



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

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Name of Organization: Nevada Commission on Autism Spectrum Disorders
Adults and Aging Subcommittee

Date and Time of Meeting: October 3, 2014
12:00 p.m.

Las Vegas: Department of Child and Family Services (DCFS)
6171 W. Charleston Blvd.
Building 8, Room B
Las Vegas, NV 89146

- I. Mr. Olson called the meeting for the Adults and Aging Subcommittee to order at 12:03 p.m.

Members Present: Mark Olson, Steven Cohen, Korri Ward

Members Absent: Vanessa Fessenden, Renee Portnell

Guests: Betsy Aiello

Staff Present: Jane Gruner, Carol Reitz

A quorum was declared.

- II. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

Ms. Korri Ward informed the Subcommittee that the Town Hall meetings were held at three sites and there were 40 to 50 people present between the sites. Pahrump has a large population of adults with autism. Newly diagnosed families were not present. There were issues that were brought up by families that demonstrated their lack of awareness of resources available.

Mr. Olson asked if a report for the Town Hall meeting would be produced. Ms. Ward said Ms. Lisa Watson was present and she conducted interviews to gather information.

Ms. Ward said there was a concern in the rural area that parents were accepting the diagnosis and not treating the children. She said that children at age three are different than at age 20. They need to be treated. Society needs to change and make treatment a priority. Mr. Olson added that outreach is difficult.

III. Approval of Minutes from September 19, 2014 Meeting
Mark Olson, Chair

This item was tabled until the next meeting.

IV. Discussion of Funding and Waivers
Mark Olson, Chair

Mr. Olson asked Ms. Betsy Aiello to talk about state and federal funding sources for housing, employment and supports from the perspective of an adult with autism or their family. Ms. Aiello said for Medicaid-eligible individuals they are eligible for any medically-necessary service that Medicaid covers in the state plan. Medicaid does not have habilitation for adults. Rehabilitation services are available and they are services that restore prior levels in mental health, physical therapy, occupational therapy and speech. Under EPSDT (Early and Periodic Screening, Diagnosis and Treatment) it would cover adults aged 18-21. Rehabilitative services that are medically necessary under the Medicaid state plan can be provided. Adults over age 21 with any diagnosis for medically necessary care is covered.

Mr. Olson asked what Medicaid eligible meant. Ms. Aiello said it is for people who meet the 138% over the federal poverty level. It covers children, childless adults, low-income parents and families. Most individuals would be in managed care if they live in an urban area, Clark or Washoe County. They would be in the fee-for-service program if they live in the rural areas.

Mr. Olson asked specifically about a 25-year-old adult with autism that was within the 138% of the poverty level. Ms. Aiello said there are a lot of things to consider, so she suggested going through the welfare eligibility.

Mr. Olson asked if the information on the website is plain or technical. Ms. Aiello said the state plan is a little technical but the chapters are in plain English. Medicaid operates very similar to an insurance company for medical services. InterQual is the medical standard that Medicaid uses. There are a few types of services that private insurance companies don't cover that

Medicaid covers. They include personal care attendants and durable medical equipment.

Mr. Olson asked what the difference was between Medicaid and Medicare. Ms. Aiello said they are two separate programs. Medicare is the federal program and Medicaid is the state federal program. You can be on both programs at the same time. Medicare is for aging and disabled. Medicare is the primary insurance and Medicaid is the secondary insurance if someone has both.

Katie Beckett is an eligibility option for Medicaid that allows families to qualify if they have a higher income. If a person is eligible for an institutional level of care, they qualify for Medicaid as long as the cost of services is not higher than what Medicaid would pay if they were in an institution. Ms. Jane Gruner told Mr. Olson that she would set up a meeting for him with someone that is more knowledgeable.

Mr. Olson said the Katie Beckett program is not difficult to apply for but more people need to be aware of the program. Age 18 to 19 is the transition period but at age 19, they move to a state plan of Medicaid. Two years after a person gets SSI, they become eligible for Medicare. Mr. Olson added that Katie Beckett is an effective secondary insurance.

Mr. Olson said Medicaid does not cover room and board. It only covers services. Mr. Olson asked what services are available for an adult that lives in the family home. Ms. Aiello said that they are not considered an adult until they are 21 years of age. At age 19 they get the expanded service package. Nevada Medicaid does not cover preventative dental care. Under EPSDT anyone under the age of 21 does get preventative dental care. Medicaid also does not cover certain transplants for adults but may cover for children. There are many different factors involved.

Mr. Olson asked about a single mom with a 20-year-old son with autism and with challenging behaviors. If he is eligible for SSI (Supplemental Security Income), would the state Medicaid plan pay for PCAs (Personal Care Attendants) or therapists to assist with the adult. Ms. Aiello said the son would qualify under the EPSDT programs. He has to be habilitative. Behavior health rehab authority has to be rehabilitative. Physical therapy, occupational therapy and speech can be habilitative. There is more access to more services.

Ms. Ward asked Ms. Gruner how many hours of BCBA (Board Certified Behavior Analyst) consult were in the waiver program. Ms. Gruner was unsure of the hours but said the waiver was approved last year.

Mr. Olson asked about the different waiver programs. Ms. Aiello said there are no limits to the Medicaid state plan. They will be in a managed care organization and will have a choice of Amerigroup or Healthplan of Nevada. Also depending where they live or their eligibility category will be in the fee-for-service. They must qualify for SSI and enrolled in Medicaid under aging, blind, and disabled.

Ms. Aiello said there are three waiver programs which are similar to Katie Beckett for people that have an institutional level of care. One waiver is for persons with intellectual disabilities, developmental disabilities or related conditions: ICF/ID (Intermediate Care Facility for Intellectual Disabilities) level of care. Waivers have a cap on the number of people served and have waitlists that are prioritized. The second waiver program is for aging, 65 and older. The waivers do not expire. The third waiver program is for people with physical disabilities. None of the waiver programs has a top-out age. When someone is eligible for a waiver, they get the waiver service package plus the complete regular Medicaid program.

Mr. Olson asked if an individual can be dual-waiver eligible and have access to blended services from both waivers. Ms. Aiello said no. The goal is to integrate the physical disability waiver into the elderly waiver. They both have a nursing facility level of care. There is a concern that the physically disabled will take all the services from the elderly since they are trying to integrate the two waivers.

Ms. Aiello said there are several groups advocating for their own needs, so it becomes hard for Legislators to fund adequately. Ms. Gruner said Legislators have not always funded the programs adequately, which creates long waiting lists.

Mr. Olson asked which 1915 classification are the three waivers. Ms. Aiello said the waivers are all C classification. There are different services in the 1915i program. There are still state plan attendant care services.

Mr. Olson asked if Nevada has a community first choice option. Ms. Aiello said that it was the Intermediary Service Organization (ISO) option that is operated under the state plan personal care service. If someone wants to self-direct, they are the managing employer. ISO is the employer of record. Medicaid does not have the independent budget option.

Ms. Ward said they were not able to continue the self-directed program because of the regulation changes. The program allowed families to teach the skills in the home setting. The traditional providers did everything for the child where they should be training the child. The providers are poorly trained.

Mr. Olson asked about the MFP (Money Follows the Person) demonstration. Ms. Aiello said MFP is a grant that has been extended until 2019. It is to help transition people from inside an institution to outside the institution and continues for one year. It pays for transition costs and case management for a year. They are Medicaid eligible after they are at home and are prioritized across the waiver programs. It also pays for an emergency response button.

Ms. Gruner said the waiver priority is individuals coming out of an institutional level of care. The second priority is for a person at risk of losing their current home or placement, and third is the regular waiting list in order. The services in the waiver are day habilitation services, pre-vocational services, residential support services, supported employment, behavior consultation for training and intervention. The financial limit for behavior consultation is \$5200 per year. There are also career planning, counseling services, nonmedical transportation, nursing, nutrition counseling services and residential support management. This is when one person is in the home assisting people but it is not one to one. The waiver year is October 1 through September 30.

Ms. Gruner said there are 1820 people active on the waiver as of August. There are 111 people currently on the wait list, with people added each month. The target number of waiver slots for the year is planned for 1965. The service coordinators work closely with the reviewers at Medicaid.

Mr. Olson asked if the waiting list has grown. Ms. Gruner said as of August there are 690 on the wait list. If the waiver slots are all taken, there is still a general fund that can be used to help reduce the wait list.

Mr. Olson asked about the impact on the final rule in bringing the ID (Intellectual Disability) waiver in compliance with the Nevada rule. Ms. Gruner said there is a team from Medicaid and a team from ADSD along with provider and persons from the public providing input on developing a transition plan.

Mr. Olson asked if Medicaid has had public comments. Ms. Aiello said there have been two public workshops. The goal is to post the transition plan that has been developed by the workshops and stakeholders to the website. The next step is a public hearing and then sent to CMS (Centers for Medicare and Medicaid Services) for final approval.

Ms. Gruner said the setting assessments have gone out to many providers. It is very rare in the developmental waivers to have more than four individuals residing together. Ms. Aiello believes the ID waiver will have issues in job and day training settings.

Ms. Gruner said in the sheltered employment the way the rate is structured is based on a ratio and it makes it harder to do one-on-one services. They are

working on different options. They are looking at how they can convince providers to take the risk of trying new things. There is a Governor's Executive Order to develop a Task Force on Integrated Employment.

Ms. Gruner asked if anyone sent an application to be a part of the task force. Ms. Ward said Lenn, her brother, would be a good candidate for the task force.

V. Discussion of Case Management and Person-Centered Planning
Mark Olson, Chair

Mr. Olson asked about person-centered planning. Ms. Gruner said they have been doing person-center planning for many years. The state has been accredited for developmental services through the council on leadership and quality. They have re-engaged and will be doing a large training across the state for all of the waivers. Ms. Ward said they don't know the state is doing person-centered planning until you are at the regional center and you start the planning process. Ms. Gruner said it is the self-determination philosophy.

Mr. Olson said if person-centered planning is not asked for specifically, it does not get phrased that way. People don't know and they would benefit from the process if they understood how the process worked. Mr. Olson said he thinks there should be a more formalized process for person-centered planning. CMS has said that person-centered planning is the heart and soul of everything going forward. Ms. Aiello said they all are now doing person-centered versus what they have been doing which was case planned focused.

Mr. Olson said there needs to be more outreach and education for people with a central location.

VI. Discussion of Workforce Issues and Development
Mark Olson, Chair

This item was tabled until the next meeting.

VII. Public Comment

(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide secretary with written comments.)

Ms. Gruner said if there are any additional comments or questions, send them directly to her and she will answer them. She will post the Home and Community Based waivers information on the ADSD website. Ms. Gruner suggested to Mr. Olson that he review the five-year strategic plan for integration for ADSD on the website.

VIII. Adjournment

Mr. Olson adjourned the meeting at 1:30 p.m.

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