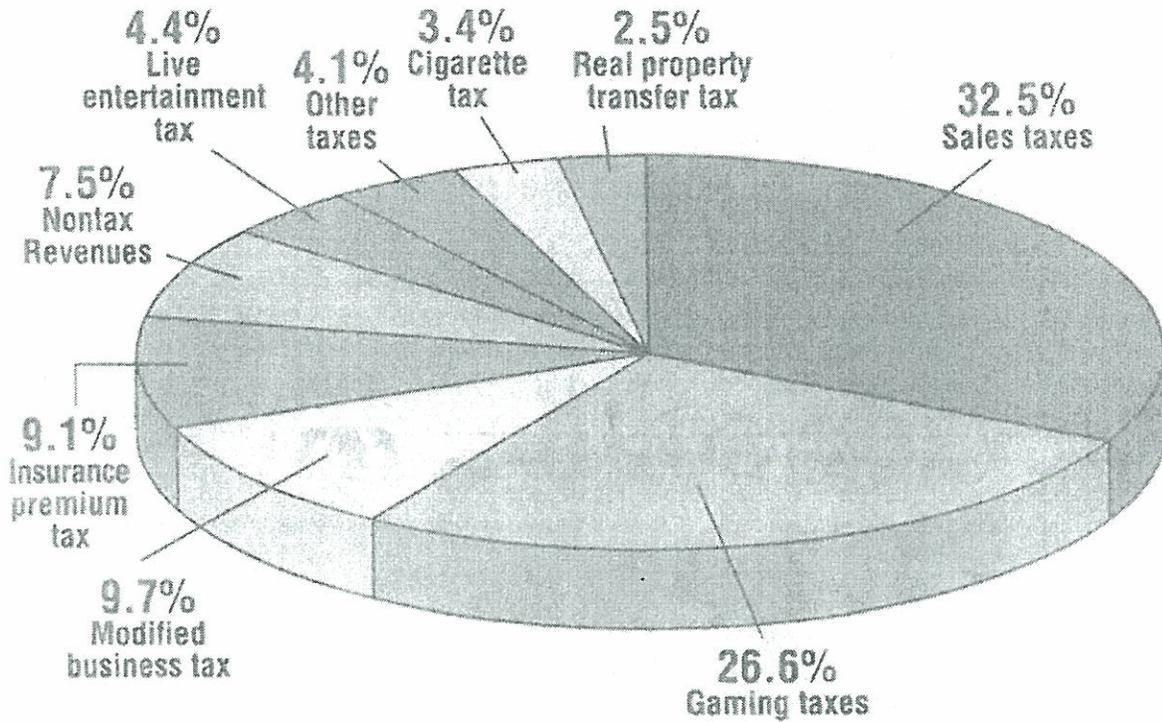
The Governor's Office of Consumer Health Assistance (GOVCHA) provides help for Nevadans with health-related concerns:

- Hospital Bills
- Provider Bills
- Prescription Needs
- Medical Benefits
- Information
- Appeals
- Insured—Uninsured
- Workers' compensation.

BUDGET INFO

Nevada general fund revenues

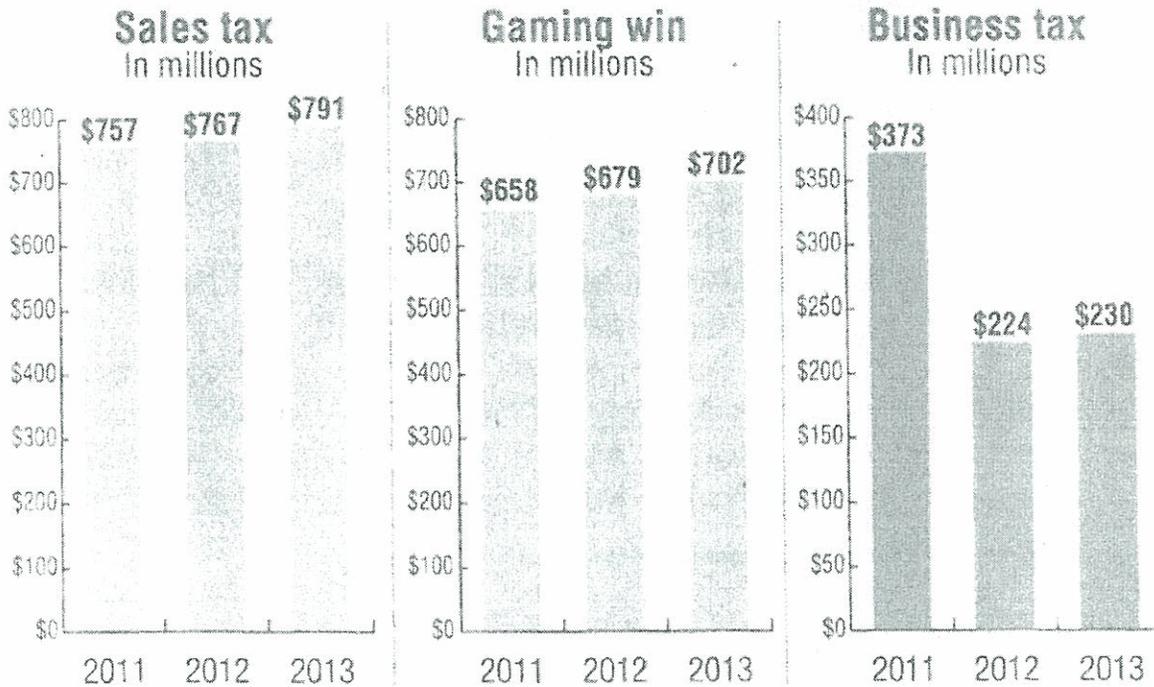
Economic Forum forecasts, 2012-13 biennium



Note: Total does not add up to 100%.

SOURCE: Economic Forum Forecast

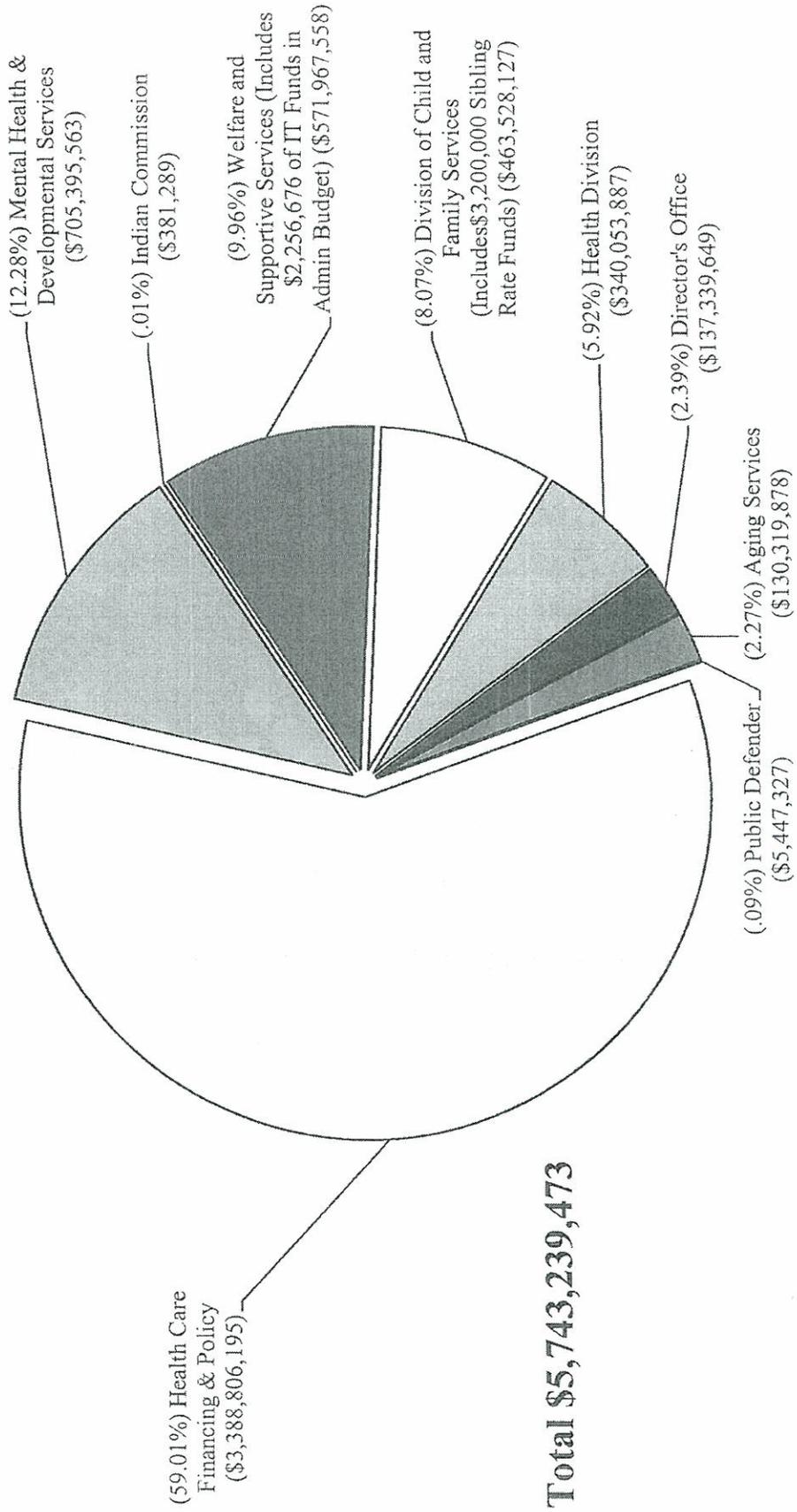
Economic forum projections



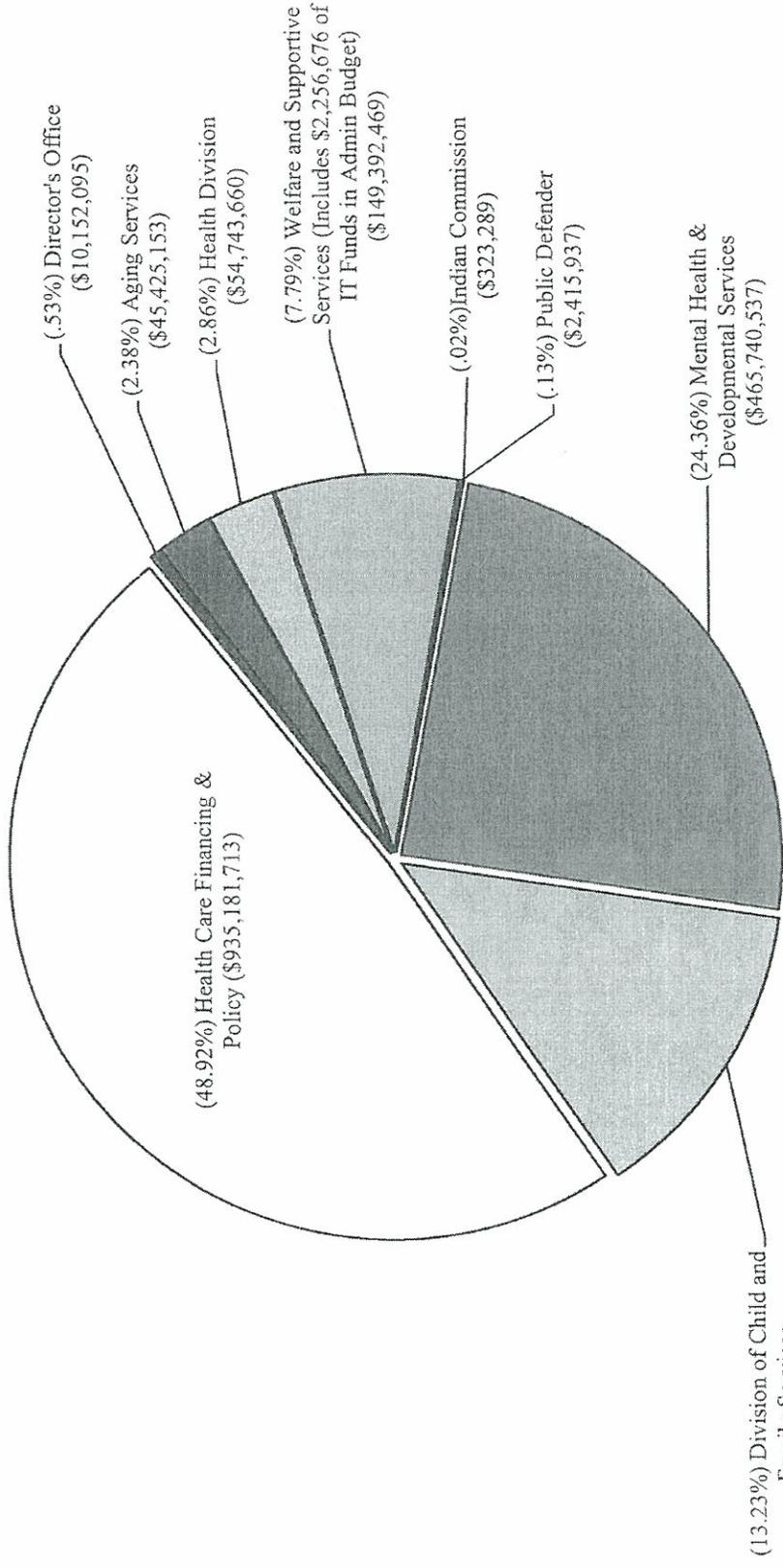
SOURCE: Economic Forum Forecast

STEPHEN REICH/RGJ

Department of Health and Human Services Leg Approved Revenues By Division 2010-2011 Biennium

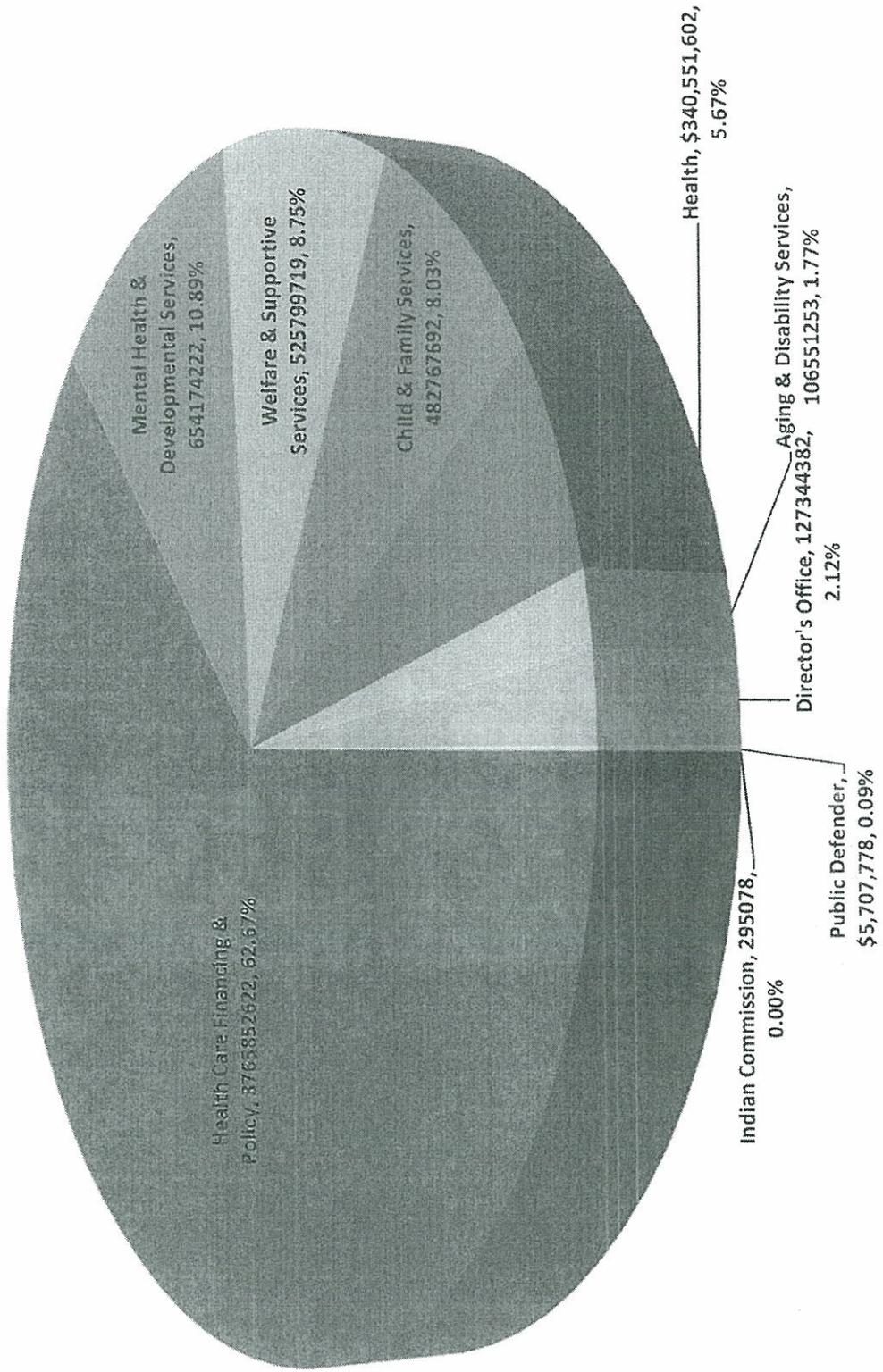


**Department of Health and Human Services
Leg Approved General Funds By Division
2010-2011 Biennium**



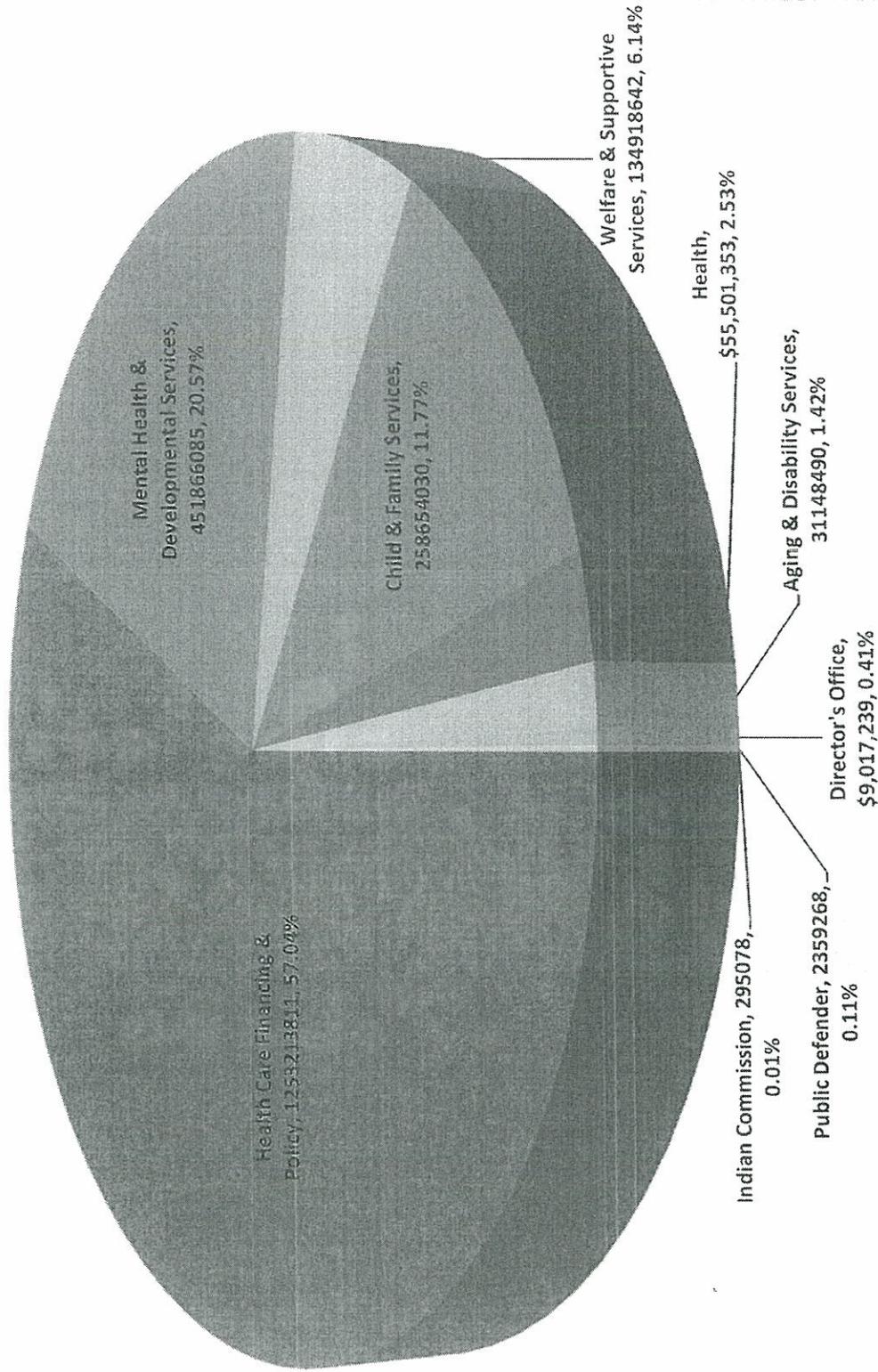
Total \$1,917,200,007

Department of Health & Human Services Agency Request Revenues by Division 2012-2013 Biennium



Total \$6,009,044,348

Department of Health & Human Services Agency Request General Funds By Division 2012-2013 Biennium

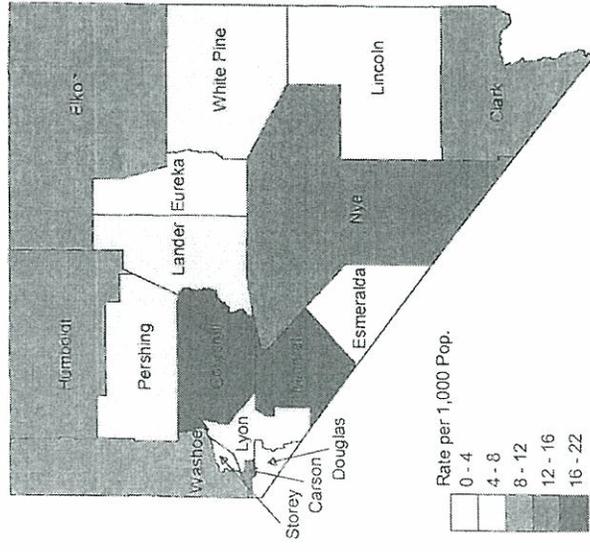


Total \$2,196,973,968

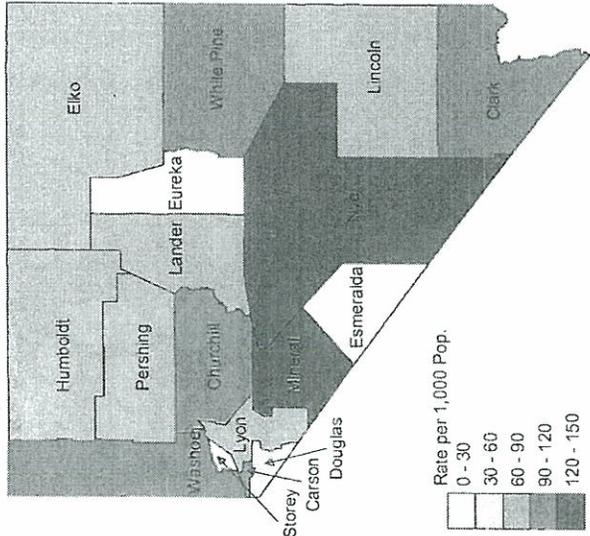
CASELOAD INFO

PROGRAM PARTICIPATION RATES BY COUNTY OR REGION

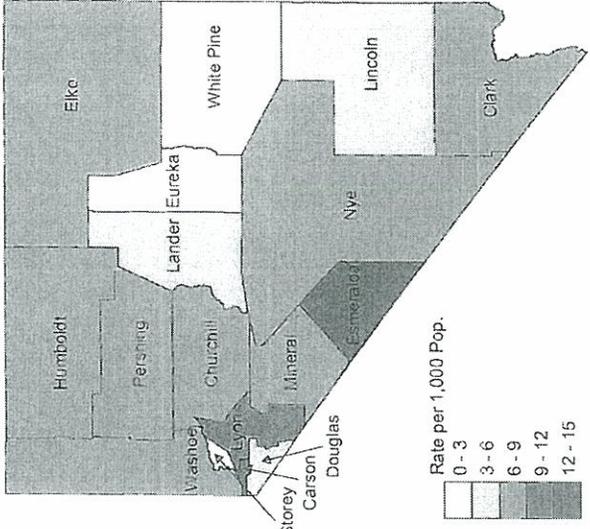
Total TANF Cash Participation Rate - July 2010



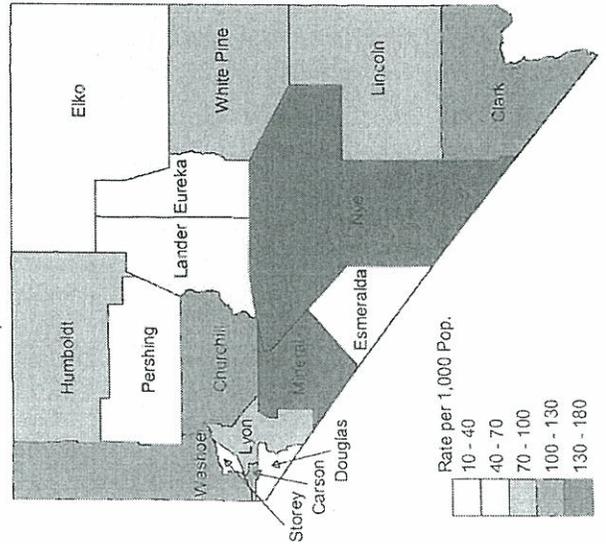
Total Medicaid Participation Rate - July 2010



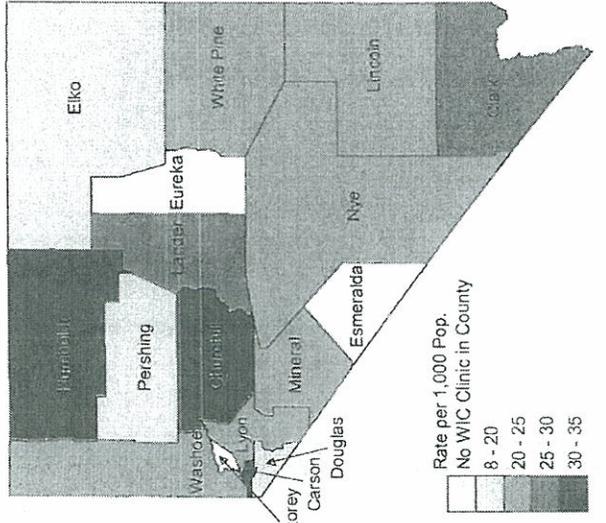
NV CheckUp Participation Rate - July 2010



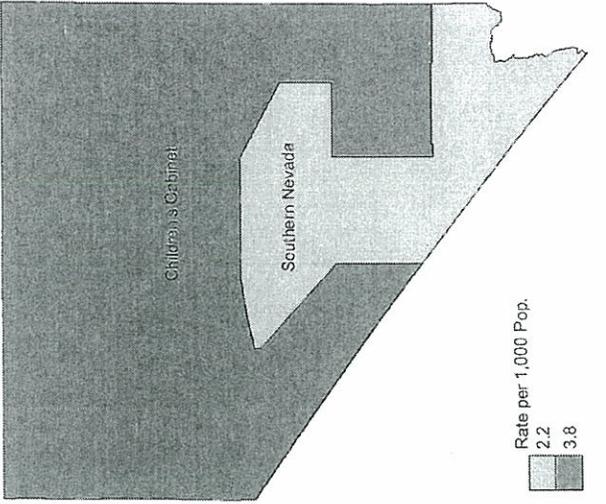
SNAP Participation Rate - June 2010



WIC Participation Rate - June 2010

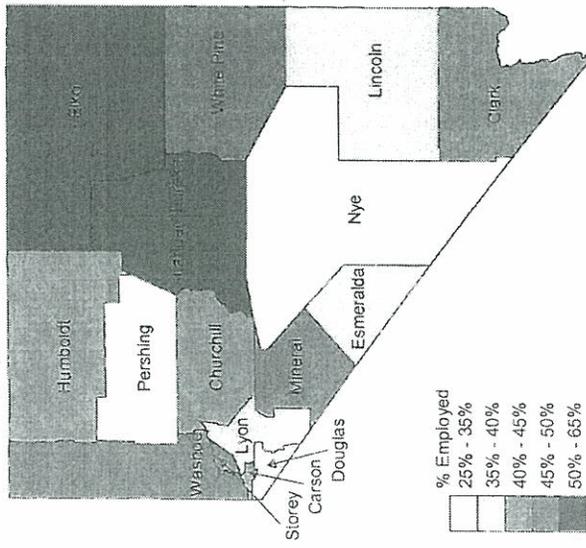


Childcare Participation Rate - June 2010

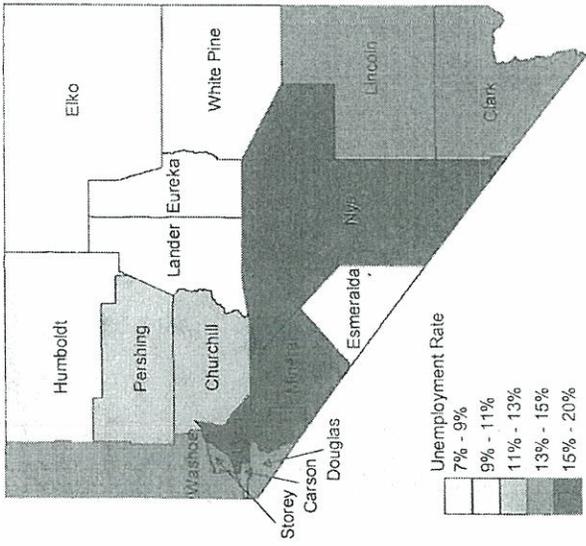


SOCIOECONOMIC INDICATORS BY COUNTY – DETR & US CENSUS BUREAU

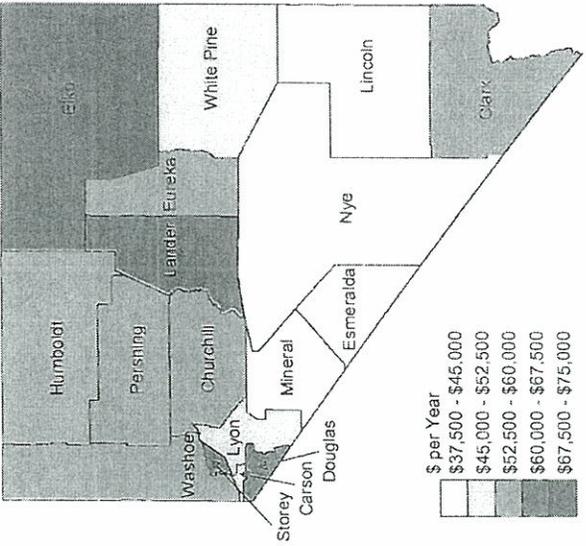
Ratio of Employment to Population - July 2010



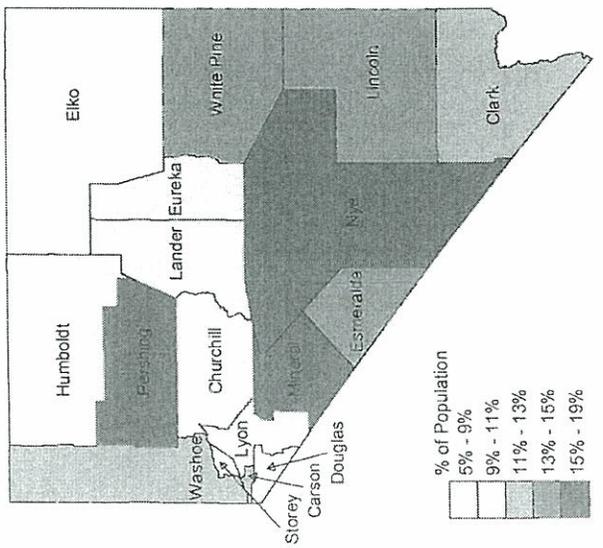
Unemployment Rate - July 2010



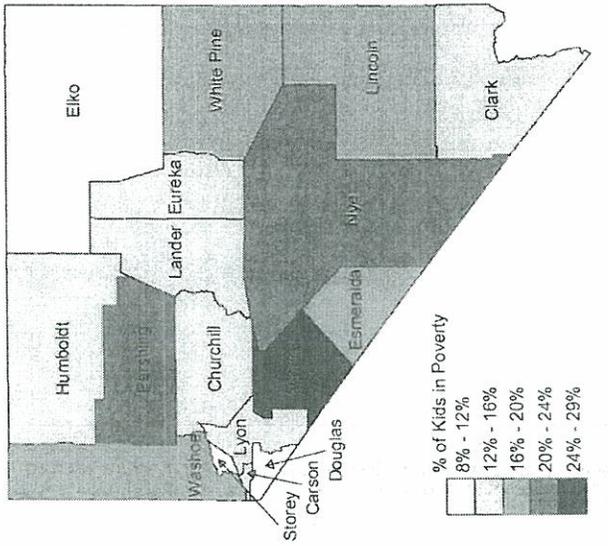
Median Household Income - 2008



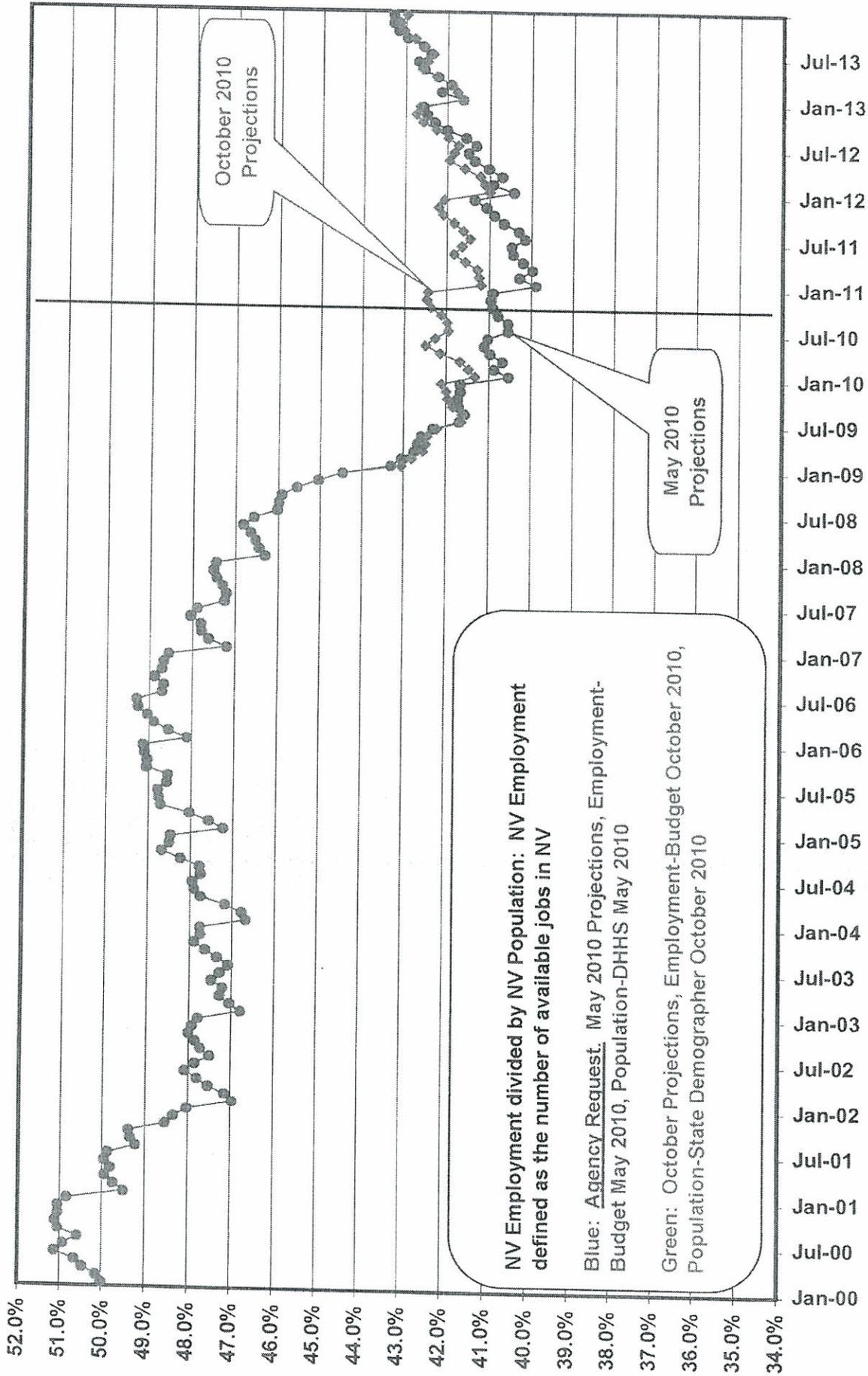
Persons below Poverty - 2008



Child Poverty - 2008

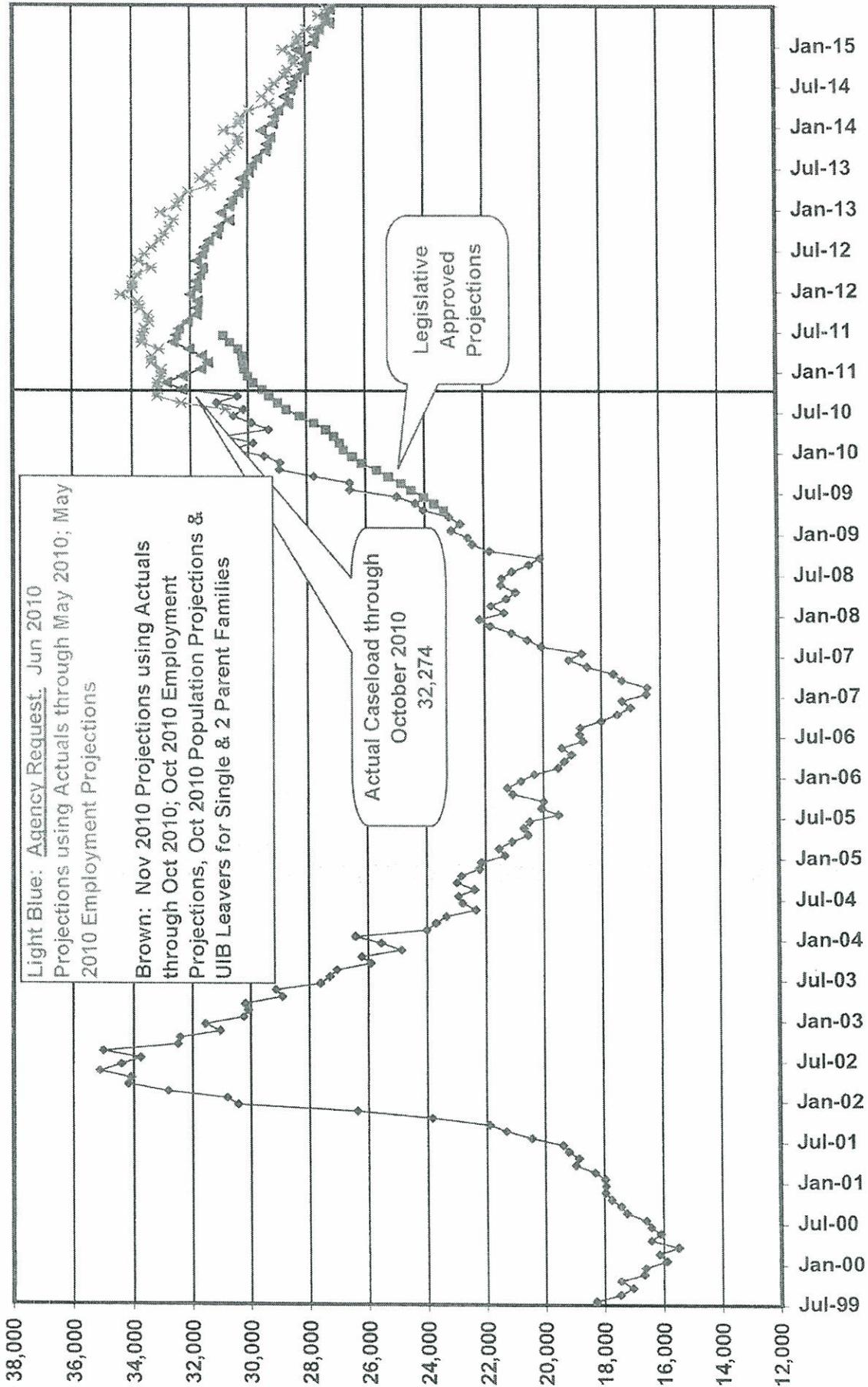


% Employment to Population



—●— % Employment to Population May 2010 —◆— % Employment to Population October 2010

TANF Cash Projections

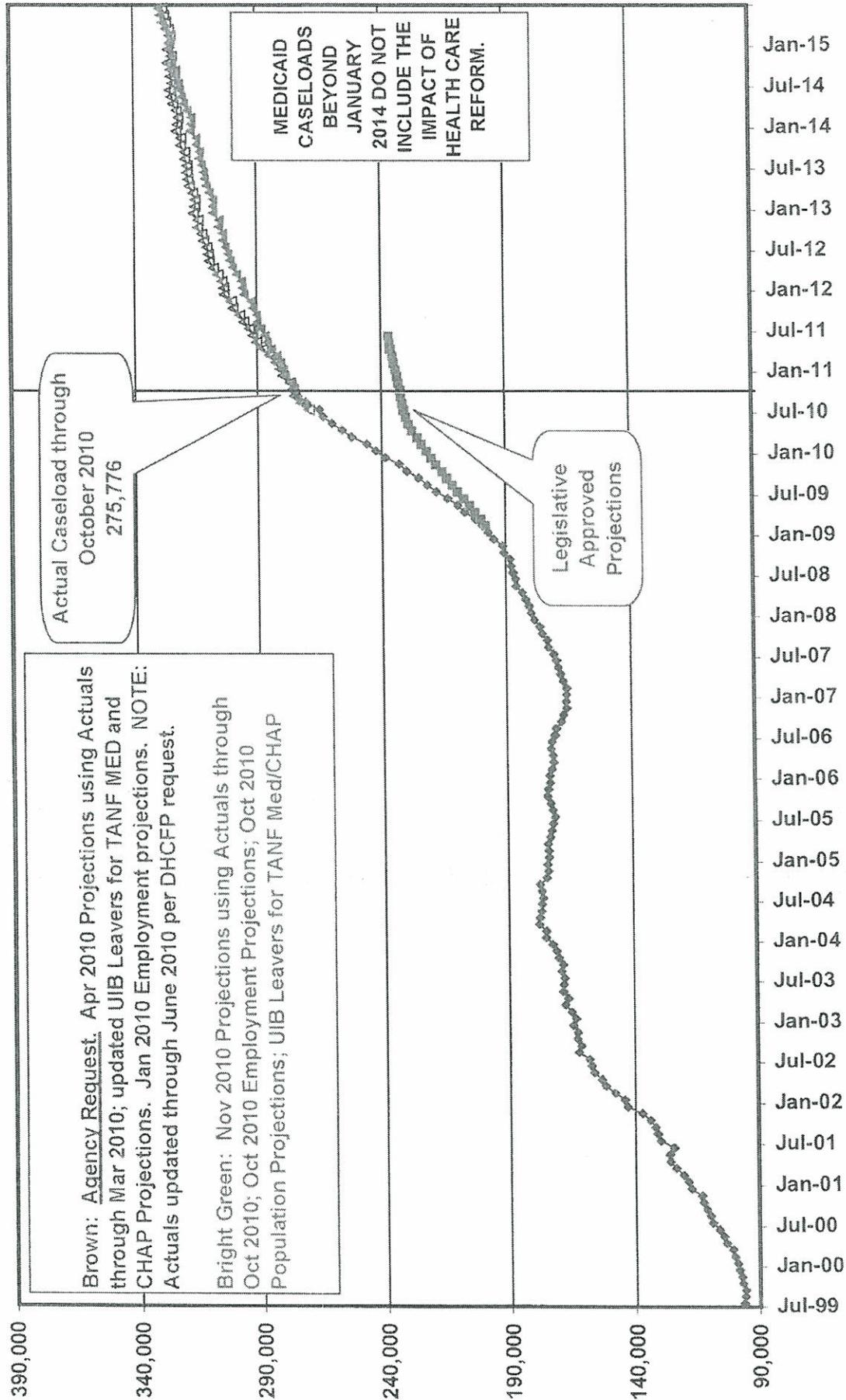


TANF CASH

FY 09-09 Leg Approved			FY 10-11 Leg Approved			FY 12-13 Leg Approved			FY 14-15 Leg Approved		
Actuals	Current Month's Projection (November 2010 Projections using October 2010 Actuals)		Actuals	Current Month's Projection (November 2010 Projections using October 2010 Actuals)		Actuals	Current Month's Projection (November 2010 Projections using October 2010 Actuals)		Actuals	Current Month's Projection (November 2010 Projections using October 2010 Actuals)	
14,485	19,549	Jul-09	26,531	24,453	Jul-11	32,285	32,285	Jul-14	29,856	29,856	Jul-14
14,543	20,040	Aug-09	26,540	24,735	Aug-11	31,073	31,073	Aug-14	29,661	29,661	Aug-14
14,574	20,518	Sep-09	27,762	25,234	Sep-11	31,783	31,783	Sep-14	29,366	29,366	Sep-14
14,601	21,062	Oct-09	28,937	25,671	Oct-11	31,772	31,772	Oct-14	29,328	29,328	Oct-14
14,732	21,783	Nov-09	28,907	26,117	Nov-11	31,732	31,732	Nov-14	29,201	29,201	Nov-14
14,133	22,147	Dec-09	29,440	26,451	Dec-11	31,982	31,982	Dec-14	29,519	29,519	Dec-14
13,887	21,317	Jan-10	30,578	26,735	Jan-12	31,773	31,773	Jan-15	29,127	29,127	Jan-15
13,948	21,769	Feb-10	29,822	26,882	Feb-12	31,778	31,778	Feb-16	29,086	29,086	Feb-16
14,015	21,236	Mar-10	30,810	27,070	Mar-12	31,563	31,563	Mar-15	28,135	28,135	Mar-15
13,990	20,913	Apr-10	29,293	27,332	Apr-12	31,565	31,565	Apr-16	28,586	28,586	Apr-16
14,021	21,434	May-10	29,888	27,745	May-12	31,772	31,772	May-15	29,710	29,710	May-15
14,039	21,394	Jun-10	30,498	28,225	Jun-12	31,582	31,582	Jun-15	28,506	28,506	Jun-15
14,041	21,042	Jul-10	30,150	28,588	Jul-12	31,507	31,507	Jul-15	28,421	28,421	Jul-15
14,181	20,455	Aug-10	31,076	28,992	Aug-12	31,345	31,345	Aug-15	28,296	28,296	Aug-15
14,192	20,076	Sep-10	30,363	29,279	Sep-12	31,058	31,058	Sep-15	28,042	28,042	Sep-15
14,207	21,796	Oct-10	32,274	29,507	Oct-12	30,969	30,969	Oct-15	27,951	27,951	Oct-15
14,334	22,376	Nov-10	29,820	29,820	Nov-12	30,625	30,625	Nov-14	27,951	27,951	Nov-14
14,438	22,548	Dec-10	30,012	30,012	Dec-12	30,893	30,893	Dec-15	28,284	28,284	Dec-15
14,653	23,099	Jan-11	30,135	30,135	Jan-13	30,614	30,614	Jan-16	27,707	27,707	Jan-16
14,659	22,787	Feb-11	30,169	30,169	Feb-13	30,522	30,522	Feb-16	27,654	27,654	Feb-16
14,756	23,170	Mar-11	30,207	30,207	Mar-13	30,315	30,315	Mar-16	27,513	27,513	Mar-16
14,699	24,055	Apr-11	30,348	30,348	Apr-13	30,164	30,164	Apr-16	27,454	27,454	Apr-16
14,748	24,323	May-11	30,629	30,629	May-13	30,219	30,219	May-16	27,309	27,309	May-16
14,772	24,542	Jun-11	30,851	30,851	Jun-13	29,952	29,952	Jun-16	27,146	27,146	Jun-16

Bolded Numbers equal actuals

Total Medicaid with Retro Projections Using DWSS waiver numbers

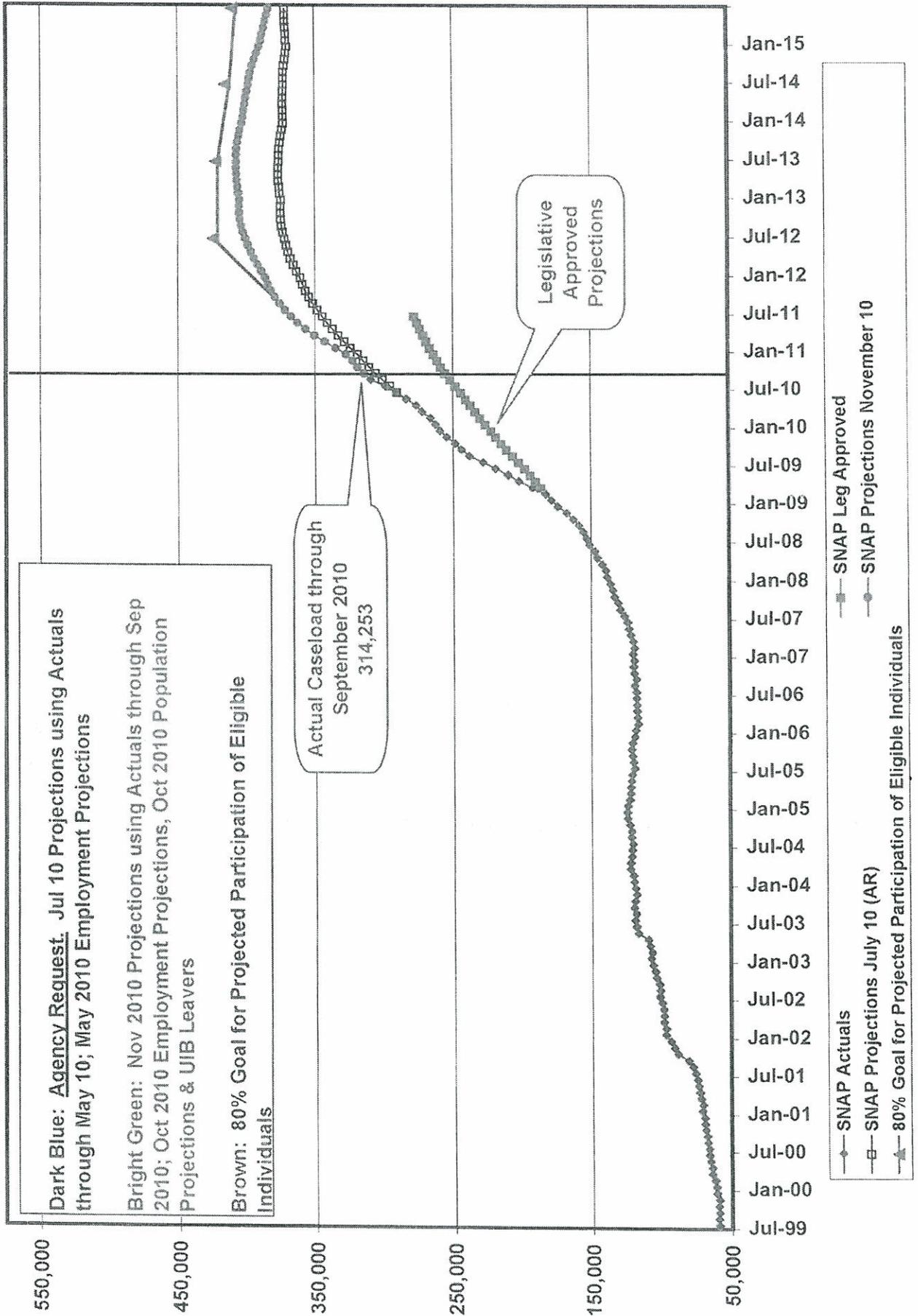


TOTAL MEDICAID WIDWSS HCBW

TOTAL MEDICAID WITH RETRO		TOTAL MEDICAID WITH RETRO		TOTAL MEDICAID WITH RETRO		TOTAL MEDICAID WITH RETRO	
FY 08-09 Leg Approved	Actuals	FY 10-11 Leg Approved (February 2009 Caseload)	Current Month's Projection (November 2010 Projections using October 2010 Actuals)	FY 12-13 Leg Approved	Current Month's Projection (November 2010 Projections using October 2010 Actuals)	FY 14-15 Leg Approved	Current Month's Projection (November 2010 Projections using October 2010 Actuals)
Jul-07	167,362	171,634	209,499	Jul-11	288,336	Jul-13	312,141
Aug-07	168,572	174,488	211,579	Aug-11	289,798	Aug-13	313,191
Sep-07	169,882	174,383	213,815	Sep-11	291,056	Sep-13	312,568
Oct-07	169,338	176,498	215,998	Oct-11	291,766	Oct-13	314,362
Nov-07	169,693	177,632	218,231	Nov-11	292,395	Nov-13	314,199
Dec-07	170,300	179,026	220,072	Dec-11	295,214	Dec-13	316,650
Jan-08	170,817	180,983	222,012	Jan-12	295,195	Jan-14	316,285
Feb-08	171,132	182,274	224,160	Feb-12	296,274	Feb-14	316,212
Mar-08	171,409	183,526	225,855	Mar-12	298,991	Mar-14	317,653
Apr-08	171,655	185,251	227,859	Apr-12	298,846	Apr-14	319,340
May-08	171,968	189,010	229,456	May-12	300,322	May-14	320,014
Jun-08	172,123	189,832	230,408	Jun-12	301,707	Jun-14	320,958
Jul-08	172,568	187,170	231,210	Jul-12	302,703	Jul-14	321,266
Aug-08	172,026	187,844	231,702	Aug-12	305,679	Aug-14	321,343
Sep-08	173,225	188,052	232,221	Sep-12	303,974	Sep-14	322,265
Oct-08	173,627	190,696	232,479	Oct-12	305,421	Oct-14	323,045
Nov-08	173,844	191,141	233,240	Nov-12	305,217	Nov-14	323,602
Dec-08	174,325	194,876	233,710	Dec-12	307,598	Dec-14	325,219
Jan-09	174,722	197,042	234,282	Jan-13	307,560	Jan-15	325,489
Feb-09	174,920	199,264	235,068	Feb-13	307,663	Feb-15	329,358
Mar-09	175,148	202,321	235,633	Mar-13	309,072	Mar-15	326,816
Apr-09	175,203	206,523	236,314	Apr-13	310,333	Apr-15	339,050
May-09	175,392	209,401	236,678	May-13	311,025	May-15	328,031
Jun-09	175,321	213,444	237,420	Jun-13	311,415	Jun-15	329,329

Bolded Numbers equal actuals

SNAP Projections



SNAP

SNAP				SNAP				SNAP			
Actuals	FY 10-11 Leg Approved Projections	Current Month's Projection (November 2010 based on September 2010 actuals)	80% Goal for Projected Additional Eligible SNAP Part persons November 10	Actuals	FY 10-13 Leg Approved Projections	Current Month's Projection (November 2010 based on September 2010 actuals)	80% Goal for Projected Additional Eligible SNAP Part persons November 10	Actuals	FY 14-15 Leg Approved Projections	Current Month's Projection (November 2010 based on September 2010 actuals)	80% Goal for Projected Additional Eligible SNAP Part persons November 10
Jul-09	228,524	202,690		Jul-11		371,899	424,173	Jul-13		457,132	415,298
Aug-09	238,115	207,132		Aug-11		375,844	424,173	Aug-13		456,205	415,299
Sep-09	244,110	211,429		Sep-11		370,254	424,173	Sep-13		406,354	415,298
Oct-09	248,437	215,267		Oct-11		362,052	424,173	Oct-13		405,490	415,298
Nov-09	254,376	219,549		Nov-11		364,307	424,173	Nov-13		404,327	415,298
Dec-09	259,196	222,701		Dec-11		366,361	424,173	Dec-13		403,131	415,298
Jan-10	262,500	226,745		Jan-12		369,190	424,173	Jan-14		402,128	415,298
Feb-10	266,276	230,629		Feb-12		391,863	424,173	Feb-14		401,500	415,298
Mar-10	272,425	234,230		Mar-12		394,578	424,173	Mar-14		400,966	415,298
Apr-10	276,523	237,794		Apr-12		396,896	424,173	Apr-14		400,777	415,298
May-10	283,523	241,130		May-12		398,906	424,173	May-14		399,366	415,298
Jun-10	290,842	244,574		Jun-12		400,711	424,173	Jun-14		398,450	415,298
Jul-10	299,168	248,470		Jul-12		402,422	422,512	Jul-14		397,656	410,005
Aug-10	309,586	252,278		Aug-12		403,706	422,512	Aug-14		396,684	410,005
Sep-10	314,253	255,891		Sep-12		404,721	422,512	Sep-14		395,537	410,005
Oct-10		259,867	319,197	Oct-12		405,172	422,512	Oct-14		394,025	410,005
Nov-10		261,516	322,716	Nov-12		405,214	422,512	Nov-14		392,294	410,005
Dec-10		263,806	327,472	Dec-12		405,083	422,512	Dec-14		390,484	410,005
Jan-11		266,757	335,024	Jan-13		405,792	422,512	Jan-15		389,136	410,005
Feb-11		269,287	342,850	Feb-13		406,317	422,512	Feb-15		388,058	410,005
Mar-11		271,571	350,340	Mar-13		406,927	422,512	Mar-15		387,059	410,005
Apr-11		273,901	356,942	Apr-13		407,196	422,512	Apr-15		385,901	410,005
May-11		275,961	362,600	May-13		407,233	422,512	May-15		384,593	410,005
Jun-11		278,182	367,474	Jun-13		407,153	422,512	Jun-15		383,317	410,005

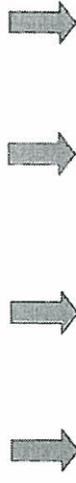
Boiled Numbers equal actuals

APPLICATION PROCESSING AND PENDING APPLICATIONS (LAST 6 MONTHS)

	% Application Processing Timeliness for Approved Applications							SNAP All Approved Applications (Average)
	TANF Cash	TANF Med/CHAP	MAABD	SNAP Expedited	SNAP Regular	SNAP Recertification	SNAP	
May-10	94.0%	83.2%	86.2%	87.9%	83.2%	96.0%	89.0%	
Jun-10	98.6%	83.8%	90.0%	86.9%	82.4%	95.4%	88.2%	
Jul-10	91.1%	80.7%	89.0%	85.5%	84.9%	97.6%	89.3%	
Aug-10	90.4%	84.4%	87.8%	84.6%	79.7%	97.5%	87.3%	
Sep-10	82.8%	74.5%	85.3%	84.3%	81.4%	98.4%	88.0%	
Oct-10	90.9%	83.9%	87.7%	83.4%	80.4%	97.6%	87.1%	



	Total Pending Applications taken from the last working day of the month			
	TANF Cash	TANF Med/CHAP	MAABD	SNAP
May-10	1,666	5,345	8,214	5,455
Jun-10	1,993	5,467	8,566	5,868
Jul-10	2,729	5,905	8,740	6,152
Aug-10	2,725	6,249	8,844	6,411
Sep-10	2,614	6,254	8,833	6,536
Oct-10	2,568	5,912	8,696	6,497



Total Medicaid Recipient Projections with Retro DWSS HCBW Data

Medicaid Eligible Recipient Category	October 2010	% of Total Medicaid	% of TANF Med Recips	June 2013	% of Total Medicaid	% of TANF Med Recips	June 2015	% of Total Medicaid	% of TANF Med Recips
TANF Med Recips (no retro)*	125,082	45%	26%	134,805	43%	22%	138,134	42%	20%
<i>TANF Cash</i>	32,274			29,952		78%	27,140		80%
<i>Non-TANF Cash</i>	92,808		74%	104,853			110,994		
CHAP	77,661	28%		93,773	30%		101,664	31%	
Aged	10,302	4%		11,338	4%		11,637	4%	
Blind	338	0%		337	0%		337	0%	
Disabled	29,190	11%		33,004	11%		36,191	11%	
HCBW	3,943	1%		4,245	1%		4,460	1%	
QMB	10,397	4%		13,082	4%		14,893	5%	
SLMB	9,107	3%		10,688	3%		11,663	4%	
HIWA	11	0%		11	0%		11	0%	
County Match	1,296	0%		1,236	0%		1,215	0%	
Child Welfare	8,449	3%		8,897	3%		9,124	3%	
Total Medicaid Recipients	275,776	100.00%		311,416	100.00%		329,329	100.00%	

*TANF MED includes the following aid codes: AM (TANF Related Medicaid), AO (Aged Out of Foster Care), EM4 (Emergency Med), MCB (Cervical/Breast Cancer), PM (Post Medical), SN (Sneede vs. Kizer), TR (Transitional Medicaid), OBRA Babies (Can be any TANF Med aid code followed by "5").

FEDERAL

MATCHING

ASSISTANCE

PERCENTAGE

Table 2

Per Capita Personal Income, Selected Years

(calendar years)

	2000	2007	2008	2009	Percent Change			Share of National Average			
					2000-2009	2007-2009	2008-2009	2000	2007	2008	2009
Alabama	\$24,069	\$32,744	\$33,900	\$33,360	38.6%	1.9%	-1.6%	79.4%	83.0%	83.3%	84.2%
Alaska	30,531	41,230	44,395	43,209	41.5%	4.8%	-2.7%	100.7%	104.5%	109.2%	109.0%
Arizona	26,262	34,346	34,500	33,244	26.6%	-3.2%	-3.6%	86.6%	87.0%	84.8%	83.9%
Arkansas	22,577	31,498	32,695	32,423	43.6%	2.9%	-0.8%	74.5%	79.8%	80.4%	81.8%
California	33,398	43,291	44,038	42,548	27.4%	-1.7%	-3.4%	110.2%	109.7%	108.3%	107.4%
Colorado	33,977	42,367	43,509	41,839	23.1%	-1.2%	-3.8%	112.1%	107.4%	107.0%	105.6%
Connecticut	41,920	56,510	57,248	55,063	31.4%	-2.6%	-3.8%	138.3%	143.2%	140.8%	139.0%
Delaware	31,007	40,098	40,806	39,949	28.8%	-0.4%	-2.1%	102.3%	101.6%	100.3%	100.8%
District of Columbia	40,484	63,979	68,381	68,013	68.0%	6.3%	-0.5%	133.5%	162.1%	168.1%	171.6%
Florida	29,080	39,417	40,054	38,890	33.7%	-1.3%	-2.9%	95.9%	99.9%	98.5%	98.1%
Georgia	28,531	34,659	35,217	33,980	19.1%	-2.0%	-3.5%	94.1%	87.8%	86.6%	85.8%
Hawaii	29,071	41,130	42,418	42,075	44.7%	2.3%	-0.8%	95.9%	104.2%	104.3%	106.2%
Idaho	24,683	32,761	32,979	31,662	28.3%	-3.4%	-4.0%	81.4%	83.0%	81.1%	79.9%
Illinois	32,636	41,727	43,154	41,904	28.4%	0.4%	-2.9%	107.6%	105.8%	106.1%	105.7%
Indiana	27,460	33,762	34,939	33,912	23.5%	0.4%	-2.9%	90.6%	85.6%	85.9%	85.6%
Iowa	27,293	36,060	38,222	37,623	37.8%	4.3%	-1.6%	90.0%	91.4%	94.0%	94.9%
Kansas	28,477	37,792	40,134	39,263	37.9%	3.9%	-2.2%	93.9%	95.8%	98.7%	99.1%
Kentucky	24,786	31,165	32,368	32,306	30.3%	3.7%	-0.2%	81.8%	79.0%	79.6%	81.5%
Louisiana	23,570	35,747	38,086	37,520	59.2%	5.0%	-1.5%	77.7%	90.6%	93.6%	94.7%
Maine	26,696	35,191	36,524	36,479	36.6%	3.7%	-0.1%	88.1%	89.2%	89.8%	92.1%
Maryland	34,681	46,923	48,410	48,275	39.2%	2.9%	-0.3%	114.4%	118.9%	119.0%	121.8%
Massachusetts	38,210	49,727	51,028	49,643	29.9%	-0.2%	-2.7%	126.0%	126.0%	125.5%	125.3%
Michigan	29,392	34,227	35,321	34,334	16.8%	0.3%	-2.8%	96.9%	86.7%	86.8%	86.6%
Minnesota	32,597	41,739	43,238	41,859	28.4%	0.3%	-3.2%	107.5%	105.8%	106.3%	105.6%
Mississippi	21,555	29,565	30,730	30,426	41.2%	2.9%	-1.0%	71.1%	74.9%	75.6%	76.8%
Missouri	27,891	35,230	36,766	35,938	28.9%	2.0%	-2.3%	92.0%	89.3%	90.4%	90.7%
Montana	23,470	33,897	35,237	34,794	48.2%	2.6%	-1.3%	77.4%	85.9%	86.6%	87.8%
Nebraska	28,598	38,156	40,116	39,277	37.3%	2.9%	-2.1%	94.3%	96.7%	98.6%	99.1%
Nevada	30,986	40,389	40,076	37,691	21.6%	-6.7%	-6.0%	102.2%	102.4%	98.5%	95.1%
New Hampshire	34,087	42,789	43,587	42,585	24.9%	-0.5%	-2.3%	112.4%	108.4%	107.2%	107.5%
New Jersey	38,666	50,494	51,583	50,009	29.3%	-1.0%	-3.1%	127.5%	128.0%	126.8%	126.2%
New Mexico	22,751	32,022	33,584	33,212	46.0%	3.7%	-1.1%	75.0%	81.2%	82.6%	83.8%
New York	34,630	47,188	48,107	46,459	34.2%	-1.5%	-3.4%	114.2%	119.6%	118.3%	117.2%
North Carolina	27,914	34,935	35,533	34,719	24.4%	-0.6%	-2.3%	92.1%	88.5%	87.4%	87.6%
North Dakota	25,624	36,999	41,493	40,727	58.9%	10.1%	-1.8%	84.5%	93.8%	102.0%	102.8%
Ohio	28,694	35,180	36,113	35,590	24.0%	1.2%	-1.4%	94.6%	89.2%	88.8%	89.8%
Oklahoma	24,605	34,529	36,917	35,840	45.7%	3.8%	-2.9%	81.2%	87.5%	90.8%	90.4%
Oregon	28,718	35,806	36,798	36,125	25.8%	0.9%	-1.8%	94.7%	90.7%	90.5%	91.2%
Pennsylvania	30,110	39,090	40,418	40,161	33.4%	2.7%	-0.6%	99.3%	99.1%	99.4%	101.4%
Rhode Island	29,484	40,468	41,738	41,324	40.2%	2.1%	-1.0%	97.2%	102.6%	102.6%	104.3%
South Carolina	25,081	32,107	32,947	32,338	28.9%	0.7%	-1.8%	82.7%	81.4%	81.0%	81.6%
South Dakota	26,427	36,671	39,248	38,208	44.6%	4.2%	-2.6%	87.2%	92.9%	96.5%	96.4%
Tennessee	26,691	34,199	35,098	34,245	28.3%	0.1%	-2.4%	88.0%	86.7%	86.3%	86.4%
Texas	28,504	37,037	39,806	38,546	35.2%	4.1%	-3.2%	94.0%	93.9%	97.9%	97.3%
Utah	24,517	31,953	32,596	31,612	28.9%	-1.1%	-3.0%	80.9%	81.0%	80.1%	79.8%
Vermont	28,183	38,012	39,236	39,021	38.5%	2.7%	-0.5%	93.0%	96.3%	96.5%	98.5%
Virginia	31,640	43,460	44,756	44,129	39.5%	1.5%	-1.4%	104.4%	110.1%	110.0%	111.4%
Washington	32,407	42,157	43,732	42,933	32.5%	1.8%	-1.8%	106.9%	106.8%	107.5%	108.3%
West Virginia	22,174	29,839	31,513	32,067	44.6%	7.5%	1.8%	73.1%	75.6%	77.5%	80.9%
Wisconsin	29,139	36,843	37,916	37,398	28.3%	1.5%	-1.4%	96.1%	93.4%	93.2%	94.4%
Wyoming	29,281	46,220	50,588	48,178	64.5%	4.2%	-4.8%	95.6%	117.1%	124.4%	121.6%
Region											
New England	36,601	48,212	49,336	48,049	31.3%	-0.3%	-2.6%	120.7%	122.2%	121.3%	121.3%
Mid-Atlantic	34,183	45,706	46,868	45,815	34.0%	0.2%	-2.2%	112.7%	115.8%	115.2%	115.6%
Great Lakes	29,819	36,787	37,949	37,062	24.3%	0.7%	-2.3%	98.4%	93.2%	93.3%	93.5%
Plains	29,017	37,764	39,668	38,719	33.4%	2.5%	-2.4%	95.7%	95.7%	97.5%	97.7%
Southeast	27,049	35,865	36,811	36,033	33.2%	0.5%	-2.1%	89.2%	90.9%	90.5%	90.9%
Southwest	27,372	36,030	38,231	37,045	35.3%	2.8%	-3.1%	90.3%	91.3%	94.0%	93.5%
Rocky Mountains	29,109	37,767	38,825	37,459	28.7%	-0.8%	-3.5%	96.0%	95.7%	95.5%	94.5%
Far West	32,681	42,371	43,231	41,876	28.1%	-1.2%	-3.1%	107.8%	107.4%	106.3%	105.7%
United States Avg.	\$30,318	\$39,458	\$40,673	\$39,626	30.7%	0.4%	-2.6%	100.0%	100.0%	100.0%	100.0%

Source: Bureau of Economic Analysis

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FMAP (MEDICAID)

* FMAP History & projections, pre-ARRA

FFY07 = 53.93%
 FFY08 = 52.64 %
 FFY 09 = 50.00%
 FFY 10 = 50.16%
 FFY 11 = 51.61%

* ARRA FMAP Effective 10/1/08 thru 12/31/10 = 63.93%

* ARRA FMAP Step-down Jan - March 2011 = 61.10%
 April - June 2011 = 59.22%

* FMAP difference State FY 11 = \$88.5 million Special Session Est.
 = 63.3 million Step-down Est.
 \$25.2 million difference

* SFY 12 FMAP

<u>QTR</u>	<u>Used in</u> <u>Agency Request Budget</u>	<u>Used in</u> <u>Gov Rec. Budget</u>
July - Sept.	51.61%	51.61%
Oct. - Dec.	53.66%	56.20%
Jan. - Mar.	53.66%	56.20%
April - June	<u>53.66%</u>	<u>56.20%</u>
Blended	53.15%	55.05%

* SFY 13 FMAP

<u>QTR</u>	<u>Used in</u> <u>Agency Request Budget</u>	<u>Used in</u> <u>Gov Rec. Budget</u>
July - Sept.	53.66%	56.20%
Oct. - Dec.	53.66%	58.14%
Jan. - Mar.	53.66%	58.14%
April - June	<u>53.66%</u>	<u>58.14%</u>
Blended	53.66%	57.655%

* Federal funding (FMAP) Loss

ARRA FMAP (63.93%) vs Agency Request (53.15% or 53.66%)
 = \$191.4 million in FY12
 = \$150.0 million in FY13
 \$341.4 million in biennium

* Gov Rec add backs using FFIS new FMAP Projections

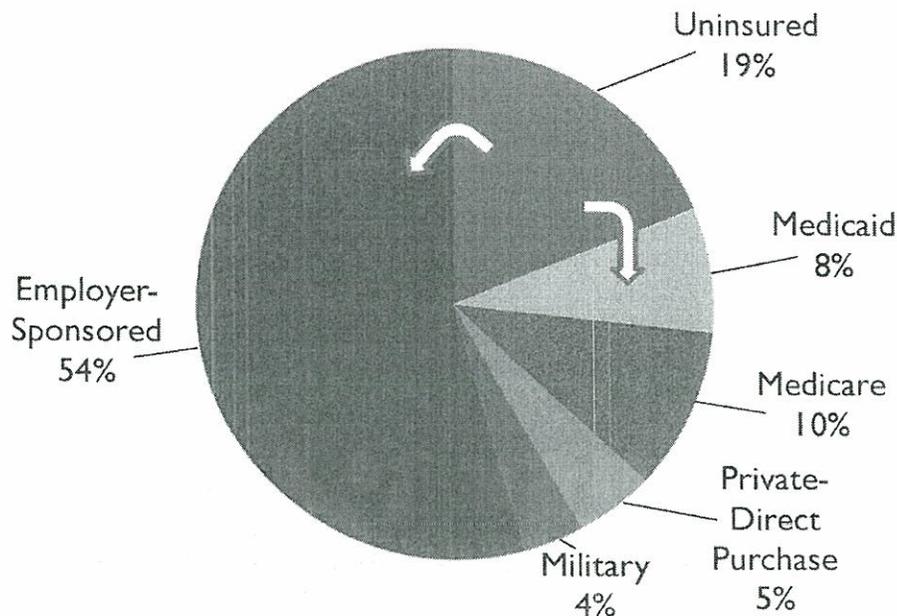
= \$62.2 million in FY 12
 = \$63.1 million in FY 13
 \$125.3 million total

* Net impact of ARRA FMAP Expenditures

= SFY12 \$129.2 million
 = SFY13 \$86.9 million
 \$216.1 million

**HEALTH
CARE
REFORM**

Health Insurance Coverage in Nevada



Source: U.S. Census Bureau, Current Population Survey, Table HIA-4, 2008

- 19% of Nevadans are uninsured. The US average is 15%. (*U.S. Census, Current Population Survey (CPS)*)
- Nevada has the highest percentage of uninsured children, 19%, compared to 10% nationwide. (*U.S. Census, CPS*)
- 8% of Nevadans receive Medicaid. The US average is 14%. (*U.S. Census, CPS*)
- In 2008, 63% of Nevada's private businesses offered health insurance to employees. The national average was 56%. (*Kaiser Family Foundation, State Health Facts*)
- In 2008, the average premium for employer-sponsored health insurance in Nevada was \$3,927 for individual coverage and \$11,487 for family coverage. This is 7%-10% below the national average. (*Kaiser Family Foundation, State Health Facts*)
- On average nationwide, the unreimbursed cost of health care for the uninsured contributes \$368 to annual individual premiums and \$1,017 to family premiums. (*Families USA, "Hidden Health Tax: Americans Pay a Premium", 2009*)
- Employees in Nevada pay a higher percent of the total premium for employer-sponsored health insurance—22% of the premium for individual coverage and 31% for family coverage compared to 20% and 28% nationwide. (*Kaiser Family Foundation, State Health Facts*)
- Nevada has the lowest Medicaid spending per capita, \$435 in FFY08 compared to the U.S. average of \$1,021. (*National Association of State Budget Officers, 2008 State Expenditure Report; U.S. Census, Annual Population Estimates*)

DIVISION OF HEALTH CARE FINANCING AND POLICY

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 (ACA)
HEALTH CARE REFORM
TABLE OF CONTENTS

T A B L E O F C O N T E N T S

1. Health Care Reform Summary – Overview of the key elements of Health Care Reform
2. Health Insurance Exchanges – Goals for the Health Insurance Exchange
3. Available Coverage Choices for All Americans – American Health Benefit Exchanges
4. Grants and Funding Opportunities – Background information for grants and other funding
5. Section 1002 Health Insurance Consumer Information
6. Section 1202 Payments to Primary Care Physicians
7. Sections 1311 & 1413 Establishment of the Eligibility Engine
8. Sections 1311 & 1413 Eligibility Engine Evaluation and Cost Estimate
9. Section 2001 Medicaid Coverage for the Lowest Income Populations (Benchmark Benefits)
10. Section 2101 Exceptions to Exclusions of Children of Public Employees in the CHIP Program
11. Section 2202 Hospital Presumptive Eligibility Determinations
12. Sections 2301, 2302, 2502 Improvements to Medicaid Services
13. Section 2401 Community First Choice Option
14. Section 2403 Money Follows the Person – Planning Grant
15. Section 2403 Money Follows the Person Rebalancing Demonstration Grant
16. Section 2501 Prescription Drug Rebates
17. Section 2702 Payment Adjustment for Health Care Acquired Conditions
18. Section 2703 State Option to Provide Health Homes for Enrollees with Chronic Conditions
19. Section 2704 Hospitalization Integrated Care Demonstration Project
20. Section 2705 Medicaid Global Payment System Demonstration Project
21. Section 2706 Pediatric Accountable Care Organization Demonstration Project
22. Section 3502 Community Health Teams to Support Patient-Centered Medical Home
23. Section 4108 Incentives for Prevention of Chronic Diseases in Medicaid
24. Section 5405 Grants for Medical Homes through the Primary Care Extension Program
25. Section 6201 National Background Check Program for Patient Protection
26. Sections 6401, 6402, 6502 & 6502 Provider Screening and Other Enrollment Requirements Under Medicaid and CHIP
27. Section 6411 State Agencies to Contract with a Recovery Audit Contractor (RAC)
28. Section 6507 Mandatory State Use of National Correct Coding Initiative
29. Sections 8001 & 8002 The CLASS Act

HEALTH CARE REFORM FREQUENTLY ASKED QUESTIONS

1. Health care reform will have a significant impact on the current insurance market. What are some of the major changes Nevadans can expect?

Answer:

- Beginning on July 1, 2010, the Pre-Existing Insurance Program began. This program is funded and operated by the federal government for states such as Nevada that chose not to establish a high risk pool of their own. To qualify for the pre-existing condition insurance plan, individuals must be uninsured for at least six months and have been turned down for coverage by a private insurer because of a pre-existing medical problem. This program provides immediate coverage of pre-existing conditions at premiums that are capped at the average cost of private coverage in each state's individual market. Beginning August 1, 2010, applications can be submitted online at www.pcip.gov.
- The health care reform law requires that insurers and employers that provide dependent coverage must offer coverage for adult children until their 26th birthday. This requirement becomes effective for "plan years" beginning on or after September 23, 2010.
- Eliminates lifetime limits on insurance coverage for health plan years beginning on or after September 23, 2010.
- Improves access to preventive care by eliminating any cost-sharing for preventive services covered under insurance contracts. This requirement goes into effect for health plan years beginning on or after September 23, 2010.
- Encourages employers to offer coverage by creating small business tax credits worth up to 35% of the employer's contribution to the employees' health insurance. Effective January 1, 2010.
- Requires that at least 85% of all premium dollars collected by insurance companies for large employer plans and 80% for individual and small employer plans must be spent on health care services and health care quality improvement. Insurance companies that don't meet these goals must provide rebates to consumers beginning January 1, 2011.

2. How will health care reform help seniors with prescription drug costs?

Answer:

- Seniors who reach the gap in prescription drug coverage known as the "doughnut hole" will receive a \$250 rebate beginning June 2010.
- Beginning in 2011, seniors in the "doughnut hole" coverage gap will receive a 50% discount on prescription drugs.
- The "doughnut hole" gap will be phased out until it is eliminated in 2020.

3. What are some of the impacts on the Nevada Medicaid Program (health care for families/individuals with low incomes)?

Answer:

- Beginning in 2014, expands Medicaid eligibility to everyone under 133% of the federal poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four). This includes Medicaid coverage for single, childless adults who previously were not eligible for Medicaid. States will receive 100% federal funding for the first three years to support this expanded coverage, phasing to 90% federal funding in later years.
- Restructures how eligibility is determined, requiring the use of modified adjusted gross income (MAGI) from an applicant's income tax return.
- Freezes current eligibility rules until December 31, 2013 for adults and September 30, 2019 for children.
- Increases rates paid by Medicaid for primary care services to 100% of the Medicare rate for 2013 and 2014. The increase is fully funded by the federal government.

4. What is the estimated fiscal impact on the State of Nevada to implement the health care reform legislation?

Answer:

- Nevada DHHS has estimated Health Care Reform will cost Nevada taxpayers about \$574 million in additional General Fund dollars between now and 2019.
- Added costs fall primarily into five areas:
 1. Primary care physician rate increases to 100% of the Medicare rate (Nevada currently pays less than the Medicare rate.)
 2. New eligibles being added (such as single, childless adults).
 3. The insurance mandate provisions of the health care reform legislation will drive people who are currently eligible for Medicaid, but not enrolled, to apply for and receive Medicaid coverage.
 4. Automated systems overhauls and replacements.
 5. Added administrative costs for increased enrollees.
- Enhanced Federal funding is available for some costs, but phases out over time.

5. How will people be able to find the most affordable health insurance?

Answer:

- www.HealthCare.gov launched on July 1, 2010. This web portal helps consumers determine which private insurance plans and public programs are available to them in their state.

- Beginning in 2014, an “Exchange” will be established in each state to help consumers compare plans that are certified to have met benchmarks for quality and affordability. The Exchanges will also administer the new health insurance subsidies and facilitate enrollment in private health insurance, Medicaid, and the Children’s Health Insurance Program (CHIP).