



College of Education
University of Nevada, Reno

State of Nevada, Legislative Council Bureau
Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs
401 S. Carson Street
Carson City, NV 89701-4747

July 23, 2014

Chair Benitez-Thompson and Committee Members,

It has been said *the worth of a civilization is measured by how it treats its most vulnerable populations*. Nevada leaders have recently shown the nation that Nevadans with disabilities are worthy and must be included in the state's workforce fabric. As one of Nevada's leaders, your articulate questions and attention on integrated employment has moved us forward. The courage and vision of Governor Sandoval, reflected in Executive Order 2014-16, signed this week will establish the *Governor's Taskforce on Integrated Employment*. This civil rights landmark is applauded, and seen as the springboard to move forward.

We, in Nevada, have been recognized nationally for doing so much with so few funds. Funding allocated to integrated employment for the 2015-17 biennium would help reach our collective goals of diversifying our workforce. As such, we are requesting a Letter of Support from the Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs. The letter of support would be to the Chairpersons of the Senate Finance Committee & Assembly Ways and Means Committee and request funding to reach our collective goals.

We want to take full advantage of the federal Rehabilitation Services Administration (RSA) Section 110 dollars, which provide a 4:1 match with state general funds. Collectively, these funds can support several Bureau for Vocational Rehabilitation (BVR) positions to provide (person-centered supported employment) counselors. The creative collaboration between WCSD and BVR are currently using these funds in the Vocational Opportunities for Inclusive Career Education (VOICE) Project, where transition students with disabilities get community-based experiences and then hired in the community for competitive wages. This project can, and should be expanded statewide to CCSD and rural Nevada.

The letter of support shouldn't just identify transition-age students as potential job seekers. Integrated employment should include all persons with disabilities, those over the age of 22, of all abilities. As Senator Spearman clearly articulated, the "differently-abled" populations have skills, passions, abilities, contributions, and strengths. Everybody has them, disability or not. The *Customized Employment* model of delivery identifies the all the

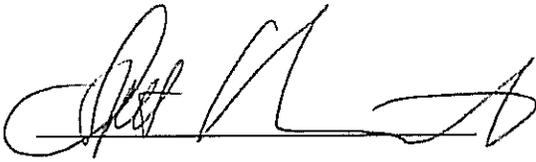
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attributes, as well as the supports one may need (e.g., a wheelchair ramp, accessible bathroom, etc.). Increasing Job Developers in Nevada will expand jobs, diversify the workforce, and increase tax-paying citizens.

My most sincere gratitude goes to your committee for overseeing Nevada's policy foundation in workforce integration. Your efforts are making a meaningful difference in lives, generating tax-paying citizens, and diversifying our workforce.

Thank you for your important work.

Sincerely,

A handwritten signature in black ink, appearing to read 'Scott W. Harrington', written over a horizontal line.

Scott W. Harrington, Ph.D., BCBA-D
Youth Transition Director

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**Proposal for new Durable Power of Attorney for Health Care
that encourages supported decision-making
for people with intellectual disabilities (ID)**

The current Nevada Revised Statutes (NRS) includes guardianship and power of attorney statutes for people with diminished capacity for decision-making. These laws were written with seniors in mind.

Seniors are most often able to understand the 6 page Durable Power of Attorney for Health Care document at the time they are signing it. For people with ID, this 6-page document is often confusing. Healthcare professionals are reluctant to accept the current POA for healthcare signed by a person with an ID, because the healthcare professional does not believe the person with the ID understood what was signed. Health care professionals most often will not allow a person with an ID to sign paperwork for a medical/surgical procedure for themselves either, also not believing they understand the documents.

Some families chose to become guardians for their children to alleviate this issue, but guardianship takes away all rights to make any decisions for one's self, to sign papers, or to own anything. It does this without any legal representation for the person having his/her rights taken away. Many families feel that guardianship is a public declaration of incompetence and wish to encourage their child's independence.

Best practice nationally is not to seek guardianship but to encourage supported decision-making. Many people with ID are able to make many of their own decisions and may even become more independent and knowledgeable as they gain experience.

Still, many people with ID need assistance with major decisions, especially important healthcare issues. The proposed Durable Power of Attorney for Health Care Decisions will enable people with ID to have the assistance they need with important medical decisions without their rights being taken away with guardianship. The document is written in a way that many people with ID can understand and sign. Health care professionals can be confident that the person understood what they were signing. In addition, the agent for the principal releases the health care professional from civil or criminal liability or professional discipline for using the new Durable Power of Attorney for Health Care document.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

My name is _____ and I live at _____. I want my mom _____ to make health care decisions for me if I am sick or hurt and need to go to the doctor. I understand what this means.

If I am sick, my mom should take me to the doctor. If my mom is not at my house when I become sick, please call her to come to the doctor's office. I would like the doctor to talk to her and tell her about my illness and if I need medicine or other treatments. After talking to the doctor, I want my mom to decide what care I should have and to talk with me about what care I need. I want my mom to be able to look at and have copies of all my medical and hospital records. Please share these records with her and give her copies if she asks for them. I would also like my mom to decide if I need to go to the dentist and to make decisions about what the dentist will do.

If I am very sick, I might need to go to a hospital. My mom can decide if I need to go to the hospital. I would like all of the people at the hospital to speak to my mom about what care I should have and to talk with me about what care I need even if I am unable to understand what my doctor says about me. This is very important since I want the people at the hospital to try very hard to care for me if I am sick.

If my mom is at any time unable or unwilling to act, then I appoint my father, _____ as my agent.

Dated: _____
Principal's signature

Notary/Witnesses

As agent for _____, I agree that Health care providers and facilities, acting in good faith, may rely on the power of attorney and the signatures hereto, and are not subject to civil or criminal liability or discipline for unprofessional conduct for giving effect to a declaration contained within the power of attorney for health care or for following the direction of an agent named in the power of attorney for health care.

Dated: _____
Agent's signature

Notary/Witnesses



NEVADA GOVERNOR'S COUNCIL ON DEVELOPMENTAL DISABILITIES

Brian Sandoval
Governor

July 23, 2014

Kirsten Coulombe, Senior Research Analyst
Attn: Assemblywoman Teresa Benitez-Thompson, Chair
Committee on Senior Citizens, Veterans and Adults with Special Needs
Legislative Counsel Bureau

Dear Chairwoman Benitez-Thompson:

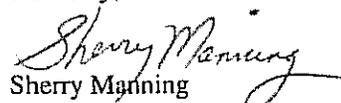
I would like to thank you and the Committee for allowing me the privilege to present information on the "Employment First Approach to include in the Workplace Persons with Intellectual or Developmental Disabilities" at your May 21st Committee meeting. I also want to extend another thank you for offering me, on behalf of the Nevada Governor's Council on Developmental Disabilities, the opportunity to request support from this Committee to continue the momentum of moving Nevada toward integrated employment for persons with intellectual/developmental disabilities.

During my presentation on May 21st, I had mentioned a meeting that was held with Governor Sandoval's Chief of Staff regarding the creation of a taskforce on Employment First. I am pleased to announce, on July 21st Governor Sandoval issued Executive Order 2014-16 Establishing the Governor's Taskforce on Integrated Employment. There is much to be done and this Executive Order contains a very good plan of working toward integrated employment. The outcomes from this Executive Order will be reliant on the partnership and collaboration of state agencies, educational facilities, and all those assigned to the taskforce.

I would like to request the Committee on Senior Citizens, Veterans and Adults with Special Needs endorse Executive Order 2014-16 by writing a letter of support to the Department of Health and Human Services, Department of Employment Training and Rehabilitation, Department of Education and Governor Sandoval. Your letter of support will provide additional confirmation reinforcing Nevada's commitment to integrated employment for persons with intellectual/developmental disabilities.

If I can be of further assistance or answer any questions, please do not hesitate to contact me. Thank you in advance for your consideration.

Sincerely,


Sherry Manning
NGCDD Executive Director

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COMMISSION ON SERVICES FOR PERSONS WITH DISABILITIES

Recommendations to the Legislature's Committee on Veterans, Seniors Citizens and Adults with Special Needs ("the Committee")

I. Update strategic plans for both seniors and persons with disabilities encompassing an update of the Olmstead plan for Nevada (from Olmstead Subcommittee, Tina Gerber-Winn)

- A. Request a bill draft with an appropriation to update the plans
- B. Write a letter to the Department of Health and Human Services (DHHS) directing the Aging and Disability Services Division (ADSD) to submit a budget request for funding to update the plans
- C. Write a letter to DHHS requesting that the Department seek legislation and funding to establish an Olmstead implementation office to create and monitor compliance with the updated plans

II. Services for persons who are deaf or hard of hearing (from Subcommittee on Communications Services - 6/12/14 meeting)

- A. Request that the Committee submit a bill draft request to amend NRS 427A.797 as described below:

1. Amend NRS 427A.797(2) as follows. 2. A surcharge is hereby imposed on each access line of each customer to the local exchange of any telephone company providing such lines in this State and on each personal wireless access line of each customer of any company that provides wireless phone services in this State which is sufficient to:

- (a) Cover the costs of the program;
- (b) Fund the centers for persons who are deaf or hard of hearing operated by this State in the amount established in the Division's budget as approved by the Legislature; and
- (c) Cover the costs incurred by the Division to carry out the provisions of chapter 656A of NRS in the amount established in the Division's budget as approved by the Legislature; that are not covered by the civil penalties received by the Division pursuant to NRS 656A.800 .

□ The Commission shall establish by regulation the amount to be charged. Those companies shall collect the surcharge from their customers and transfer the money collected to the Commission pursuant to regulations adopted by the Commission.

2. Amend NRS 427A.797(1)(b) broaden access assistance by removing the limitation to telephone equipment and relay-related services.

3. Amend NRS 427A.797 to include a list of activities Deaf Centers may engage in “including but not limited to” and emphasize that the Centers focus on providing services to gain equal access for deaf, hard of hearing and persons with speech disabilities. Examples of appropriate activities include:

- Assist consumers in navigating government services (filing taxes, SSI, Medicaid, HUD)
- Assist consumers in accessing resources such as hearing aids, electrolarynx, and other assistive devices
- Advocate on behalf of a consumer for the right that a qualified interpreter to be provided
- Support individuals who are deaf/hard of hearing/speech impaired in group homes
- Expand and build service capacity in areas where need exists, but services do not
- Support consumers in medical fields (understanding insurance, office and clinic settings)
- Support and enhance community use of existing resources (ex: PEPnet)
- Provide case management/personalized advocacy services
- Provide orientation and transition assistance to newly deafened or speech impaired individuals including veterans and seniors
- Support telecommunications equipment distribution

- Support increased access to education across the lifespan from early childhood, K-12, adult basic education, adult secondary education, and post-secondary/higher education
- Provide employment assistance advocacy independent of Vocational Rehabilitation
- Provide life skills training
- Provide sensitivity training and community education
- Enhance community quality of life through social and recreational events
- Engage in community development via:
 - Support groups for caregivers/families of individuals across the lifespan from all hearing loss backgrounds including users of cochlear implants
 - Classes on self-advocacy
 - Classes on educational rights
 - American Sign Language classes
 - Deaf Culture classes

B. Request that the Committee seek a bill draft request to amend NRS 656A to specify how long an interpreter may be registered in the categories of “apprentice” or “intermediate” with possible exceptions for extenuating circumstances, and allow for interpreters to remain in a skill category beyond the statutory limit as long as the interpreter pays a fine.

C. Write a letter to the Director of the Department of Health and Human Services requesting that the budget for ADSD include sufficient funding to establish a pool of seven highly qualified interpreters statewide to (a) increase access to the Legislature and state agencies by providing interpreter services at government agencies and the Legislature when other interpreting services cannot be secured through contract with external referral agencies; and (b) provide mentoring to under-skilled interpreters registered and working in the state, especially

in rural areas and school districts. This includes one position to schedule and manage invoicing for the interpreter pool. The interpreter pool should be funded via budget administrative allocation.

D. Write a letter to Public Utilities Commission review the procedure, policy, regulations and statute that governs setting the TDD rate, and develop an improvement plan that accommodates both the responsibilities of PUCN and ADSD

E. Write a letter to the Board of Regents of the Nevada System of Higher Education requesting that Bachelor degree programs in interpreter preparation that reach the entire state be established.

F. Write a letter to the Nevada Department of Education requesting a comprehensive review of policy related to Deaf education in all areas of education.

II. Services for persons who are deaf or hard of hearing (from Subcommittee on Communications Services - *based on discussion between the Subcommittee chair and another member of CPSD, with ADSD*)

A. Legislative meetings should be broadcast with open captions during both regular and interim sessions, especially committee meetings of particular importance or relevance to the Deaf community. The Legislature should mandate a resolution in which a legislatively appointed sub-committee will investigate public captioning issues, with findings reported back to the 2017 Legislature.

B. Expand the above requested amendment to NRS 427A.797 to delete the term “Deaf Center” and replace it with “Deaf Service Center” and a general definition should be determined, (CAC requests for help

regarding the specific details from ADSD with input from the Subcommittee).

III. Services for persons who are visually impaired (from Brian Patchett)

A. Write letters to the Gov., the Chairs of Senate Finance and Assembly Ways & Means and the Director of the Department of Health and Human Service's supporting ASDS's request for enhanced funding to assist persons who are visually impaired with independent living services unrelated employment including:

1. Orientation and Mobility Training.
2. Assistive Technology evaluations, devices and training

IV. Employment Services (submitted by Mary Bryant/Scott Harrington)

A. Write a letter of support to the Chairpersons of Senate Finance and Assembly Ways & Means requesting funding for *Integrated Employment* in 2015 -2017). These funds will support several DVR positions to create person- centered supported employment counselors to expand the VOICE project to the Clark County School District and rural Nevada (letter from Scott Harrington is attached)

V. New power of attorney for health care decisions for use by persons with intellectual disabilities (submitted by Mary Bryant and Sally Ramm)

A. Request that the Committee submit a bill draft request allow a new simple form durable power of attorney (explanation and model form attached).

VI. Down Syndrome Prenatal Education Act (submitted by Mary Bryant and the Down Syndrome Network of Northern Nevada)

A. Request that the Committee submit a bill draft request for a Down Syndrome Prenatal Education Act similar to one passed in Pennsylvania. It would help every woman to make her own decision about her pregnancy and that it should be an informed choice. The three choices are continuing the pregnancy, terminating the pregnancy and continuing the pregnancy with adoption.

VII. Gov.'s Task Force on Integrated Employment (submitted by Sherry Manning)

A. Request that the Committee send a letters of support to DHHS, DETR, DOE and the Governor endorsing Executive Order 2014-16 which establishes the Governor's Task Force on Integrated Employment (letter attached).

Recommendations to the Commission on Services for Persons with Disabilities on issues related to individuals who are Deaf or hard of hearing, and persons with speech disabilities from the Subcommittee on Communication Services. (based on June 12 meeting)

1. The Subcommittee supports the current method for setting the TDD surcharge collected by the Public Utilities Commission; however, the Subcommittee recommends the language regarding budget approval should be revised.
 - Current language in NRS 427A.797 “The program must be approved by the Public Utilities Commission of Nevada”
 - Proposed new language “Annually, the Public utilities Commission shall set the TDD surcharge rate to sufficiently cover the cost of the program budget that was approved by the legislature.”

The Subcommittee recommends that CSPD request that the PUC review the procedure, policy, regulations and statute that governs setting the TDD rate, and develop an improvement plan that accommodates both the responsibilities of PUCN and ADSD.

2. The Subcommittee recommends amending NRS 427A.797 to include a list of activities Deaf **Service** Centers may do “including but not limited to” and emphasize that the Centers focus on providing services to gain equal access for deaf, hard of hearing and persons with speech disabilities. Access assistance should not be limited to telephone equipment and relay-related services.
3. The Subcommittee recommends improving ADSD’s ability to appropriately carry out the duties of the Division as stated in NRS 656A by creating sufficient staff positions.
4. The Subcommittee recommends establishing a pool of seven highly qualified interpreters statewide to (a) increase access to the legislature and state agencies by providing interpreter services at government agencies and the legislature when other interpreting services cannot be secured through contract with external referral agencies; and (b) provide mentoring to under-skilled interpreters registered and working in the state, especially in rural areas and school districts. This includes one position to schedule and manage invoicing for the interpreter pool, which may be exempt from engaging in the practice of interpreting. The interpreter pool should be funded via budget administrative allocation.
5. The Subcommittee recommends setting a limitation in NRS 656A that specifies how long an interpreter may be registered in the categories of “apprentice” or “intermediate”. With possible exceptions for extenuating circumstances, and allow for interpreters to remain in a skill category beyond the statutory limit as long as the interpreter pays a fine.
6. The Subcommittee recommends writing a letter encouraging the Board of Regents of the Nevada System of Higher Education to establish Bachelor degree programs in interpreter preparation that reach the entire state.
7. The Subcommittee recommends writing a letter requesting the Nevada Department of Education to perform a comprehensive review of policy related Deaf education in all areas of education.

Additional recommendations to the Commission on Services for Persons with Disabilities on issues related to individuals who are Deaf or hard of hearing, and persons with speech disabilities from the Subcommittee on Communication Services. (*based on discussion between the Subcommittee chair and another member of CPSD, with ADSD*)

1. Legislative meetings should be broadcast via television and internet with mandatory open captions during both regular and interim sessions. The legislature should mandate an investigation of public captioning issues, with findings reported back to the 2017 legislature.
2. The term “Deaf Center” should be replaced with “Deaf Service Center” and a general definition should be determined, with specific details left to ADSD with input from the Subcommittee.



Aging and Disability Services Division

Caseload Statistics for

June 2014

This document contains Caseload Statistics for several Aging and Disability Services Division (ADSD) programs. (Note: Not all programs collect this information, therefore not all of ADSDs programs are listed below.) Footnotes are included at the bottom of any program's statistics where clients have been waiting over 90 days for services. Please contact Desiree Bennett at 775-687-0586 if you have any questions.

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ASSISTED LIVING (AL) WAIVER - CASELOAD STATISTICS

June-14

	May-14	Jun-14	Change from Prior Month	FY14	
				Total	Average Per Month
Clients Referred					
Referred	3	4	33.3%	25	2.1
Dropped	3	1	-66.7%	12	1.0
Clients Waiting					
Screened	2	3	50.0%	18	1.5
Pending	2	2	0.0%	27	2.3
Total Clients Waiting	4	5	25.0%	45	3.8
# Clients Waiting Under 90 Days	4	4	0.0%	45	3.8
# Clients Waiting Over 90 Days	0	1	100.0%	3	0.3
Total Days Waiting	142	241	69.7%	1643	136.9
Average days waiting YTD	35	37	5.6%	NA	34.1
Clients Approved					
Approved	0	0	0.0%	19	1.6
Average Wait time till approved	0	0	0.0%	NA	28.8
CASELOAD					
Total Budgeted Caseload	54	54	0.0%	54	54
Total Current Caseload	35	31	-11.4%	450	38
LEAVERS					
Total # of Closed Cases	2	2	0.0%	21	1.8

As of 7/24/14 no clients waiting over 90 days.

COMMUNITY SERVICE OPTIONS PROGRAM FOR THE ELDERLY (COPE)

June-14

	May-14	Jun-14	Change from Prior Month	FY14 YTD	
				Total	AVERAGE Per Month
Clients Referred					
Referred	9	11	22.2%	397	33.1
Dropped	9	7	-22.2%	132	11.0
Clients Waiting					
Screened	33	33	0.0%	133	9.1
Pending	1	1	0.0%	3	0.3
In Process	1	1	0.0%	3	1.0
Total Clients Waiting	35	35	0.0%	136	11.3
# Clients Waiting Under 90 Days	34	33	-2.9%	121	10.1
# Clients Waiting Over 90 Days	1	2	100.0%	17	1.4
Total Days Waiting	1610	2344	45.6%	7672	639.3
Average days waiting YTD	52	56	8.0%	NA	78.3
Clients Approved					
Approved	3	2	-33.3%	23	1.9
Average Wait time till approved	26	37	42.3%	NA	1.9
CASELOAD					
Total Budgeted Caseload	59	59	0.0%	59	58.0
Total Current Caseload	46	48	4.3%	616	51.3
LEAVERS					
Total # of Closed Cases	2	0	-100.0%	25	2.1

As of 7/24/14 no clients waiting over 90 days.

HOME AND COMMUNITY BASED WAIVER (HCBW) FOR THE FRAIL ELDERLY
June-14

	May-14	Jun-14	Change from Prior Month	FY14 YTD	
				Total	Average Per Month
Clients Referred					
Referred	215	203	-6%	2986	249
Dropped	111	137	23%	1576	131
Clients Waiting					
Screened	212	291	37%	1191	99
Pending	115	93	-19%	1704	142
In Process	68	60	-12%	243	41
Total Clients Waiting	395	444	12%	3138	262
# Clients Waiting Under 90 Days	345	392	14%	2824	235
# Clients Waiting Over 90 Days	50	52	4%	313	26
Total Days Waiting	20763	25149	21%	140818	11735
Average days waiting YTD	46	49	6%	NA	42
Clients Approved					
Approved	36	53	47%	626	52
Average Wait time till approved	95	110	16%	NA	80
CASELOAD					
Total Budgeted Caseload	1767	1771	0%	1771	1745
Total Current Caseload	1719	1721	0%	20244	1687
LEAVERS					
Total # of Closed Cases	37	42	14%	488	41

*As of 7/24/2014: 2 have closed

HOMEMAKER
June-14

	May-14	Jun-14	Change from Prior Month	FY14 YTD	
				Total	Average Per Month
Clients Referred/Wait List					
Referred	43	38	-12%	815	68
Dropped	42	31	-26%	323	27
Clients Waiting					
Screened	10	9	-10%	109	9
Pending	3	6	100%	18	2
In Process	16	16	0%	43	14
Total Clients Waiting	13	15	15%	170	14
# Clients Waiting Under 90 Days	28	30	7%	221	18
# Clients Waiting Over 90 Days	1	1	0%	45	4
Total Days Waiting	770	1250	62%	13465	1122
Average days waiting YTD	16	17	5%	NA	27
Clients Approved					
Approved	14	8	-43%	129	11
Average Wait time till approved	16	42	163%	NA	40
CASELOAD					
Total Budgeted Caseload	320	320	0%	320	320
Total Current Caseload	316	317	0%	3620	302
LEAVERS					
Total # of Closed Cases	9	7	-22%	107	9

* As of 6/23/2014 all clients are on waitlist do not have any risk/priority factors; no changes to health or living arrangements.

PERSONAL ASSISTANCE SERVICES (PAS)

June-14

	May-14	Jun-14	Change from Prior Month	FY14YTD	
				Total	Average Per Month
Clients Referred					
Referred	21	14	-33.3%	236	19.7
Dropped	17	15	-11.8%	188	15.7
Clients Waiting					
Screened	7	8	14.3%	43	3.6
Pending	0	6	600.0%	15	1.3
In Process	0	0	0.0%	0	0.0
Total Clients Waiting	7	14	100.0%	58	4.8
# Clients Waiting Under 90 Days	7	14	100.0%	58	4.8
# Clients Waiting Over 90 Days	0	0	0.0%	0	0.0
Total Days Waiting	260	387	48.8%	1271	105.9
Average days waiting YTD	20	22	9.1%	NA	15.0
Clients Approved					
Approved	5	3	-40.0%	50	4.2
Average Wait time till approved	19	36	89.5%	NA	25.9
CASELOAD					
Total Budgeted Caseload	150	150	0.0%	150	150.0
Total Current Caseload	124	123	-0.8%	1505	125.4
LEAVERS					
Total # Closed Cases	3	3	0.0%	40	3.3

AUTISM TREATMENT ASSISTANCE - CASELOAD STATISTICS

June-14

Autism Treatment	May-14	Jun-14	Change from Prior Month	FY14 YTD	
				Total	Average
APPLICATIONS					
Total New Applications Received & Processed	32	45	41%	297	25
WAITLIST/PENDING APPLICATIONS					
Total People	376	327	-13%		367
<= 90 Days (%)	22%	27%	23%		24%
> 90 Days (%)	78%	73%	-6%		76%
Maximum Days on Waitlist	1149	1082	-6%		1175
TIME UNTIL SERVICES					
People Placed This Month	48	25	-48%	215	18
Average Days until Placement	498	483	-3%		700
Maximum Days until Placement	2144	1898	-11%		1756
CASELOAD					
Total Active Cases	295	303	3%		212
Average Monthly Co-payment	\$330	\$330	0%		\$330
% of Cases with No Co-payment	81%	81%	0%		81%
Age 18 Months to 5 Years	20%	21%	5%		24%
Age 6 years to 8 Years	37%	37%	0%		40%
Age 9 years to 10 Years	16%	15%	-6%		14%
Age 11 years to 18 Years	27%	27%	0%		21%
LEAVERS					
Average Monthly Cost of Closed Cases	\$1,242	\$600	-52%		\$1,147
Total # of Closed Cases	12	2	-83%	39	3

**** The new ATAP data system has the ability to track closure reasons, but still needs to be populated with this information.**

INDEPENDENT LIVING - CASELOAD STATISTICS

June-14

	May-14	Jun-14	Change from Prior Month	FY14 YTD	
				Total	Average
APPLICATIONS					
Total New Applications Received & Processed	10	16	60%	229	19
WAITLIST/PENDING APPLICATIONS					
Total People	289	280	-3%		306
<= 90 Days (%)	11%	13%	13%		17%
> 90 Days (%)	89%	88%	-2%		83%
Maximum Days on Waitlist	540	558	3%		674
TIME UNTIL SERVICES					
People Placed This Month	3	22	633%	223	19
Average Days until Placement	184	410	123%		434
Maximum Days until Placement	485	551	14%		681
CASELOAD					
Total Active Cases	76	79	4%		106
LEAVERS					
Average Cost of Closed Cases	\$4,500	\$6,636	47%		\$7,629
Total # of Closed Cases	30	22	-27%	281	23
(Top 4 Closure Reasons, %)					
1 Goals Met	70%	100%	43%		71%
2 Withdrawn	17%	0%	-100%		11%
3 Died	13%	0%	-100%		8%
4 Other	0%	0%	0%		10%

*The IL wait list is prioritized, there are not any individuals considered "high priority" waiting over 90 days days.

TRAUMATIC BRAIN INJURY - CASELOAD STATISTICS

June-14

	May-14	Jun-14	Change from Prior Month	FY14 YTD	
				Total	Average
APPLICATIONS					
Total New Applications Received & Processed	5	5	0%	71	6
WAITLIST/PENDING APPLICATIONS					
Total People	4	2	-50%		5
<= 90 Days (%)	100%	100%	0%		100%
> 90 Days (%)	0%	0%	0%		0%
Maximum Days on Waitlist	17	19	12%		22
TIME UNTIL SERVICES					
People Beginning Service This Month	2	7	250%	46	4
Average Days until Placement	13	11	-15%		15
Maximum Days until Placement	17	19	12%		22
CASELOAD					
Total Active Cases	10	8	-20%	130	11
LEAVERS					
Average Cost of Closed Cases	\$29,121.75	\$23,445.00	-19%		\$31,494
Total # of Closed Cases	10	15	50%	93	8
(Top 3 Closure Reasons, %)					0
1 Rehabilitation Successful	80%	87%	9%		84%
2 Withdrew from Program	20%	13%	-35%		11%
3 Died or Moved	0%	0%	0%		5%

DISABILITY RX - CASELOAD STATISTICS

June-14

DISABILITY RX PRESCRIPTION PROGRAM	May-14	Jun-14	Change from Prior Month	FY14 YTD	
				Total	Average
TRADITIONAL APPLICATIONS					
Total Applications Received ¹	5	1	-80%	71	6
Approved (%)	67%	0%	-67%		53%
Denied (%)	33%	100%	67%		47%
Denial Reasons					
1 Incomplete Data	0%	0%	0%		0%
2 Income Too High	0%	0%	0%		3%
3 Residency	0%	0%	0%		18%
4 Age	0%	0%	0%		0%
5 Eligible for Medicaid	0%	0%	0%		8%
6 All Other Reasons	100%	100%	0%		54%
WAITLIST (In-Process & Pending Applications)					
Total People Waiting	0	0	0%	0	0
Average Days Wait Time	1	0	-100%		15
Maximum Days Wait Time	1	0	-100%		26
CASELOAD					
Total Enrollees ²	44	39	-11.4%	698	58
Total Budgeted Enrollees	52	52	0%	624	52
LEAVERS					
Total # of Closed Cases	1	2	100%	20	2
(Top Closure Reasons, %)					
1 Incomplete Data	100%	50%	-50%		48%
2 Deceased	0%	0%	0%		0%
3 Residency	0%	0%	0%		6%
4 Need to Enroll in Part D	0%	0%	0%		0%
5 Eligible for Medicaid	0%	0%	0%		7%
6 All Other Reasons	0%	50%	50%		23%
PART D APPLICATIONS					
Total Applications Received ¹	28	34	21.4%	281	26
Approved (%)	89%	85%	-4%		84%
Denied (%)	11%	15%	4%		16%
Denial Reasons					
1 Incomplete Data	0%	0%	0%		3%
2 Income Too High	0%	0%	0%		14%
3 Residency	0%	20%	20%		14%
4 Age	0%	0%	0%		0%
5 Eligible for Medicaid	0%	0%	0%		10%
6 All Other Reasons	100%	80%	-20%		59%
WAITLIST (In-Process & Pending Applications)					
Total People Waiting	0	0	0%	0	0
Average Days Wait Time	10	12	20%		21
Maximum Days Wait Time	31	38	22.6%		44

CASELOAD					
Total Enrollees²	502	508	1.2%	5,550	463
Total Budgeted Enrollees	330	330	0%	3,960	330
LEAVERS					
Total # of Closed Cases	13	12	-8%	147	12
(Top Closure Reasons, %)					
1 Incomplete Data	54%	50%	-4%		39%
2 Deceased	0%	17%	17%		11%
3 Eligible for Medicaid	0%	0%	0%		0%
4 Need to Enroll in Part D	0%	25%	25%		9%
5 Residency	38%	0%	-38%		9%
6 All Other Reasons	8%	8%	1%		32%
¹ Total Applications are applications received but not yet reviewed for denial or approval. ² Total Enrollees are members who are deemed eligible for benefits.					

SENIOR RX - CASELOAD STATISTICS

June-14

	May-14	Jun-14	Change from Prior Month	FY14 YTD	
				Total	Average
TRADITIONAL APPLICATIONS					
Total Applications Received ¹	7	3	-57%	71	6
Approved (%)	57%	0%	-57%		76%
Denied (%)	43%	100%	57%		24%
Denial Reasons					
1 Incomplete Data	0%	0%	0%		0%
2 Income Too High	0%	0%	0%		8%
3 Residency	0%	0%	0%		8%
4 Age	0%	0%	0%		0%
5 Eligible for Medicaid	0%	0%	0%		0%
6 All Other Reasons	100%	100%	0%		33%
WAITLIST (In-Process & Pending Applications)					
Total People Waiting	0	0	0%	0	0
Average Days Wait Time	16	0	-100%		15
Maximum Days Wait Time	16	0	-100%		27
CASELOAD					
Total Enrollees ²	96	86	-10.4%	1,150	96
Total Budgeted Enrollees	139	139	0%	1,668	139
LEAVERS					
Total # of Closed Cases	2	6	200%	25	2
(Top Closure Reasons, %)					
1 Incomplete Data	100%	67%	-33%		43%
2 Deceased	0%	0%	0%		10%
3 Residency	0%	0%	0%		4%
4 Need to Enroll in Part D	0%	0%	0%		0%
5 Eligible for Medicaid	0%	0%	0%		0%
6 All Other Reasons	0%	33%	33%		17%
PART D APPLICATIONS					
Total Applications Received ¹	180	171	-5.0%	1,412	118
Approved (%)	94%	90%	-4%		88%
Denied (%)	6%	10%	4%		12%
Denial Reasons					
1 Incomplete Data	0%	6%	6.0%		2%
2 Income Too High	0%	41%	41.0%		37%
3 Residency	10%	18%	8.5%		17%
4 Age	0%	0%	0.0%		0%
5 Eligible for Medicaid	0%	0%	0.0%		2%
6 All Other Reasons	90%	35%	-55.0%		42%
WAITLIST (In-Process & Pending Applications)					
Total People Waiting	0	0	0%	0	0
Average Days Wait Time	11	11	0%		19
Maximum Days Wait Time	34	39	14.7%		40

CASELOAD					
Total Enrollees²	3,263	3,397	4.1%	36,462	3,039
Total Budgeted Enrollees	2,830	2,830	0%	33,960	2,830
LEAVERS					
Total # of Closed Cases	59	83	40.7%	787	66
(Top Closure Reasons, %)					
1 Incomplete Data	58%	35%	-23.0%		38%
2 Deceased	3%	18%	15.0%		27%
3 Eligible for Medicaid	0%	0%	0.0%		1%
4 Need to Enroll in Part D	0%	18%	18.0%		3%
5 Residency	31%	11%	-20.0%		8%
6 All Other Reasons	8%	18%	10.0%		23%
<p>1 Total Applications are applications received but not necessarily yet processed for denial or approval.</p> <p>2 Total Enrollees are members who are deemed eligible for and enrolled in benefit.</p>					

DENTAL PILOT PROGRAM (DISABILITY) - CASELOAD STATISTICS					
June-14					
	May-14	Jun-14	Change from Prior Month	FY14 YTD	
				Total	Average
TRADITIONAL APPLICATIONS					
Total Applications Received ¹	1	0	-100%	14	1
Approved (%)	100%	0%	-100%		54%
Denied (%)	0%	0%	0%		4%
Denial Reasons					
1 Incomplete Data	0%	0%	0%		0%
2 Income Too High	0%	0%	0%		0%
3 Residency	0%	0%	0%		0%
4 Age	0%	0%	0%		0%
5 Eligible for Medicaid	0%	0%	0%		0%
6 All Other Reasons	0%	0%	0%		8%
WAITLIST (In-Process & Pending Applications)					
Total People Waiting	1	0	-100%	40	3
Average Days Wait Time	126	0	-100%		46
Maximum Days Wait Time	126	0	-100%		53
CASELOAD					
Total Enrollees ²	17	16	-5.9%	220	18
Total Budgeted Enrollees	22	22	0%	264	22
LEAVERS					
Total # of Closed Cases	0	0	0%	2	0
(Top Closure Reasons, %)					
1 Incomplete Data	0%	0%	0%		0%
2 Deceased	0%	0%	0%		0%
3 Residency	0%	0%	0%		8%
4 Need to Enroll in Part D	0%	0%	0%		0%
5 Eligible for Medicaid	0%	0%	0%		0%
6 All Other Reasons	0%	0%	0%		8%
PART D APPLICATIONS					
Total Applications Received ¹	2	11	450.0%	90	8
Approved (%)	50%	100%	50%		88%
Denied (%)	50%	0%	-50%		12%
Denial Reasons					
1 Incomplete Data	0%	0%	0.0%		0%
2 Income Too High	0%	0%	0.0%		0%
3 Residency	0%	0%	0.0%		0%
4 Age	0%	0%	0.0%		0%
5 Eligible for Medicaid	0%	0%	0.0%		0%
6 All Other Reasons	100%	0%	-100.0%		42%
WAITLIST (In-Process & Pending Applications)					
Total People Waiting	28	41	0%	317	26
Average Days Wait Time	115	110	-4%		112
Maximum Days Wait Time	115	146	27.0%		134

CASELOAD					
Total Enrollees²	143	144	0.7%	1,731	144
Total Budgeted Enrollees	119	119	0%	1,428	119
LEAVERS					
Total # of Closed Cases	2	2	0.0%	41	3
(Top Closure Reasons, %)					
1 Incomplete Data	0%	0%	0.0%		7%
2 Deceased	0%	0%	0.0%		22%
3 Eligible for Medicaid	0%	0%	0.0%		0%
4 Need to Enroll in Part D	0%	0%	0.0%		0%
5 Residency	100%	0%	-100.0%		20%
6 All Other Reasons	0%	100%	100.0%		34%
¹ Total Applications are applications received but not necessarily yet processed for denial or approval. ² Total Enrollees are members who are deemed eligible for and enrolled in benefit. *Individuals on the wait list for Disability RX in Dental Program are waiting because no slots are available in the program.					

DENTAL PILOT PROGRAM (SENIORS) - CASELOAD STATISTICS

June-14

	May-14	Jun-14	Change from Prior Month	FY14 YTD	
				Total	Average
TRADITIONAL APPLICATIONS					
Total Applications Received ¹	1	1	0%	17	1
Approved (%)	100%	100%	0%		72%
Denied (%)	0%	0%	0%		3%
Denial Reasons					
1 Incomplete Data	0%	0%	0%		0%
2 Income Too High	0%	0%	0%		0%
3 Residency	0%	0%	0%		0%
4 Age	0%	0%	0%		0%
5 Eligible for Medicaid	0%	0%	0%		0%
6 All Other Reasons	0%	0%	0%		8%
WAITLIST (In-Process & Pending Applications)					
Total People Waiting	2	2	0%	42	4
Average Days Wait Time	0	0	0%		46
Maximum Days Wait Time	0	0	0%		55
CASELOAD					
Total Enrollees ²	28	28	0.0%	300	25
Total Budgeted Enrollees	33	33	0%	396	33
LEAVERS					
Total # of Closed Cases	0	0	0%	6	1
(Top Closure Reasons, %)					
1 Incomplete Data	0%	0%	0%		4%
2 Deceased	0%	0%	0%		0%
3 Residency	0%	0%	0%		4%
4 Need to Enroll in Part D	0%	0%	0%		0%
5 Eligible for Medicaid	0%	0%	0%		0%
6 All Other Reasons	0%	0%	0%		25%
PART D APPLICATIONS					
Total Applications Received ¹	15	15	0.0%	297	25
Approved (%)	100%	100%	0%		92%
Denied (%)	0%	0%	0%		8%
Denial Reasons					
1 Incomplete Data	0%	0%	0.0%		0%
2 Income Too High	0%	0%	0.0%		0%
3 Residency	0%	0%	0.0%		0%
4 Age	0%	0%	0.0%		0%
5 Eligible for Medicaid	0%	0%	0.0%		0%
6 All Other Reasons	0%	0%	0.0%		67%
WAITLIST (In-Process & Pending Applications)					
Total People Waiting*	114	114	0%	1,108	92
Average Days Wait Time	106	106	0%		118
Maximum Days Wait Time	126	126	0.0%		194

CASELOAD					
Total Enrollees²	923	923	0.0%	11,255	938
Total Budgeted Enrollees	911	911	0%	10,932	911
LEAVERS					
Total # of Closed Cases	9	9	0.0%	237	20
(Top Closure Reasons, %)					
1 Incomplete Data	0%	0%	0.0%		8%
2 Deceased	0%	0%	0.0%		38%
3 Eligible for Medicaid	0%	0%	0.0%		0%
4 Need to Enroll in Part D	0%	0%	0.0%		0%
5 Residency	11%	11%	0.0%		8%
6 All Other Reasons	89%	89%	0.0%		37%
<p>1 Total Applications are applications received but not yet reviewed for denial or approval.</p> <p>2 Total Enrollees are members who are deemed eligible for benefits.</p> <p>*Individuals on the wait list for Senior RX in Dental Program are waiting because no slots are available in the program.</p>					

Nevada Early Intervention Services

June-14

	May-14	Jun-14	Change from Prior Month	FY14 YTD	
				Total	Average Per Month
Children Referred					
Referred	524	487	-7%	5746	479
Children Waiting for One or More Services					
Total Children Waiting*	77	23	-70%	2125	177
Number of Services	89	31	-65%	2735	228
CASELOAD					
Total Budgeted Caseload	3576	3590	0%	42204	3517
Total Current Caseload	2876	2925	2%	38147	3179
LEAVERS					
Total # of Closed Cases	189	212	12%	100	9

* As of 7/16/2014 there are no children on the waiting list.

HOME AND COMMUNITY BASED WAIVER FOR PERSONS WITH DEVELOPMENTAL DISABILITIES - CASELOAD STATISTICS

June-14

	May-14	Jun-14	Change from Prior Month	FY14 YTD	
				Total	Average
WAITLIST - Statewide	757	739	-2%		
Unduplicated % Receiving Supports	344	333	-3%		
# Receiving Residential Supports	89	89	0%		
# Receiving JDT Supports	279	268	-4%		
<= 90 Days	103	97	-6%		10%
> 90 Days	653	642	-2%		90%
Average Days On the Waitlist	428	436	2%		
Maximum Days on Waitlist	1,858	1,888	2%	1,888	1,721
Priority Level					
Level 1 - Institutionalized Residents	11	10	-9%		7
Level 2 - Institutionalization Imminent	43	40	-7%		34
Level 3 - Eligible for Waiver Services	703	689	-2%		747
Count of Waiver Waitlist on Medicaid	482	469	-3%		
% of Waiver Waitlist on Medicaid	63.7%	63.5%	0%		
AVAILABLE FEDERAL SLOTS (1)	106	93	-12%		237
Less Pending Approvals (By DWSS & DHCFFP)	118	104	-12%		71
ADDITIONS					
Combined Statewide	18	28	56%	196	
Average Days until Placement	409	459	12%	377	
Maximum Days until Placement	1,272	1,230	-3%	1,272	
Priority Level 1	1	1	0%	28	
Average Days until Placement	57	245	330%	171	
Maximum Days until Placement	57	245	330%	716	
Priority Level 2	3	20	567%	77	
Average Days until Placement	174	320	84%	210	
Maximum Days until Placement	203	950	368%	1,033	
Priority Level 3	14	7	-50%	91	
Average Days until Placement	870	886	2%	587	
Maximum Days until Placement	1,272	1,230	-3%	1,272	
CASELOAD					
Total Waiver Cases/Recipients	1,787	1,812	1%		1,762
% Utilization to Total DS Caseload	29.8%	30.0%	1%		30.0%
LEAVERS					
Total # of Closed Cases	5	5	0.0%	94	8
(Top 6 Closure Reasons, %)					
Ineligible	1	1	0.0%	13	13.8%
Institutionalization	3	2	100.0%	30	31.9%
No longer wants service	1	1	0.0%	18	19.1%
Moved Out of State	0	1	-100.0%	15	16.0%
No longer meets LOC for ICF/MR	0	0	0.0%	1	1.1%
Deceased	0	0	0.0%	13	13.8%
Other	0	0	0.0%	4	4.3%

(1) Available applications no longer includes subtraction of pending applications in the calculation.

ADSD WAIVER WAITLIST DETAIL, AS OF 6/30/2014 (07/22/2014)

RRC Waiver Waitlist

151 total waiting for waiver funding

- Total of **93** with current services
 - 57 have JDT
 - 12 are waiting for SLA
 - 25 have SLA
 - 8 are waiting for JDT
 - 11 have both
- Total of **58** waiting for waiver funding and service
 - 15 waiting for JDT
 - 11 awaiting for SLA
 - 22 waiting for both
 - 10 Unconfirmed

SRC Waiver Waitlist

201 total waiting for waiver funding

- Total of **77** with current services
 - 30 have JDT
 - 5 waiting for SLA
 - 43 have SLA
 - 20 are waiting for JDT
 - 4 have both
- Total of **124** waiting for waiver funding and service
 - 28 waiting for JDT
 - 30 waiting for SLA
 - 40 waiting for both
 - 26 Unconfirmed

DRC Waiver Waitlist

387 total waiting for waiver funding

- Total **236** of with current services
 - 212 have JDT
 - 14 are waiting for SLA
 - 14 have SLA
 - 5 are waiting for JDT
 - 10 have both
- Total of **151** waiting for waiver funding and service
 - 120 waiting for JDT
 - 12 awaiting for SLA
 - 19 waiting for both