

Commission on
Services for Person
with Disabilities

September 30, 2014

Meeting Materials



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

Administrative Office
3416 Goni Rd, Ste D132
Carson City, NV 89502

(775) 687-4210 • Fax (775) 687-0576
adsd@adsd.nv.gov

ROMAINE GILLILANE
Director

JANE GRUNER
Administrator

BRIAN SANDOVAL
Governor

MEETING NOTICE AND AGENDA

Name of Organization: Nevada Commission on Services for Persons with Disabilities (Nevada Revised Statute [NRS] 426.365)

Date and Time of Meeting: September 30, 2014
9:00 a.m.

Location: 4150 Technology Way, Room 303
Carson City, NV 89706

To join this meeting by phone dial 1-888-251-2909, then enter Access code 8985078 when prompted.

Agenda

- I. Welcome and Introductions
Brian Patchett, Commission Chairperson
- 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. Public comment at the beginning and end of the agenda may be limited to three minutes per person at the discretion of the chairperson. Members of the public may comment on matters not appearing on this agenda or may offer comment on specific agenda items. Comments may be discussed by the Board but no action may be taken. The matter may be placed on a future agenda for action)
- III. Approval of Minutes from the July 29, 2014 Meeting (**For Possible Action**)
Brian Patchett, Commission Chairperson
- IV. Follow up on Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs.
Brian Patchett, Commission Chairperson

- V. Update and Report on State Independent Living Plan from Northern Nevada Independent living
Lisa Bonie, Executive Director, Northern Nevada Center for Independent Living
- VI. Presentation on Existing Services for Traumatic Brain Injury from Nevada Community Enrichment Program (NCEP)
Jodi Sabal, Director, NCEP
- VII. Discussion on Recommendations Made by the CSPD Nominating Subcommittee for Filling Vacant CSPD and Subcommittee Membership Positions (For Possible Action)
Bill Heavillin, Nominating Subcommittee Chair
- VIII. Discussion and Possible Determination of Issues and Agenda Items to be Considered or Deliberated at the Next Meeting (For Possible Action)
Brian Patchett, Commission Chairperson
- IX. Confirm Dates for Future Meetings: October 28 and November 18, 2014 (For Possible Action)
Brian Patchett, Commission Chairperson
- X. Public Comment (May Include General Announcements by Commissioners) (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. Public comment at the beginning and end of the agenda may be limited to three minutes per person at the discretion of the chairperson. Members of the public may comment on matters not appearing on this agenda or may offer comment on specific agenda items. Comments may be discussed by the Board but no action may be taken. The matter may be placed on a future agenda for action)
- XI. Adjournment
Brian Patchett, Commission Chairperson

Commission on Services for Persons with Disabilities Members

Brian Patchett (Chair), Mary Bryant (Co-Chair), Bill Heavillin, Gary Olsen, Jodi Sabal, Jon Sasser, Karen Taycher, Nicole Schomberg, Jennifer Pharr

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Agenda Posted at the Following Locations:

1. Aging and Disability Services Division, Carson City Office, 3416 Goni Road, Suite D-132, Carson City, NV 89706

2. Aging and Disability Services Division, Las Vegas Office, 1860 East Sahara Avenue, Las Vegas, NV 89104
3. Aging and Disability Services Division, Reno Office, 445 Apple Street, Suite 104, Reno, NV 89502
4. Aging and Disability Services Division, Elko Office, 1010 Ruby Vista Drive, Suite 104, Elko, NV 89801
5. Nevada Community Enrichment Program, 2820 West Charleston Boulevard, Las Vegas, NV 89146
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11. Rural Regional Center, 1665 Old Hot Springs Road, Carson City, NV 89706
12. Northern Nevada Center for Independent Living, 999 Pyramid Way, Sparks, NV 89431
13. Dept. of Health and Human Services, 4126 Technology Way, Carson City, NV 89706
14. Early Intervention Services, 2667 Enterprise Road, Reno, NV 89512

Notice of this meeting was posted on the Internet at: <http://www.adsd.nv.gov/> and <https://notice.nv.gov>

Agenda Item III

**Approval of Minutes
from July 29, 2014**



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

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DRAFT Minutes

Name of Organization: Nevada Commission on Services for Persons with Disabilities (Nevada Revised Statute [NRS] 426.365)

Date and Time of Meeting: July 29, 2014
9:30 a.m.

Location: Reno Job Connect
4001 S. Virginia St., Suite H
Reno, NV 89502

Las Vegas Job Connect
3016 W. Charleston Blvd., Suite 200
Las Vegas, NV 89102

To join this meeting by phone dial 1-888-363-4735, then enter Access code 1228133 when prompted.

I. Welcome and Introductions
Brian Patchett, Commission Chairperson

The Chairperson called the meeting to order at 9:30 a. m.

Members present: Brian Patchett, Mary Bryant, Bill Heavilin, Gary Olsen, Karen Taycher, Jon Sasser, Nicole Schomberg, Shelley Hendren

Guests: Sue Gulas (Nevada Respite Coalition), David Daviton, Jeff Beardsley, Dina McGill (State Health Insurance Program), Vicki Kemp (Aging and Disability Services Division), John Rosenlund (ADSD), Cindy Smith (Department of Health and Human Services), Kirsten Coulombe (Legislative Council Bureau), Sherri Manning (Nevada Governor's Council on Developmental Disabilities), Laurie Olsen (DHHS), Scott Youngs (Nevada Center for Excellence in Disabilities),

Scott Harrington (NCED), Samantha King (Nevada PEP), Max Stovall (Washoe Legal Services), Jack Mayes (Nevada Disability Advocacy and Law Center), Connie McMullen (Commission on Aging), Julie Balderson (ADSD), Michele Ferrall (ADSD), Tina Gerber-Winn (ADSD), Garrett Weir (Public Utility Commission of Nevada), Thomas Kapp (Nevada Early Intervention Part C).

Staff: Laura Valentine (ADSD), Desiree Bennett (ADSD), Sally Ramm (ADSD), Kimberly Dawson (Interpreter), Andrea Juillerat-Olvera (Interpreter), Stephanie Gardner (Interpreter), Catherine Edwards (Interpreter)

Excused Commission Members: Jodi Sabal

- 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. Public comment at the beginning and end of the agenda may be limited to three minutes per person at the discretion of the chairperson. Members of the public may comment on matters not appearing on this agenda or may offer comment on specific agenda items. Comments may be discussed by the Board but no action may be taken. The matter may be placed on a future agenda for action)

Sherry Manning, Executive Director of the Nevada Governor's Council on Developmental Disabilities, informed the Commission that last week the Governor issued executive order establishing the Governor's Task Force on Integrated Employment. This effort was made by a partnership between the Nevada's Governor's Council on Developmental Disabilities, and the Employment First Ad Hoc Committee. On behalf of the Legislative Committee of the Governor's Council, Ms. Manning asked the Legislative Committee on Senior Citizens, Veterans, and Adults with Disabilities to write a letter of support to the Governor, the Department of Health and Human Services (DHHS), the Department of Employment Training and Rehabilitation (DETR), and the Department of Education (DOE) to endorse this executive director. Ms. Manning asked the commission to include an agenda item to discuss and participate in the endorsement of that letter.

Ms. Taycher introduced Samantha King as the new Director of the Nevada PEP satellite office in Reno.

- III. **Approval of Minutes from the May 29, 2014 Meeting (For Possible Action)**
Brian Patchett, Commission Chairperson

Mr. Olsen motioned to approve the minutes with spelling corrections made. Ms. Bryant seconded the motion. Motion passed.

- IV. **Update and Report on Medicaid Waivers Wait Lists and Basis for Waitlist Figures**
Michele Ferrall, Deputy Administrator,
Aging and Disability Services Division (ADSD)
Jennifer Frischmann, Division of Health Care Financing and Policy

Ms. Ferrall discussed the ADSD Waiver Waitlist details as of June 30, 2014 (attachment 1). She explained that delays in service from Desert Regional Center are due to the larger population size in Las Vegas. Additional funding has been requested for the upcoming budget to reduce or eliminate waiver waitlists. Ms. Taycher and Mr. Sasser agreed to add the elimination of waitlists as a legislative priority.

V. Discussion and Possible Recommendations Regarding the Creation of Independent Living and Assistive Technology Services for the Blind and Visually Impaired (For Possible Action)

Brian Patchett, Commission Chairperson

Scott Youngs, Chairperson, Assistive Technology Council

Mr. Patchett stated that Aging and Disability Services Division has proposed an increase of \$500,000 in the Independent Living budget to address low vision and blindness issues.

Mr. Youngs would like to make himself and the Nevada Center for Excellence in Disabilities available to the committee for any needed support with moving the budget proposal forward.

Ms. Taycher made a motion for the commission to ask the Interim Legislative Committee on Seniors, Veterans, and Adults with Disabilities to write a letter of support for the increase of funding for persons through Independent Living who are visually impaired or blind. She would like to make sure the Commission is supporting a specific target population and that the monies go out in a RFP process. Ms. Bryant seconded the motion. Motion passed.

Kirsten Coulombe will follow up with the commission on the details of completing the RFP process for ADSD.

ADSD has been working collaboratively with DETR to conduct Town Hall meetings to determine what services people who are blind or visually impaired are in need of, including assistive technology assessments and training, life skills training, and basic skills training. A flyer is being prepared and will be sent out soon. The Nevada Disability Advocacy and Law Center has volunteered to help with the Town Hall meetings as it is a statewide agency with local staff and facilities. The agency has experience in each region of the state and previous interaction with its blind community. The first Town Hall meeting is tentatively scheduled for August 21, 2014 at 10 a.m. and 2 p.m. in Elko.

VI. Assessment and Discussion of the Grants Management Unit 2014 Annual Report and Possible Recommendations for Testimony During Upcoming Legislative Session (For Possible Action)

Laurie Olsen, Chief, Grants Management Unit,
Department of Health and Human Services

Ms. Olsen presented on the Grants Management Advisory Committee (GMAC) Statewide Community Needs Assessment. The top four major service categories that were endorsed and recommended to the Director of DHHS were:

- Health and mental health
- Family support, food security and
- Support for persons with disabilities and their caregivers.

The top seven sub services under the support for persons with disabilities and their caregivers are:

- Respite care
- Positive behavior support
- Independent living, autism
- In- home services
- Traumatic brain injury and
- Family preservation

Some services have funding sources other than the Fund for a Healthy Nevada. These are all services that are going to be considered for funding in the coming biennium under the Fund for a Healthy Nevada. The assessment also showed that transportation for people with disabilities is the top priority that needs improvement and funding.

VII. Update and Report from the Subcommittee on Communication Services, Discussion and Possible Recommendations From Council (For Possible Action)
Julie Balderson, Social Services Program Specialist, ADSD

The Subcommittee on Communication Services met on July 28 discussing recommendations to present to the CSPD (attachment 2). The Committee also established a work group to explore wireless options for ADSD's Equipment Distribution Program.

VIII. Discussion on Legislative Budget Recommendations (For Possible Action)
Jon Sasser, Commission Member

The first recommendation discussed came from the joint subcommittee of the COA and the CSPD that has been meeting to discuss updating the Strategic Plan for Seniors and People with Disabilities and Nevada's Olmstead Plan. An appropriation of money is needed to hire consultants to update the two plans. The first request from Ms. Gerber-Winn and the joint Subcommittee is to develop a Bill Draft from the Committee that would be included in the next Legislative Session with that appropriation.

The second request is to write a letter to the Department of Health and Human Services (DHHS) directing the Division to submit a budget for funding to update the plans.

Third, is a request to write a letter to DHHS requesting that the Department seek legislation and funding to establish an Olmstead implementation office to create and monitor compliance.

The Committee on Senior Citizens, Veterans, and Adults with Special Needs only has ten (Bill Draft Request) BDRs to cover three populations: seniors, adults with special needs, and veterans.

Mr. Sasser made a motion that the commission accepts the recommendation to include A, B, and C as worded (attachment 3). Mr. Olsen seconded the motion. Motion passed.

Mr. Sasser discussed the recommendations made by the Subcommittee on Communication Services (SOCS). Stating the first recommendation is a BDR that deals with charges on telephone service overseen by the Public Utilities Commission (PUC). PUC funding goes toward the cost of the relay system used by the phone companies, Centers for Persons who are Deaf or Hard of Hearing, and to cover the cost of the Division to carry out provisions for interpreter services. The proposal from SOCS is to change the current law as ADSD needs to be creating its own budget and submitting it to the legislature where it is approved through the regular legislative process (attachment 3).

Mr. Sasser made a motion that the Commission accept and endorse II.A that the Commissions asks the Committee on Senior Citizens, Veterans, and Adults with Special Needs to submit a BDR changing 427A in the way in which the proposal from SOCS describes. Mr. Olsen seconded the motion. Motion passed.

The second BDR from SOCS (attachment 3) was discussed by Ms. Balderson stating that there are many registered interpreters in the state that stay at an under skilled level and category for years and don't make any progress towards skill development or reaching minimum national standards. Through the recommendation there is a proposed limitation on how long an interpreter can stay in that under skilled category.

Mr. Olsen made a motion that the commission ask the Committee on Senior Citizens, Veterans, and Adults with Special Needs to seek a BDR to amend NRS 656A to limit the amount of time an interpreter can be registered in a category as apprentice or intermediate to three years with possible exceptions for extenuating circumstances and allow for interpreters to remain in a skilled category so long as the interpreter pays a fine. Mr. Olsen seconded the motion.

Discussion occurred asking what the amount of the fine will be for interpreters who do not comply. Ms. Balderson stated it is up to ADSD discretion but could be up to \$5,000. Motion passed.

The next recommendation from the SOCS Subcommittee (attachment 3) discussed by Mr. Olsen stated that the state needs to bring in some professionals who will have dual purposes. It is important to provide necessary training and to push Universities to establish programs for interpreters. He would also like to see the creation of a Deaf and Hard of Hearing Commission as a long term goal.

Mr. Sasser made a motion that the Commission asks the Legislative Committee to write a letter to the Director of DHHS requesting that the budget for the Division include funding to create a pool of interpreters as worded in letter C on the CSPD recommendations (attachment 3). Mr. Olsen seconded the motion. Motion passed.

The next recommendation from SOCS is asking the Committee to write a letter to the PUC to review the procedure, policy, regulations and statute that governs setting the TDD rate, and develop an improvement plan that accommodates both responsibilities of PUC and ADSD.

Mrs. Balderson stated that the purpose of the recommendation comes out of ADSD's budget approval process that is submitted to the PUC annually. This recommendation asks that all the statutes applicable to the TDD surcharge is found and understood in order for both agencies to create a more streamlined process.

Mr. Sasser made a motion to adopt item D from the list of recommendations made by the SOCS Subcommittee to ask the Committee to write a letter to the PUC (attachment 3). Mr. Olsen seconded the motion. Motion passed.

Mr. Sasser made a motion to ask the Legislative Committee to write a letter to the Board of Regents of the Nevada System of Higher Education requesting that a Bachelor degree program in interpreter preparation that reaches the entire state be established. Mr. Olsen seconded the motion. Motion passed.

Mr. Sasser made a motion to ask the Legislative Committee to write a letter to the Nevada Department of Education requesting a comprehensive review of policy related to Deaf education in all areas of education. Mr. Olsen seconded the motion. Motion passed.

Mr. Sasser made a motion to ask the Legislative Committee to write a letter to the Legislative Commission asking that as soon as practicable, make sure that all Legislative Committee meetings are broadcasted with open captioning. Mr. Olsen seconded the motion. Motion passed.

The final recommendation is to change the terminology in the statute to use the term "Deaf Service Center". Mr. Sasser motioned to amend the previously passed resolution to include in the CSPD's request to the Committee to amend NRS 427A. 797 to use the term "Deaf Service Center". Mr. Olsen seconded the motion. Motion passed.

Mr. Scott Harington submitted a letter to the Committee members to approve and send to the Legislative Committee (attachment 4). He stated that through the letter he is looking for Vocational Rehab to maximize the 4:1 Rehabilitation Services Administration (RSA) match received for funding and support for vocational rehab counselors. There would be more vocational rehab positions that could provide support for those who are more significantly disabled and supported employment. Mr. Harington is asking to expand the community based career exploration projects that are similar to the Vocational Opportunities Inclusive Career Education (VOICE) project which allows the transition students to get community based experiences where they find out what they like to do and businesses see the contributions they make. Mr. Harington would like to make sure persons over 22 are not excluded and that not all resources are given to one population, but that everyone receives services.

Ms. Bryant made a motion for the Commission to ask the Committee to send a letter to the Chairpersons of the Senate Committee on Finance and the Assembly Committee requesting funding for integrated employment. Mr. Olsen seconded the motion. Discussion ensued with Ms. Taycher making sure the letter

would not suggest that the rural counties and Clark County participate in the (VOICE) Project. It is a concern to place a project that has not been operating in Washoe County for very long and still has issues to work out on to other counties.

Mr. Harington stated that the recommendation would be some community based career exploration where students will go out into the community, that doesn't have to be the VOICE Project.

Ms. Taycher has concerns with kids still receiving a free and appropriate public education under IDEA while under the VOICE Project. Ms. Taycher would not like to endorse the recommendation until those concerns have been resolved and kids are not losing their right to IDEA protections in that program.

Mr. Harington stated that the VOICE program is specifically for students that are 18-22 years old and are finished with their academic portion of school and they are sitting at home.

Ms. Bryant restated the motion asking the committee to write a letter to support funding for integrated employment.

Motion then received unanimous support. Motion passed.

The next recommendation to the committee is from Ms. Bryant regarding submitting a BDR asking for a simple Durable Power of Attorney form (attachment 3 and 5). There was discussion with Mr. Heavilin about his concerns with the limits a decision maker has on medical decisions.

Ms. Bryant submitted her recommendation to the committee independently and asked to withdraw her motion of asking for support from the CSPD.

The next recommendation brought up for discussion is from Ms. Bryant asking the committee to sponsor a BDR called the Down Syndrome Prenatal Education Act. Mr. Olsen seconded the motion.

There was discussion on providing testimony to the committee before a BDR is sponsored. There is currently no agenda item for the Legislative committee to hear testimony on this BDR; Ms. Bryant stated she would make a request to do so.

Motion received six approvals and one opposed. Motion passed.

The last recommendation discussed was from Ms. Sherry Manning asking the CSPD to support the Legislative Committee sending letters to DHHS, DETR, DOE, and the Governor endorsing Executive Order 2014-16 which establishes the Governor's Task Force on Integrated Employment (attachment 3 and 6).

Mr. Sasser made a motion to support the recommendation. Ms. Bryant seconded the motion. Motion passed.

Mr. Sasser discussed the proposal that Medicaid cover autism services that was made before the Interim Committee on Healthcare has been endorsed.

Mr. Sasser made a motion that the CSPD send a letter to the Director of DHHS and the Governor in support of the request from the Division to obtain the necessary funding to eliminate the waitlist for Medicaid waivers for people with intellectual disabilities in order to comply with the Olmstead Plan. Ms. Bryant seconded the motion. Motion passed.

In response to Mr. Sasser's question regarding DETR's budget initiatives, Ms. Hendren stated there are a couple of major budget initiatives that have been

submitted to the Governor for 2016-2017 requiring work programs to move authority around. One initiative was already addressed and submitted separately, asking for extra positions for job development customized employment. Once contracts are in place it doesn't require additional funding. The third party to enter into the agreement would put up the match amount to draw down federal funds. Mr. Sasser made a motion for the Commission to endorse the request of the Division for these positions as requested in Ms. Hendren's letter. Ms. Bryant seconded the motion.

In response to Mr. Patchett's question, Ms. Hendren stated that rehab counselors are managing their caseloads; job development is where positions are needed. Motioned passed.

Ms. Taycher expressed concerns about students who receive special education having a right to receive special education until their 22nd birthday or until they receive a regular diploma. There is no law or third party agreement or anything to undermine the fact that they have rights under IDEA. When programs are being combined it is important to make sure that one program doesn't have a rule that takes away the rights under IDEA. Ms. Taycher would caution everyone working on these collaborations to understand protections under IDEA.

IX. Discussion and Possible Recommendations for Filling Vacant CSPD Membership Positions (For Possible Action)

Tina Gerber-Winn, Deputy Administrator, ADSD

After discussions with Mr. Heavilin, Ms. Gerber-Winn stated that the CSPD Nominating Subcommittee has two members including, Ms. Schomberg and Mr. Heavilin. By the end of September 2015 all CSPD members with the exception of two will be at the end of their second term and cannot be reappointed.

Mr. Patchett appointed himself and Mr. Olsen to the Nominating Subcommittee. Mr. Sasser suggested looking to existing CSPD Subcommittee members to fill vacancies on the CSPD and find a mental health representative.

The Nominating Subcommittee will meet six times a year with the first meeting in August.

Ms. Gerber-Winn stated that it is at the discretion of the Department Director if a state employee can be a voting member on the commission.

Mr. Patchett would like to discuss the matter of state employees participating as voting members at the Nominating Subcommittee meeting and add as a voting agenda item to the next CSPD meeting.

X. Discussion and Possible Determination of Issues and Agenda Items to be Considered or Deliberated at the Next Meeting (For Possible Action)

Brian Patchett, Commission Chairperson

The following are topics proposed for the next CSPD meeting:

- Follow up on Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs meeting after their meeting on August 15th

- Update and Report on State Independent Living Plan from Northern Nevada Independent living.
- Discussion of ADSD official agency budget after submission in October (move to October 28th meeting date).
- Presentation on what services currently exist for Traumatic Brain Injury, presented by Jodi Sabal

XI. Confirm Dates for Future Meetings: September 30, October 28 and November 18, 2014 (For Possible Action)
 Brian Patchett, Commission Chairperson

Future meeting dates:
 September 30, October 28, and November 18

XII. Public Comment (May Include General Announcements by Commissioners) (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. Public comment at the beginning and end of the agenda may be limited to three minutes per person at the discretion of the chairperson. Members of the public may comment on matters not appearing on this agenda or may offer comment on specific agenda items. Comments may be discussed by the Board but no action may be taken. The matter may be placed on a future agenda for action)

Mr. Beardsley stated his concern about Deaf people needing help with therapy but are refused interpreters to help access services. There should also be an understanding of culture and language that these support groups should be sensitive to. There needs to be more cultural awareness and sensitivity for all groups of people not just the Deaf community.

XIII. Adjournment
 Brian Patchett, Commission Chairperson

Mr. Olsen made a motion to adjourn the meeting. Mr. Sasser seconded motion. Meeting adjourned at 1:00 p.m.

Commission on Services for Persons with Disabilities Members

Brian Patchett (Chair), Mary Bryant (Co-Chair), Bill Heavilin, Gary Olsen, Jodi Sabal, Jon Sasser, Karen Taycher, Nicole Schomberg, Jennifer Pharr

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DRAFT

Agenda Item IV

**Follow up on
Legislative
Committee on Senior
Citizens, Veterans,
and Adults with
Special Needs**

FOURTH REVISED
MEETING NOTICE AND AGENDA

Name of Organization: Legislative Committee on Senior Citizens, Veterans and Adults
With Special Needs (*Nevada Revised Statutes* [NRS] 218E.750)

Date and Time of Meeting: Friday, August 15, 2014
9 a.m.

Place of Meeting: Legislative Building, Room 3138
401 South Carson Street
Carson City, Nevada

Note: Some members of the Committee may be attending the meeting and other persons may observe the meeting and provide testimony through a simultaneous videoconference conducted at the following location:

Grant Sawyer State Office Building, Room 4401
555 East Washington Avenue
Las Vegas, Nevada

If you cannot attend the meeting, you can listen or view it live over the Internet. The address for the Nevada Legislature website is <http://www.leg.state.nv.us>. Click on the link "Calendar of Meetings/View."

<p>Note: Minutes of this meeting will be produced in summary format. Please provide the secretary with electronic or written copies of testimony and visual presentations if you wish to have complete versions included as exhibits with the minutes.</p>
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Note: Items on this agenda may be taken in a different order than listed. Two or more agenda items may be combined for consideration. An item may be removed from this agenda or discussion relating to an item on this agenda may be delayed at any time.

I. Opening Remarks
Assemblywoman Teresa Benitez-Thompson, Chair

II. Public Comment
(Because of time considerations, speakers are urged to avoid repetition of comments made by previous speakers. A person may also have comments added to the minutes of the meeting by submitting them in writing either in addition to testifying or in lieu of testifying. Written comments may be submitted in person or by e-mail, facsimile, or mail before, during, or after the meeting.)

*For
Possible
Action*

III. Approval of Minutes of the Meeting Held on July 9, 2014, in Carson City, Nevada

*For
Possible
Action*

IV. Work Session—Discussion and Action Relating to:

- A. Employment of Adults With Special Needs
- B. Medical and Other Related Facilities
- C. Health Care Decisions
- D. Services for Senior Citizens and Adults With Special Needs
- E. Services for Persons who are Deaf or Hard of Hearing
- F. Services for Persons who are Blind or Visually Impaired

The “Work Session Document” is attached below and contains recommendations proposed at this and other meetings of the Committee on Senior Citizens, Veterans and Adults With Special Needs. The document is also available on the Committee’s webpage, <http://www.leg.state.nv.us/Interim/77th2013/Committee/StatCom/SeniorVetSpecial/?ID=62>, or a written copy may be obtained by contacting Kirsten Coulombe, Senior Research Analyst, Research Division, LCB, at (775) 684-6825.

V. Public Comment

(Because of time considerations, speakers are urged to avoid repetition of comments made by previous speakers. A person may also have comments added to the minutes of the meeting by submitting them in writing either in addition to testifying or in lieu of testifying. Written comments may be submitted in person or by e-mail, facsimile, or mail before, during, or after the meeting.)

VI. Adjournment

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Research Division of the Legislative Counsel Bureau, in writing, at the Legislative Building, 401 South Carson Street, Carson City, Nevada 89701-4747, or call the Research Division at (775) 684-6825 as soon as possible.

Notice of this meeting was posted in the following Carson City, Nevada, locations: Blasdel Building, 209 East Musser Street; Capitol Press Corps, Basement, Capitol Building; City Hall, 201 North Carson Street; Legislative Building, 401 South Carson Street; and Nevada State Library, 100 North Stewart Street. Notice of this meeting was faxed or e-mailed for posting to the following Las Vegas, Nevada, locations: Clark County Government Center, 500 South Grand Central Parkway; and Capitol Police, Grant Sawyer State Office Building, 555 East Washington Avenue. Notice of this meeting was posted on the Internet through the Nevada Legislature’s website at www.leg.state.nv.us.

Supporting public material provided to Committee members for this meeting may be requested from Maysha Watson, Committee Secretary, Research Division of the Legislative Counsel Bureau at (775) 684-6825 and is/will be available at the following locations: Meeting locations and the Nevada Legislature’s website at www.leg.state.nv.us.



WORK SESSION DOCUMENT

LEGISLATIVE COMMITTEE ON SENIOR CITIZENS,
VETERANS AND ADULTS WITH SPECIAL NEEDS
(*NEVADA REVISED STATUTES* [NRS] 218E.750)

August 15, 2014

The following "Work Session Document" has been prepared by staff of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (NRS 218E.750) at the direction of the Chair of the Committee. This document contains a summary of proposed recommendations that were either submitted in writing or presented during the Committee's previous hearings. It is designed to assist the Committee members in developing statements and determining legislative measures to be forwarded to the 2015 Legislative Session of the Nevada Legislature.

The proposals listed in this document are conceptual recommendations arranged by topic in no particular order and do not necessarily have the support of the Committee Chair or members. Members may accept, reject, modify, or take no action on any of the proposals. Although possible actions may be identified within each recommendation, the Committee may choose to take any of the following actions: (1) draft legislation such as a bill draft request or resolution; (2) write a letter on behalf of the Committee; or (3) include a statement in the Committee's final report. Pursuant to NRS 218D.160, the Committee is limited to ten legislative measures and must submit them for drafting by September 1, 2014, unless the Legislative Commission authorizes submission of a request after that date. (The deadline is extended to September 2, 2014, since September 1 falls on a holiday.)

The Committee members may use a consent calendar to approve proposals that need no further consideration or clarification beyond what is set forth in the "Work Session Document." Items on the consent calendar primarily include Committee letters and statements in the final report. Any Committee member may request that one or more items on the consent calendar be removed for further discussion and consideration.

Committee members should be advised that Legislative Counsel Bureau (LCB) staff may, at the direction of the Chair, coordinate with interested parties to obtain additional information for drafting purposes or to be included in the final report. Also, recommendations may contain an unknown fiscal impact or be modified by being combined with similar proposals.

Finally, supporting documents for some recommendations may be obtained by contacting Kirsten Coulombe, Senior Research Analyst, Research Division, LCB, at (775) 684-6825.

RECOMMENDATIONS

Recommendations Nos. 1, 2, 3, 5, 6, 8, 9, 11, and 14 included in the listing below have been placed on a Consent Calendar by the Chair to assist the Committee in quickly taking action on certain selected items. Committee members may request to remove items from this list for further discussion and consideration.

Proposals Relating to Employment of Adults With Special Needs

1. **Send a letter** to the Governor, the Department of Health and Human Services (DHHS), the Department of Employment, Training and Rehabilitation (DETR), and the Department of Education in support of Executive Order 2014-16, "Establishing the Governor's Taskforce on Integrated Employment," for persons with intellectual and developmental disabilities.

(Recommended by Sherry Manning, Executive Director, Nevada Governor's Council on Developmental Disabilities)

BACKGROUND: Presenters testified at the May 21, 2014, meeting on the topic of integrated employment and the philosophy of Employment First. Integrated employment focuses on finding jobs for persons with disabilities in the general workforce compared to facility-based employment. According to Ms. Manning, the letter of support will provide additional confirmation of Nevada's commitment to integrated employment for persons with intellectual and developmental disabilities. See Attachment A for Executive Order 2014-16.

2. **Send a letter** to the Governor, the Senate Committee on Finance, and the Assembly Committee on Ways and Means in support of the request for seven new positions in the Rehabilitation Division, DETR, budget for State Fiscal Year 2016-2017.

(Recommended by Shelley Hendren, Administrator, Rehabilitation Division, DETR)

BACKGROUND: This recommendation was received via e-mail. According to Ms. Hendren, the addition of seven new positions (five Workforce Services Representative IV positions and two Vocational Evaluation II positions) would expand the Job Development Program for clients of the Bureau of Vocational Rehabilitation and the Bureau of Services to Persons Who Are Blind or Visually Impaired to improve the number and quality of successful employment outcomes.

3. **Send a letter** to the Senate Committee on Finance and the Assembly Committee on Ways and Means in support of maintaining efforts by the Rehabilitation Division, DETR, to maximize federal funding for integrated employment.

(Recommended by Scott W. Harrington, Ph.D., Youth Transition Director, Nevada Center for Excellence in Disabilities [NCED], University of Nevada, Reno [UNR])

BACKGROUND: Presenters testified at the May 21, 2014, meeting on the availability of federal funding through the Rehabilitation Service Administration that allows for a 4:1 match of State funds up to a maximum federal match of approximately \$20 million. Currently, DETR enters into a third-party cooperative agreement with the Washoe County School District to supplement State General Funds for the Vocational Opportunities for Inclusive Career Education (VOICE) project, which is available for individuals up to the age of 22 years.

4. **Draft a bill** to require the Aging and Disability Services Division (ADSD), DHHS, in their application process for Jobs and Day Training (JDT) providers to give preference to applicants that employ persons with disabilities at or above minimum wage.

(Recommended by Assemblywoman Teresa Benitez-Thompson, Chair, Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs)

BACKGROUND: At the July 9, 2014, meeting, there was a discussion on the wage level provided to persons with disabilities employed through Jobs and Day Training programs. Concern regarding individuals with disabilities not receiving minimum wage was noted.

5. **Send a letter** to the Governor, the Senate Committee on Finance, and the Assembly Committee on Ways and Means in support of increasing the Medicaid reimbursement rate for providers of Jobs and Day Training in the *Executive Budget* for the 2015-2017 Biennium.

(Recommended by Lisa Foster, Lisa Foster Consulting)

BACKGROUND: Ms. Foster testified at the May 21, 2014, meeting that providers of JDT have not received an increase in their Medicaid reimbursement rate since 2006 although employer related costs have increased. Also, a 2002 Strategic Plan for Provider Rates recommended the State rebase the rate for JDT providers every five years while increasing rates according to the inflation index for the interim years.

The current reimbursement rates for providers of JDT range from \$25.01 an hour to \$100.03 a day. These rates are submitted as part of the *Executive Budget* for the ADSD.

Proposals Relating to Medical and Other Related Facilities

6. **Include a statement in the final report** in support of legislation similar to the Caregiver Advise, Record, Enable (CARE) Act.

(Recommended by Barry Gold, Director, Government Relations, AARP Nevada)

BACKGROUND: Mr. Gold testified at both the May 21 and July 9, 2014, meetings about a proposed CARE Act which would create a system for family caregivers to be recognized, notified, and included in discharge planning from hospital facilities. According to Mr. Gold, an individual legislator will be sponsoring a bill modeled after the CARE Act as detailed in Attachment B.

7. **Draft a bill** to improve resident care in skilled nursing facilities by:
 - a. Establishing staffing ratios in skilled nursing facilities of 4.1 hours of direct care per resident, comprising 2.8 hours for certified nursing assistants and 1.3 hours for licensed staff, as recommended by the National Consumer Voice for Quality Long-Term Care; and
 - b. Establishing a maximum time of 20 minutes by which staff of a nursing facility must respond to a resident's request for assistance through the use of a call light.

(Part a. recommended by Heather Korbolic, State Long-Term Care Ombudsman, ADSD, DHHS, while a. and b. recommended by Assemblywoman Teresa Benitez-Thompson, Chair, Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs)

BACKGROUND: Presenters testified at the January 15 and July 9, 2014, meetings on staffing levels in skilled nursing facilities as part of the discussion on Nevada's grade in the Nursing Home Report Card. Testimony referenced Nevada's level of direct care that averages 2.14 hours per resident and concerns that staffing levels can contribute to deficiencies.

Also, testimony during the January 15, 2014, meeting explained the inspection process for skilled nursing facilities by the Division of Public and Behavioral Health (DPBH), DHHS. Part of the inspection process includes the determination of whether staffing levels meet the needs of residents. Concern about inadequate response times to call lights was noted.

See Attachment C for background information on recommended staffing ratios by the National Consumer Voice for Quality Long-Term Care.

8. **Send a letter** to the DHHS in support of increased positions within the Bureau of Health Care Quality and Compliance, DPBH, for the purpose of conducting inspections at medical and other related facilities.

(Recommended by Assemblywoman Teresa Benitez-Thompson, Chair, Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs)

BACKGROUND: The Bureau of Health Care Quality and Compliance, DPBH, DHHS, has reportedly experienced delays in conducting inspections at medical facilities, such as hospitals, due to an increase in the number of facilities to inspect concurrent with staff vacancies.

9. **Send a letter** to the DHHS in support of increased funding for the State Long-Term Care Ombudsman Program in the *Executive Budget* for the 2015-2017 Biennium.

(Recommended by Heather Korbolic, State Long-Term Care Ombudsman, ADSD, DHHS)

BACKGROUND: Ms. Korbolic testified at the January 15, 2014, on the State Long-Term Care Ombudsman program administered by the ADSD. The Ombudsman program advocates for residents seeking assistance and complaint resolution in long-term care facilities.

Proposal Relating to Health Care Decisions

10. **Draft a bill** to create a Power of Attorney for Health Care Decisions for persons with intellectual or developmental disabilities. This form would be different than the Power of Attorney for Health Care Decisions form set forth in NRS 162A.860. The new form would enable adults over 18 years of age with intellectual or developmental disabilities to receive assistance in making medical decisions.

(Recommended by Mary Bryant, Project Coordinator, Self-Determination, Advocacy and Families, NCED, UNR)

BACKGROUND: Ms. Bryant testified at the May 21, 2014, meeting that the proposed Durable Power of Attorney for Health Care Decisions will enable people with intellectual disabilities to obtain the assistance needed with important medical decisions without having to submit to a guardianship and the resulting loss of control. The document would be written in a way that many people with intellectual disabilities would understand and could sign.

See Attachment D for proposed language of the new Durable Power of Attorney for Health Care Decisions form.

Proposal Relating to Services for Senior Citizens and Adults With Special Needs

11. **Send a letter** to the DHHS in support of an ADSD budget request to update the strategic plans for senior citizens and persons with disabilities, including a revised Nevada *Olmstead* plan in the *Executive Budget* for the 2015-2017 Biennium.

(Recommended by the Nevada Commission on Services for Persons with Disabilities and the Nevada Commission on Aging)

BACKGROUND: Testimony by staff of the ADSD at the July 9, 2014, meeting indicated the current strategic plans for seniors and persons with disabilities and Nevada's *Olmstead* plan were initially adopted as ten-year plans and are now out of date. Discussion also cited concern about recent *Olmstead* enforcement efforts by the United States Department of Justice.

In 2001, the agency costs to implement both plans were \$250,000. Therefore, it is estimated that the ADSD would need approximately the same amount, or more, of the prior costs to update the aforementioned plans.

Proposals Relating to Persons who are Deaf or Hard of Hearing

12. **Draft a bill** to broaden the scope of the Program to Provide Devices for Telecommunication to Persons With Impaired Speech or Hearing by amending the statutes (primarily NRS Chapter 427A, "Services to Aging Persons and Persons With Disabilities") to include assistance services and a non-exclusive list of activities in which the service centers may engage. Below are examples of the list of activities.

- Assist consumers in accessing resources such as hearing aids, electrolarynx, and other assistive devices;
- Expand and build service capacity in areas where need exists but services do not;
- Provide orientation and transition assistance to newly deafened or speech-impaired individuals, including veterans and seniors;
- Support telecommunications equipment distribution; and
- Provide classes in sign language for consumers.

(Recommended by the Nevada Commission on Services for Persons with Disabilities)

BACKGROUND: Testimony at the May 21, 2014, meeting discussed funding for two of the regional centers through a surcharge on all wired and wireless phone lines. In 2013, a budget submitted by the ADSD was contested by the Public Utilities Commission of Nevada (PUCN). The PUCN issued a ruling that limited the services provided by the centers to directly relate to equipment and regulation of interpreters and realtime captioning. The ADSD appealed the ruling, which is now under judicial review by the Nevada Supreme Court.

13. **Draft a bill** to establish an advisory board to assist the ADSD in the oversight of interpreters set forth in NRS Chapter 656A, "Interpreters and Realtime Captioning Providers." The board would have nine members and the following composition and duties:

- i. One nationally certified interpreter with five or more years of certified interpreting status;
- ii. One Educational Interpreter Performance Assessment (EIPA) and Registry of Interpreters for the Deaf, Inc. (RID) certified interpreter (Educational Certificate: K-12) with five or more years of certified experience;
- iii. One RID consumer of interpreting services with five or more years of certified experience as such a consumer;
- iv. One provider of American Sign Language interpreting services with interpreting experience in one of the following settings: (1) educational; (2) medical; or (3) legal;
- v. One consumer of interpreting services who is deaf;
- vi. One RID certified interpreter;
- vii. One attorney with experience in the Americans with Disabilities Act and business law;
- viii. One Interpreter Preparation Program postsecondary representative; and
- ix. One representative from the ADSD.

a. Duties of the board shall include:

- i. In consultation with the ADSD, processing new applications for registering interpreters in Nevada;
- ii. Monitoring and encouraging additional training opportunities for interpreters;
- iii. Establishing standards for waiver of registration requirements in NRS 656A.100;
- iv. Reviewing and resolving complaints or making recommendations to the ADSD regarding disciplinary action;
- v. Reviewing and evaluating the feasibility of the board becoming a licensing authority over interpreters; and
- vi. Reporting recommendations to the Legislature prior to the 2017 Legislative Session.

b. The board will be subject to the Open Meeting Law; ethics provisions and auditing and budgeting requirements applicable to occupational boards; and the general provisions in NRS Chapter 232A ("Boards, Commissions and Similar Bodies") regarding residency, vacancies, etc.

c. The Governor shall make the appointments and, after the initial staggered terms, each member shall serve a term of four years.

(Recommended by Kimberlee Holloway, Member, NVRID)

BACKGROUND: Ms. Holloway presented testimony during the May 21, 2014, meeting on the need for an advisory board. Although Chapter 656A of the NRS makes the ADSD responsible for registration and discipline of interpreters in Nevada, the interpreting community is seeking a board to assist the ADSD with its regulatory responsibilities and also to work toward increasing the number and qualifications of interpreters.

**Proposal Relating to Services for
Persons who are Blind or Visually Impaired**

14. **Send a letter** to the Governor, the DHHS, the Senate Committee on Finance, and the Assembly Committee on Ways and Means to support increased funding of approximately \$500,000 in the ADSD budget for the 2015-2017 Biennium for independent living services.

(Recommended by the Nevada Commission on Services for Persons with Disabilities)

BACKGROUND: Presenters testified at the May 21, 2014, meeting regarding the need to expand services available through the independent living services. The ADSD budget request would assist persons who are visually impaired with independent living services, unrelated to employment, to include: (1) orientation and mobility training; and (2) assistive technology evaluations, devices, and training.



Commission on Services for Persons with Disabilities



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Committee Members

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Mary Bryant

Bill Heavilin

Gary Olsen

Jennifer Pharr

Jodi Sabal

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Nicole Schomberg

Karen Taycher

DATE

Dale Erquiaga, Superintendent
Department of Education
700 East Fifth Street
Carson City, Nevada 89701

Mr. Erquiaga:

The Nevada Commission on Services for Persons with Disabilities (CSPD) works with the Aging and Disability Services Division (ADSD) and their mission is to facilitate and enhance the quality of life and services for children and adults with disabilities in Nevada. Toward that end, CSPD is requesting, from the Department of Education, a collaborative effort by both parties to conduct a comprehensive review of Deaf education policies in all areas of education. We would be happy to broker a meeting between all parties to discuss this important collaborative effort.

Thank you for your consideration.

Sincerely

Brian Patchett, Chair
Commission on Services for People with Disabilities (CSPD)



Commission on Services for Persons with Disabilities



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DATE

Romaine Gilliland, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, Nevada 89706

Mr. Gilliland:

The Commission on Services for People with Disabilities (CSPD) would like to support additional monies for the upcoming Fiscal Year 2016-2017 Biennium. The additional monies would be used by the Aging and Disability Services Division (ADSD), within their Developmental Services (DS) agency to decrease the wait list. The mission of CSPD is to facilitate and enhance the quality of life and services for children and adults with disabilities in Nevada. Toward that end, no person should have to wait more than 90 days to receive the critical services that are provided by Developmental Services.

Thank you for your consideration.

Sincerely

Brian Patchett, Chair
Commission on Services for People with Disabilities (CSPD)



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DATE

Romaine Gilliland, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, Nevada 89706

Mr. Gilliland:

The Nevada Commission on Services for Persons with Disabilities (CSPD) is supporting additional funding within the Fiscal Year 2016-2017 Biennium for the Aging and Disability Services Division. The funding should be allocated to ADSD to expand the Communication Access Program to include a Social Service Program Specialist to coordinate interpretation availability as well as a pool of highly qualified interpreters to be available across Nevada. It is recommended that there be seven interpreters to:

- 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
- Provide mentoring to under-skilled interpreters registered and working in Nevada, especially in the rural areas and school districts.

Thank you for your consideration.

Sincerely

Brian Patchett, Chair
Commission on Services for People with Disabilities (CSPD)



Commission on Services for Persons with Disabilities



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Nevada System of Higher Education
2601 Enterprise Road
Reno, Nevada 89512

Mr. Erquiaga:

The Nevada Commission on Services for Persons with Disabilities (CSPD) would like to extend its support to the Nevada System of Higher Education toward developing Bachelor degree programs geared toward graduating students who are prepared to provide an array of interpretation services. As you may know, the number of interpreters in Nevada is limited; with further limitations by the amount of unskilled interpreters currently in the workforce. CSPD would like to support a variety of programs that would ensure that graduates are qualified to interpret in a variety of settings, including:

- Educational work in K-12 settings
- Community sign language interpreters, including medical and legal settings
- Interpreters who are Dual Registered (both K-12 settings, medical, legal, and any other setting/need)
- Communication Access Realtime Translation (CART) caption providers

CSPD works with the Aging and Disability Services Division (ADSD). We would be happy to broker a meeting between all parties to discuss this important initiative.

Thank you for your consideration.

Sincerely

Brian Patchett, Chair
Commission on Services for People with Disabilities (CSPD)



Commission on Services for Persons with Disabilities



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DATE

Governor Brian Sandoval
101 N. Carson Street
Carson City NV 89701

Governor Sandoval:

On behalf of the Nevada Commission on Services for Persons with Disabilities (CSPD) I would like to offer support to the Governor's Office in favor of ensuring that the Department of Health and Human Services (DHHS) develop Bill Draft Requests (BDRs), including any necessary appropriation of funding, specific to:

- Updating the Olmstead plan and all other long-term strategic plans specific to the Aging and Disability Services Division (ADSD) related to persons who are Older and/or have disabilities
- Amending NRS 427A.797 as it relates to setting a surcharge on each access line of each customer to the local exchange of any telephone company providing such lines in Nevada and on each personal wireless access line, with the following specificity:
 - Amending the statute to broaden how the funds are used to include a range of services and/or activities and supports in centers funded with these dollars
 - Deleting the term "Deaf Center" in the statute and replace it with "Deaf Service Center," and include general definitions regarding services and/or activities that the centers can provide (a larger suggested list can be provided)
- Amending NRS 656A to limit the length of time people remain in unskilled categories, including any related fines for interpreters that do not comply
 - Amending the statute to include possible exceptions and/or extenuating circumstances
 - Amending the statute to include timeframes (suggest 3 years) and fines for noncompliance
- Developing a Down Syndrome Prenatal Education Act similar to one passed in Pennsylvania

The Bill Draft Request (BDR) suggestions noted above are necessary to fully support persons who receive services by ADSD, and other human services organizations, to promote services at the community level that promote equal opportunity and community inclusion, including the development of a Down Syndrome Prenatal Education Act. In addition, updating strategic planning documents are a vital part of the work conducted by ADSD in support of people with disabilities as well as the advocacy work of CSPD to inform elected officials of the need for funding critical programs.

Changes are also necessary regarding NRS 656A to ensure that interpretation and translation services currently provided by persons who are paid to perform these functions and/or job duties meet a minimum standard of qualifications and certification level. Designating qualifications, including levels of certification, ensures that paid interpreters, and/or persons who provide translation services, provide the most effective, up-to-date, and culturally competent service. Changes in statute should include:

- Communication Access Realtime Translation (CART) caption providers
- Educational work in K-12 settings
- Community sign language interpreters who work in settings other than K-12, such as medical and legal
- Dual registered (both K-12 and community settings)

Thank you for your consideration.

Sincerely

Brian Patchett, Chair
Commission on Services for People with Disabilities (CSPD)

CC: Mike Willden, Governor's Office, Chief of Staff
Romaine Gilliland, Director, DHHS
Kirsten Coulombe, Senior Research Analyst, Legislative Counsel Bureau



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Romaine Gilliland, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, Nevada 89706

Mr. Gilliland:

The Nevada Commission on Services for Persons with Disabilities (CSPD) has voted in support of a budget request within the Fiscal Year 2016-2017 Biennium to update the Nevada Olmstead plan. Funding should be allocated to the Nevada Aging and Disability Services Division (ADSD) to update of the Nevada Strategic Plan for Seniors and People with Disabilities as an essential plan to improve disability services in Nevada. The funding should also including personnel within the Disability Services Unit who will be responsible for monitoring compliance and updating plans on an ongoing basis.

Thank you for your consideration.

Sincerely

Brian Patchett, Chair
Commission on Services for People with Disabilities (CSPD)



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Romaine Gilliland, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, Nevada 89706

Mr. Gilliland:

The Nevada Commission on Services for Persons with Disabilities (CSPD) has voted in support of Executive Order 2014-16 "Establishing the Governor's Taskforce on Integrated Employment," for persons with intellectual and developmental disabilities. The Commission would like to endorse Nevada's commitment to integrated employment and the philosophy of employment first.

Thank you for your consideration.

Sincerely

Brian Patchett, Chair
Commission on Services for People with Disabilities (CSPD)

CC: Governor's office, DETR, DOE



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September 15, 2014

Assemblywoman Teresa Benitez-Thompson
P.O Box 20637
Reno, NV 89515

Ms. Benitez-Thompson:

On behalf of the Nevada Commission on Services for Persons with Disabilities (CSPD) I would like to extend our gratitude for the hard work and advanced efforts being made by the Committee on Senior Citizens, Veterans and Adults with Special Needs. The CSPD and its Subcommittees have worked diligently to facilitate and enhance the quality of life and services for children and adults with disabilities. We greatly appreciate your support to the CSPD by including a bill draft to amend NRS 427A regarding services to aging and persons with disabilities and sending a letter to the Department of Health Human Services in support of an ADSD budget request to update the strategic plans for senior citizens and persons with disabilities. Thank you for your service. It has been a pleasure working with you and your staff.

Sincerely

Brian Patchett, Chair
Commission on Services for People with Disabilities

SUMMARY OF RECOMMENDATIONS

LEGISLATIVE COMMITTEE ON SENIOR CITIZENS, VETERANS AND ADULTS WITH SPECIAL NEEDS

Nevada Revised Statutes 218E.750

This summary presents recommendations approved by the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs at its final work session meeting on August 15, 2014. The bill draft requests (BDRs) will be submitted to the 78th Legislative Session for its consideration in 2015.

RECOMMENDATIONS FOR LEGISLATION

1. **Draft a bill** to require the Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS), in their application process for Jobs and Day Training providers, to give preference to applicants who employ persons with disabilities at or above minimum wage. **(BDR -416)**
2. **Draft a bill** to improve resident care in skilled nursing facilities by:
 - a. Establishing staffing ratios in skilled nursing facilities of 4.1 hours of direct care per resident, comprising 2.8 hours for certified nursing assistants and 1.3 hours for licensed staff, as recommended by the National Consumer Voice for Quality Long-Term Care; and
 - b. Establishing a maximum time of 20 minutes by which staff of a nursing facility must respond to a resident's request for assistance through the use of a call light. **(BDR -417)**
3. **Draft a bill** to create a Power of Attorney for Health Care Decisions for persons with intellectual or developmental disabilities. This form would be different than the Power of Attorney for Health Care Decisions form set forth in *Nevada Revised Statutes* (NRS) 162A.860. The new form would enable adults over 18 years of age with intellectual or developmental disabilities to receive assistance in making medical decisions. **(BDR -418)**
4. **Draft a bill** to broaden the scope of the Program to Provide Devices for Telecommunication to Persons With Impaired Speech or Hearing by amending the statutes (primarily NRS Chapter 427A, "Services to Aging Persons and Persons With Disabilities") to include assistance services and a non-exclusive list of activities in which the service centers may engage. **(BDR -419)**
5. **Draft a bill** to establish an advisory board to assist the ADSD in the oversight of interpreters as set forth in NRS Chapter 656A, "Interpreters and Realtime Captioning Providers." **(BDR -420)**

RECOMMENDATIONS FOR COMMITTEE LETTERS

6. **Send a letter** to the Governor, DHHS, the Department of Employment, Training and Rehabilitation (DETR), and the Department of Education in support of Executive Order 2014-16, "Establishing the Governor's Taskforce on Integrated Employment," for persons with intellectual and developmental disabilities.
7. **Send a letter** to the Governor, the Senate Committee on Finance, and the Assembly Committee on Ways and Means in support of the request for seven new positions in the Rehabilitation Division, DETR, budget for Fiscal Year 2016-2017.
8. **Send a letter** to the Senate Committee on Finance and the Assembly Committee on Ways and Means in support of maintaining efforts by the Rehabilitation Division, DETR, to maximize federal funding for integrated employment.
9. **Send a letter** to the Governor, the Senate Committee on Finance, and the Assembly Committee on Ways and Means in support of increasing the Medicaid reimbursement rate for providers of Jobs and Day Training in the *Executive Budget* for the 2015-2017 Biennium.
10. **Send a letter** to the DHHS in support of additional positions within the Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, for the purpose of conducting inspections at medical and other related facilities.
11. **Send a letter** to the DHHS in support of increased funding for the State Long-Term Care Ombudsman Program in the *Executive Budget* for the 2015-2017 Biennium.
12. **Send a letter** to the DHHS in support of an ADSD budget request to update the strategic plans for senior citizens and persons with disabilities, including a revised Nevada *Olmstead* plan, in the *Executive Budget* for the 2015-2017 Biennium.
13. **Send a letter** to the Governor, the DHHS, the Senate Committee on Finance, and the Assembly Committee on Ways and Means in support of increased funding of approximately \$500,000 for independent living services in the ADSD budget for the 2015-2017 Biennium.

RECOMMENDATIONS FOR STATEMENTS IN THE FINAL REPORT

14. **Include a statement in the final report** in support of legislation similar to the Caregiver Advise, Record, Enable (CARE) Act.

Agenda Item V

**Update and Report
on State**

**Independent Living
Plan from Northern
Nevada**

Independent living

State Plan for Independent Living (SPIL) for NV 2014-2016

Goal	Objective	Time Frame Start Date	Time Frame End Date	Responsible Entity
1. Support a comprehensive Statewide IL Services Program	1.1 Ensure IL services are provided in accordance with an IL plan	10/1/2013 - IL plan developed for 90% of applicants each year between 10-1 and 9-30	9/30/2016	ADSD
	1.2 Ensure services are provided in the most integrated setting	10/1/2013 - A. 50 Nevadans will be diverted or transitioned from nursing facility care (at least 25 of the 50 will be transitioned). B. 25 Nevadans will receive coordinated services from the Vocational Rehabilitation and Independent Living Services programs	9/30/2016	ADSD - coordinator SILC - monitor
	1.3 Ensure services to underserved populations	10/1/13 - SILS demographics will be measured at the conclusion of each year and, if a target population is not being adequately reached, an outreach plan will be developed to specifically target that population	9/30/2016	ADSD (SILS program)
	1.4 SILC will present compliance progress "report card" to the CSPD	10/1/2013 - SILC member will attend a meeting with the CSPD to discuss Nevada's 2010 Olmstead progress report	9/30/2014 - first report to CSPD, more to follow if necessary	SILC

<p>2. Expand and improve the provision of IL services throughout Nevada</p>	<p>2.1 Provide an appropriate, accessible and affordable network of IL rehab services</p>	<p>10/1/2013 - at least 200 people receive SILS services each FY</p>	<p>9/30/2016</p>	<p>ADSD</p>
	<p>2.2 Coordinate services to older individuals who are blind</p>	<p>10/1/2013 - OBIL and SILS program will be jointly serve 15 consumers each FY</p>	<p>9/30/2016</p>	<p>ADSD (cooperative agreement with OBIL, VR and SILS)</p>
	<p>2.3 Monitor utilization of, and encourage partners to establish collaborative opportunities and pursue fee based activities with Positive Behavioral Supports (PBS) and similar services so individuals with difficult behaviors will be better able to receive services in their community</p>	<p>10/1/2013 - report the amount of general funds distributed through Aging and Disability Services to PBS. Compile and identify agencies that sought fee based services as well as staff training that provided services to individuals with difficult behaviors. Goal is to maintain the current level of general funds allocated to PBS and establish at least one new provider training and technical assistance project each year.</p>	<p>9/30/2016</p>	<p>SILC (CIL)</p>
<p>3. Support a statewide network of centers for independent living (CILs)</p>	<p>3.1 Explore options to add fee-for-service operations to the menu of CIL services</p>	<p>10/1/2013 - SILC establish work group with at least 1 SILC member and representation from both SNCIL and NNCIL 9/30/15 - work group provide report</p>	<p>9/30/2014 9/30/2015</p>	<p>SILC (CIL)</p>

	<p>3.2 Explore options to develop a statewide survey on IL services and needs</p>	<p><u>12/31/2013</u> - SILC will have established a work group comprised with at least 1 SILC member, representation from both SNCIL and NNCIL, and representation from ADSD <u>3/31/2014</u> - work group will provide report to the SILC of identified surveys and estimated costs for the completion of those surveys <u>6/30/2014</u> - SILC will have explored potential funding opportunities to complete a statewide survey. Plan will be put into place to secure funding if an opportunity can be identified</p>	<p>12/31/2013 3/31/2014 6/30/2014</p>	<p>SILC, NNCIL, SNCIL, ADSD</p>
<p>4. Support improvement, expansion and coordination of disability services throughout Nevada</p>	<p>4.1 Create opportunities for IL professional to partner with students in the school transition process from EI to school, and school to adult life</p>	<p><u>9/30/14</u> - (each FY) SILC will request transition data from relevant agencies for children moving into and out of the school system. The data will be reviewed by the SILC and if appropriate, recommendations made for improved involvement in the transition process</p>	<p>9/30/2014 9/30/2015 9/30/2016</p>	<p>ADSD, VR</p>
	<p>4.2 Expand the availability of community-based training and supports for individuals who are blind or visually impaired</p>	<p><u>9/30/14</u> - (each FY) VR will report the number of collaborative Town Hall Meetings and the feedback received from the meetings</p>	<p>9/30/2014 9/30/2015 9/30/2016</p>	<p>VR</p>

	<p>4.3 Monitor implementation and use of the accessible housing database to ensure it is a functional tool</p>	<p>12/31/13 - ADSD report on the housing registry including number of responding properties, overview of the registry and data being collected, and report of issues discovered</p> <p>6/30/2014 - ADSD report on the housing registry including number of responding properties, overview of the registry and data being collected, and report of issues discovered</p> <p>9/30/14 - ADSD report on the housing registry including number of responding properties, overview of the registry and data being collected, and report of issues discovered .</p> <p>The data will be reviewed by the SILC, compared to the data from two earlier reports and, if appropriate, recommendations made for improvement.</p>	<p>12/21/2013 6/30/2014 9/30/2014</p>	<p>ADSD</p>
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	<p>4.4 Expand the availability and use of qualified interpreters in medical and legal settings</p>	<p><u>6/30/2014</u> - strategic plan for persons who are deaf or hard of hearing will be completed; SILC will participate in stakeholder survey <u>6/30/2015</u> - action will be taken on at least two recommendations in the strategic plan</p>	<p>6/30/2014 6/30/2015</p>	<p>ADSD, SILC</p>
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State Plan for Independent Living (SPIL) for NV 2014-2016

Goal	Objective	Time Frame Start Date	Time Frame End Date	Responsible Entity
A. Support a comprehensive Statewide IL Services Program	<p>A.1 Each year, at least 90% of those applying for services will have an Independent Living plan.</p> <p>A.2 Services for people with disabilities are provided in the most integrated setting.</p>	<p>10/1/2013 - IL plan developed for 90% of applicants each year between 10-1 and 9-30</p> <p>10/1/2013 - A. 50 Nevadans will be diverted or transitioned from nursing facility care (at least 25 of the 50 will be transitioned). B. 25 Nevadans will receive coordinated services from the Vocational Rehabilitation and Independent Living Services programs</p>	<p>September 2014, 2015, 2016</p> <p>September 2014, 2015, 2016</p>	<p>ADSD</p> <p>ADSD - coordinator SILC - monitor</p>
	<p>A.3 Provide targeted outreach to underserved populations.</p>	<p>10/1/13 - SILS demographics will be measured at the conclusion of each year and, if a target population is not being adequately reached, an outreach plan will be developed to specifically target that population</p>	<p>September 2014, 2015, 2016</p>	<p>ADSD (SILS program)</p>
B. Expand and improve the provision of IL services throughout Nevada	<p>B.1 Eliminate the waitlist for IL services by the end of state fiscal year (SFY) 2016.</p>	<p>10/1/2014 - SILC support ADSD to secure the necessary State resources.</p>	<p>9/30/2016</p>	<p>ADSD</p>
	<p>B.2 Coordinate services to older individuals who are blind</p>	<p>10/1/2013 - OBIL and SILS program will be jointly serve 15 consumers each FY</p>	<p>September 2014, 2015, 2016</p>	<p>ADSD (cooperative agreement with OBIL, VR and SILS)</p>

<p>C. Support a statewide network of centers for independent living (CILs)</p>	<p>C.1 Establish collaborative opportunities and pursue fee-based activities with Positive Behavioral Supports (PBS)</p>	<p>10/1/2013 - SILC supports ADSD to monitor throughout each year and report the amount of general funds distributed through ADSD to PBS.</p>	<p>September 2014, 2015, 2016</p>	<p>SILC (CIL)</p>
	<p>C.2 Identify and collaborate with communities and stakeholders to raise awareness of CIL services and determine ways services can be funded and implemented to be responsive to community needs.</p>	<p>SILC and CILs will research other states to identify best practices used by successful CILs and determine if they can be adapted to raise awareness and garner community level support.</p>	<p>September 2015 & 2016</p>	<p>SILC, CILs</p>
	<p>C.3 Work with communities and stakeholders to explore ways to expand future CIL services.</p>		<p>September 2015 & 2016</p>	
	<p>C.4 Explore options and develop a statewide survey on IL services and IL needs.</p>	<p>SILC to explore other surveys completed by other SILCs and CILs.</p>	<p>8/1/15, 11/30/15</p>	
<p>D. Support improvement, expansion and coordination of disability services throughout Nevada</p>	<p>D.1 Coordinate the transition of youth with disabilities from school to adult life</p>	<p>9/30/14 - (each FY) SILC and DSU work with relevant stakeholders to improve the continuum of services for children with disabilities to coordinate resources during transitional phases, and ensure IL service agencies are an involved partner.</p>	<p>September 2014, 2015, 2016</p>	<p>SILC & DSU</p>

	<p>D.2 Expand the availability of community-based training and supports for individuals who are blind or visually impaired</p>	<p>SILC will collect information and data and recommend actions to be taken to be responsive to community needs.</p>	<p>9/30/2015</p>	<p>VR</p>
	<p>D.3 Improve the availability and use of qualified interpreters.</p>	<p>Working with the Subcommittee on CSPD, hard of hearing, or speech disabled, ADSD will explore opportunities for the expansion of resources to facilitate the communication needs of Deaf individuals in medical and legal settings, and when a Certified Deaf Interpreter is needed.</p>	<p>6/30/2015 9/30/2015</p>	<p>ADSD</p>

SPIL Instrument - 2013 Extension

STATE: NEVADA

**STATE PLAN FOR
INDEPENDENT LIVING
(SPIL)**

**Chapter 1, Title VII of the Rehabilitation Act of 1973,
as Amended**

**STATE INDEPENDENT LIVING SERVICES (SILS) PROGRAM- PART B
Centers for Independent Living (CIL) Program- Part C**

FISCAL YEARS 2014-16

Effective Date: October 1, 2013

(SUBJECT TO REVISIONS)

TABLE OF CONTENTS

Part I: Assurances

Section 1: Legal Basis and Certifications	3
Section 2: SPIL Development	3
Section 3: Independent Living Services	5
Section 4: Eligibility	5
Section 5: Staffing Requirements	5
Section 6: Fiscal Control and Fund Accounting	6
Section 7: Record-Keeping, Access and Reporting	6
Section 8: Protection, Use and Release of Personal Information	7
Section 9: Signatures.....	7

Part II: Narrative

Section 1: Goals, Objectives and Activities.....	8
Section 2: Scope, Extent, and Arrangements of Services	23
Section 3: Design for the Statewide Network of Centers	27
Section 4: Designated State Unit (DSU)	29
Section 5: Statewide Independent Living Council (SILC)	30
Section 6: Service Provider Requirements	32
Section 7: Evaluation	36
Section 8: State-Imposed Requirements	37

PART I: Assurances

State of: NEVADA

Section 1: Legal Basis and Certifications

- 1.1 The designated State unit (DSU) eligible to submit the State Plan for Independent Living (SPIL or the plan) and authorized under State law to perform the functions of the State under the State Independent Living Services (SILS) and Centers for Independent Living (CIL) programs is the State of Nevada Rehabilitation Division. *34 CFR 76.104(a)(1) and (2); 34 CFR 364.22(a)*
- 1.2 The separate State agency eligible to submit the plan and authorized under State law to provide vocational rehabilitation (VR) services to individuals who are blind is not applicable in Nevada. *34 CFR 76.104(a)(1) and (2); 34 CFR 364.20(d) and 364.22(c)*
- 1.3 The Statewide Independent Living Council (SILC) that meets the requirements of section 705 of the Act and is authorized to perform the functions outlined in section 705(c) of the Act in the State is the Nevada Statewide Independent Living Council. *34 CFR 364.21(a)*
- 1.4 The DSU and, if applicable, the separate State agency authorized to provide VR services to individuals who are blind, and the SILC are authorized to jointly develop, sign and submit this SPIL on behalf of the State, and have adopted or otherwise formally approved the SPIL. *34 CFR 76.104(a)(7); 34 CFR 364.20(c) and (d)*
- 1.5 The DSU, and, if applicable, the separate State agency authorized to provide VR services to individuals who are blind, may legally carry out each provision of the plan and will comply with all applicable Federal statutes and regulations in effect with respect to the three-year period it receives funding under the SPIL. *34 CFR 76.104; 34 CFR 80.11(c)*
- 1.6 The SPIL is the basis for State operation and administration of the program. All provisions of the SPIL are consistent with State law. *34 CFR 76.104(a)(4) and (8)*
- 1.7 The representative of the DSU and, if applicable, of the separate State agency authorized to provide VR services to individuals who are blind, who has the authority under State law to receive, hold, and disburse Federal funds made available under the SPIL and to submit the SPIL jointly with the SILC chairperson is Shelley Hendren, Administrator, Rehabilitation Division, Nevada Department of Employment, Training and Rehabilitation. *34 CFR 76.104(a)(5) and (6)*

Section 2: SPIL Development

- 2.1 The plan shall be reviewed and revised no less than once every three years, to ensure the existence of appropriate planning, financial support and coordination, and other assistance to appropriately address, on a statewide and comprehensive basis, the needs in the State for:

- the provision of State independent living services;
 - the development and support of a statewide network of centers for independent living; and
 - working relationships between programs providing independent living services and independent living centers, the vocational rehabilitation program established under title I, and other programs providing services for individuals with disabilities. *34 CFR 364.20(f)*
- 2.2 The DSU and SILC conduct public meetings to provide all segments of the public, including interested groups, organizations and individuals, an opportunity to comment on the State plan prior to its submission to the Commissioner and on any revisions to the approved State plan. *34 CFR 364.20(g)(1)*
- 2.3 The DSU and SILC establish and maintain a written description of procedures for conducting public meetings in accordance with the following requirements. The DSU and SILC shall provide:
- appropriate and sufficient notice of the public meetings (that is, at least 30 days prior to the public meeting through various media available to the general public, such as newspapers and public service announcements, and through specific contacts with appropriate constituency groups and organizations identified by the DSU and SILC);
 - reasonable accommodation to individuals with disabilities who rely on alternative modes of communication in the conduct of the public meetings, including providing sign language interpreters and audio-loops; and
 - public meeting notices, written material provided prior to or at the public meetings, and the approved State plan in accessible formats for individuals who rely on alternative modes of communication. *34 CFR 364.20(g)(2)*
- 2.4 At the public meetings to develop the State plan, the DSU and SILC identify those provisions in the SPIL that are State-imposed requirements beyond what would be required to comply with the regulations in 34 CFR parts 364, 365, 366, and 367. *34 CFR 364.20(h)*
- 2.5 The DSU will seek to incorporate into, and describe in, the State plan any new methods or approaches for the provision of IL services to older individuals who are blind that are developed under a project funded under chapter 2 of title VII of the Act and that the DSU determines to be effective. *34 CFR 364.28*
- 2.6 The DSU and SILC actively consult, as appropriate, in the development of the State plan with the director of the Client Assistance Program (CAP) authorized under section 112 of the Act. *34 CFR 364.20(e)*

Section 3: Independent Living Services

- 3.1 The State, directly or through grants or contracts, will provide IL services with Federal, State, or other funds. *34 CFR 364.43(b)*
- 3.2 Independent living services shall be provided to individuals with significant disabilities in accordance with an independent living plan mutually agreed upon by an appropriate staff member of the service provider and the individual, unless the individual signs a waiver stating that such a plan is unnecessary. *34 CFR 364.43(c)*
- 3.3 All service providers will use formats that are accessible to notify individuals seeking or receiving IL services under chapter 1 of title VII about:
- the availability of the CAP authorized by section 112 of the Act;
 - the purposes of the services provided under the CAP; and
 - how to contact the CAP. *34 CFR 364.30*
- 3.4 Participating service providers meet all applicable State licensure or certification requirements. *34 CFR 365.31(c)*

Section 4: Eligibility

- 4.1 Any individual with a significant disability, as defined in 34 CFR 364.4(b), is eligible for IL services under the SILS and CIL programs authorized under chapter 1 of title VII of the Act. Any individual may seek information about IL services under these programs and request referral to other services and programs for individuals with significant disabilities, as appropriate. The determination of an individual's eligibility for IL services under the SILS and CIL programs meets the requirements of 34 CFR 364.51. *34 CFR 364.40(a), (b) and (c)*
- 4.2 Service providers apply eligibility requirements without regard to age, color, creed, gender, national origin, race, religion or type of significant disability of the individual applying for IL services. *34 CFR 364.41(a)*
- 4.3 Service providers do not impose any State or local residence requirement that excludes any individual who is present in the State and who is otherwise eligible for IL services from receiving IL services. *34 CFR 364.41(b)*

Section 5: Staffing Requirements

- 5.1 Service provider staff includes personnel who are specialists in the development and provision of IL services and in the development and support of centers. *34 CFR 364.23(a)*
- 5.2 To the maximum extent feasible, a service provider makes available personnel able to communicate:

- with individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication devices, Braille or audio tapes, and who apply for or receive IL services under title VII of the Act; and
- in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under title VII of the Act. *34 CFR 364.23(b)*

5.3 Service providers establish and maintain a program of staff development for all classes of positions involved in providing IL services and, if appropriate, in administering the CIL program. The staff development programs emphasize improving the skills of staff directly responsible for the provision of IL services, including knowledge of and practice in the IL philosophy. *34 CFR 364.24*

5.4 All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will take affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act. *34 CFR 364.31*

Section 6: Fiscal Control And Fund Accounting

6.1 All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will comply with applicable EDGAR fiscal and accounting requirements and will adopt those fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of and accounting for those funds. *34 CFR 364.34*

Section 7: Recordkeeping, Access and Reporting

7.1 In addition to complying with applicable EDGAR recordkeeping requirements, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will maintain records that fully disclose and document:

- the amount and disposition by the recipient of that financial assistance;
- the total cost of the project or undertaking in connection with which the financial assistance is given or used;
- the amount of that portion of the cost of the project or undertaking supplied by other sources;
- compliance with the requirements of chapter 1 of title VII of the Act and Part 364 of the regulations; and
- other information that the Commissioner determines to be appropriate to facilitate an effective audit. *34 CFR 364.35(a) and (b)*

7.2 With respect to the records that are required by 34 CFR 364.35, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will submit reports that the Commissioner determines to be appropriate. *34 CFR 364.36*

Part II: Narrative

Section 1: Goals, Objectives and Activities

1.1 Goals and Mission – 34 CFR 364.42(b)(1)

State of: NEVADA

Describe the overall goals and mission of the State's IL programs and services. The SPIL must address the goals and mission of both the SILS and the CIL programs, including those of the State agency for individuals who are blind as they relate to the parts of the SPIL administered by that agency.

Mission:

Promote a philosophy of choice and control of one's life regarding independent living and equal opportunity for people with disabilities by supporting systems and resources at the community level.

Vision:

- People with disabilities will be involved in all levels of policy and decision-making which potentially impact their lives.
- People with disabilities will be the ultimate decision-makers in formulating the priorities for their Independent Living plans, with input from case managers and other experts when needed.
- Limited resources will be allocated in a way that balances the need to serve as many people as possible, while still providing a basic level of independence to those served.

Goals:

Goal A

Support a comprehensive Statewide Independent Living Services program.

Goal B

Expand and improve the provision of IL services throughout Nevada.

Goal C

Support a statewide network of centers for independent living (CILs).

Goal D

Support the improvement, expansion and coordination of disability services throughout Nevada.

1.2 Objectives – 34 CFR 364.42(a)(1) and (d); 34 CFR 364.32; 34 CFR 364.33

1.2A Specify the objectives to be achieved and the time frame for achieving them.

Objective A1: Each year, at least 90% of those applying for services will have an Independent Living plan.

Due Date: September 2014, 2015, 2016

Objective A2: To the greatest extent possible, services for people with disabilities are provided in the most integrated setting.

Plan: Aging and Disability Services Division will work cooperatively with Medicaid, Vocational Rehabilitation, the Commission on Services for Persons with Disabilities and other entities to spearhead initiatives that promote competitive integrated employment, and the coordination of vocational rehabilitation and independent living services to include the following timelines:

- 9/30/14- at least 50 Nevadans will be diverted or transitioned from nursing facility care (at least 25 of the 50 will be transitioned).
- 9/30/14 - At least 25 Nevadans will receive coordinated services from the Vocational Rehabilitation and Independent Living Services programs, with State Independent Living funds being leveraged to secure additional federal Vocational Rehabilitation dollars.
- 9/30/15- at least 50 Nevadans will be diverted or transitioned from nursing facility care (at least 25 of the 50 will be transitioned).
- 9/30/15 - At least 25 Nevadans will receive coordinated services from the Vocational Rehabilitation and Independent Living Services programs, with State Independent Living funds being leveraged to secure additional federal Vocational Rehabilitation dollars.
- 9/30/16- at least 50 Nevadans will be diverted or transitioned from nursing facility care (at least 25 of the 50 will be transitioned).
- 9/30/16 - At least 25 Nevadans will receive coordinated services from the Vocational Rehabilitation and Independent Living Services programs, with State Independent Living funds being leveraged to secure additional federal Vocational Rehabilitation dollars.

Objective A3

Provide targeted outreach to underserved populations.

Plan: At the conclusion of each year and, if a target population is not being adequately reached, a targeting plan will be developed to ensure services to underserved populations are being provided at least in proportion to their population in the latest census data. The SILC will support the Aging and Disability Services Division, which will ensure that CILs staff or grantee partners conduct the necessary outreach to achieve market penetration among the relevant demographic groups; and, public and private agencies that serve targeted populations, which includes the following:

- Grants to community-based entities will include provisions for targeted outreach to underserved consumers.
- Grants will be monitored for the proportion of underserved consumers assisted compared to the proportion of those groups reported in the 2010 Nevada Census.
- The demographic group to be tracked will include: age 18 or under; age 65 or older; African-American; Hispanic-American; Native-American; rural residents; and those living below the poverty level.

Objective B1

Eliminate the waitlist for IL services by the end of State fiscal year (SFY) 2016.

Plan: The SILC will support the Aging and Disability Services Division, which will secure the necessary State resources, to fund the direct services and ensure the necessary case management supports are in place to facilitate the delivery of services. Should State resources prove inadequate to meet this objective, private sector funding will be pursued by ADSD or its nonprofit partners, which includes:

- Provide an adequate number of full-time Case Managers to assist people with disabilities throughout the State to obtain the services, devices, equipment and modifications they need to maintain their independence. Case Manager duties will include:
 - ✓ Finding individuals in need of services; assisting them to file an application, assess needs and plan services; assisting them to locate other resources and gather bids; following the provision of services and evaluating services to assure quality; providing assistive technology or other assessments via outside expertise; advocating on behalf of individuals with disabilities to gain access to services from sources in addition to the Independent Living program; and conducting outreach to targeted populations as needed.

Objective B2

Coordinate services to older individuals (over the age of 54) who are blind between the Designate State Unit's (DSU) Older Blind Independent Living Program (OBIL) and the Independent Living Services Program.

Plan: An Intrastate Interlocal Contract will be executed, and reviewed (and/or amended) annually between Aging and Disability Services Division and the Department of Employment, Training and Rehabilitation to cooperatively serve older blind individuals during the term of the SPIL, and service levels in the older-blind program will be monitored by the SILC which includes the following annual requirements:

- Based upon past outcomes data, at least 200 people will be served by the OBIL program. OBIL and IL/AT will collaborate on 15 per year; total of 45 will be jointly served by the OBIL and SILS programs over 3 years.

Objective C1

Establish collaborative opportunities and pursue fee-based activities with Positive Behavioral Supports (PBS) and similar services so that identified individuals will be better able to receive services in their local community.

Plan: The SILC will support the Aging and Disability Services Division to monitor throughout each year and then report the amount of general funds distributed through Aging and Disability Services to PBS, which includes the following:

- SILC members shall work with agencies and partners in promoting the utilization of PBS and similar services in achievement of this objective. SILC members:
 - ✓ Work with service provider agencies to monitor the utilization of PBS.
 - ✓ Identify agencies and available training established to improve service provision to individuals with difficult behaviors.
 - ✓ Review during SILC meetings and make legislative recommendations for program improvements to ensure objectives are met.

Objective C2

Identify and collaborate with communities and stakeholders to raise awareness of CIL services and determine ways services can be funded and implemented to be responsive to community needs.

Plan: The SILC and the CILs will research other states to identify best practices used by successful CILs and determine if they can be adapted in Nevada which includes:

- By 9/30/15, and with the support of SILC, State Divisions will begin to conduct trainings/technical assistance, outreach, and other activities to raise awareness and garner community-level support
- By 9/30/15, the SILC will have established a work group comprised of at least 1 SILC member and representation from both SNCIL and NNCIL to work with community partners on implementing and/or changing CIL services to be responsive to community needs (reciprocal relationships).

Objective C3

Work with communities and stakeholders to explore ways to expand future CIL services.

Plan: As practices are identified, including related training/technical assistance requirements, the workgroups noted in the prior objective and/or collaborative efforts will ensure ongoing sustainability of CIL services which are responsive to community needs, including policies/procedures and activities that measure specified outcomes, which includes:

- By 9/30/15, the workgroup will provide report to the SILC of identified CILs and practices. If deemed appropriate by the SILC a list of proposed SPIL amendments will be outlined to support Nevada CIL efforts.

Objective C4

Explore options and develop a statewide survey on IL services and IL needs.

Plan: SILC will explore surveys completed by other SILCs and CILs. Seek funding resources to complete a statewide survey of Nevada IL consumers, Nevada organizations and agencies. Develop a statewide survey to identify IL services being provided throughout the state by various agencies and organizations; develop a statewide survey for consumers. Surveys and data collected will enable the SILC to identify unserved and underserved populations within the state.

- By 8/1/15, the SILC will have established a work group comprised with at least 1 SILC member, representation from both SNCIL and NNCIL, and representation from ADSD.
- By 11/30/15, the work group will provide a report to the SILC of identified surveys and estimated costs for the completion of those surveys.
- By 11/30/15, the SILC will have explored potential funding opportunities to complete a statewide survey. A plan will be put into place to secure funding if an opportunity can be identified. Depending on the outcome the SILC will propose SPIL amendments to this objective.

Objective D1

Coordinate the transition of youth with disabilities from school to adult life.

Plan: The SILC and DSU will work with relevant stakeholders to improve the continuum of services for children with disabilities to coordinate resources during transitional phases, and ensure that Independent Living service agencies are an involved partner when looking at all the needs of a child and are making referrals to appropriate resources, which includes:

- Annually the SILC will request transition data from relevant agencies for children moving into and out of the school system. The data will be reviewed and compared with previous years, and as appropriate, suggestions and recommendations will be made for improved involvement in the transition process.
- MOUs and/or other appropriate agreements will be established with stakeholders regarding transition and including development and/or improvement of resources provided to ensure successful transition.

Objective D2

Expand the availability of community-based training and supports for individuals who are blind or visually impaired. Working with leaders from the blind community, the DSU will explore opportunities for the expansion of resources for community-based services to serve the

independent living needs of people with visual disabilities. This collaborative effort will coincide with objective C3, which includes:

- By 9/30/15 – The SILC will collect information and data and recommend actions to be taken to be responsive to community needs.
- ADSD will identify and provide resources for non-vocational rehabilitation and non-older blind or visually impaired persons through the Aging and Disability Resource Center web portal.

Objective D3

Improve the availability and use of qualified interpreters.

Plan: Working with the Subcommittee on Services for Persons who are Deaf, hard of hearing, or speech disabled, the Aging and Disability Services Division will explore opportunities for the expansion of resources to facilitate the communication needs of Deaf individuals in medical and legal settings, and when a Certified Deaf Interpreter (CDI) is needed. Provide support to qualified individuals seeking training and certification to become CDIs if funding is available.

- By 6/30/16 a strategic plan for services for persons who are Deaf or hard of hearing will be completed. In addition, the SILC will participate in the stakeholder survey conducted as part of the planning process.
- By 9/30/16 action will be taken on at least two recommendations in the strategic plan. In addition, a member of the SILC will meet at least one time with the Subcommittee.

1.2B Describe the steps planned regarding outreach to populations in the State that are unserved or underserved by programs under title VII, including minority groups and urban and rural populations. This section of the SPIL must:

– Identify the populations to be designated for targeted outreach efforts;

1. Hispanic/Latino.
2. 18 and Under.

– Identify the geographic areas (i.e., communities) in which the targeted populations reside; and

1. Hispanic/Latino - Statewide
2. 18 and Under - Statewide

– Describe how the needs of individuals with significant disabilities from minority group backgrounds will be addressed.

Grants contain specific objectives to provide a targeted outreach plan for reaching traditionally underserved populations. The need for outreach is measured by assessing the percentage of an underserved group among those receiving services, compared to the percentage of that group in the overall county population. US Census population data are viewed as a baseline and the data from IL consumers served for comparison. The populations generally tracked for needed

outreach include: children, seniors, those in rural communities (outside of Reno and Las Vegas), those of lower income, and various minority populations. Once in the program, minority populations are served with the same respect and urgency as every other individual. However, should anyone need special assistance such as an interpreter, those accommodations are provided without cost.

SILS services for the Hispanic/Latino population has been historically difficult to improve with actual-served percentages remaining constant in past years despite targeted outreach. In-service trainings will be targeted to private sector organizations that offer services, supports, or information to persons of Hispanic/Latino decent. These efforts will be primarily targeted to the urban areas of Reno and Las Vegas.

SILS services for Children ages 18 and under will be promoted for targeted outreach through three separate strategies. First, in-service training will be targeted to private sector organizations that offer services, supports, or information to the families of children with disabilities. Second, Independent Living services will be coordinated with relevant stakeholders identified by the SILC and DSU in Objective 4.1 for outreach and collaboration. Third, outreach will be targeted to the Regional Centers and Early Intervention where the services provided by those agencies are for children.

In each year of this SPIL, Nevada will similarly assess and re-target outreach to appropriate populations.

1.3 Financial Plan – 34 CFR 364.42(a)(2) and (3); 34 CFR 364.29

Describe in sections 1.3A and 1.3B, below, the financial plan for the use of Federal and non-Federal funds to meet the SPIL objectives.

1.3A Financial Plan Tables

Complete the financial plan tables covering years 1, 2 and 3 of this SPIL. For each funding source, provide estimated dollar amounts anticipated for the applicable uses. The financial plan table should include only those funding sources and amounts that are intended to support one or more of the objectives identified in section 1.2 of the SPIL. To the extent possible, the tables and narratives must reflect the applicable financial information from centers for independent living. Refer to the SPIL Instructions for additional information about completing the financial tables and narratives.

– Insert additional rows for the specific funding sources and amounts expected within the categories of Other Federal Funds and Non-Federal Funds.

Year 1

Sources	Approximate Funding Amounts and Uses
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	SILC Resource Plan	IL Services	General CIL Operations	Other SPIL Activities
Title VII Funds				
Chapter 1, Part B	\$14,612	\$280,847		
Chapter 1, Part C			\$839,761	
Chapter 2, OIB (only those provided by the OIB grantee to				
further a SPIL objective)				
Other Federal Funds				
Sec. 101(a)(18) of the Act (Innovation and Expansion)				
Other				
Non-Federal Funds				
State Funds		\$1,400,000		
Other				

Year 2

Sources	Approximate Funding Amounts and Uses			
	SILC Resource Plan	IL Services	General CIL Operations	Other SPIL Activities
Title VII Funds				
Chapter 1, Part B	\$305,350			
Chapter 1, Part C			\$839,761	
Chapter 2, OIB (only those provided by the OIB grantee to further a SPIL objective)				
Other Federal Funds				
Sec. 101(a)(18) of the Act (Innovation and Expansion)				

Other				
Non-Federal Funds				
State Funds		\$1,877,000		
Other				

Year 3

Sources	Approximate Funding Amounts and Uses			
	SILC Resource Plan	IL Services	General CIL Operations	Other SPIL Activities
Title VII Funds				
Chapter 1, Part B	\$305,350			
Chapter 1, Part C			\$839,761	
Chapter 2, OIB (only those provided by the OIB grantee to further a SPIL objective)				
Other Federal Funds				
Sec. 101(a)(18) of the Act (Innovation and Expansion)				
Other				
Non-Federal Funds				
State Funds		\$1,980,614		
Other				

1.3B Financial Plan Narratives

1.3B(1) Specify how the part B, part C and chapter 2 (Older Blind) funds, if applicable, will further the SPIL objectives.

Nevada's anticipated funding resources and the objectives of this plan are closely coordinated. Wherever possible, additional resources will be leveraged to maximize the dollars allocated with direct services. Nevada's resources will be allocated to support this plan in one of three ways—direct funding of an objective, operationalize an objective, or completing an objective through the efforts of staff funded with Independent Living state general fund dollars and members of the SILC.

Part B funds will be used for the following:

\$81,349 will be used for support of SILC meetings, SILC support staff and training/conferences for SILC members and associated ADSD operational expenses.

\$149,001 will be used for Goal A which supports a comprehensive statewide IL services program.

\$50,000 will be used for Goal C to support a statewide network of CILs. A facilitator will be hired to develop a statewide survey on IL services and IL needs, identify and collaborate with communities and stakeholders to raise awareness of CIL services and determine ways services can be funded and implemented to be responsive community needs and to work with communities and stakeholders to explore ways to expand future CIL services.

\$25,000 will be used for Goal D to support the improvement, expansion and coordination of disability services throughout Nevada. Be responsive to community needs for training and supports for individuals who are blind or visually impaired, and to improve the availability and use of qualified interpreters.

1.3B(2) Describe efforts to coordinate Federal and State funding for centers and IL services, including the amounts, sources and purposes of the funding to be coordinated.

The Disability Services unit, within the Nevada Aging and Disability Services Division (ADSD) is generally focused upon meeting the Independent Living needs of people with disabilities. ADSD is the recipient of approximately \$1.8 million in annual state funding for IL services and, as a result, the DSU has chosen to execute an Interlocal contract with ADSD to ensure optimal coordination of IL services and funds. These funds are supplemented by the approximately \$305,350 in Part-B and approximately \$850,000 in Part-C IL funding allocated to Nevada. There is no state funding appropriated for basic CIL operations.

Further coordination is achieved through a cooperative agreement between ADSD and the DSU's Older-Blind IL program. As described elsewhere in this plan, this partnership enables the two agencies to help one-another, to the direct benefit of people receiving services.

1.3B(3) Describe any in-kind resources including plant, equipment or services to be provided in support of the SILC resource plan, IL services, general CIL operations and/or other SPIL objectives.

Pursuant to the Intrastate Interlocal contract between the DSU and the Aging and Disability Services

Division (ADSD), the DSU:

- Participates in the development of this SPIL and in preparing the annual 704 report.
- Performs an annual compliance review of the administration of the SILS program.
- Draws federal funds and prepares related reports.
- Prepares necessary work programs and performs other state level administrative activities.
- Completes the annual and quarterly federal fiscal reports.
- Offers technical assistance to the SILS program, as needed.

Pursuant to the interlocal contract between the DSU and the Aging and Disability Services Division (ADSD), ADSD:

- Manages the day-today operations of the SILS program at the direction of the DSU and with input from the SILC.
- Certifies annually that all expenditures associated with the State Independent Living Services program (CFDA 84-169) have been coded to an appropriate Job Number in the state accounting system; that all expenditures are in compliance with the Rehabilitation Act of 1973, as amended, and any regulations thereof and that the expenses were incurred during the federal grant funding period being charged; and that non-federal matching requirements have been met for any open grant for the preceding federal fiscal year.
- Seeks and obtains the necessary non-federal match from the Nevada State Legislature through the Executive Budget Office.
- Prepares a state billing claim to justify a draw of federal funds.
- Provides any additional information needed for federal or state reporting. This may include providing access to records for an annual review.
- Prepares any required federal reports to the DSU for review and submittal.
- Provides non-federal funds for any disallowed expenditure.
- Carries out any other duties necessary to ensure compliance with federal and state requirements.

1.3B(4) Provide any additional information about the financial plan, as appropriate.

Not applicable.

1.4 Compatibility with Chapter 1 of Title VII and the CIL Work Plans – 34 CFR 364.42(c) and (e)

1.4A Describe how the SPIL objectives are consistent with and further the purpose of

chapter 1 of title VII of the Act as stated in section 701 of the Act and 34 CFR 364.2.

The State of Nevada is dedicated to the philosophy of independent living-- embodied in Chapter 1 - Title VII of the Act, as stated in section 701 and 34 CFR 364.2-- and continues to demonstrate this dedication by:

- Ensuring consumer control in the provision of services—program applicants have full control of their IL plan through the cooperative assessment process.
- Providing peer support—Nevada’s SILS program staff provides peer support or referral for group peer support. CILs coordinates or support a variety of peer support groups, and the IL services program provides a monthly peer support program targeted to those who are recently disabled with a Spinal Cord Injury.
- Encouraging a self-help attitude—service recipients are expected to play an active role in the IL service process, by directing the development of their IL plan, researching service options, contacting vendors, participating in assessments, and overseeing the quality of services received.
- Ensuring self-determination—in addition to the empowering approaches outlined above, people with disabilities are the architects of their future in Nevada through their participation in the Statewide Independent Living Council and their direct input in the drafting of this plan.
- Monitoring equal access—we know it is not enough to reach out to underserved populations, so we measure the percentages of underserved groups actually being served by our program and then annually outline a plan to increase those percentages at least to the level found in Nevada’s census data.
- Facilitating individual and systems advocacy—Nevada’s disability community has built a reputation of credibility and sensibility with state policymakers. Therefore, this plan is written to support their efforts, rather than to direct them. People with disabilities will continue to be on the front lines of change in Nevada; Independent Living staff and programs will supplement their work by providing resources, contacts and expertise.

1.4B Describe how, in developing the SPIL objectives, the DSU and the SILC considered and incorporated, where appropriate, the priorities and objectives established by centers for independent living under section 725(c)(4) of the Act.

The leadership of Nevada’s CILs are directly involved in the drafting of this SPIL. The objectives outlined above under goal three were included at the specific recommendation of center leadership.

1.5 Cooperation, Coordination, and Working Relationships Among Various Entities – 34 CFR 364.26

Describe the steps that will be taken to maximize the cooperation, coordination and working relationships among the SILS program, the SILC, and centers; the DSU, other State agencies represented on the SILC and other councils that address the needs of

specific disability populations and issues; and other public and private entities determined to be appropriate by the SILC. The description must identify the entities with which the DSU and the SILC will cooperate and coordinate.

With the advice of the SILC, the DSU has chosen to work with the Aging and Disability Services Division (ADSD) primarily for purposes of coordination. Strategies for financial and resource coordination are outlined elsewhere in this plan, but the ADSD partnership also yields excellent working relationships with key disability agencies, programs and councils. In addition to the SILC, ADSD staffs the following advisory bodies:

Assistive Technology Council—Mandated in federal law, this body ADSD in the operation of its programs under the AT Act.

Commission on Services for Persons with Disabilities—Created by State statute, this monitors progress and advises the state in its work to comply with the Olmstead Decision. This is the most engaged and all-encompassing body on disabilities issues in Nevada. In addition to a broad range of disability representation, members also include representatives from every state agency providing significant disability services (education, mental health, Medicaid, Vocational rehab, early intervention, etc.).

In addition, a member of the SILC has historically served on the Nevada State Rehabilitation Council (NSRC). Currently, the SILC chairperson serves on the NSRC, which facilitates a flow of communication between the two bodies.

The SILC and IL program, also have well-established relationships with private-sector disability service entities, in addition to the state's two CILs.

CARE Chest— is an organization that provides equipment recycling, emergency prescriptions, diabetic supplies and other services to nearly 10,000 people per year. They are an active grantee of Nevada's IL program and also manage the State's assistive technology loan program.

Easter Seals of Nevada— has built a strong assistive technology (AT) program and is a grantee partner of the IL program. They provide assessments, training, and loan devices to IL applicants on a trial basis.

RAGE— Rebuilding All Goals Efficiently, Inc. is a past and ongoing grantee of the IL program in Southern Nevada. RAGE provides not only full range IL case management, but as an Aging and Disability Resource Center (ADRC), it offers diverse resources and service programs such as caregiver support services, reverse mortgage counseling, low income subsidy benefit programs, through to access to educational/adherence programs and medications for those affected with, or at risk for HIV/AIDS.

BlindConnect— is a consumer-directed organization that provides a variety of supports to

people with visual disabilities, including peer support and counseling, orientation and adjustment training, and Information/Referral.

Deaf and Hard of Hearing Advocacy Resource Centers— are a grantee of ADSD that provides free telecommunications equipment.

1.6 Coordination of Services – 34 CFR 364.27

Describe how IL services funded under chapter 1 of title VII of the Act will be coordinated with and complement other services to avoid unnecessary duplication with other Federal, State, and local programs, including the OIB program authorized by chapter 2 of title VII of the Act, that provide IL- or VR-related services.

Nevada's IL services are designed to supplement, and not replace, supports available through other state and federal programs. As a program of last resort, the first step in the SILS program process includes specific screening for eligibility in other programs, including: CILs, Vocational Rehabilitation, Medicaid, Medicaid waivers, mental health services, developmental disability supports, veteran's benefits, special education, public housing and transportation supports, Older-Blind IL, and others. Once potential eligibility for these other programs is determined, an IL plan is drafted, if the consumer chooses to develop a plan, and opportunities for coordinating benefits with these other resources are pursued. The IL Specialist works with each consumer to access and apply for other services that are available. Program staff has developed working relationships with counterparts in these other agencies and work together with the consumer in common. The SILS program's state funding allows flexibility to jointly fund services with other agencies and organization.

For example, the state's physical disability Medicaid waiver has a maximum funding limit that can be spent on assistive technology (AT). If the AT meets an Independent Living need, but exceeds the waiver allowance, the IL program will co-fund the needed device in partnership with Medicaid.

The IL program also collaborates and jointly serves clients with the Vocational Rehabilitation (VR) program. Doing so has coordinated the delivery of services, ensures a holistic approach to planning services, and provided an opportunity for state IL dollars to be used for matching federal VR funding.

Nevada's Older-Blind program has strength and expertise in assessing the IL needs of people with visual disabilities and in providing mobility training and IL skills training however lacked resources for the actual assistive technology needed by the individual. The SILS program has demonstrated an ability to garner state financial resources to fund the assistive technology needs of individuals with disabilities. A cooperative agreement has been executed and updated yearly, outlining a process whereby the two programs cooperatively serve older-blind individuals whenever appropriate.

On a more macro level, the SILC and DSU are coordinating their efforts with the Aging and Disability Services Division (ADSD), and the Aging and Disability Resources Center (ADRC), which resides with ADSD. As noted in section 2.2, the disability services unit within ADSD was

formerly a unit within the DSU and has been providing IL services for many years. Thus, the DSU has executed an Interlocal contract with ADSD to continue this work.

The primary benefit of this arrangement is that ADSD has several programs with an independent living focus, and is able to coordinate these services with those provided through the SILS program. These programs include: Autism Treatment Assistance Program, Deaf and Hard of Hearing Services, Personal Assistance Services, Traumatic Brain Injury Rehabilitation, Lifespan Respite Services, Nevada Assistive Technology Collaborative, and others.

ADSD has become Nevada's federally funded agency to manage the ADRC's in the state. There are currently ten ADRC sites in Nevada. As "no wrong door" entry points to disability and social services, the ADRCs are developing into a powerful connector between programs and people; the SILS affiliation with the ADRCs will certainly improve outreach to targeted populations.

1.7 Independent Living Services for Individuals who are Older Blind – 34 CFR 364.28

Describe how the DSU seeks to incorporate into, and describe in, the State plan any new methods or approaches for the provision of IL services to older individuals who are blind that are developed under the Older Individuals who are Blind program and that the DSU determines to be effective.

As described elsewhere in this plan, Nevada has implemented a partnership between the SILS program and Older Blind Independent Living (OBIL) program. It is our intent to continue that approach throughout the term of this plan. Additionally, we intend to support community efforts to establish community-based supports for blind adults.

Section 2: Scope, Extent, and Arrangements of Services

2.1 Scope and Extent – 34 CFR 364.42(b)(2)(3); 34 CFR 364.43(b); 34 CFR 364.59(b)

2.1A Check the appropriate boxes in the SPIL Instrument table indicating the types of IL services to be provided to meet the objectives identified in section 1.2 of this SPIL, and whether the services will be provided by the CILs or by the DSU (directly and/or through contract or grant).

Table 2.1A: Independent living services	Provided by the DSU (directly)	Provided by the DSU (through contract and/or grant)	Provided by the CILs (Not through DSU contracts/grants)
Core Independent Living Services, as follows:			
- Information and referral	X	X	X
- IL skills training	X	X	X
- Peer counseling		X	X
- Individual and systems advocacy		X	X
Counseling services, including psychological, psychotherapeutic, and related services			
Services related to securing housing or shelter, including services related to community group living, and supportive of the purposes of this Act and of the titles of this Act, and adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by, individuals with significant disabilities)	X	X	X
Rehabilitation technology	X	X	X
Mobility training	X	X	X
Services and training for individuals with cognitive and sensory disabilities, including life skills training, and interpreter and reader services	X	X	X
Personal assistance services, including attendant care and the training of personnel providing such services			
Surveys, directories and other activities to identify appropriate housing, recreation, accessible transportation and other support services	X	X	X
Consumer information programs on rehabilitation and IL services available under this Act, especially for minorities and other individuals with disabilities who have traditionally been unserved or underserved by programs under this Act	X	X	X
Education and training necessary for living in the community and participating in community activities	X	X	X
Supported living			
Transportation, including referral and assistance for such transportation	X	X	X
Physical rehabilitation			
Therapeutic treatment		X	

Table 2.1A: Independent living services	Provided by the DSU (directly)	Provided by the DSU (through contract and/or grant)	Provided by the CILs (Not through DSU contracts/grants)
Provision of needed prostheses and other appliances and devices	X	X	X
Individual and group social and recreational services			X
Training to develop skills specifically designed for youths who are individuals with significant disabilities to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and explore career options			X
Services for children with significant disabilities		X	X
Services under other Federal, State, or local programs designed to provide resources, training, counseling, or other assistance of substantial benefit in enhancing the independence, productivity, and quality of life of individuals with significant disabilities	X	X	X
Appropriate preventive services to decrease the need of individuals with significant disabilities for similar services in the future			X
Community awareness programs to enhance the understanding and integration into society of individuals with disabilities	X		X
Other necessary services not inconsistent with the Act	X	X	X

2.1B Describe any service provision priorities, including types of services or populations, established for meeting the SPIL objectives identified in section 1.2.

This plan gives priority and directly allocates resources to services including:

- The purchase of home and vehicle modifications, and assistive technology equipment, for people with severe disabilities who lack other funding resources.
- Positive Behavioral Supports training for those who serve children with behavioral issues.
- Transition assistance for individuals moving from a nursing facility to community living.
- Collaboration with consumers of Vocational Rehabilitation where IL and VR services and goals overlap.

This plan gives priority, but may not directly allocate resources, to services including:

- The transition of children from early intervention to school, and from school to adult life.
- Supports for adults who are blind or have visual impairments.
- The improvement of interpreter services for individuals who are Deaf or have communication needs.

2.1C If the State allows service providers to charge consumers for the cost of services or to consider the ability of individual consumers to pay for the cost of IL services, specify the types of IL services for which costs may be charged and for which a financial need test may be applied, and describe how the State will ensure that:

- Any consideration of financial need is applied uniformly so that all individuals who are eligible for IL services are treated equally; and
- Written policies and consumer documentation required by 34 CFR 364.59(d) will be kept by the service provider.

Nevada currently does, and will continue to, apply a sliding scale cost-sharing arrangement for individuals receiving Independent Living Services. The cost-sharing formula considers only the income of the applicant and anyone legally obligated to the applicant, and only considers the medical expenses of those whose income is counted and any additional people whom they are legally obligated to support. The cost-sharing only applies to tangible services provided such as assistive technology, home & vehicle modifications.

The cost-sharing does not apply for IL services like I&R, goal setting or IL plan development. We have found this approach to be very equitable and any applicant who finds themselves in extenuating circumstances is given the opportunity to appeal their co-payment assessment.

The calculated co-payment is a one-time, flat dollar amount and is based on a person's ability to pay and not on the cost of the services they need; the total co-payment applies to any type of independent living service requested. It is also indexed to inflation based upon the published federal poverty level.

The information necessary to ascertain a person's co-payment is gathered in writing and maintained in their case file. The co-payment policy has been memorialized in the Nevada Administrative Code.

2.2 Arrangements for State-Provided Services – 34 CFR 364.43(d) and (e)

2.2A If the DSU will provide any of the IL services identified in section 2.1A through grants or contractual arrangements with third parties, describe such arrangements.

With the advice of the SILC, the DSU has executed an Interlocal contract with the Aging and Disability Services Division (ADSD) for the delivery of IL services. The Disability Services

unit within ADSD was formerly a bureau within the DSU and has managed Nevada's Independent Living program for many years. In 2003, the Disability Services unit was moved by the Legislature to a different department but has continued to receive and manage the State's IL funding through the Interlocal contract. Thus, it has been a good fit for the DSU to continue working with ADSD in the delivery of IL services.

2.2B If the State contracts with or awards a grant to a center for the general operation of the center, describe how the State will ensure that the determination of an individual's eligibility for services from that center shall be delegated to the center.

Not applicable

Section 3: Design for the Statewide Network of Centers

3.1 Existing Network – 34 CFR 364.25

Provide an overview of the existing network of centers, including non-Part C-funded centers that comply with the standards and assurances in section 725 (b) and (c) of the Act, and the geographic areas and populations currently served by the centers.

Nevada has two Centers for Independent Living (CILs), both of which are funded with federal Part-C dollars. The Northern Nevada Center for Independent Living, established in 1982, is based in the Reno/Sparks area and operates satellite offices in the rural community of Elko. NNCIL's service area covers the entire state, except Clark County, representing a population of about 758,000 and an area of 102,000 square miles—just 7 people per square mile. NNCIL is located in the largest population center outside of Las Vegas (Washoe County, estimated population 429,000). Thus, most of their service area includes only 3 people per square mile. NNCIL's service-area has many underserved individuals due to their distance from available services. NNCIL does not receive any federal Part-B dollars.

The Southern Nevada Center for Independent Living is based in the Las Vegas area and operates a satellite office in the underserved area of North Las Vegas. SNCIL's service area covers Clark County only, representing a population of about 2,000,000 and an area of 8,000 square miles—250 people per square mile. SNCIL is located in Nevada's largest population center, Las Vegas. The nature of SNCIL's service-area population has many underserved individuals due to a demand for services that outstrips the available supply. SNCIL does not receive any federal Part-B dollars.

Together, these two centers cover the entire state of Nevada—one of the geographically largest states at 110,000 square miles. The Southern Nevada Center for Independent Living was established in 1984. Over the past 20 years, Nevada has been one of the nation's fastest-growing states. There are no other CILs in Nevada funded with Part-B, State, or other funds.

3.2 Expansion of Network – 34 CFR 364.25

Describe the design for the further expansion of the network, including identification of the unserved and underserved areas in the State and the order of priority for serving these

areas as additional funding becomes available (beyond the required cost-of-living increase).

As noted above, all of Nevada's counties are assigned to one of the two existing Centers for Independent Living. However, there are several communities in Nevada that are in need of expanded Center for Independent Living (CIL) Services. If extra funding becomes available to Nevada (beyond basic Part-C funding and cost-of-living increases, which are essential to the ongoing functioning of Nevada's CILs) the SILC supports distributing funds equally among the existing Network of Centers to expand services to underserved areas in the state.

Henderson is now the state's second largest city. Henderson is in the same county as the CIL in Las Vegas but is far enough away that travel is not convenient. The Southern Nevada CIL has partnered with the City of Henderson and offers weekly itinerant hours in Henderson, but these hours are insufficient to meet the needs of this growing city. Henderson is Nevada's first priority to establish expanded CIL services if additional funds become available.

Nevada's capital, Carson City, is a 40-minute drive from the nearest CIL and has an estimated population over 54,000. Carson City is Nevada's second priority to establish expanded CIL services if additional funds become available. Both Henderson and Carson City are home to significant Hispanic and children populations, which are underserved by Independent Living services and targeted by this SPIL.

Pahrump is a rapidly growing community of 36,000 and is a six hour drive from its designated CIL in Reno. Pahrump is Nevada's third priority to establish expanded CIL services if additional funds become available.

Outside of Clark and Washoe counties (home to Las Vegas and Reno respectively), Nevada is made up of vast frontier territory. Efforts have been made to better serve these areas by adding CIL offices in the town of Elko. However, there are many communities that remain hours away from CIL services. Short of creating additional frontier CIL offices, the existing CILs could be better funded to provide outreach and service coordination in these underserved communities. Frontier Nevada is our fourth priority, should additional funds become available.

It is anticipated that any of these priority service areas would require \$175,000-200,000 in annual funding to establish a minimum level of independent living services in each of the priority areas. The Nevada SILC is aware of proposals to block-grant Federal IL funding to the States. The current model, of dividing the funding and responsibilities among entities in the state, has worked very well in Nevada. Thus, the Nevada SILC would oppose any proposal to change this arrangement, unless there is a compelling rationale to do otherwise.

3.3 Section 723 States Only – 34 CFR 364.39

3.3A If the State follows an order of priorities for allocating funds among centers within a State that is different from what is outlined in 34 CFR 366.22, describe the alternate order of priority that the DSU director and the SILC chair have agreed upon.

Not applicable.

3.3B Describe how the State policies, practices and procedures governing the awarding of grants to centers and the oversight of these centers are consistent with 34 CFR 366.37 and 366.38.

Not applicable.

Section 4: Designated State Unit (DSU)

4.1 Administrative Support Services – 34 CFR 364.4; 34 CFR 364.22(b)

4.1A Describe the administrative support services to be provided by the DSU for the SILS (Part B) program and, if the State is a Section 723 State, for the CIL (Part C) program.

Pursuant to the Intrastate Interlocal contract between the DSU and the Aging and Disability Services Division (ADSD), the DSU:

- Participates in the development of this SPIL and in preparing the annual 704 report.
- Performs an annual review of the administration of the SILS program.
- Draws federal funds and prepares related reports.
- Prepares necessary work programs and performs other state level administrative activities.
- Completes the annual and quarterly federal fiscal reports.
- Conducts an annual compliance review of the SILS program.
- Offers technical assistance to the SILS program, as needed.

4.1B Describe other DSU arrangements for the administration of the IL program, if any.

Pursuant to the Intrastate Interlocal contract between the DSU and the Aging and Disability Services Division (ADSD), ADSD:

- Manages the day-today operations of the SILS program at the direction of the DSU and with input from the SILC.
- Certifies annually that all expenditures associated with the State Independent Living Services program (CFDA 84-169) have been coded to an appropriate Job Number in the state accounting system; that all expenditures are in compliance with the Rehabilitation Act of 1973, as amended, and any regulations thereof and that the expenses were incurred during the federal grant funding period being charged; and that non-federal matching requirements have been met for any open grant for the preceding federal fiscal year.
- Seeks and obtains the necessary non-federal match from the Nevada State Legislature through the Executive Budget Office.

- Prepares a state billing claim to justify a draw of federal funds.
- Provides any additional information needed for federal or state reporting. This may include providing access to records for an annual review.
- Prepares any required federal reports to the DSU for review and submittal.
- Provides non-federal funds for any disallowed expenditure.
- Carries out any other duties necessary to ensure compliance with federal and state requirements.

Section 5: Statewide Independent Living Council (SILC)

5.1 Resource plan – 34 CFR 364.21(i)

5.1A Describe the resource plan prepared by the SILC in conjunction with the DSU for the provision of resources, including staff and personnel, made available under parts B and C of chapter 1 of title VII, section 101(a)(18) of the Act, and from other public and private sources that may be necessary to carry out the functions of the SILC identified in section 705(c). The description must address the three years of this SPIL.

The Resource Plan represents expenditures made only to support the activities of the SILC, and not IL services; all funds are from Nevada's federal part B grant. Necessary staff will be allocated from ADSD to support the SILC and SPIL objectives. Proposed staffing provides support for SILC meetings, representation of SILC issues and positions at various public meetings, research and meetings needed for SILC initiatives, interaction with the DSU, CILs and RSA necessary to manage the federal grant, and reports as required by law or requested by the SILC.

5.1B Describe how the following SILC resource plan requirements will be addressed:

- **The SILC's responsibility for the proper expenditure of funds and use of resources that it receives under the resource plan.**
- **Non-inclusion of conditions or requirements in the SILC resource plan that may compromise the independence of the SILC.**
- **Reliance, to the maximum extent possible, on the use of resources in existence during the period of implementation of the State plan.**

Nevada's SILC works cooperatively with the DSU to develop its resource plan and to ensure that adequate funding is allocated for all planned SILC activities. The expenditure of those funds is then managed through the Interlocal contract between the DSU and ADSD, and reported annually to the SILC during a regular meeting. There are no conditions placed on SILC resources and, in fact, the SILC is empowered to seek additional resources if needed. Members of the Nevada SILC serve without compensation and, if the SILC takes any action related to an organization with which a member is affiliated, that member is required to abstain from voting. Nevada's IL funds, from both federal and state sources, have been historically predictable. Thus, the state has a high level of confidence in the availability of funding for the SILC resource plan.

5.2 Establishment and Placement – 34 CFR 364.21(a)

Describe how the establishment and placement of the SILC ensures its independence with

respect to the DSU and all other State agencies.

The Nevada SILC was established by state Executive Order. It sets its own agenda and plans independent living activities in the state in cooperation with the DSU (Nevada Rehabilitation Division), and receives staff support from the Aging and Disability Services Division which is contracted by the DSU. The SILC is responsible for the joint development of the State Plan, as well as the review, monitoring, and evaluation of the implementation of the State Plan.

5.3 Appointment and Composition – 34 CFR 364.21(b) – (f)

Describe the process used by the State to appoint members to the SILC who meet the composition requirements in section 705(b).

In accordance with the bylaws of the Nevada SILC, the Governor of the State shall appoint members to the council after soliciting recommendations from representatives of organizations representing a broad range of individuals with disabilities and organizations interested in individuals with disabilities. In accordance with Article VI, subsection I of the Nevada SILC Bylaws, “no member of the Board may serve more than two consecutive full terms.”

The following table shows the current membership of the Nevada SILC and how it meets the requirements of the Act, including that a majority of all members and all voting members have disabilities, and that only a minority of members are employed by the State or a CIL:

Name	PWD, not CIL or	Voting	DSU	CIL Director	CIL or State Employee	Native American VR	Other State Agency	North South Rural
Bonie		X		X				North
Bennett	X	X						South
Curry	X	X						South
Mason			X		X			Statewide
Zone	X	X						South
TOTAL	3	5						

5.4 Staffing – 34 CFR 364.21(i)

Describe how the following SILC staffing requirements will be met:

- SILC supervision and evaluation, consistent with State law, of its staff and other personnel as may be necessary to carry out its functions.**
- Non-assignment of duties to SILC staff and other personnel made available by the DSU, or any other State agency or office, which would create a conflict of interest while assisting the SILC in carrying out its duties.**

SILC staff members are not placed in the DSU. Support for the SILC is provided by State employees and, as such, all personnel rules and evaluation processes are conducted in accordance with state law. Management, oversight, and evaluations of administrative support are conducted through State Personnel procedures. The DSU contracts for ongoing compliance reviews for those services provided using Part-B funds. No duties are assigned to SILC staff or other personnel by the DSU, or any other State agency or office, which would create a conflict of interest while assisting the SILC in carrying out its duties.

Among other things, the DSU/ADSD Interlocal contract acknowledges the legal purpose of the SILC and its distinct, autonomous, and separate nature. It also designates the respective functions and responsibilities of and between the parties with regard to the implementation of the goals and objectives of the State Plan for Independent Living (SPIL).

Section 6: Service Provider Requirements

Describe how the following service provider requirements will be met:

6.1 Staffing – 34 CFR 364.23; 34 CFR 364.24; 34 CFR 364.31

Those agencies involved in the direct management and oversight of IL services, must meet certain minimum qualifications in keeping with 34 CFR 364.23; 34 CFR 364.24; and 34 CFR 364.31. Minimum qualifications include:

- Inclusion of personnel who are specialists in the development and provision of IL services
- Availability, to the maximum extent feasible, of personnel able to communicate (1) with individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication devices, Braille, or audio tapes and (2) in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under title VII of the Act
- Establishment and maintenance of a program of staff development for all classes of positions involved in providing IL services, and improving the skills of staff directly responsible for the provision of IL services, including knowledge of and practice in the IL philosophy

- Affirmative action to employ, and advance in employment, qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act

What follows are further details about how this is accomplished:

- **Inclusion of personnel who are specialists in the development and provision of IL services and in the development and support of centers.**

Nevada's SILS staff includes persons with disabilities in decision making positions. Personnel are personally experienced in issues of independent living. Collectively, they have decades of experience in IL services. Nevada is dedicated to the provision of IL services to people with disabilities, by people with disabilities.

- **Availability, to the maximum extent feasible, of personnel able to communicate (1) with individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication devices, Braille, or audio tapes and (2) in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under title VII of the Act.**

ADSD has access to interpreters, bilingual resources, and has employees experienced in alternative modes of communication.

- **Establishment and maintenance of a program of staff development for all classes of positions involved in providing IL services and, where appropriate, in administering the CIL program, improving the skills of staff directly responsible for the provision of IL services, including knowledge of and practice in the IL philosophy.**

The periodic performance evaluations for all SILC staff include a professional development section that outlines and plans for needed training. All staff are continually offered a wide variety of training in leadership and administration, and are encouraged to take part in the IL training offered through national organizations like NCIL and ILRU.

- **Affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act.**

Nevada's IL agencies have demonstrated their commitment to disabilities affirmative action through years of hiring and promoting people with disabilities. These practices will continue as future positions are created or become vacant.

6.2 Fiscal Control and Fund Accounting – 34 CFR 364.34

- **Adoption of those fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of and accounting for funds made available through parts B and C of chapter 1 of title VII of the Act, in addition to complying with applicable EDGAR fiscal and accounting requirements.**

Nevada's CILs undergo comprehensive, independent audits each year that examine the internal controls and accounting systems of the centers. In accordance with the requirements of OMB circular A-133, those audits include reviews relevant to the centers' receipt and disbursement of federal funds.

The DSU and its partner agency, ADSD, are subject to the State of Nevada's multi-level internal control systems and to internal audits conducted by both the executive and legislative branches. The most recent audit of the IL services program conducted by State of Nevada auditors, showed no material weaknesses in fiscal or programmatic systems.

6.3 Record-Keeping, Access and Reporting – 34 CFR 364.35; 34 CFR 364.36; 34 CFR 364.37

- **Maintenance of records that fully disclose and document the information listed in 34 CFR 364.35.**

Nevada's part B and part C programs have records retention systems in place that securely maintain the fiscal and service records as required under 34 CFR 364.35. Furthermore, these records are easily accessible and always available for review by those with jurisdiction over the programs.

- **Submission of annual performance and financial reports, and any other reports that the Secretary determines to be appropriate**

In its Interlocal Contract with the DSU, ADSD is required to draft all necessary reports for DSU and SILC input and review, and to submit those reports to the appropriate authority. The DSU remains responsible for preparing and submitting all financial reports required by Rehabilitation Services Administration (RSA).

- **Access to the Commissioner and the Comptroller General, or any of their duly authorized representatives, for the purpose of conducting audits, examinations, and compliance reviews, to the information listed in 34 CFR 364.37.**

The DSU and CILs assure that the Commissioner and Comptroller General will have full access to all records of the part B and part C programs, as required under 34 CFR 364.37.

6.4 Eligibility – 34 CFR 364.40; 34 CFR 364.41

- **Eligibility of any individual with a significant disability, as defined in 34 CFR 364.4(b), for IL services under the SILS and CIL programs.**

Eligibility for all IL services in Nevada is determined in accordance with the definitions outlined in 34 CFR 364.40.

- **Ability of any individual to seek information about IL services under these programs and to request referral to other services and programs for individuals with significant disabilities.**

Information and referral are integrated into the IL service process in Nevada and information about IL services is freely available to anyone seeking such information. The CILs and the SILS programs have websites, and information on all IL services is available through Nevada 211 and the Aging and Disability Resource Centers.

- **Determination of an individual's eligibility for IL services under the SILS and CIL programs in a manner that meets the requirements of 34 CFR 364.51.**

An applicant's eligibility or ineligibility is determined in accordance with 34 CFR 364.51 and all necessary disclosures are provided in regular correspondence with program clients.

- **Application of eligibility requirements without regard to age, color, creed, gender, national origin, race, religion, or type of significant disability of the individual applying for IL services.**

Nevada does not discriminate in IL services on the basis of any of these demographics, and does not take any of this information into account in considering eligibility for any IL service.

- **Non-exclusion from receiving IL services of any individual who is present in the State and who is otherwise eligible for IL services, based on the imposition of any State or local residence requirement.**

Nevada does not impose a residence requirement for IL services but does require that an applicant be present in the state.

6.5 Independent Living Plans – 34 CFR 364.43(c)

- **Provision of IL services in accordance with an IL plan complying with Sec. 364.52 and mutually agreed upon by the individuals with significant disabilities and the appropriate service provider staff unless the individual signs a waiver stating that an IL plan is unnecessary.**

Every applicant for IL services in Nevada directs the development of their IL plan of services with the assistance of program staff and is free to request a waiver of their plan. When needed or requested by the applicant, independent evaluations or assessments are paid for by the program to assist in directing the appropriate implementation of the individual's plan of services; the plan of services serves as the sole basis for the provision of IL services.

6.6 Client Assistance Program (CAP) Information – 34 CFR 364.30

- **Use of accessible formats to notify individuals seeking or receiving IL services under chapter 1 of title VII about the availability of the CAP program, the purposes of the services provided under the CAP, and how to contact the CAP.**

Comprehensive information about the Client Assistance Program—including how to contact the CAP and the purpose of services they offer—is provided to each applicant, at the very least, in correspondence related to their: eligibility determination, plan approval, and case closure. Alternative formats are provided at the applicant's request.

6.7 Protection, Use and Release of Personal Information – 34 CFR 364.56(a)

- **Adoption and implementation of policies and procedures meeting the requirements of 34 CFR 364.56(a), to safeguard the confidentiality of all personal information, including photographs and lists of names.**

In compliance with the mandates of 34 CFR 364.56(a), all client information, whether individual or in aggregate, is protected through tools such as: controlled access, password protection, data encryption, and locked cabinets.

Section 7: Evaluation

Describe the method that will be used to periodically evaluate the effectiveness of the plan in meeting the objectives established in Section 1. The description must include the State's evaluation of satisfaction by individuals with significant disabilities who have participated in the program. 34 CFR 364.38

Each year, Nevada will undertake a comprehensive evaluation of progress in implementing the SPIL. This process begins with the gathering of data and reports related to the various benchmarks outlined in the objectives of the SPIL. That information is then reported to the SILC at one of their regular meetings, and compiled by ADSD into a first draft of the 704 report, which is also provided to staff of the DSU for an informal round of feedback. After editing the report, as appropriate, the next phase of the process includes a review of the second draft by all members of the SILC, and the incorporation of their input into the 704 report. The third phase includes a detailed review by the administrator of the DSU and the chairperson of the SILC, after which the report is signed and submitted. The effectiveness of Nevada's SPIL will be determined by the effectiveness of the programs and initiatives outlined in the SPIL. Furthermore, when direct services are provided, the effectiveness of the programs will be determined by the impacts and satisfaction reported by the individuals who are served.

The SILC and DSU have designed a comprehensive program monitoring process and an effective format for interviewing IL program clients, including those with significant disabilities as required by 34 CFR 364.38. Interviews include a visual inspection of the device or service provided, documentation of the subjective life impacts resulting from the assistance provided, and objective pre and post-service questions designed to quantify the degree of impact.

This process is implemented by an independent party who is not a member of the SILC and who does not work for the DSU. In addition to the typical review of program outcomes, in-person, at home interviews are conducted with a significant fraction of the clients served by the program, and those interviewed are chosen at random to ensure a representative sample. This personal approach has proven very effective in eliciting honest and insightful feedback from those served.

Nevada's SPIL also includes non-programmatic initiatives, like supporting the Nevada's Olmstead Plan and promoting universal access to disability services. These initiatives have specific and measurable objectives that will plainly reveal if an undertaking is successful.

Nevada employs both summative and formative evaluation processes in analyzing the outcomes of its work. For example, we are able to gather objective data on the quality of our programs, and the partners with whom we work, through numerical ratings gathered during our interview processes. At the time of application, service recipients are asked to rate, on a numerical scale, the level of difficulty caused by an IL barrier. After the completion of their services, recipients are asked to make the same rating. As noted above, interviews also include a visual inspection of the device or service provided, and a series of questions on the subjective life impacts resulting from the assistance provided. These programmatic assessments are typically completed during the third calendar quarter each year, because the State operates on a June 30 fiscal year end, and are intended to assess the quality of work done by grantees and the impact of the SILS program. When the independent evaluator completes their interviews and program monitoring, a report of their findings is provided to the SILC and DSU for use in evaluating the work of program providers and in completing the 704 report.

Our systems change efforts require more formative feedback to keep our efforts on course and to identify future opportunities and challenges. Much of this formative feedback comes from the SILC and from other advisory bodies like the Commission on Services for Persons with Disabilities. These evaluation processes occur over several months, typically in the second half of the calendar year as various bodies compile their reports, as the SILC meets, and as the 704 report is drafted. Thus, our evaluation processes are driven by the objectives outlined in this SPIL, and the results of the evaluations feed directly into the annual 704 report compiled by the SILC and DSU.

Section 8: State-Imposed Requirements

Identify any State-imposed requirements contained in the provisions of this SPIL. 34 CER

364.20(h)

Nevada currently does, and will continue to, apply a sliding scale cost-sharing arrangement for individuals receiving Independent Living Services. The cost-sharing formula considers only the income of the applicant and anyone legally obligated to the applicant, and only considers the medical expenses of those whose income is counted and any additional people whom they are legally obligated to support. The cost-sharing only applies to tangible services provided such as assistive technology, home & vehicle modifications. The cost-sharing does not apply for IL services like I&R, goal setting or IL plan development. We have found this approach to be very equitable and any applicant who finds themselves in extenuating circumstances is given the opportunity to appeal their co-payment assessment.

The calculated co-payment is a one-time, flat dollar amount and is based on a person's ability to pay and not on the cost of the services they need; the total co-payment applies to any type of independent living service requested. It is also indexed to inflation based upon the published federal poverty level.

The information necessary to ascertain a person's co-payment is gathered in writing and maintained in their case file. The co-payment policy has been memorialized in the Nevada Administrative Code.

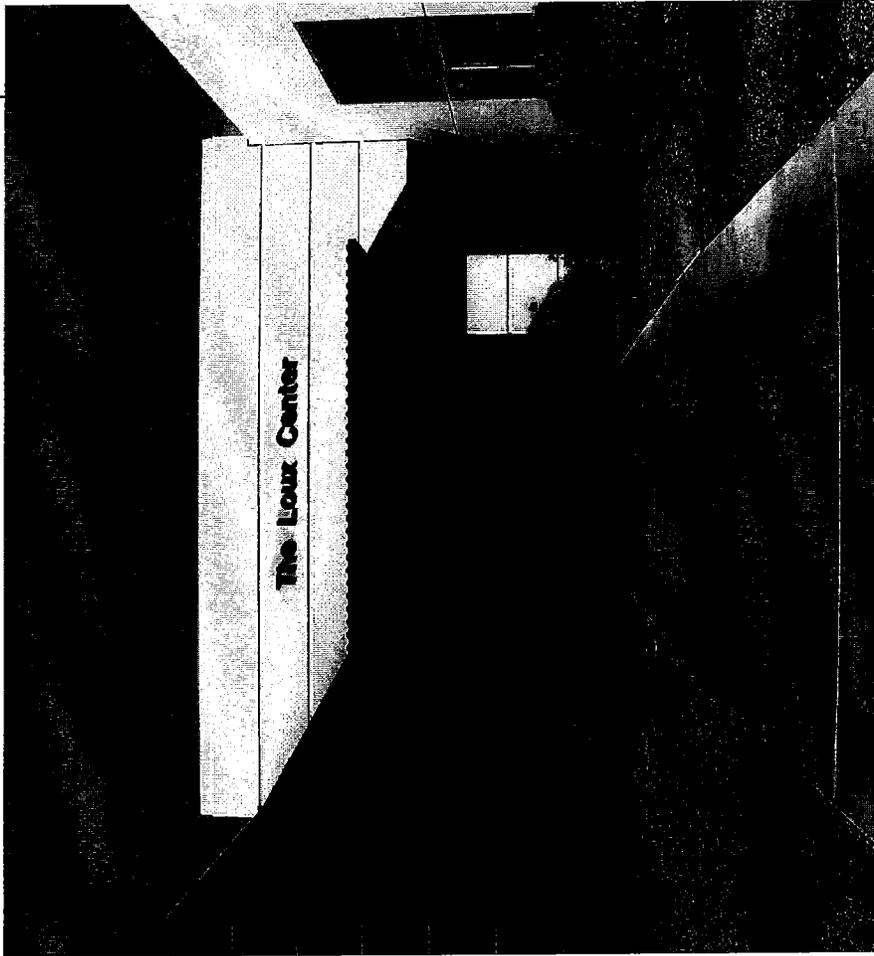
Agenda Item

VI

**Presentation on
Existing Services
for Traumatic Brain
Injury**

NEVADA COMMUNITY
ENRICHMENT PROGRAM
*SPECIALIZING IN NEUROLOGICAL
REHABILITATION*

NCERP



What is a Brain Injury?

- The Brain Injury Association of America (BIAA) defines an acquired brain injury (ABI) as an injury to the brain that has occurred after birth and which is not hereditary, congenital or degenerative.
- A traumatic brain injury (TBI) is a brain injury that is caused by and external physical force that may produce a diminished or altered state of consciousness.
- The most common causes of TBI are motor vehicle crashes, falls, sports injuries and violence.
- Other acquired brain injuries can be caused by other medical events such as anoxia, aneurysms, infections, tumors or stroke
- Every 23 seconds, one person in the United States sustains a Traumatic Brain Injury (TBI).
- An estimated 5.3 million Americans currently live with disabilities resulting from a traumatic brain injury.
- 1.4 million Americans sustain a traumatic brain injury every year
- More than 500,000 Americans die every year as a result of a traumatic brain injury, 235,000 are hospitalized and 1.1 million are treated and released from an ER.
- Leading causes of TBI include: Falls 28%, motor vehicle accidents 20%, assaults 11%, unknown 9%.
- Every year 50,000 children sustain a bicycle related brain injury, of these over 400 die
- Males are 1.5 times more likely to sustain a TBI injury than females

Source BIAUSA.ORG

ABOUT NCEP

- NCEP is a program of Accessible Space, Inc. (ASI).
- NCEP served its first client in 1992.
- NCEP is the only non-profit, post acute day and residential brain injury rehabilitation program in Nevada.
- NCEP is the only CARF accredited brain injury day and residential rehabilitation program in Nevada.
- Comprehensive treatment for Traumatic Brain Injury, Acquired Brain Injury and neurological impairments.
- Excellence in post-acute neuro-rehabilitation
- Continuum of services including:
 - Intensive day treatment programs
 - 24/7 structured and supervised residential treatment programs
 - Life skills and community re-entry programs

Mission Statement

NCEP is dedicated to providing a therapeutic environment that encourages evidenced based, state of the art and cutting edge, rehabilitation in a community based setting, while promoting training and education. Our focus is to ensure that all rehabilitation is client centered and driven, so that each client may reach their highest individual level of independence.

ABOUT NCEP

COMPREHENSIVE PROGRAMS AND SERVICES

- Comprehensive Evaluations
- Individualized Treatment Plans
- Medical Management
- Case Management
- Physical Therapy
- Occupational Therapy
- Speech-language Pathology
- Cognitive Re-training
- Counseling/Social Work
- Vocational and Avocational Services
- Behavioral Management
- Life Skills and Community Re-entry

CARF ACCREDITATION

- Only CARF accredited Brain Injury Rehabilitation Program in Nevada
- Brain Injury Outpatient Rehabilitation Programs- Adults
- Brain Injury Outpatient Rehabilitation Programs- Children and Adolescents
- Brain Injury Residential Rehabilitation Programs- Adults
- Brain Injury Vocational Services- Adults



ABOUT NCEP

BASIC ADMISSION CRITERIA

- Diagnosis of TBI, ABI or other neurological condition
- Medically stable
- Pediatric for comprehensive day program
- Adults for both day and residential programs
- Voluntary involvement on the part of the client

REFERRAL PROCESS

- NCEP's Admissions Coordinator works with case managers, families, physicians and individuals for a smooth transition process:
 - Obtains all relevant information
 - Schedules Pre-admission evaluations
 - Completes Pre-admission report including recommendations

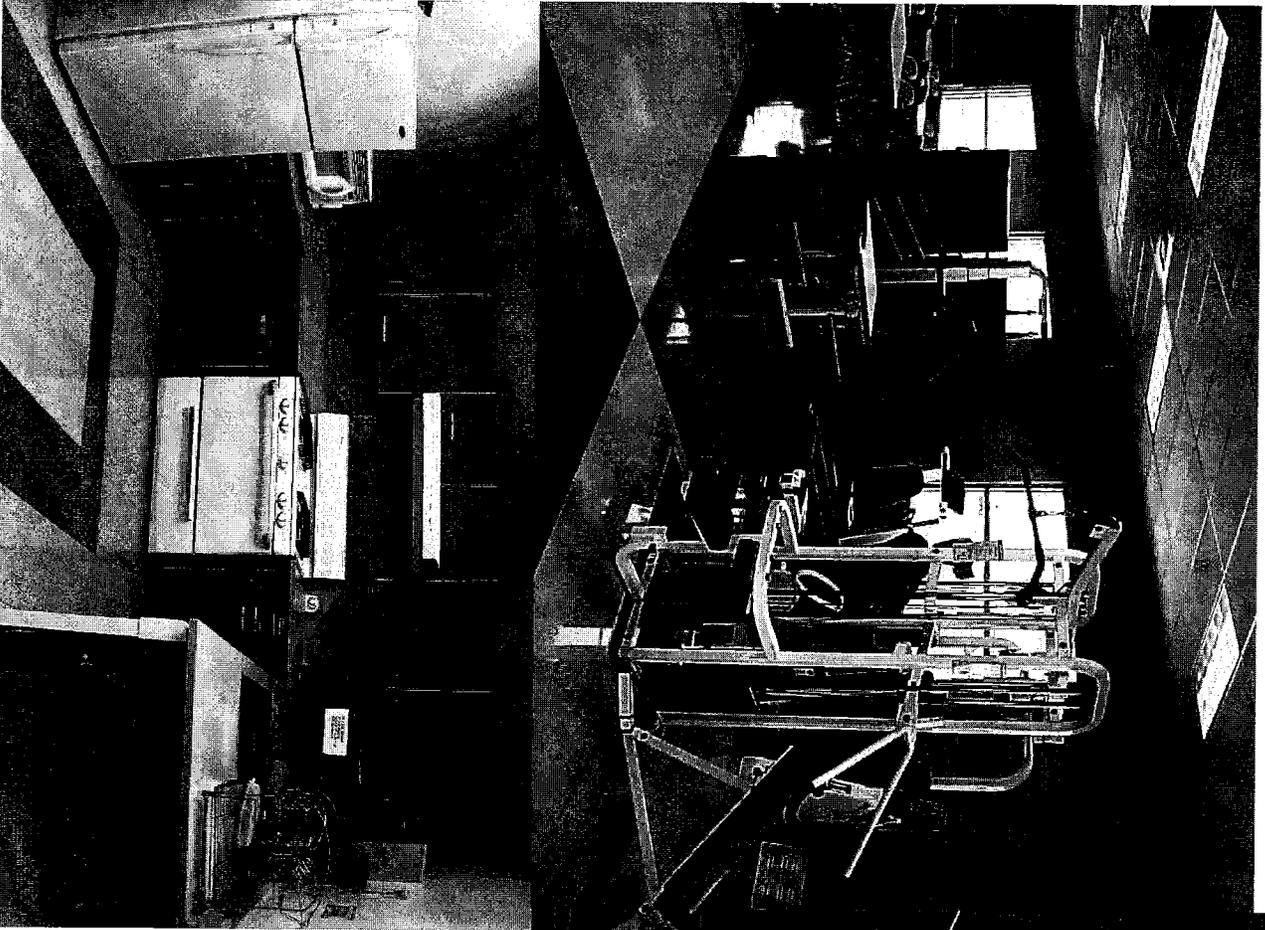
TREATMENT TEAM

- Client and their support system
- Director
- Clinical Manager
- Medical Director
- Case Manager
- Admissions Coordinator
- Physical Therapist
- Physical Therapy Assistant
- Occupational Therapist
- Occupational Therapy Assistant
- Speech Language Pathologist
- Rehabilitation Nurse
- Rehabilitation Counselor
- Vocational Specialist
- Rehabilitation Service Coordinator
- Rehabilitation Technicians
- Life Skills Trainer

Adjunct Team

- Neuropsychologist
- Behavioral Specialist
- CCSD School Teacher
- Massage Therapist
- Meditation & Yoga Instructor

NCEP Clinic

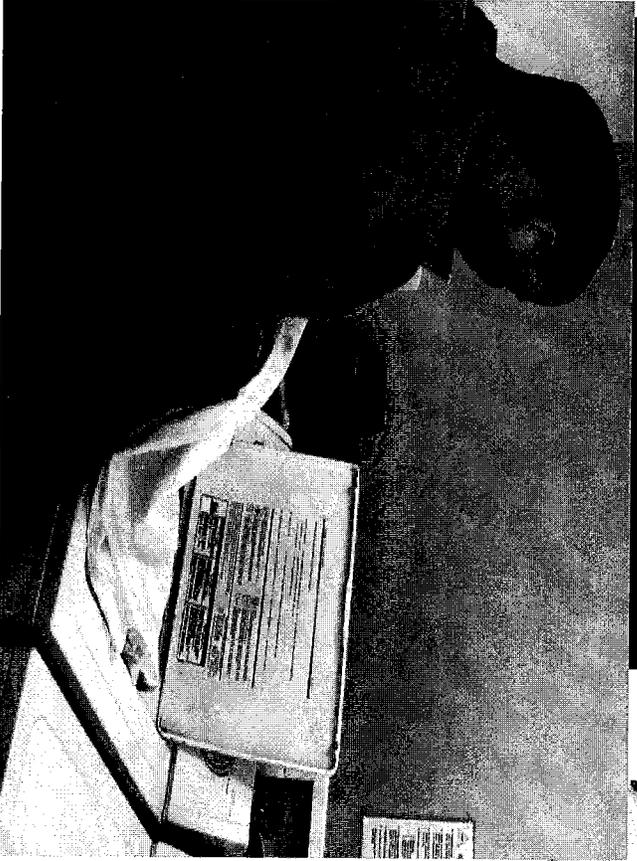
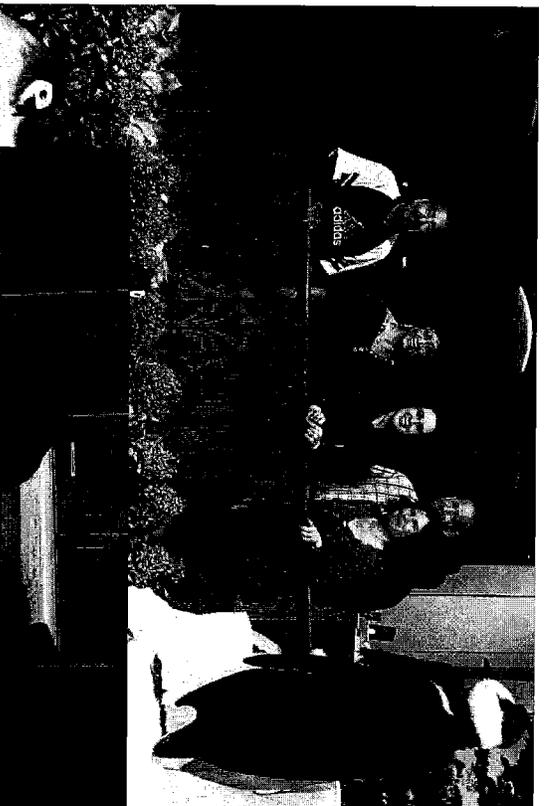


THERAPY



Home and Community

Integration

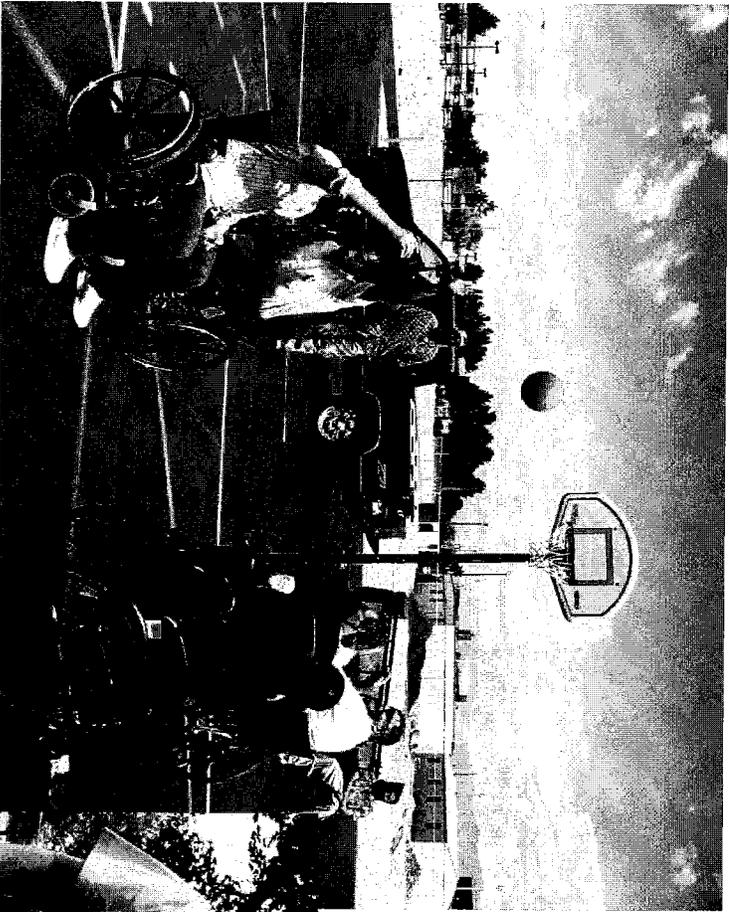




WORK RE ENT



Recreation



**NCEP Outcomes
Quarter 1-Quarter 2
2014**

**Persons Served & Type of Injury
Q1-Q2 2014**

# OF 2014 PERSONS SERVED			
# of Persons Served	70		
# of Admissions*	50		
# of Discharges*	54		
Male	50 (71.43%)		
Female	20 (28.57%)		
THREE YEAR TREND	2011	2012	2013
# of Persons Served	96	98	104
# of Admissions*	79	83	89
# of Discharges*	80	82	85
Male	59 (61%)	73 (74%)	78 (75%)
Female	37 (39%)	25 (26%)	26 (25%)

INJURY AT ADMISSION			
	Etiology	# of Persons	%
ACQUIRED BRAIN INJURY	CVA	24	80.0%
	Anoxia	0	0%
	AVM	1	3.33%
	Brain Tumor	0	0%
	Other	5	16.67%
	TOTAL ABI	30	42.85%
	MVA	10	25.00%
	Fall	5	12.50%
	Assault	9	22.50%
	Motorcycle/Bicycle	6	15.00%
TRAUMATIC BRAIN INJURY	Pedestrian	3	7.50%
	Gunshot/Self Inflicted	2	5.00%
	Other	5	12.50%
	TOTAL TBI	40	57.15%
	3 Year Trend	2011	2012
TBI	52%	56%	62%
ABI	48%	44%	38%

**Age & Ethnicity
Q1-Q2 2014**

AGE AT ADMISSION			
Age Range	# of Persons	%	
Under 16 years	3	4.29%	
16-20 years	6	8.57%	
21-40 years	30	42.85%	
41-59 years	27	38.57%	
60 years and above	4	5.71%	
THREE YEAR TREND		2011	2012
Under 16 years		8%	4%
16-20 years		10%	5%
21-40 years		32%	39%
41-59 years		48%	45%
60 years and above		2%	7%
		2013	
			6%
			10%
			35%
			44%
			5%

ETHNICITY 2014	
White	40 (57%)
Black, African American	9 (13%)
Spanish, Hispanic, Latino	14 (20%)
Asian	5 (7%)
Native Hawaiian or other Pacific Islander	2 (3%)

Funding Source & Referral Location
Q1-Q2 2014

FUNDING SOURCE UPON ADMISSION			
Funding	# of Persons	%	
Private Insurance	35	50%	
Aging & Disability Services Division	22	31%	
Medicaid	11	18%	
Workers Compensation	2	3%	
3 YEAR TREND	2011	2012	2013
Private Insurance	34%	41%	38%
ADSD	46%	37%	42%
Medicaid	15%	14%	14%
Workers Compensation	3%	7%	6%
VA	2%	0%	0%

LOCATION UPON REFERRAL			
Setting	# of Persons	%	
Home	22	31.43%	
Acute Hospital	23	32.86%	
Acute Rehabilitation	24	34.29%	
Skilled Facility	1	1.43%	
Detention Center	0	0.00%	
3 Year Trend	2011	2012	2013
Home	15%	37%	47%
Acute Hospital	39%	30%	23%
Acute Rehabilitation	46%	27%	16%
Other	0%	6%	14%

**EMPLOYMENT STATUS AT TIME OF INJURY
Q1-Q2 2014**

EMPLOYMENT STATUS AT TIME OF INJURY			
Status	# of Persons	%	%
Paid Employment	41	59%	
Attending School	7	10%	
Unemployed	22	31%	
Other	0	0%	
3 YEAR TREND	2011	2012	2013
Paid Employment	51%	51%	39%
Attending School	8%	6%	12%
Unemployed	41%	19%	49%
Other	0%	23%	0%

**Average Length of Stay
Q1-Q2 2014**

AVERAGE LENGTH OF STAY (Treatment Days)						
Program Type	# Of Discharged Clients	Avg. # of Treatment Days		Avg. # of Treatment Days in Residential Program		Avg. # of Treatment Days in Day Program
All Clients	54	54.57				
Residential Clients only	8	61.37				
Day Clients only	40	46.75				
Transition Clients only	6	97		61.5		35.5
THREE YEAR TREND		2011		2012		2013
Program Type	AVERAGE # OF TREATMENT DAYS					
All Clients	74.6	54.6		70.07		
Residential Clients only	93.5	59.6		66.85		
Day Clients only	52.9	48.7		65.5		
Transition Clients only	90.4	84.2		93.92		

**Discharge Site/Outcome
Q1-Q2 2014**

DISCHARGE SITE / OUTCOME			
Status	# of Persons		%
Home Independent or with Family Support	46		85.2%
Skilled Facility/Group Home	2		3.7%
Medical	4		7.4%
Other (unknown)	2		3.7%
3 YEAR TREND			
	2011	2012	2013
Home Independent or with Family Support	87%	95%	90%
Skilled Facility	2%	4%	2%
Group Home	11%	1%	8%
Other	0%	0%	0%

2014 SHORT TERM GOAL ATTAINMENT BY PROGRAM

*Excludes those discharged prior to program completion

2014 SHORT TERM GOAL ATTAINMENT BY PROGRAM *Excludes those discharged prior to program completion				
Program Type	Overall Goal Attainment Benchmark=85%		2014 Goal Attainment	
All Clients			95%	
Residential Clients			93%	
Day Clients			95%	
Transition Clients			98%	
3 YEAR TREND	2011	2012	2013	
All Clients	74%	79%	88%	
Residential Only	74%	72%	83%	
Day Clients only	73%	86%	87%	
Transition Only	Not Tracked	78%	93%	

**Goal Attainment
Q1-Q2 2014**

2014 SHORT TERM GOAL ATTAINMENT BY DISCIPLINE			
<small>*Excludes those discharged prior to program completion</small>			
Discipline	Percentage of Goals Met	2011	2012
Overall Goal Attainment Benchmark=85%		2011	2012
Adjustment	91%		
Case Management	99%		
Nursing	99%		
Occupational Therapy	90%		
Physical Therapy	92%		
Speech Pathology	93%		
Vocational	100%		
Overall Goal Attainment	95%		
3 YEAR TREND		2011	2012
Discipline		Percentage of Goals Met	
Adjustment		51%	75%
Case Management		Not Tracked	94%
Nursing		87%	89%
Occupational Therapy		73%	77%
Physical Therapy		82%	77%
Speech Pathology		74%	75%
Vocational		74%	67%
Overall Goal Attainment		74%	79%
			2013
			86%
			98%
			92%
			86%
			82%
			89%
			80%
			88%

**Activity Level: Admission to Discharge
Q1-Q2 2014**

2014 ACTIVITY LEVEL Admission to Discharge						
Activity Level Admit to D/C	Admission		Discharge		GOAL AT DISCHARGE	
	# Of clients	Percentage	# Of Clients	Percentage		
Employed	16	32%	10	20%	20%	
Attending School	5	10%	4	8%	15%	
Volunteer	0	0%	1	2%	10%	
Productive Leisure	28	56%	24	48%	20%	
BVR: Open Cases	0	0%	5	10%	20%	
BVR: Referrals	0	0%	16	32%	65%	
Other	1	2%	6	12%	10%	
3 YEAR TREND (At D/C)		2011	2012	2013		
Paid Employment		16%	18%	18%		
Attending School		9%	8%	16%		
Volunteer		Not tracked	6%	1%		
Productive Leisure		75%	27%	34%		
BVR		Not tracked	29%	18%		
Other		Not tracked	11%	13%		

Quality of Life & Independence
Q1-Q2 2014

2014 QUALITY OF LIFE Admit to Discharge			
MPAI TOTAL SCORE Admit to D/C	GOAL=90 % of Clients to decrease MPAI score	Percentage of Clients	# Of Discharged Clients
Decrease		84%	42
No Change		12%	6
Increase		4%	2
*Note: A decrease in score is a positive change and indicates improvement			

2014 INDEPENDENCE Admit to Discharge				
Independence Measures SRS Admit to D/C	GOAL=80% of clients to decrease SRS score	Percent of Clients	# Of DC Clients	
Decrease		66%	33	
No Change		34%	17	
Increase		0%	0	
*Note: A decrease in score is a positive change and indicates improvement				
THREE YEAR TREND	2011	2012	2013	
Decrease	59%	81%	63%	
No Change	Not broken out in 2011	16%	37%	
Increase	Not broken out in 2011	3%	0%	

**Referrals, Admissions, Denials
Q1-Q2 2014**

2014 REFERRAL RATIOS					
Monthly Average	21.5	13.16	61%	8.16	39%
Annual Total	129	79	61%	50	39%
		2012		2013	
3 YEAR TREND	2011	2012		2013	
Denial to Referral Ratio	58%	66%		57%	
Admit to Referral Ratio	42%	34%		43%	

2014 REASONS FOR DENIALS			
Reason for Denial of Admission	% Denials	# of Persons Denied	
No Pay Source/Not ADSD Qualified	17.5%	14	
Acute Care Needs	15%	12	
Referred to or Chose Another Option	12.5%	10	
Higher Behavioral Care Needed	8.75%	7	
Refused Services	11.25%	9	
No Brain Injury or Neuro Diagnosis	11.25%	9	
Guarded Rehabilitation Potential	6.25%	5	
No Discharge Plan/Support	16.25%	12	
Other	1.25%	1	
TOTAL		79	

**Discharges Prior to Program Completion
Q1-Q2 2014**

2014 DISCHARGES PRIOR TO PROGRAM COMPLETION			
Reason	# of Persons		%
Unaware of Deficits	2		25%
Left Against Clinical Advice	2		25%
Medical Acuity	4		50%
Deceased	0		0%
Non Voluntary Discharge	0		0%
Other	0		0%
Total	8		14.81%
3 YEAR TREND		2012	2013
Unaware of Deficits	4%	9%	1%
Left Against Clinical Advice	6%	7%	8%
Medical Acuity	0%	1%	3%
Deceased	0%	0%	0%
Non Voluntary Discharge	Not tracked	Not tracked	0%
Other	4%	1%	1%
TOTAL	15%	19%	14%

Family Satisfaction Q1-Q2 2014

2014 FAMILY SATISFACTION

	No Response	Poor	Less Than Satisfied	Satisfied	More Than Satisfied	Excellent
Standard						
Treated with Dignity and Respect				2%	2%	96%
Knowledgeable Clinical Staff	1%		2%			97%
Realistic Goals		1%	3%	3%	1%	92%
Team Listened to Me		1%			3%	96%
Felt Part of the Team						94%
Discharge Planning	1%					98%
Understood Grievance Process	2%			5%	3%	90%
Reports were Understandable	2%		1%	3%	5%	89%
Overall Program Satisfaction	4%					96%
TOTAL % AVERAGE SATISFACTION RATING	1%	0.5%	0.5%	2%	2%	94%
3 YEAR TREND	2011		2012		2013	
TOTAL % AVERAGE SATISFACTION RATING	90%		100%		97%	

Agenda Item VII

**Discussion on
Recommendations
Made by the CSPD
Nominating
Subcommittee**

Are you interested in advocating for Nevadans with *disabilities*?

The Nevada **Commission on Services for Persons with Disabilities** (CSPD) is in the process of recruiting new members. Members play an important role in recommending policy changes or new developments in services for persons with disabilities.

The Committee consists of eleven members and meets on a quarterly basis during the daytime hours. Qualifying members are those who have a disability, are a parent or family member of a person with a disability or have knowledge of the problems of and services for persons with disabilities. Nevada Aging and Disability Services Division (ADSD) participates in the administration of the program.

Mission Statement

"The mission of the Nevada Commission on Services for Persons with Disabilities is to facilitate and enhance the quality of life and services for children and adults with disabilities in Nevada."
Adopted November, 2009

Vision Statement

"Become a visible and informed organization, establish priority of needs for Nevadans with disabilities, and advocate for programs and services to meet those needs through collaboration and education."

Frequently Asked Questions:

Is this a paid position? No, there are no reimbursements for time or travel at this time.

When/where are the meetings normally held? The meetings are normally held during the weekday in Reno and Las Vegas.

Persons interested in applying for membership should contact:

- Desiree Bennett with ADSD, at 775-687-0586 or via email at: dabennett@adsd.nv.gov

Application for ADSD Appointment

Completion of this application packet is a requirement for your appointment to a Board, Commission or Committee. Information submitted on this form may be subject to public disclosure under NRS Chapter 239, Public Records. Attach additional sheets for additional space if needed for explanations. Fields with asterisk (*) indicate required information.

*Date of Application:

*Applying for:

BIOGRAPHICAL INFORMATION

*Legal Name: Mr. Ms. Mrs. Other

*Last: *First: *Middle:

*Have you ever been known by any other legal name? Yes No *If "Yes" list and explain below:

*Date of Birth: Are you a U.S. citizen? Yes OR Country of Registration:

Please Check One: African American Asian/Pacific Islander Caucasian Hispanic Native American

*Are you a registered lobbyist? Yes No *If "Yes" list clients below:

CONTACT INFORMATION

*Preferred Contact Address: Residence Mail Business Mail Residence Email Business Email

***Residence Address:**

<input type="text" value="8928 Stafford Springs Dr"/> <small>Street</small>	<input type="text" value="Las Vegas"/> <small>City</small>	<input type="text" value="NV"/> <small>State</small>	<input type="text" value="89134"/> <small>Zip</small>
<input type="text" value="702-363-5919"/> <small>Home Phone</small>	<input type="text" value="702-360-9526"/> <small>Home Fax</small>	<input type="text" value="702-845-8800"/> <small>Personal Cell Phone</small>	
<input type="text" value="Elisnv@aol.com"/> <small>Home Email</small>	<input type="text" value="702-250-1121 Text"/> <small>Personal Pager/Other</small>	<input type="text" value="Clark"/> <small>County of Residence</small>	

***Business Address:**

<input type="text"/> <small>Company/Business Name</small>				<input type="text"/> <small>Title</small>			
<input type="text"/> <small>Street</small>		<input type="text"/> <small>City</small>		<input type="text"/> <small>State</small>		<input type="text"/> <small>Zip</small>	
<input type="text"/> <small>Business Phone</small>		<input type="text"/> <small>Business Fax</small>		<input type="text"/> <small>Business Cell Phone</small>			
<input type="text"/> <small>Business Email</small>				<input type="text"/> <small>Business Pager/Other</small>			

Application for ADSD Appointment (continued)

PROFESSIONAL INFORMATION

***Present Employer:**

<input type="text" value="Karell Enterprises"/> <small>Company/Business Name</small>		<input checked="" type="checkbox"/> Owner/Self Employed <small>Supervisor's Name</small>	
<input type="text" value="Same as above"/> <small>Supervisor's Contact Address (if different from above)</small>		<input type="text"/> <small>City</small>	
<input type="text"/> <small>Supervisor's Phone</small>		<input type="text"/> <small>Supervisor's Fax</small>	
<input type="text"/> <small>Supervisor's State</small>		<input type="text"/> <small>Supervisor's Zip</small>	
<input type="text"/> <small>Supervisor's Email/Other</small>			

Professional Licenses:

Explain on a separate page if not continuously active since issuance or in a name other than the legal name you listed above.

<input type="text" value="Real Estate License"/> <small>Type of License</small>	<input type="text" value="167971"/> <small>License Number</small>	<input type="text" value="12-Apr"/> <small>Issuance Date</small>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>Continuously Active?</small>
<input type="text" value="Public Notary"/> <small>Type of License</small>	<input type="text"/> <small>License Number</small>	<input type="text" value="12-Jul"/> <small>Issuance Date</small>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>Continuously Active?</small>
<input type="text"/> <small>Type of License</small>	<input type="text"/> <small>License Number</small>	<input type="text"/> <small>Issuance Date</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Continuously Active?</small>

EDUCATIONAL HISTORY

<input type="text"/> <small>High School Attended or equivalence received (G.E.D.)</small>	<input type="text"/> <small>Year of Graduation</small>	<input type="text"/> <small>Degree Received</small>
<input type="text" value="Albright College"/> <small>Undergraduate School Attended</small>	<input type="text" value="1978"/> <small>Year of Graduation</small>	<input type="text" value="BA"/> <small>Degree Received</small>
<input type="text" value="Northeastern University"/> <small>Graduate School Attended</small>	<input type="text" value="1980"/> <small>Year of Graduation</small>	<input type="text" value="MBA"/> <small>Degree Received</small>

REFERENCES

Shella and Don Rose <small>Name</small>	Screenmobile <small>Title/Company</small>	NV <small>State</small>	89134 <small>Zip</small>
Shelley Dublin <small>Name</small>	UBS Financial Services <small>Title/Company</small>	NV <small>State</small>	89144 <small>Zip</small>
 <small>Name</small>	 <small>Title/Company</small>	 <small>State</small>	 <small>Zip</small>

ADDITIONAL INFORMATION

*Please attach a résumé, as well as any additional explanatory information necessary per above.

***Why do you wish to serve in this capacity?**

I have received wonderful support from the Las Vegas Office of DETR and DHHARC. I would like to offer my experience of being on several boards as a way of saying thank you for helping me out. Also as a hard of hearing person with bilateral cochlear implants, I may offer a different perspective.

FOR OFFICE USE ONLY

1. Appointment Recommendation _____
2. To Replace _____
3. Representing _____
4. Length of Term _____
5. First Term Ends _____
6. NOTES: _____

Application for ADSD Appointment

Completion of this application packet is a requirement for your appointment to a Board, Commission or Committee. Information submitted on this form may be subject to public disclosure under NRS Chapter 239, Public Records. Attach additional sheets for additional space if needed for explanations. Fields with asterisk (*) indicate required information.

*Date of Application: 7/10/2014

*Applying for: Nevada Commission on Services for People with Disabilities

BIOGRAPHICAL INFORMATION

*Legal Name: Mr. Ms. Mrs. Other

*Last: Daviton *First: David *Middle: M.

*Have you ever been known by any other legal name? Yes No *If "Yes" list and explain below:

*Date of Birth: 9/24/1956 Are you a U.S. citizen? Yes No OR Country of Registration:

Please Check One: African American Asian/Pacific Islander Caucasian Hispanic Native American

*Are you a registered lobbyist? Yes No *If "Yes" list clients below:

CONTACT INFORMATION

*Preferred Contact Address: Residence Mail Business Mail Residence Email Business Email

*Residence Address:

9255 Cordoba Blvd Sparks NV 89441
Street City State Zip

775-473-9650 Home Phone Home Fax 702-677-7012 text only Personal Cell Phone

dav80lau@aol.com Home Email 241dmd@gmail.com Personal Pager/Other Washoe County of Residence

*Business Address:

Company/Business Name Title

Street City State Zip

Business Phone Business Fax Business Cell Phone

Business Email Business Pager/Other

Application for ADSD Appointment (continued)

PROFESSIONAL INFORMATION

***Present Employer:**

Retired: General Motors				
Company/Business Name		Supervisor's Name		
Supervisor's Contact Address (if different from above)		City	State	
Supervisor's Phone		Supervisor's Fax	Supervisor's Email/Other	

Professional Licenses:

Explain on a separate page if not continuously active since issuance or in a name other than the legal name you listed above.

			<input type="checkbox"/> Yes <input type="checkbox"/> No Continuously Active?
Type of License	License Number	Issuance Date	
			<input type="checkbox"/> Yes <input type="checkbox"/> No Continuously Active?
Type of License	License Number	Issuance Date	
			<input type="checkbox"/> Yes <input type="checkbox"/> No Continuously Active?
Type of License	License Number	Issuance Date	
			<input type="checkbox"/> Yes <input type="checkbox"/> No Continuously Active?

EDUCATIONAL HISTORY

California School for the Deaf in Berkeley, CA	1975	Yes
High School Attended or equivalence received (G.E.D.)	Year of Graduation	Degree Received
National Technical Institute for the Deaf, Rochester, New York		No
Undergraduate School Attended	Year of Graduation	Degree Received
Graduate School Attended	Year of Graduation	Degree Received

REFERENCES

Jack Mayes	Executive Director/Nevada Disability Law and Advocacy Center	NV	89509
Name	Title/Company	State	Zip
Bill Heavilin	Supervising Rights Attorney/NV Disability Law and Advocacy Center	NV	89146
Name	Title/Company	State	Zip
Jeffery Beardsley	Past President/NV Association of the Deaf & President of So. NV Coalition of Organization of the Deaf and Hard of Hearing	NV	89101
Name		State	Zip

ADDITIONAL INFORMATION

***Please attach a résumé, as well as any additional explanatory information necessary per above.**

***Why do you wish to serve in this capacity?**

I wish to represent the Deaf and Hard of Hearing community to ensure that they get the services they need to live independently. We need advocacy to improve education, employment, wireless relay and interpreter services.

FOR OFFICE USE ONLY

1. Appointment Recommendation _____
2. To Replace _____
3. Representing _____
4. Length of Term _____
5. First Term Ends _____
6. NOTES: _____
- _____
- _____

DHHS Boards and Commissions

ADRC Veterans Directed Home and Community Based Services Advisory Board

Advisory Committee on Problem Gambling

Advisory Committee on the State Program for Oral Health

Advisory Council on the State Program for Wellness and Prevention of Chronic Disease

Behavioral Health Planning and Advisory Council

Bylaws Subcommittee/ COA

Child Care Advisory Committee

Colorectal, Breast, and Cervical Cancer Medical Advisory Board

Commission on Aging

Commission on Autism Spectrum Disorders

Commission on Behavioral Health

Commission on Services for Persons with Disabilities

Committee to Review Suicide Fatalities

Communication Services for Persons Who are Deaf or Hard of Hearing and Persons with Speech Disabilities

Differential Response Steering Committee

Division of Child and Family Services

Division of Health Care Financing and Policy

Division of Public and Behavioral Health- Medical Marijuana Program

Evidenced- Based Workgroup

Governor's Behavioral Health and Wellness Council

Governor's Council on Food Security

Governor's Graduate Medical Education Task Force

Grants Management Advisory Committee

HIV/AIDS Medical Advisory Committee
IDEA Part C Office Nevada State Systemic Improvement Plan Strategic Planning Committee
Interagency Council on Homeless
Legislative Issues Subcommittee/ COA
Maternal and Child Health Advisory Board
Multidisciplinary Prevention Advisory Committee
Nevada Aging and Disability Resource Center Advisory Committee
Nevada Assistive Technology Council
Nevada Early Intervention Interagency Coordinating Council Child Find Subcommittee
Nevada Early Intervention Interagency Coordinating Council Family Support Resource Subcommittee
Nevada Governor's Council on Development Disabilities
Nominations Subcommittee/CSPD
NRS 439 Subcommittee/ COA
NRS 439 Subcommittee/CSPD
Olmstead/ Strategic Planning Subcommittee COA/CSPD
Rural Children's Mental Health Consortium
SAPTA Advisory Board
Senior Services Strategic Plan Accountability Subcommittee/ COA
State Board of Health
Statewide Epidemiology Workgroup
Statewide Health Information Exchange
State Independent Living Council
Task Force on Alzheimer's Disease

NRS 427A.1217 Duties and Powers of the Commission on Services for Persons with Disabilities:

1. The Commission shall:

- (a) Determine and evaluate the needs of persons with disabilities in this State;
- (b) Seek ways to avoid unnecessary duplication of services for persons with disabilities by public and private organizations in this State;
- (c) Establish priorities for the work of the Division according to the most pressing needs of persons with disabilities as determined by the Commission; and
- (d) Promote programs that provide community-based services necessary to enable a person with a disability, to the fullest extent possible, to remain in his or her home and be an integral part of his or her family and community.

2. The Commission may:

- (a) Review and make recommendations regarding plans for services for persons with disabilities;
- (b) Gather and disseminate information relating to persons with disabilities;
- (c) Conduct hearings, conferences and special studies on the problems of persons with disabilities and on programs that serve persons with disabilities;
- (d) Evaluate existing programs for persons with disabilities, recommend changes in those programs and propose new programs that would more effectively and economically serve the needs of persons with disabilities;
- (e) Evaluate any proposed legislation that would affect persons with disabilities;
- (f) Carry out the provisions of the Strategic Plan for Persons with Disabilities developed by the Department pursuant to paragraph (c) of subsection 1 of section 1 of chapter 541, Statutes of Nevada 2001;
- (g) Recommend to the Legislature any appropriate legislation concerning persons with disabilities; and
- (h) Coordinate and assist the efforts of public and private organizations that serve the needs of persons with disabilities, especially in the areas of education, employment, health, housing, welfare and recreation.

(Added to NRS by 2009, 656)— (Substituted in revision for NRS 426.395)

NRS 427A.750 Duties of the Subcommittee on Communication Services for Persons who are Deaf or Hard of Hearing and Persons with Speech Disabilities:

1. The Subcommittee may:

- (a) Make recommendations to the Nevada Commission on Services for Persons with Disabilities concerning the establishment and operation of programs for persons with communications disabilities which affect their ability to communicate.
- (b) Recommend to the Nevada Commission on Services for Persons with Disabilities any proposed legislation concerning persons with communications disabilities which affect their ability to communicate.
- (c) Collect information concerning persons with communications disabilities which affect their ability to communicate.
- (d) Create and annually review a 5-year strategic plan consisting of short-term and long-term goals for services provided by or on behalf of the Division. In creating and reviewing any such plan, the Subcommittee must solicit input from various persons, including, without limitation, persons with communications disabilities.
- (e) Review the goals, programs and services of the Division for persons with communications disabilities and advise the Division regarding such goals, programs and services, including, without limitation, the outcomes of services provided to persons with communications disabilities and the requirements imposed on providers.
- (f) Based on information collected by the Department of Education, advise the Department of Education on research and methods to ensure the availability of language and communication services for children who are deaf, hard of hearing or speech-impaired.

(g). The Subcommittee shall make recommendations to the Nevada Commission on Services for Persons with Disabilities concerning the practice of interpreting and the practice of realtime captioning, including, without limitation, the adoption of regulations to carry out the provisions of chapter 656A of NRS.

NRS 426.731 Duties of the Subcommittee on Personal Assistance for Persons with Severe Functional Disabilities (PAS):

1. The Subcommittee shall:

- (a) Solicit recommendations for the appointment of members to the Subcommittee from organizations that are representative of a broad range of persons with disabilities and organizations interested in the provision of personal services to persons with functional disabilities.
- (b) Solicit recommendations for the appointment of members to the Subcommittee from organizations that are representative of a broad range of persons with disabilities and organizations interested in the provision of personal services to persons with functional disabilities.

CSPD: Members are appointed by the Administrator of ADSD

Member Name	Experience with or an interest in and knowledge of the problems of and services for persons with disabilities.	Persons with disabilities or the parents or family members of persons with disabilities.	Length of Term	End of Term
Brian Patchett, Chair	x	x	6 yrs.	9/30/2015
Mary Bryant	x	x	6yrs.	9/30/2015
Bill Heavillin	x	x	6yrs.	9/30/2015
Gary Olsen	x	x	6yrs.	9/30/2015
Jodi Sabal	x		6 yrs.	9/30/2015

Jon Sasser	x			6 yrs.	9/30/2015
Karen Taycher	x	x		6 yrs.	9/30/2015
Nicole Schomberg	x	x		1 yr.	4/31/2016 (1 st term)
Jennifer Pharr	x			1yr.	4/31/2016 (1 st term)
VACANT		x			
VACANT		x			

At least six persons appointed as voting members must be persons with disabilities or the parents or family members of persons with disabilities

After the initial term of an appointed member, the term of an appointed member is 3 years. An appointed member may be reappointed for an additional term of 3 years. An appointed member may not serve more than two terms.

SOCS: Members are appointed by the Administrator. The Administrator will consider recommendations made by the CSPD.

Member Name	Member who is employed by the Department and who participates in the administration of the program of this State which provides services to persons with communication disabilities	Member of the Nevada Association of the Deaf, or represents an organization which has a membership of persons who are deaf, hard of hearing or speech-impaired	Member who has experience with or an interest in and knowledge of the problems of and services for the deaf, hard of hearing or speech-impaired.	Member who is the Executive Director of the Nevada Telecommunications Association or a member who represents the telecommunications industry	Members who are users of telecommunication services or the services of persons engaged in the practice of interpreting or the practice of realtime captioning.	Member who is a parent of a child who is deaf, hard of hearing or speech-impaired.	Represents educators in the State and has knowledge concerning the provision of communication services to persons with disabilities in elementary, secondary and postsecondary schools and the laws concerning the provision	End of Term
Julie Balderson	x						Permanent Position	
Gary Olsen, Chair			x				2/14/2015 (1 st term)	
Mike Eifert				x			2/14/2015 (1 st term)	

PAS: The Nevada Commission on Services for Persons with Disabilities shall appoint to the Subcommittee such members to represent a broad range of persons with disabilities from diverse backgrounds.

Member Name	Seniors with disabilities	Representative of the Statewide Independent Living Council	Representative of the State Council on Developmental Disabilities	Representative of the Centers for independent living	Providers of personal services to persons with disabilities	Persons with disabilities who receive personal assistance services	Length of Term
All positions are vacant.							After the initial term, the term of each member is 2 years. (NRS 426.731)

After the initial term, the term of each PAS Subcommittee member is 2 years.



Aging and Disability Services Division

Caseload Statistics for

July 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.

COMMUNITY SERVICE OPTIONS PROGRAM FOR THE ELDERLY (COPE)	Page 2
HOME AND COMMUNITY BASED WAIVER (HCBW) FOR THE FRAIL ELDERLY	Page 3
HOMEMAKER - CASELOAD STATISTICS	Page 4
PERSONAL ASSISTANCE SERVICES (PAS)	Page 5
AUTISM TREATMENT ASSISTANCE - CASELOAD STATISTICS	Page 6
INDEPENDENT LIVING - CASELOAD STATISTICS	Page 7
TRAUMATIC BRAIN INJURY - CASELOAD STATISTICS	Page 8
DISABILITY RX - CASELOAD STATISTICS	Page 9
SENIOR RX - CASELOAD STATISTICS	Page 11
DENTAL PILOT PROGRAM - CASELOAD STATISTICS	Page 13
NEVADA EARLY INTERVENTION SERVICES	Page 14
DEVELOPMENTAL SERVICES	Page 15

COMMUNITY SERVICE OPTIONS PROGRAM FOR THE ELDERLY (COPE)
July-14

	Jun-14	Jul-14	Change from Prior Month	FY15 YTD	
				Total	AVERAGE Per Month
Clients Referred					
Referred	11	14	27.3%	14	14
Dropped	7	7	0.0%	7	7
Clients Waiting					
Screened	33	35	6.1%	35	35
Pending	1	0	-100.0%	0	0
In Process	1	0	-100.0%	0	0
Total Clients Waiting	35	35	0.0%	35	35
# Clients Waiting Under 90 Days	33	14	-57.6%	14	14
# Clients Waiting Over 90 Days	2	21	950.0%	21	21
Total Days Waiting	2344	2960	26.3%	2960	2960
Average days waiting YTD	56	85	50.7%	NA	85
Clients Approved					
Approved	2	2	0.0%	2	2
Average Wait time till approved	37	91	145.9%	NA	2
CASELOAD					
Total Budgeted Caseload	59	59	0.0%	59	59
Total Current Caseload	48	48	0.0%	48	48
LEAVERS					
Total # of Closed Cases	0	0	0.0%	0	0

As of 8/22/14 twenty clients waiting over 90 days; one closed.

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

	Jun-14	Jul-14	Change from Prior Month	FY15 YTD	
				Total	Average Per Month
Clients Referred					
Referred	203	260	28%	260	260
Dropped	137	100	-27%	100	100
Clients Waiting					
Screened	291	333	14%	333	333
Pending	93	90	-3%	90	90
In Process	60	42	-30%	42	42
Total Clients Waiting	444	465	5%	465	465
# Clients Waiting Under 90 Days	392	297	-24%	297	297
# Clients Waiting Over 90 Days*	52	168	223%	168	168
Total Days Waiting	25149	31644	26%	31644	31644
Average days waiting YTD	49	68	39%	NA	68
Clients Approved					
Approved	53	60	13%	60	60
Average Wait time till approved	110	91	-17%	NA	90
CASELOAD					
Total Budgeted Caseload	1771	1830	3%	1830	1830
Total Current Caseload	1721	1765	3%	1765	1765
LEAVERS					
Total # of Closed Cases	42	41	-2%	41	41

*As of 8/22/2014: 6 have become active and 6 have closed.

HOMEMAKER

July-14

	Jun-14	Jul-14	Change from Prior Month	FY15 YTD	
				Total	Average Per Month
Clients Referred/Wait List					
Referred	38	52	37%	52	52
Dropped	31	18	-42%	18	18
Clients Waiting					
Screened	9	12	33%	12	12
Pending	6	1	-83%	1	1
In Process	16	20	25%	20	20
Total Clients Waiting	15	33	120%	33	33
# Clients Waiting Under 90 Days	30	28	-7%	28	28
# Clients Waiting Over 90 Days*	1	5	400%	5	5
Total Days Waiting	1250	1564	25%	1564	1564
Average days waiting YTD	17	47	185%	NA	47
Clients Approved					
Approved	8	6	-25%	6	6
Average Wait time till approved	42	63	50%	NA	63
CASELOAD					
Total Budgeted Caseload	320	320	0%	320	320
Total Current Caseload	317	316	0%	316	316
LEAVERS					
Total # of Closed Cases	7	8	14%	8	8

* As of 8/22/2014: 2 have closed, 1 has become active and 3 are waiting for Homemaker Social Worker to become available.

PERSONAL ASSISTANCE SERVICES (PAS)

July-14

	Jun-14	Jul-14	Change from Prior Month	FY15YTD	
				Total	Average Per Month
Clients Referred					
Referred	14	18	28.6%	18	18
Dropped	15	19	26.7%	19	19
Clients Waiting					
Screened	8	6	-25.0%	6	6
Pending	6	1	600.0%	1	1
In Process	0	5	500.0%	5	5
Total Clients Waiting	14	12	-14.3%	12	12
# Clients Waiting Under 90 Days	14	11	-21.4%	11	11
# Clients Waiting Over 90 Days*	0	1	100.0%	1	1
Total Days Waiting	387	327	-15.5%	327	327
Average days waiting YTD	22	27	23.2%	NA	27
Clients Approved					
Approved	3	0	-100.0%	0	0
Average Wait time till approved	36	0	-100.0%	NA	0
CASELOAD					
Total Budgeted Caseload	150	150	0.0%	150	150
Total Current Caseload	123	122	-0.8%	122	122
LEAVERS					
Total # Closed Cases	3	4	33.3%	40	3

* As of 8/22/2014: 1 has become active and no clients are waiting.

AUTISM TREATMENT ASSISTANCE - CASELOAD STATISTICS

July-14

Autism Treatment	Jun-14	Jul-14	Change from Prior Month	FY15 YTD	
				Total	Average
APPLICATIONS					
Total New Applications Received & Processed	45	43	-4%	43	43
WAITLIST/PENDING APPLICATIONS					
Total People	327	244	-25%		244
<= 90 Days (%)	27%	31%	15%		31%
> 90 Days (%)	73%	69%	-5%		69%
Maximum Days on Waitlist	1082	619	-43%		619
TIME UNTIL SERVICES					
People Placed This Month	25	13	-48%	13	13
Average Days until Placement	483	469	-3%		469
Maximum Days until Placement	1898	983	-48%		983
CASELOAD					
Total Active Cases	303	310	2%		310
Average Monthly Co-payment	\$330	\$330	0%		\$330
% of Cases with No Co-payment	81%	81%	0%		81%
Age 18 Months to 5 Years	21%	21%	0%		21%
Age 6 years to 8 Years	37%	38%	3%		38%
Age 9 years to 10 Years	15%	14%	-7%		14%
Age 11 years to 18 Years	27%	27%	0%		27%
LEAVERS					
Average Monthly Cost of Closed Cases	\$600	\$800	33%		\$800
Total # of Closed Cases	2	2	0%	2	2

**** 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

July-14

	Jun-14	Jul-14	Change from Prior Month	FY15 YTD	
				Total	Average
APPLICATIONS					
Total New Applications Received & Processed	16	17	6%	17	17
WAITLIST/PENDING APPLICATIONS					
Total People	280	224	-20%		224
<= 90 Days (%)	13%	19%	52%		19%
> 90 Days (%)	88%	81%	-7%		81%
Maximum Days on Waitlist	558	560	0%		560
TIME UNTIL SERVICES					
People Placed This Month	22	72	227%	72	72
Average Days until Placement	410	439	7%		439
Maximum Days until Placement	551	572	4%		572
CASELOAD					
Total Active Cases	79	126	59%		126
LEAVERS					
Average Cost of Closed Cases	\$6,636	\$5,861	-12%		\$5,861
Total # of Closed Cases	22	21	-5%	21	21
(Top 4 Closure Reasons, %)					
1 Goals Met	100%	71%	-29%		71%
2 Withdrawn	0%	19%	100%		19%
3 Died	0%	0%	0%		0%
4 Other	0%	10%	100%		10%

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

TRAUMATIC BRAIN INJURY - CASELOAD STATISTICS

July-14

	Jun-14	Jul-14	Change from Prior Month	FY15 YTD	
				Total	Average
APPLICATIONS					
Total New Applications Received & Processed	5	7	40%	7	7
WAITLIST/PENDING APPLICATIONS					
Total People	2	5	150%		5
<= 90 Days (%)	100%	100%	0%		100%
> 90 Days (%)	0%	0%	0%		0%
Maximum Days on Waitlist	19	16	-16%		16
TIME UNTIL SERVICES					
People Beginning Service This Month	7	4	-43%	4	4
Average Days until Placement	11	9	-18%		9
Maximum Days until Placement	19	16	-16%		16
CASELOAD					
Total Active Cases	8	10	25%	10	10
LEAVERS					
Average Cost of Closed Cases	\$23,445.00	\$43,837.25	87%		\$43,837
Total # of Closed Cases	15	7	-53%	7	7
(Top 3 Closure Reasons, %)					
1 Rehabilitation Successful	87%	72%	-17%		72%
2 Withdrew from Program	13%	14%	8%		14%
3 Died or Moved	0%	14%	0%		14%

DISABILITY RX - CASELOAD STATISTICS

July-14

DISABILITY RX PRESCRIPTION PROGRAM	Jun-14	Jul-14	Change from Prior Month	FY15 YTD	
				Total	Average
TRADITIONAL APPLICATIONS					
Total Applications Received ¹	1	4	300%	4	4
Approved (%)	0%	0%	0%		0%
Denied (%)	100%	100%	0%		100%
Denial Reasons					
1 Incomplete Data	0%	0%	0%		0%
2 Income Too High	50%	33%	-17%		33%
3 Residency	0%	0%	0%		0%
4 Age	0%	0%	0%		0%
5 Eligible for Medicaid	0%	0%	0%		0%
6 All Other Reasons	50%	67%	17%		67%
WAITLIST (In-Process & Pending Applications)					
Total People Waiting	0	0	0%	0	0
Average Days Wait Time	0	0	0%		0
Maximum Days Wait Time	0	0	0%		0
CASELOAD					
Total Enrollees ²	39	36	-7.7%	36	36
Total Budgeted Enrollees	52	0	-100%	0	0
LEAVERS					
Total # of Closed Cases	2	2	0%	2	2
(Top Closure Reasons, %)					
1 Incomplete Data	50%	50%	0%		50%
2 Deceased	0%	0%	0%		0%
3 Residency	0%	0%	0%		0%
4 Need to Enroll in Part D	0%	0%	0%		0%
5 Eligible for Medicaid	0%	0%	0%		0%
6 All Other Reasons	50%	50%	0%		50%
PART D APPLICATIONS					
Total Applications Received ¹	34	32	-5.9%	32	32
Approved (%)	85%	88%	2%		88%
Denied (%)	15%	13%	-2%		13%
Denial Reasons					
1 Incomplete Data	0%	0%	0%		0%
2 Income Too High	0%	0%	0%		0%
3 Residency	20%	25%	5%		25%
4 Age	0%	0%	0%		0%
5 Eligible for Medicaid	0%	0%	0%		0%
6 All Other Reasons	80%	75%	-5%		75%

WAITLIST (In-Process & Pending Applications)					
Total People Waiting	0	0	0%	0	0
Average Days Wait Time	12	7	-41.7%		7
Maximum Days Wait Time	38	29	-23.7%		29
CASELOAD					
Total Enrollees²	508	535	5.3%	535	535
Total Budgeted Enrollees	330	335	2%	335	335
LEAVERS					
Total # of Closed Cases	12	12	0%	12	12
(Top Closure Reasons, %)					
1 Incomplete Data	50%	58%	8%		58%
2 Deceased	17%	8%	-8%		8%
3 Eligible for Medicaid	0%	0%	0%		0%
4 Need to Enroll in Part D	25%	0%	-25%		0%
5 Residency	0%	0%	0%		0%
6 All Other Reasons	8%	33%	25%		33%
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

July-14

	Jun-14	Jul-14	Change from Prior Month	FY15 YTD	
				Total	Average
TRADITIONAL APPLICATIONS					
Total Applications Received ¹	3	2	-33.3%	2	2
Approved (%)	0%	0%	0.0%		0%
Denied (%)	100%	0%	-100.0%		0%
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%		0%
WAITLIST (In-Process & Pending Applications)					
Total People Waiting	0	0	0.0%	0	0
Average Days Wait Time	0	0	0.0%		0
Maximum Days Wait Time	0	0	0.0%		0
CASELOAD					
Total Enrollees ²	86	76	-11.6%	76	76
Total Budgeted Enrollees	139	0	-100.0%	0	0
LEAVERS					
Total # of Closed Cases	6	4	-33.3%	4	4
(Top Closure Reasons, %)					
1 Incomplete Data	67%	75%	8.3%		75%
2 Deceased	0%	0%	0.0%		0%
3 Residency	0%	0%	0.0%		0%
4 Need to Enroll in Part D	0%	0%	0.0%		0%
5 Eligible for Medicaid	0%	0%	0.0%		0%
6 All Other Reasons	33%	25%	-8.3%		25%
PART D APPLICATIONS					
Total Applications Received ¹	171	197	15.2%	197	197
Approved (%)	90%	94%	3.9%		94%
Denied (%)	10%	6%	-3.9%		6%
Denial Reasons					
1 Incomplete Data	6%	0%	-5.9%		0%
2 Income Too High	41%	50%	8.8%		50%
3 Residency	18%	8%	-9.3%		8%
4 Age	0%	0%	0.0%		0%
5 Eligible for Medicaid	0%	0%	0.0%		0%
6 All Other Reasons	35%	42%	6.4%		42%

WAITLIST (In-Process & Pending Applications)					
Total People Waiting	0	0	0.0%	0	0
Average Days Wait Time	11	9	-18.2%		9
Maximum Days Wait Time	39	32	-17.9%		32
CASELOAD					
Total Enrollees²	3,397	3,509	3.3%	3,509	3,509
Total Budgeted Enrollees	2,830	2,912	2.9%	2,912	2,912
LEAVERS					
Total # of Closed Cases	83	56	-32.5%	56	56
(Top Closure Reasons, %)					
1 Incomplete Data	35%	43%	7.9%		43%
2 Deceased	18%	34%	15.9%		34%
3 Eligible for Medicaid	0%	0%	0.0%		0%
4 Need to Enroll in Part D	18%	0%	-18.1%		0%
5 Residency	11%	0%	-10.8%		0%
6 All Other Reasons	18%	23%	5.1%		23%

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.

DENTAL PILOT PROGRAM - CASELOAD STATISTICS

July-14

	Jun-14	Jul-14	Change from Prior Month	FY15 YTD	
				Total	Average
APPLICATIONS					
Total Applications Received¹	29	36	24.1%	36	36
Approved (%)	100%	78%	-22.2%		78%
Denied (%)	0%	22%	22.2%		22%
Denial Reasons					
1 Has Other Dental Coverage	0%	100%	100.0%		100%
2 Income Too High	0%	0%	0.0%		0%
3 Residency	0%	0%	0.0%		0%
4 Eligible for 100% Extra Help	0%	0%	0.0%		0%
5 Eligible for Medicaid	0%	0%	0.0%		0%
6 All Other Reasons	0%	0%	0.0%		8%
WAITLIST (In-Process & Pending Applications)					
Total People Waiting	184	173	-6.0%	173	173
Average Days from Application to Enrollment	133	133	0.0%		133
Maximum Days from Application to Enrollment	147	309	110.2%		309
CASELOAD					
Total Enrollees²	1,114	1,119	0.4%	1,119	1,119
Total Budgeted Enrollees	1,085	1,108	2.1%	1,108	1,108
LEAVERS					
Total # of Closed Cases	14	15	0.0%	15	15
<i>(Top Closure Reasons, %)</i>					
1 Has Other Dental Coverage	0%	0%	0.0%		0%
2 Deceased	14%	13%	-1.0%		13%
3 Residency	21%	7%	-14.8%		7%
4 Member Initiated	0%	0%	0.0%		0%
5 Income Too High	0%	0%	0.0%		0%
6 All Other Reasons	64%	80%	-15.7%		80%

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.

Nevada Early Intervention Services

July-14

	Jun-14	Jul-14	Change from Prior Month	FY15 YTD	
				Total	Average Per Month
Children Referred					
Referred	487	544	12%	544	544
Children Waiting for One or More Services					
Total Children Waiting*	23	11	-52%	11	11
Number of Services	31	31	0%	2735	228
CASELOAD					
Total Budgeted Caseload	3590	3603	0.4%	42204	3517
Total Current Caseload	2925	2954	1.0%	38147	3179
LEAVERS					
Total # of Closed Cases	212	215	1%	100	9

As of August 22, 2014 no children are waiting for services.

Developmental Services - CASELOAD STATISTICS

July-14

	Jun-14	Jul-14	Change from Prior	FY15 YTD	
				Total	Average
APPLICATIONS					
Total Applications Received	56	68	21.4%	68	68
Application Type					
1st Time (%)	96.4%	98.5%	2.1%		99%
Applied in last 90 days (%)	57.7%	58.8%	1.1%		59%
Applied 91-120 days ago(%)	7.8%	10.7%	2.9%		11%
Applied > 121 days ago (%)	34.6%	30.5%	-4.1%		30%
Total Applications Processed					
	97	90	-7%	90	90
Approved (%)					
	75.4%	83.6%	8.2%		84%
Denied (%)					
	24.6%	16.4%	-8.2%		16%
(Top 4 Denial Reasons, %)					
1 Lacks Mental Retardation Diagnosis	64.7%	80.0%	15.3%		80%
2 Lacks Related Conditions Diagnosis	35.3%	20.0%	-15.3%		20%
Processing Time					
Average # of Days	88	96	9.1%		96
Timely Processing (# of Days)					
Approved (%)	53.6%	56.7%	3.1%		57%
Denied (%)	17.5%	11.1%	-6.4%		11%
Withdrawn (%)	28.9%	32.2%	3.3%		32%
PENDING APPLICATIONS					
Total Persons in Pending Status	357	343	-3.9%	343	343
TIME UNTIL PLACEMENT					
Total Persons Placed this Month	52	51	-1.9%	51	51
CASELOAD					
Total Cases	6,028	6,059	0.5%		6,059
Total Recipients	6,028	6,059	0.5%		6,059
Average Recipients per Case	1	1	0.0%		1
LEAVERS					
Total # of Closed Cases	16		-100.0%		