



Olmstead Planning: Assets & Gaps Summary

Assets and Gaps in Care

In order to understand both the assets as well as gaps in the systems that support community integration, an analysis was conducted which included a review of the state system and the number of people served, as well as information gathered through the UNR survey, key person interviews, and consumer workshops.

Assets to Leverage

A variety of assets were identified while assessing the current systems of support available to individuals with disabilities. These assets should be leveraged and built upon to enhance progress towards community integration.

Focus on community-integration: ADSD leadership and community providers described a focus on enhancing opportunities for people with disabilities to live, work, and shelter in communities of their choice. Many providers described community integration as their “default setting” in provision of care and often referred to a person-centered approach to service delivery. Furthermore, the data provided on page 20 indicates a progressive shift in ADSD's service delivery, with an increasing number of individuals being served in community-based settings and a decreasing reliance on congregate-care settings over the years.

Further indication of support for individuals with disabilities and their rights as it pertains to home and community-based supports can be seen in SB 315 as adopted in the 2023 Nevada State Legislative Session.

Bill of Rights for Persons with Intellectual, Developmental or Physical Disabilities or who are Aged

Senate Bill 315, as taken up in the 2023 Nevada State Legislative session, prescribes certain rights for individuals who are aged or disabled and who are receiving home and community-based waiver services. Further, this bill sets forth certain rights for pupils with disabilities who are enrolled in public school or who are receiving certain services from a special education provider and transition services through an individualized education program.

Partnerships with providers: Some providers that took part in community workshops and key person interviews referenced a strong working relationship with ADSD while others noted a reliance on other service partnerships as an inevitable component of meeting people’s diverse range of needs. These collaborations will play a pivotal role in achieving community integration at a statewide level since no single agency, program, or practice can accomplish it independently.

Engaging people with lived experience: ADSD has engaged a number of people with lived experience (PLEs) into their system. PLEs sit on several boards and commissions, advising the Division on a variety of issues. ADSD has also relied upon PLEs as a component of this process by way of; 1) selecting individuals to serve on the Steering Committee who have a lived experience, and 2) soliciting PLE input through the use of community workshops and public comments received on the ADSD Olmstead Planning webpage.



Co-location of services: Community workshop participants in at least two locations as well as one key person interviewed identified the ease in accessing services when different programs and supports are located in the same place. The co-location of services increases access by making it more convenient, coordinated, and comprehensive for individuals seeking support. It helps overcome barriers and ensures that people can easily access the services they require in a more efficient and effective manner.

Legislative support: ADSD report a consistent trend where the number of individuals on waiting lists decreases after each bi-annual legislative session. This reduction can be attributed to the allocation of funding specifically designated to address these waitlists. However, it is important to note that the bi-annual nature of budget adoptions results in waitlist concerns being addressed only once every other year.

Pending rate increases: The 2023 Legislative session passed the largest single rate increase to Developmental Services-contracted providers in the history of Developmental Services. Burns & Associates completed a rate study for Developmental Services in 2021, which was the first rate study since 2002. This study outlined a change in service authorization methodology to more closely align with how individuals are requesting to receive services and how services are currently provided. These changes are expected to ease difficulty in provider billing, are aligned with federal Home and Community Based Settings Rules expectations and authorizes services in a way that allows for personal choice and creating a meaningful day for individuals served. Details on this as well as additional action taken by the 2023 Legislature impacting Developmental Services can be found in Appendix E.


Gaps to Address

The following gaps are being provided individually, however many of them are interdependent and should be addressed as such.

Fractured and complex system: The system for providing community integration opportunities was described as siloed and difficult to navigate, lacking a continuum of care and ease of access. The system needs to apply person-centered practices throughout, establish continuity between children/youth and adult programs, develop a fair and transparent grievance system, and disseminate reliable information on programs and services in an easily accessible manner. Engaging people with lived experience and partnering more closely with county entities and community service organizations can also improve the system.

Lack of sufficient and flexible funding: Insufficient as well as a lack of flexibility in funding services that promote community integration was noted as a primary barrier to providing person-centered care. Additionally, eligibility requirements sometimes leave individuals without the assistance needed to remain in a community-based setting. Advocating for more funding, revising rates and how services are paid for, expanding waiver services, and establishing more flexible funding options for service delivery are suggested actions to address this issue.

Workforce shortages and sufficiency: Challenges in filling positions and ensuring knowledgeable and appropriately trained individuals within the system were repeatedly identified. Adjusting Medicaid reimbursement rates, incentivizing employment/service provision, providing Olmstead and person-centered training to staff, and implementing innovative recruitment and training practices can help address this issue.



Inadequate data collection, tracking, and sharing across programs: Data systems utilized by ADSD do not share information across programs and/or funding streams, leaving people to complete multiple applications for various services. Data systems also fail to produce the metrics necessary for the types of comprehensive and longitudinal data tracking needed to support data-driven decision making. Specifically, data is not available to inform how resources allocated to serve individuals with disabilities are used, and about the impact of those services on people’s lives. This circumstance was highlighted as ADSD set forth to describe and assess the current system as a component of plan development. Establishing a data collection system that includes comprehensive data across programs and services could support not only better insights by ADSD but could also promote easier access for the people being served.

Limited knowledge of service availability: People with lived experience and their family members lack awareness of ADSD services for community integration. Peer-to-peer information sharing, self-directed internet research, and service providers were identified as primary sources of information. Improving the ADSD website, targeted messaging, staff training, provider outreach, and enhancing collaboration with other agencies can increase awareness and increase access and utilization of services.

Lack of understanding of the Olmstead Decision: People with lived experience and their family members have limited to non-existent understanding of the Olmstead Decision. There are differing levels of awareness among populations, with the aging population and individuals with dementia or Alzheimer's being less informed. Providers also often indicated low awareness. Public education about the decision and its implications, especially regarding the community integration mandate, can improve understanding and support system design modifications.

Gaps in services for people with disabilities: Affordable housing, transportation, supported living arrangements, personal assistance support, and employment with a living wage were among the services identified as needed but not always accessible by both PLEs and the professionals that serve them. While some of these services fall outside of the authority of ADSD, it will be important to partner and advocate with other state departments and divisions, as well as counties, community-based providers, and advocacy groups to support true inclusion of individuals with disabilities into the fabric of Nevada’s society.

Additionally, long waitlists leave some people without timely access to care. Transparent communication with individuals on the waitlist, providing updates and information about status can help manage expectations and reduce frustration.

Critical Issues for Action

While all gaps are important, the following have been identified as critical and needing action within this plan.

Center Inclusion and Accountability. Integrate the disability community into every aspect of the ADSD service system. Piloting a culture of inclusions within ADSD that brings people with disabilities into the service system as subject matter experts, policy makers, and service providers

Improve Knowledge Sharing: Establish a clear, complete, and accessible method of information sharing about services available, eligibility requirements, the application process, and grievance procedures that are



associated with services and service providers. Additionally, make information about community service providers publicly available. Information such as what providers are available, what their service capacity is, the quality of their service provision, the grievance process they use, and their waitlists should be accessible.

Prioritize ADSD Workforce Supports: Assess the ADSD workforce, identifying barriers to employment and addressing such barriers to encourage a full and sustainable workforce to implement ADSD services and supports. Provide all ADSD staff with training on Olmstead, person-centered planning, and the promotion of community integration over institutionalization and segregated settings. Also establish an expectation that care coordinators and other direct service staff work from a preventive position to identify any and all strategies to support an individual's needs that could prevent future placement in a segregated setting (in school, work, or home-based settings).

Focus on Data Collection and Continuous Quality Improvement: Establish standard data collection efforts across all ADSD programs and services. Additionally establish systems that would enable the Division to

- Pro-actively monitor individuals who are placed on a waitlist, ensuring they are not on a waitlist for more than 90 days
- Assess quality of care provided by ADSD as well as community service providers, identifying plans to address any issues identified including placement of programs and providers on systems improvement plans
- Develop a consumer grievances process that outlines how a grievance can be submitted, what the due process will look like, and how qualified grievances will be managed.

Develop a Statewide Solution: ADSD should advocate, coordinate, and facilitate, if necessary, a multidisciplinary planning group to address the needs of individuals with disabilities in a manner that places the burden to serve on the systems as opposed to the people it impacts. Person-centered planning should not be implemented strictly at the program level but rather should be executed at the systems level.