



NEVADA

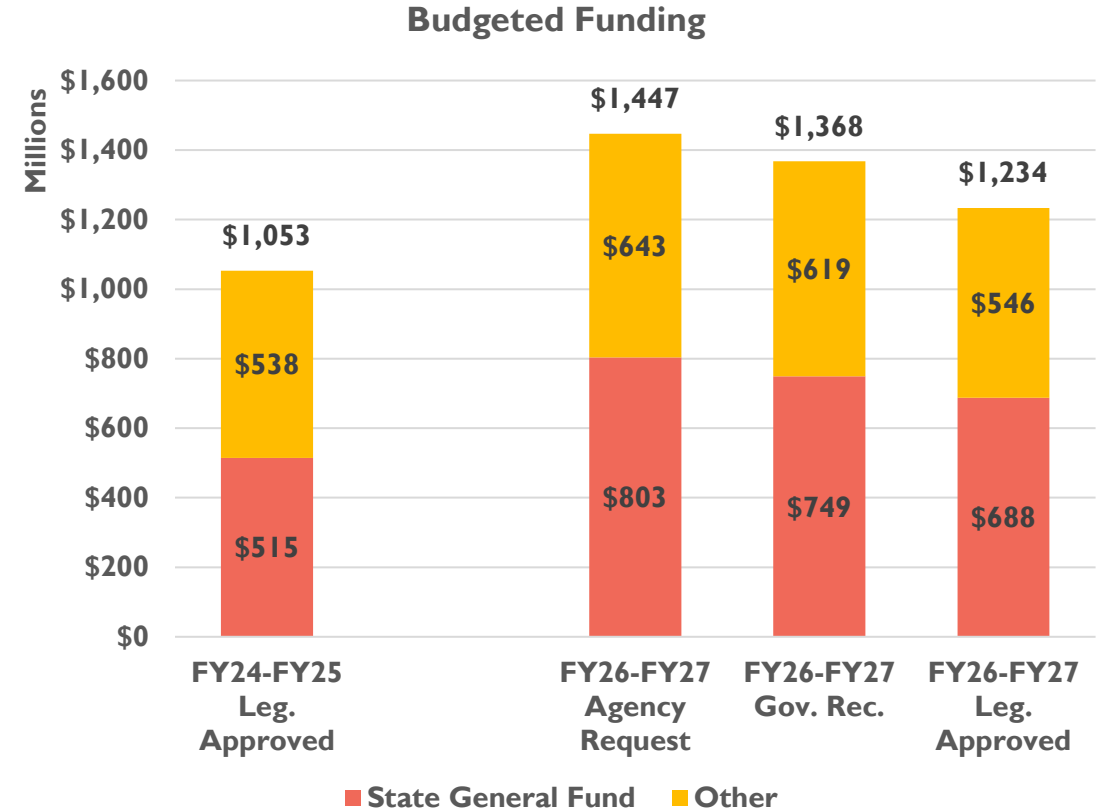
ADSD

Aging & Disability Services Division

Leg. Approved Budget Summary

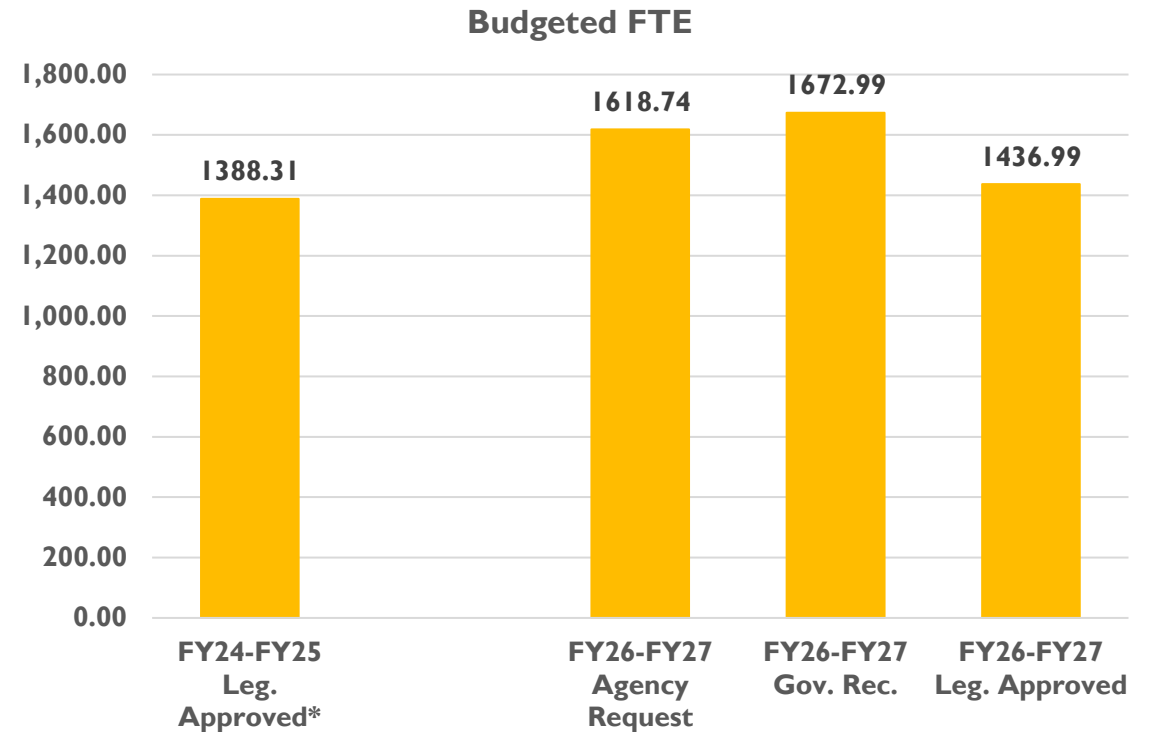
Budgeted Funding

- ADSD's budget is \$1.2 billion in the FY26-FY27 biennium.
- Increase of 17% over FY24-FY25.
- State general fund increased by \$173 million (34%).
- Other revenues (including Medicaid) increased by \$8 million (1%).



Positions

- ADSD's staffing will be 1,436.99 by the end of the FY26-FY27 biennium (4% increase).
- 56 new positions
- 10 positions transferring out
 - 6 to Nevada Health Authority
 - 4 to Buildings and Grounds
- 11 positions transferring in
 - 1 from Office of Analytics
 - 10 from IDEA Part C
- 13 long vacant positions eliminated



* With adjustment for approved staffing work programs.

Highlights

Enhancements

- TEAMS phone lines
- Continuation of rate increases for COPE, PAS, and Developmental Services
- Two-month Wellsky extension
- Standardized assessment tool for Developmental Services with 15 contract staff and 1 state Licensed Psychologist increased to full time position
- Additional supervisors for the ICF
- Food inflation for PAC nutrition programs
- Telecommunications Access Advisor for CAS
- IDEA Part C transferring into ADSD

Highlights

Caseloads and Waitlists

- OCHA caseload ratios established
- Funding of caseloads varies by program
 - Funded based on March 2025 projections: Family Preservation Program, OCHA, NEIS (service costs only, no new state staff)
 - Funded based on October 2024 projections: ATAP
 - Funded based on February 2025 caseload: Developmental Services
 - Funded based on FY25 average Leg.Approved caseload projection: COPE, PAS,APS, LTCCO
- Waitlists not funded for any programs

Follow-up Activities

- Developmental Services – Letter of Intent (LOI)
 - Research and evaluate measures to contain caseload costs and reduce waitlist.
 - Implementation of the standardized assessment and findings/recommendations for transitioning the model to leverage the existing provider network.
- Early Intervention – LOI and Performance Audit
 - Report on the program's compliance with federal billing rules, methodology for calculating the state's maintenance of effort baseline, and transition plan for payment model changes.
 - Analysis of the program's state and community providers reimbursements from Medicaid and private insurance, and evaluation of the claims submitted for reimbursement, and an assessment of the adequacy of the program's internal controls.
- Community-Based Care and Office of Analytics – LOI
 - Evaluate the methodology for projecting caseload and staffing needs, associated service costs, client wait times, and the approach to service delivery.