



## **Meeting Minutes**

Nevada Commission on Aging  
Policy Subcommittee  
(Nevada Revised Statute [NRS] 427A.034)

### **Date and Time of Meeting:**

May 18, 2020  
1:00 p.m. until adjournment

### **1. Roll Call**

Chuck Duarte called the meeting to order at 1:02 pm.

#### **Subcommittee Members Present:**

Chuck Duarte, Chair  
Connie McMullen, Vice-Chair  
Barry Gold  
Donna Clontz  
Mary Liveratti

#### **Staff Present:**

Crystal Wren, ADSD Social Services Chief  
Tammy Sever, ADSD Social Services Chief  
Shannon Sprout, ADSD Health Program Manager  
Kirsten Coulombe, DHCFP, Social Services Chief

#### **Presenters:**

Roni Dahir, University Nevada Reno  
Dr. Jeanne Wendell  
Dr. Peter Reed  
Dr. Jennifer Carson

### **2. Public Comment – None**

(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 the secretary with written comments.)

### **3. Approval of Minutes of the February 24, 2020 Meeting.**

Mary Liveratti motioned to approve. The motion was seconded by Connie McMullen and passed unanimously.

Chair Duarte asked for introductions from staff at Aging and Disability Services Divisions, University Nevada Reno, and Sanford Center for Aging.

### **4. Assembly Bill (AB) 122 Update: Requires the Department of Health and Human Services (DHHS) to seek a feasibility study on a single license for Adult Day Care, respite services, and assisted living facilities in rural Nevada.**

The Assembly Bill (AB) 122 team: Roni Dahir, Dr. Jeanne Wendell, Dr. Peter Reed, and Dr. Jennifer Carson presented on Assembly Bill 122 (See [Attachment A](#)) and provided an update to the subcommittee.

Roni Dahir discussed the following:

- The project started in January 2020
- The creation of the advisory board and the next advisory board meeting being held in mid-June.
- Total of four phases and currently in the first phase of the report.
- Seeking baseline information and data for phase one.
- Phase 1 report due Mid-June to the advisory board.
- Focus groups are being canceled among the COVID-19 pandemic. Interaction has been through a virtual platform.
- Adding the Assembly Bill 122 study update to the Policy Subcommittee agenda for direction and guidance.
- Currently no recommendations. Awaiting data and information.
- Recommending a model plan to the legislature. COVID-19 issues a new scope of work and deliverables for the project.

Dr. Jennifer Carson stated they were hoping to do stakeholder focus groups and travel to conduct those groups. They are doing key stakeholder in-depth interviews. 25 different people representing diversity of counties, target populations, served by professionals and community members, family care partners, and elders themselves. She started the interviews and completed five so far. Asking questions on what they see as how community members are dealing with gaps, what they would see as potential benefits and barriers of the combined service model.

Mr. Duarte stated having the draft report as an agenda item for the subcommittee to review would have conflicts with the time frames. He suggested the committee members send out their feedback individually instead of in a meeting format.

Dr. Jennifer Carson expressed her concern for the interview process and how aging services professionals are especially busy during the COVID-19 pandemic. The interview data will be delayed.

Following items were discussed:

- Respite Licensing
- Draft Report availability. The draft report will be available two weeks from May 18, 2020.
- Inclusion of nursing homes in the rural areas.
- The final report due in September 2020
- Inclusion of the settings rule

## **5. Presentation on Homemaker Services:**

Crystal Wren presented on Homemaker Services (See [Attachment B](#)).

Mr. Duarte asked what they are hearing from Homemaker providers.

Ms. Wren stated they have not had a lot of changes. She mentioned a nationwide shortage of providers, rates, access to the providers, and recipients. There are no big changes from a provider standpoint for the Homemaker program. From a recipient standpoint, some have wanted no one coming into their homes.

Discussion of the following items followed:

- Funding source for Homemaker (Title XX)
- Research on how to transfer Homemaker to the Planning, Advocacy and Community Services Unit (PAC)
- Research underway for shifting funding to the community partners.
- COPE funded by General Fund. Different eligibility components from Homemaker.
- Older Americans Act has different restrictions for income, age is standard.
- Expand current network and make competitive to expand reach while focusing on quality.

Mary Liveratti motioned to accept the report and encourage the division to continue looking at moving the funds to grant based services and reduce duplication. The motioned was seconded by Connie McMullen. Ms. McMullen expressed her support for the Homemaker program. The motion passed unanimously.

## **6. Program Updates from Division of Health Care Financing and Policy (DHCFP) A. Electronic Visit Verification**

- Implemented EVV system on September 29, 2019
- Nevada has an "open" model which allows providers to use their own system if it meets the requirements of the CURES Act.
- They are working with providers using their own system to send data through the "Data Aggregator". Due to COVID the April 1<sup>st</sup> deadline was moved to August 1<sup>st</sup> to allow providers more time to become in compliance.
- Currently the AuthentiCare system does not allow providers to adjust or void claims; however, they are working on a system enhancement to be completed about August 2020 and providers still can submit adjustments and voids using the Medicaid provider portal.

- Monitoring monthly reports on providers not using the system and conducting outreach to remind of the requirement and understand reason such as no longer providing services or do not have Medicaid recipients.

## **B. Managed Care Organization (MCO) Request for Proposal**

The state is accepting feedback to the MCO Request for Proposal to [MCORFPfeedback2021@dchcfp.nv.gov](mailto:MCORFPfeedback2021@dchcfp.nv.gov) through June 30, 2020. Regarding Nursing Facility carveout, the state is currently reviewing multiple variations in Skilled Nursing Facility (SNF) coverage. Currently, on the 46th day the member is disenrolled to the fee for service benefit plan. Additional options include keeping disenrollment but extending the coverage beyond the 46th day up to and including MCO coverage within a SNF for all eligible MCO members for the entire length of stay.

Feedback moving nursing facility bed days into managed care environment would remove them from the nursing facility provider tax pool bed days reducing potential available tax revenue to the facilities. Sarah Ramm follow up.

### **7. Discuss the Cognitive Assessment Current Procedural Terminology (CPT) Code 99483 and approve recommendations to address Medicaid coverage.**

Medicaid currently does not cover this code. This code is not covered in an outpatient setting, only inpatient at this time.

Move forward with policy consideration approving Medicaid coverage for the CPT code.

Mary Liveratti motioned the CPT Code 99483 be covered under Medicaid as an outpatient. The motion was seconded by Connie McMullen. The motion passed unanimously.

### **8. ADSD Update: Fiscal Emergency Response & Proposed Budget Reductions for FY 20 (Item moved after agenda item 3)**

Mr. Duarte provided opening comments including the COVID-19 potential fiscal impact and impact to services. He mentioned the Interim Finance Committee (IFC) approved more than 900 million in CARES act funding. The Interim Finance Committee (IFC) also approved 114 million in relief funding for K-12 and approved 400 million from the rainy-day fund to address budget shortfalls. He stated expectations should be realistic for the subcommittee for budget decisions and to be mindful that state agencies are limited within their budgets because of the budget crisis.

Dena stated the division was asked for 4% cuts in fiscal year 2020. The 4% was met with large reversions in Developmental Services (DS) and Autism Treatment Assistance Program (ATAP) budgets along with salary savings from the frozen positions because of the hiring freeze.

The division was also asked to provide 6%, 10% and 14% percent budget reductions to the Governor's Finance Office. The division has not heard more on which will be implemented but from comments heard at the Interim Finance Committee meeting, the Governor's Finance Office are currently reviewing the state agencies budget reductions

proposals. Dena expressed her concern for the lack of information to provide to her counterparts including the provider network for rate increases which were included as budget initiatives prior to the COVID budget crisis.

She continued that no layoffs have been implemented within the division and expressed her gratitude for not implementing such measures, but the division is currently in a holding pattern. She mentioned if the federal legislation passed, it would assist in budget reduction impacts moving forward.

## **9. Presentation on Respite Services, Dementia Services, Gaps in Services, & State Comparisons.**

Jeff Duncan gave a presentation on respite services. (See [Attachment C](#))

Ms. Liveratti stated she was unaware of the independent living grant having a requirement of not receiving donations or cost sharing. After a meeting on respite, she found some programs were able to serve families with more respite and fund raiser for additional funds which became a topic of interest for respite providers, as they were seeing gaps and a need in the rural area. She asked if any policies were in place for programs to be able to do that or not. Mr. Duncan responded they cannot charge a fee to receive service but can accept fundraising/donations to go back into the program which helps expand reach of limited funding for respite. They have no authority when it comes to non-ADSD funding if they wanted to do cost share model funding, only funding they are getting from ADSD because of the restrictions.

Ms. Liveratti asked about evidence-based programs and stated some of the requirements are stringent in rural areas. She provided an example of a 6-week course and the dropout rate before completion because of travel requirements. Is there an ability to be flexible and offer another format to complete the training to make it easier for families to attend? Mr. Duncan responded the authors do not allow them to drift from the fidelity of the program but may do something similar. They cannot call it an evidence-based intervention if they do not deliver it to their specifications. They have reached out in the past a few times along with the community partners and have identified it as a need that is not feasible. Among COVID the ability to shift models through technology, care consultation and follow the guidelines strictly. Ms. Liveratti asked about the ability to have a hybrid model and the receiving of federal funds? He replied they not receiving federal funds to keep the program going, just deliver it to their model. They can fund them just not call it what the copyrighted intervention is called. She clarified that it would not prevent ADSD from funding them.

Mr. Duarte asked about the program of self-care for chronic disease, how does it work regarding new technologies, remote monitoring, and telehealth, is it working in concert with those kinds of technologies? Mr. Duncan responded some partners specifically UNR streamlined their service delivery especially during COVID for alternative service delivery but for other partners was challenging.

Mr. Duarte asked if they are seeing intermediary service organization as a vehicle to get family members and others trained to become caregivers as a part of the ISO programs? And the need to provide skilled by unskilled services regulated by NRS 629.091, are

providers still doing that? Having a personal care attendant do more medical based types of services with appropriate training. Mr. Duncan deferred to Connie McMullen. Ms. McMullen stated they do not have PCA in the rural. A lot of people are doing that since they cannot have the guardian as a payer. They are doing that in many areas mainly Las Vegas.

Mr. Duarte's final question about the tiered training requirements associated with caregivers for respite providing support services to somebody with Alzheimer/dementia versus non dementia related conditions. Has there been discussion on whether you those types reimbursement could be tiered to recognize additional training that would be necessary for patients who have greater care needs like people with Alzheimer's or related dementias? Mr. Duncan responded speaking to Alzheimer's associations, they do not tell them what the voucher should be, but rather based on the demand AB 414 allowed additional funding to increase amount of the vouchers, add additional funds per family and address the waitlist. He continued they leave it to the community partners to identify the need and where the funding goes.

Ms. Coulombe stated they do offer skill by unskilled offered through ISO model, they just need a physician to sign off that the individual providing those services is trained to perform the skilled services.

#### **10. Approval of Agenda Items for Next Meeting –**

- AB122 Report Discussion
- ADSD FY21 Budget Cuts Update
- Provider's Reimbursement
- Special Needs Plans
- Potential Impact of Budget Reductions on Nursing Facility Provider Rates

#### **11. Next Meeting Date – August 17, 2020**

#### **12. 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 the secretary with written comments.

- Mary Liveratti stated she is part of the NV CAN rapid response social support and commends ADSD staff for putting it together. Remarkable and thanks and commendation, what a great thought to pull together and proud of all the work they have done. Chuck Duarte shares in that and thanks ADSD for trying to protect seniors and other at-risk individuals. Connie McMullen thanks ADSD and Dena Schmidt for helping her veteran, had trouble getting his stimulus check and his issue was resolved. He is happy and thanks to ADSD.

#### **13. Adjournment @ 2:36pm**

#### **Attachments:**

- A. [Assembly Bill 122 Presentation](#)
- B. [Homemaker PowerPoint Presentation](#)
- C. [Respite Presentation](#)