

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING AND DISABILITY SERVICES DIVISION
Helping people. It's who we are and what we do.



Dena Schmidt
Administrator

Draft Minutes

Name of Organization: Nevada Commission on Services for Persons with Disabilities (CSPD)

Date and Time of Meeting: February 11, 2021
9:00 a.m.

This meeting will be held via videoconference only:

In accordance with Governor Sisolak's Declaration of Emergency Directive 006; Subsection 1; The requirement contained in NRS 241.023 (1) (b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended.

The public may observe this meeting and provide public comment on Zoom.

To join the Zoom conference, go to: <https://zoom.us/j/9299041434> (you may have to download the Zoom application from your smartphone or computer at zoom.us).

Join Zoom Meeting

<https://zoom.us/j/9299041434>

Meeting ID: 929 904 1434

Password: NVSILC

+1 253 215 8782 US (Tacoma)

The number provided may incur long-distance telephone carrier charges, and is offered as a regional call-in number, only.

Meeting ID: 929 904 1434

Passcode: 707401

Find your local number: <https://zoom.us/u/adWRJF63Uf>

Meeting Materials Available at: <http://adsd.nv.gov/Boards/SILC/Agendas/>

1. Welcome and Introductions

Diane Thorkildson, Chair

Members Present: Stacy Alaribe, Regina Daniel, Charlene Frost, Mechelle Merrill
Ophelia Simmons, Diane Thorkildson Kelly Venci-Gonzales

Members Excused Absent: N/A

Members Unexcused Absent: Erik Jimenez and Cimi Neal

Guests: Cissy Garic, Linda DeSantis, Heather Destefano, Linda Anderson, Sheila Garner,
Dora Martinez, Kate Osti, Jennifer Frischman, Cheyenne Pasquale, Kirsten Coulombe, Lisa
Bonie and Stephanie Schoen

CART Provider: Becky Van Auken

Staff: Wendy Thornley

2. 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)

Char Frost: Received email from NDALC stating that they have filed an Olmstead complaint regarding children with disabilities being housed in nursing facilities. Another concern, pepper spray is being used in juvenile justice facilities that house children with a mental illness diagnosis. She will send the press release from the DOJ to Wendy. There is an Olmstead plan for mental health.

Dora Martinez: Voc rehab participants have reported that Voc rehab seems to not be answering their phones. The website is still not fully accessible, especially the videos.

Stephanie Schoen: Had a question that she will take offline. She doesn't need an answer right now.

She is wondering what committee or organization is doing anything to address the inefficiencies and sometimes the inappropriateness of the kinds of service available to people who have kind of a triple issue, people dependent on medical machines and medical devices that require a pretty consistent nursing around the clock who are living in a community or home environment and who also are unable to direct their own care because of either intellectual disability, some TBI, some communication difficulties where they can't direct a caregiver. Wondering where are the special programs for that, because we haven't found anything beyond the SRC track, private duty nursing track, which is limited, and the PCA, SLA where someone else has to take guardianship so a parent can do the nursing tasks that are really nursing.

She is wondering if anyone is dealing with this issue.

Some people she has been talking with, have some creative ideas on how the state could, within the waivers we have, change the services or restructure them that would actually pose a huge cost savings to the state. If no one is working on it, then she will start her own ad hoc committee. She will email this to Diane Thorkildson.

Jan Crandy: Made public comment on agenda No. 5, asking for the committee to provide additional support for SB96, that is the bill that is to ask for them to raise the Medicaid rate for the registered behavior technician for autism because as kids in Medicaid with autism are waiting for services, they're getting less treatment hours than kids on private insurance because of the lack of providers that are enrolled into this rate.

This is probably the third time we've asked for this rate increase, the third session it's been asked for.

Last session they did a legislative audit, an audit supports rate increase for the need of it. And it's also indicating that kids in Medicaid average treatment hours they are getting a week is seven and a half.

And especially in early intervention, the least amount of hours kids should be getting is 25 hours a week.

She is asking the committee to consider adding this to their bill list that they are going to be supporting.

Dora Martinez: Concerned that DETR was not listed on the website accessibility report.

Connie McMullen: She is a lobbyist for the Personal Care Association of Nevada for the past six years, and they are quite interested in where the state is going on the Medicaid reimbursement rate.

At the recent hearings on the first day in front of the legislative commission, they proposed policy changes with Medicaid and has to do with reducing some of the service time and limitation of IDAL's for people with higher level of care, not -- lower need of care.

They have not come out with specifics yet but are trying to follow that to weigh in.

She served as one of two chairs, on the aging side which really hadn't been addressed as far as skilled nursing and such.

She was at this meeting to let the CSPD know and if there are any questions she will be attending on the side in the meeting.

3. Approval of Meeting Minutes from November 12, 2020 **(For Possible Action)**

Diane Thorkildson, Chair

Char Frost motioned to approve the draft minutes. Kelly Venci seconded. Motion carried.

4. Update, Discussion and Make Possible Recommendations Regarding Olmstead and the State's Current Goal Statuses. **(For Possible Action)**

Cheyenne Pasquale, Chief I, Planning, Aging and Disability Services Division

Cheyenne Pasquale: She shared a presentation with the group regarding Nevada, that looked at past efforts to support community living ongoing opportunities, and then some of ADSD's strategic priorities. Olmstead is not an ADSD issue alone, but this is the ADSD perspective. The Olmstead decision was 1999.

The basic tenets of the Olmstead decision boils down to ensuring that people with disabilities have a right to receive state funded supports and services.

As a result of the Olmstead decision, there was an Olmstead strategic plan that was developed and there was a strategic accountability committee that was created in 2003 to hold the state accountable for the implementation of that Strategic Plan.

Cheyenne believes the Strategic Plan was developed as a 10-year plan. While the Strategic Plan accountability committee was created to ensure that they implemented that Strategic Plan, they also began looking towards that Olmstead plan ending. Work and progress towards Olmstead is an ongoing effort. The CSPD was created in 2009 and then in 2014, a new subcommittee, the Olmstead Committee, was started which included membership from both the Commission on Aging (COA), and the CSPD. In 2014 and 2017, there was some additional Strategic Planning efforts, but nothing formal was adopted by ADSD during this time. Here in 2021, the CSPD is requesting updates on the Olmstead Plan. So while ADSD does not have a current formal Olmstead Strategic Plan in place, but Olmstead is at the top of their minds continuously throughout their planning. Here are some of the efforts that have occurred in Nevada over the last several years, to support community living. As was reported by previous ADSD leadership, the Olmstead continues to be the core of ADSD's budget building activities and focusing on wait list management for their waiver programs. In addition, they have Nevada Care Connection, which is their state No Wrong Door efforts which is focused on helping individuals make informed choices, navigate the services and programs that are available in Nevada, and working towards streamlined access to public programs. The goal of the No Wrong Door effort is to delay institutionalization by helping people make those informed choices. They also have Money Follows The Person program, which is administered by the Division of Healthcare, Financing and Policy. Money Follows The Person is enhanced support for transition from facility of care. There is a five-year extension that is available from CMS and the State of Nevada is looking at that, and the Department of Healthcare Finance and Policy is planning some public workshops around that additional opportunity. There should be more information coming out about that in the near future. Cheyenne does not have specifics today. Along those lines, the Department of Healthcare Finance and Policy also has the FOCIS program, which is a voluntary service that is geared towards providing Medicaid recipients with a choice to seek an alternative to institutional placement. Through the FOCIS program, healthcare coordinators work with Medicaid recipients and help them find alternatives to institutional placement. In addition, there was a project a few years ago that was also led by the Department of Healthcare Finance and Policy called the Balancing Incentives Program and this project was to help rebalance Medicaid spending on community-based services over institutional services. So those are some of the big-picture initiatives that have occurred over the last few years in Nevada. And that ADSD has had at least some role in. ADSD also recognizes that there's ongoing opportunities or challenges that we face. They continue to look at rural and frontier service gaps and ways to address those service gaps.

They know they have an opportunity to better develop mechanisms to directly engage individuals and families in planning and designing supports.

They know they have an opportunity to create internal mechanisms that more directly evaluate ongoing compliance with Olmstead and the ADA integration mandate.

They know they need to have available and accessible transportation and housing options for people.

They know they need to strengthen employment supports and opportunities.

They need to increase person-centered services which is an ongoing effort.

And within Nevada, they know they need to increase behavioral health support.

From the ADSD perspective, their strategic priorities, they do not have a specific Olmstead Strategic Plan, but their strategic priorities continue to be:

- to have an integrated, high quality person-centered service delivery system
- continue strengthening and implementation of a No Wrong Door system for consumers to access all available services
- increase opportunities and supports that promote social connection
- enhance self-determination
- expand supports and services to allow people to live in the community of their choice, we continue to look at data driven decision making and program planning
- continue to look at waitlist management and ensure that they have not only the slots for their waivers but also the staff to support caseload growth and that is all done through the legislative process.

Kelly Venci-Gonzalez: Would like to know, if there is a plan to develop a Strategic Plan over the next few years to look at how to better serve members of the community with disabilities?

Cheyenne Pasquale: There is not a formal plan currently for ADSD to develop a Strategic Plan that she is aware of.

Char Frost: Understands that Cheyenne is not with DHCFP, so may not be able to answer Char's next question.

What is the trigger for this program, who initiates it, is it the consumer's responsibility to reach out to access this program or does something within the billing cycle trigger somebody to reach out to the consumer?

Cheyenne Pasquale: She does not know specifically but believes that one of the main triggers is a questionnaire for residents that live in facilities that asks them if they are interested in community-based services.

And that triggers a referral to the FOCIS program.

And then there is also self-referral.

Char Frost: She will reach out to DHCFP to find out about placing individuals in institutions and then after the fact, maybe initiating a program that would help them stay in the community. Before they get into that setting, there should be some sort of mechanism to try to help and prevent that.

Through multiple agencies, not just DHCFP.

Cheyenne Pasquale: From her perspective only, those types of diversion activities is one of the big opportunities that we have in Nevada, and it is a basic tenet in our federal guidance towards No Wrong Door efforts.

Kirsten Coulombe: She is not over the FOCIS program. She can work with her colleague who is over the FOCIS program.

The Facility Outreach Community Integration Services unit and it's within the Medicaid district office.

That is primarily those healthcare coordinators that oversee that program are targeting efforts to individuals that are in a nursing facility.

Her understanding is anyone can make a referral on their behalf.

Theoretically, the nursing facility should have a dedicated social worker that's working on the efforts related to discharge.

They can receive referrals from individuals with a minimum dataset, staff that would go out and visit the facility, and they could have those referrals, but she is not certain how those identified individuals are referred over.

But once they are, then they do have a case management component and then they utilize the MFP program for resources.

There is not a lot of information online related to FOCIS.

She did ask to have a brochure that was sent over and can send that over to Wendy.

She is happy to ask her counterpart to do a presentation to the CSPD if that would help too.

Char Frost: It's a multi-pronged issue, and obviously I'm always concerned about what are we doing on the front end to prevent that, that institutionalization to begin with.

Because obviously we know outcomes are better when individuals are allowed to stay in their home and community.

Is there any kind of trigger within DHCFP prior to that institutionalization that kind of alerts them that maybe this is coming?

I think there could be some cross-collaboration between agencies to bring it all together, especially because no one case manager can know everything that's going on in an individual's life.

Kirsten Coulombe: Individuals that have a Medicare advantage program that those providers are trying to connect with our full Medicaid that have Medicare and then those that are qualified Medicare beneficiaries.

We have that new program that helps with wrapped services.

I'm over the Money Follows The Person program so that's why I know a little bit about it.

We do have diversions for those individuals to try to give them, if they just need an environmental adaptation, so they're not on the way to get that environmental adaptation but maybe that would help them divert from being in the institution.

We do have some services available to those individuals, but not certain how those individuals get identified but could always have a referral.

It does help to think in the context of is there someone that's managing that case that you

could work with and then if there is, kind of that sub population, then there is the care coordination.

Regina Daniel: How can the person identify who that case manager is and what is the case manager responsible for?

Kirsten Coulombe: The individuals that are in the waivers are typically a little bit higher income than straight Medicaid and that's one component we waive. We're waiving the standard Medicaid requirements to -- still very low-income, for all intents and purposes, that qualify for the waivers. For someone that has a managed care entity, they should be managing the whole person. If someone's on managed care and have questions about their services then it would be recommended to call their selected managed care they have at the moment. They can always change at open enrollment as she understands it, not over managed care, then on the waivers, Crystal Wren may be the supervisor for the elderly and physical disability waiver and then Megan Wickland is a contact over the waiver for intellectual disabilities. The touch point is working with Aging and Disability Services. Anyone from Aging can give suggestions on best ways to contact that individual case manager.

Char Frost:

You said that there are some cases where they have dual eligibility. Medicare and Medicaid eligibility? How is that determined now?

Kirsten Coulombe: The Welfare and Supportive Services Division actually determines all of the Medicaid eligibility and what "bucket" a person falls into and qualify. Medicare would be determined on typically the age determination, I believe it's 65 when everyone is eligible for Medicare, there are some instances I believe when someone disabled could qualify for Medicare sooner than that age minimum. Medicaid is always, should be always the payer of last resort. If someone has any private insurance, then we would ask that provider that's rendering the service to the Medicaid recipients if that is a service that would be qualifying under another insurance. Medicaid, would pick up any additional cost sharing that would be needed. That's usually determined by Welfare if someone would be considered duly eligible.

Char Frost: There needs to be periodic updates for Olmstead to this committee, and I understand that we've kind of been doing that through the CLEO report, do we feel that that is adequate to fully understand where we are in relation to the Olmstead plan for ADSD?

Diane Thorkildson: There is not a CLEO report agenda item this time around. She made that decision because she did not find them useful. She was going to ask the group what they felt about that. Its 25 pages of data that staff must work to put together and she has found them not useful at all in giving any kind of understanding or context for her about what is happening. She thinks the group needs to shift the way that they ask for information that they get from

ADSD.

Regina Daniel: She recently joined the meeting and asked what the Nevada stance on the Olmstead Act is.

Diane Thorkildson: Cheyenne gave a brief presentation about the history of ADSD's work. There was a Strategic Plan that was written immediately after the Olmstead decision that was a ten-year plan that that ten years is over, and she put that in quotes on her slide. However, a new Strategic Plan, a formal Strategic Plan, has not been written. There's lots of informal efforts inside of ADSD related to Olmstead, but nothing formal going on now.

Regina Daniel: She is really interested in this segment because she thinks that there is a lot of gray area. She is working on a situation where someone was deemed differently-abled but the person at the agency took that to mean that they had no disability, causing major issues because they have been miscategorized.

Some people are being put in situations where they have no oversight and they're being lost in the system.

In Las Vegas, we see lots of people that are deemed to be independent that have literally no independence. They are assigned a place to live, they are provided benefits on paper, but they cannot take advantage because they do not understand what is going on.

She thinks more investigation must be done and much more feedback from different sectors so it is not just one side.

She would like to be involved in any subcommittee that would address those concerns.

Kelly Venci: Is there any oversight regarding systems of care, like with kids in foster care when they are placed in nursing facilities? It seems like the PARS are just automatically given so we have kids that have been in nursing facilities for years and years.

Is there any oversight regarding to Olmstead for this group of kids?

Cheyenne Pasquale: She does not know the answer to that question and will find out and relay that information back to the commission. She thanked the group for the opportunity to present and for their questions. She feels that this is valuable information for her to bring back to the ADSD team and have some potential follow-up and additional discussions.

Char Frost: Motioned to ask ADSD to reengage in Strategic Planning related to Olmstead. Kelly Venci-Gonzalez seconded. Motion carried

5. Update, Discussion and Make Possible Determinations Regarding Next Advocacy Steps During the Upcoming Legislative Session and the Governor's State of the State Address from January.

(For Possible Action).

Erik Jimenez, Senior Deputy, Office of the Nevada State Treasurer

Diane asked any commission members about any bills that the group should be following.

Char Frost: The bill drafts are slowly coming out.

They've extended the deadline because we have so many individuals even within LCB working from home. There is a Clark County School District bill that removed the requirement for school districts to report to ADSD how many kids are enrolled who have IEPs, which I don't think they can actually do, I think that's a federal requirement.

But I know Jan worked on some legislation years ago that put in a request that the school districts report how many kids with autism they had attending school, how many of those children have IEPs, among some other things, they're also wanting to remove things -- this was almost like a Christmas tree bill at the beginning of the legislative session which I'm not used to -- but they also removed like the requirements to weigh and measure height of children and report that to the State.

So there's a couple of things in that bill that I have concerns about.

Again, I have not watched the hearing yet.

But was planning do that later today.

And then very exciting, yesterday Erik Jimenez presented a bill in assembly HHS that would help, like, really push forward our ABLE accounts in Nevada and actually provide -- could potentially provide incentives to individuals who have Nevada residency, because anybody can access our ABLE accounts in Nevada regardless of where they live but if you lived in Nevada, if you're a resident of Nevada, if this bill were to pass, they would be able to seek out grant dollars and so forth to provide incentives for those who can't -- they don't have enough money to even start an account.

So it would provide that incentive to get them that kind of seed money for that ABLE account.

So that was really exciting.

So there's -- but seriously, there just hasn't been a whole lot of bills dropping.

Kelly Venci: CCSD agreed to take out Section 7

Char Frost: AJR 1, Assembly Joint Resolution to change the Constitution. There is a section that refers to the "Visually Impaired, the Deaf and Hard of Hearing Persons" Conceptual amendment.

The building is still closed but people can go to the committee's meeting online and register to speak for public comment.

6. Update and Discussion of ADA Remediation for State Websites

Linda DeSantis, CPM, State Web Development Manager

Linda DeSantis: Gave an update regarding the materials she provided to the group. CPM basically got involved with ADA when the Department of Education was cited by the offers of civil rights in 2016. At that point is when they realized that they did need to do more with their systems, their environment, and get more involved with the ADA.

One of the first things they did, was while working with the Department of Education, they upgraded their environment, their content management environment, to have templates that were ADA compliant. That means they gave people the ability to add an image and also have a place where there could be "alt text".

They created the State of Nevada website (ADA.nv.gov), they have rewritten it a couple of times, and are always updating it.

One of the major issues that they had was that there needed to be a place for a document to be remediated or complain about a document or a website that wasn't compliant.

There are 115 websites in their CMS, they are able to put that link on their sites that are in that, but only can offer it to other people if they've got outside websites or they're going to vendors, et cetera.

They purchased a tool called SiteImprove two years ago, and it's free to anybody who wants it.

The public basically has to agree to and sign a service-level agreement and that service-level agreement is pretty much saying if SiteImprove gives them the license, please add a couple of things like a link to this AD assistance and a couple of other little minor things.

Linda's team created some technical guidelines on what people should do for ADA and created an enhanced training.

The new training is how to remediate ADA PDFs, some of the Word, they give about four classes a month, these are live streaming classes. The classes cover the different fixes for Word, how you can set up Adobe Acrobat and the different types of errors that can occur. They have videos and guides, you can download documents that are bad and then you can actually walk through with the trainer as he goes through and shows you how to do that remediation, like steps to remediate in a PDF.

There are YouTube team recordings.

So as he goes through and does the presentation live, you can be working along with him from your office.

So I kind of wanted to go through that.

They have created an ADA list serve so that anybody who wants to know about their information that they try to provide is there.

They are tracking 115 websites, which is their main concentration, because it's the only ones that they have direct access to.

There are 181 websites in the state that they are aware of.

They do have 55 of the websites compliant.

People that have gone to their ADA assistance program have volunteered and they have tried to set something up so agencies that want it can actually link up with these people that have volunteered and they can try to do a connection and see whether the volunteers can work with them and make an arrangement with them.

They just went out for bid for a new content management system.

They have been in contact with Rosa Mendez regarding the websites for Rehab and DETR and why they were not included in Linda's report. There is an NRS, and it is 242.131. And that allows people the option to opt out of any of our services and they are in that NRS.

They are certainly will and have been working with us, but they do not use our ADA assistance and they handle their own remediation. Their website is out of our CMS.

Linda's team can assist them and they do whenever they possibly can.

For more information, people can contact Linda at DeSantis@admin.nv.gov or go through Wendy.

Linda's team has had conversations with Scott Youngs and Linda's state CIO, Allen Cunningham.

The 115 people or websites that are in their CMS, 90% of them have definitely engaged in ADA.

There is a small percentage that has not. And they report that, all they can do is tell management and track.

They do their best to make outreach to everybody they can and provide as many people as we can a service if they choose to.

Char Frost: She will reach out to Linda with questions and share with the group.

7. Update, Discussion and Make Possible Recommendations Regarding the SILC's Work on Caregiver Issues. **(For Possible Action)**

Dawn Lyons, SILC Executive Director (Former CSPD staff)

Ace Patrick, SILC Chair

Dawn Lyons: The last Transition workgroup has been working on the PCA shortage in Nevada. They are trying to get data by creating and distributing surveys to individual groups. They are working with Gainwell Technologies. They are waiting to hear from Medicaid.

Kirsten Coulombe: Gainwell has let them know that the SILC is trying to send the survey out and she is communicating with Dawn Lyons to explain some limitations.

Nevada Medicaid works with providers and is working with recipients. PCAs are the employees of the agency. She will get together with Dawn to work on this. Dawn will let the CSPD know when they have more information.

8. Update, Discussion and Make Possible Recommendations Regarding Division of Child and Family Services' Summary of Adults and Children with Significant Disabilities Being Placed in Skilled Nursing Facilities. **(For Possible Action)**

Diane Thorkildson, Chair

DCFS was not able to provide a speaker for this meeting. Kelly briefly spoke about this earlier in this meeting. She said that hopefully with the Olmstead complaints, there will be some encouragement to look at community options for these kids.

Char Frost: They have attached a system of care values and principles and we recently developed a draft policy enhancing documentation requirements to support placement of children in skilled nursing facilities.

She asked if the CSPD can request the policy once it's drafted and approved?

She doesn't know how much public comment they have on their policies at DCFS.

If they're going to have any kind of public hearing on a policy, she hopes that they would also include this group in meeting notifications.

They are interested in having another invitation extended to DCFS to come speak about this issue.

Kelly Venci-Gonzalez: Would like to hear what their draft policy is, she is hoping they're going to apply a little more pressure to the counties to really show these kids need to be in an institutional setting because she thinks they will find many of those kids aren't and hopes the standard doesn't become "There's no available replacement because that's not good enough." Because that is her fear that that will be the default.

That's her concern with any policy between the state and county.

Diane will follow up under agenda item 10.

9. Discussion and Make Recommendations Regarding Pending and Possible New Applicants to Fill Current Commission Vacancies **(For Possible Action)**.

Diane Thorkildson, Chair

Diane Thorkildson: She invited any interested people on the call, to submit an online application from the ADSD website. She would like to see more self-advocates, consumers and people with lived experience joining the CSPD. She clarified that the Director's Office makes the decision about the membership of the CSPD.

Wendy will send the link to the membership application to the group.

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

Diane Thorkildson, Chair

- Diane Thorkildson will write a letter that says the CSPD is asking ADSD to officially reengage in the Olmstead Strategic Planning and continued discussion about where ADSD is related to that, or to our request.
- Legislative update
- Presentation from DCFS regarding the placement of disabled youth with significant disabilities in skilled nursing facilities.
- Update on DOJ complaints
- ADSD report on CLEO trending data information on waitlists. Highlighting programs within ADSD. How we would like to see the data. CLEO reports to be included in meeting materials, but no presentation is needed.

11. Confirm Date for Future Meeting

Diane Thorkildson, Chair

The next meeting date is scheduled for **May 13, 2021 at 9:00 am.**

12. 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)

Dawn Lyons: Wanted to stress her thanks to Char for bringing up that it should be formalized within the Strategic Plan that we have more than just medical model and that we give person-first language and person-first methods and independent living methods a place where they belong.

The previous day, Dawn was able to attend the DHHS legislative hearing, legislative hearing, and heard DPBH do a presentation on behavioral health services and the AB62. She stated that Erik Jimenez did a wonderful job presenting his Treasury bill regarding the ABLE

accounts.

And then AJR1 Assemblywoman Titus presented on the constitutional language change. Some individuals, including Diane, a letter and they were excited, She mobilized a group of consumers to come, and she thanked Dora Martinez, Steven Cohen, and Beth Jones who Dawn believes came up with two children's testimonies. She also thanked Dee Dee Foremaster, the Executive Director of the Rural Center For Independent Living for getting her to come and bring those children to testify.

So to provide testimony.

So I just wanted to mention that and they were both really great and I know that assemblywoman Titus mentioned she's interested in anyone else who has potential amendments to include other language or language -- different types of language within that resolution.

I know Dena Schmidt offered some of her suggestions and if anyone would like to work with assemblywoman Titus, would reach out to her.

Diane Thorkildson: She signed a letter as chair of the CSPD supporting the amendment.

Dora Martinez: Thanked Dawn for bringing BDRs to her attention.

NELIS, is doable but tedious especially when you're blind trying to navigate it and keep on top of BDRs that you're concerned of.

Char Frost: It's Article 13, section one of the constitution that AJR1 deals with if anybody is interested in looking at that.

Connie McMullen: She has been representing the Personal Care Association of Nevada. They are very concerned about the caregiver shortage. Especially in Northern Nevada. There are not many care giving agencies left. There are some closing in Las Vegas as well because of the reimbursement rate. They recently lost a very large agency called ADIS, which is in 23 other states but no longer in Nevada. Primarily because of reimbursement and some of the regulations that the legislators keep talking about regarding training.

Regarding the survey, they would very much like to be a part of that.

They represent anywhere from 26 to 30 agencies and at least twice a year they send out a notice to all of the agencies inquiring if they would like to join, because not all personal care agencies have the training and the skill that others have been around for a long time do.

They do have two BDRs in the mix, and she would like to come back at another time and talk about them because she thinks one is pretty significant.

Regarding the Olmstead, in 2014, Tony Records did an update but he didn't quite finish that update under Administrator Gruner because he got sick himself.

So Sally Ram, who was then the elder rights attorney, came back and completed a report and for the longest time they had it up on the ADSD website, but was it was never formally adopted because both the CSPD and the SPAC for seniors, had to come together that was a combined body that Mike Wilden wanted before he retired.

That was never followed through and she thinks it's important because a lot of litigation regarding Olmstead and updates that are really good for people have happened since then.

Steven Cohen: Requested that Cheyenne's presentation be sent to him. It is in the meeting materials for this meeting.

In terms of the investigation, he spoke to the women that was intake for DOJ. Based on that, he feels that it will be roughly a year to a year and a half before anything is known. He will be meeting virtually with Dr. Titus on Tuesday virtually, hopefully referencing Olmstead. So that community living is the preference because as it reads now, institutionalization is the preferred model in that article. VR's bill is being heard this afternoon, SB 61.

Mechelle Merrill: Shelley Hendren has been preparing and making that presentation this afternoon.

13. Adjournment

Diane Thorkildson, Chair

Meeting adjourned at 10:56 am.

NOTE: Agenda items may be taken out of order, combined for consideration, and/ or removed from the agenda at the Chairperson's discretion. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.

NOTE: We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Wendy Thornley at (775) 687-0551 as soon as possible in advance of the meeting. If you wish, you may e-mail her at wthornley@adsd.nv.gov. In accordance with NRS 241.020, supporting materials for this meeting are available at: 3416 Goni Rd, D-132, Carson City, NV 89706 or by contacting Wendy Thornley at (775) 687-0551 or by email at wthornley@adsd.nv.gov

Agenda Posted at the Following Locations:

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

In accordance with Nevada Governor Sisolak's Declaration of Emergency Directive 006 there will not be a physical location for this meeting.

- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 3: The requirements contained in NRS 241.020 (4) (a) that public notice agendas be posted at physical locations within the State of Nevada are suspended.
- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 4: Public bodies must still comply with requirements in NRS 241.020 (4)(b) and NRS 241.020 (4)(c) that public notice agendas be posted to Nevada's notice website and the public body's website, if it maintains one along with providing a copy to any person who has requested one via U.S. mail or electronic mail.
- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 5: The requirement contained in NRS 241.020 (3)(c) that physical locations be available for the public to receive supporting material for public meetings is suspended.

□ As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 6: If a public body holds a meeting and does not provide a physical location where supporting material is available to the public, the public body must provide on its public notice agenda the name and contact information for the person designated by the public body from whom a member of the public may request supporting material electronically and must post supporting material to the public body's website, if it maintains one.