

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

EDWARD ABLESER, Ph.D.
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
3416 Goni Road, Suite D-132
Carson City, NV, 89706
Telephone (775) 687-4210 • Fax (775) 687-0574
<http://adsd.nv.gov>

MEETING NOTICE AND AGENDA

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

Date and Time of Meeting: December 14, 2016
9:30 a.m.

Videoconference Location: Aging and Disability Services Division
3416 Goni R. Suite D-132
Carson City, NV 89706

Videoconference Location: Aging and Disability Services Division
1820 E. Sahara Ave. Ste. 201
Conference Room
Las Vegas, NV 89104

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

DRAFT MINUTES

I. Welcome and Introductions Brian Patchett, Commission Chairperson

Members: Karen Taycher, Brian Patchett, Jon Sasser, Jim Osti, Mark Olson, Nicole Schomberg, David Daviton, Cyndy Ortiz Gustafson
Staff: Julie Kotchevar, Rique Robb, Desiree Bennett, Brook Adie, Betty Hammond, Kate McCloskey, Tamika Scott, Kim Johnson (Interpreter), Terry Ward (CART)
Guests: Karen Salm, Shannon Sprout, Dena Schmidt, Brenda Bledsoe, Lori Follett, Lindsey Anderson, Dan Dinnell, Cassandra ZeVala, Dora Uchel, Eli Schwartz, Jeff Beardsley, Tiffany Lewis, Andrea Juillerat-Olvera, Kacy Curry, Craig Stephens, Nick Easter, Will Jensen

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

*Nevada Department of Health and Human Services
Helping People -- It's Who We Are And What We Do*

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)

Ms. Dora Uchel was unable to read state secure email sent by the Division. Ms. Rique Robb said she would work with her to resolve issue.

Mr. Jeff Beardsley stated that some of his clients had issues with Medicaid & Medicare. Those who are deaf and hard of hearing are being told to bring a friend to interpret for them when state agencies are supposed to provide this service. He is concerned that state workers need training on that.

Ms. Kate McCloskey and Ms. Andrea Juillerat-Olvera asked to be moved up on the agenda.

III. Approval of Minutes from the November 9, 2016 Meeting (For Possible Action)

Brian Patchett, Commission Chairperson

Karen Taycher made a motion to approve the minutes. Mr. Jon Sasser Sasser seconded. No discussion; motion carries.

IV. Presentation on Department of Health and Human Services Budget Highlights for Fiscal Year 2018-2019.

Richard Whitley, Director, DHHS

Dena Schmidt was there to represent Director Richard Whitley. A presentation handout was referenced. Please see Attachment A.

- Ms. Kotchevar added that the 5% cut of general fund excluded caseloads.

Ms. Julie Kotchevar addressed trepidation caused if ACA is repealed. ACA expanded the number of people eligible for Medicaid, but ADSD primarily serves individuals who qualified prior to ACA. ACA repeal would still create time for states to implement changes. More impact could be felt if drug rebates and pharmaceutical cost controls were repealed, services dropped from insurance packages, or if lifetime maximums were repealed – causing people we stopped serving to come back into service.

Ms. Kotchevar also addressed concerns about the Harmony system and stated that, despite delays in rollout, vendor is meeting all deadlines. Faults lie on both sides when things don't go well. State request does not obligate us to use vendor but allows us to build on what was already built. We didn't have a functioning system before and expect it will be traumatic until staff adapt to it and figure it out.

Ms. Kotchevar also talked about wait lists, and stated that everyone waiting as of April 2016 was included in the ADSD budget request, which may be updated to Sept 2016 as caseload projections used for the budget may change. People have to be on wait list for services because unmet need is hard to budget for. Wait lists may grow if people hear that funding to clear the waitlist becomes available.

Ms. Karen Taycher expressed concern that other agencies were looking at the Assessment Centers as a physical location and might create Olmstead issues for families. She also stated that families were told Medicaid eligibility could take two years. Ms. Dena Schmidt reported that Medicaid has 45 days, but the latest average was down to 8 days. She stated that the only program with delays is the Aged/Blind/Disabled program when trusts are involved. Trust evaluation can delay a disability

determination but not Medicaid eligibility once a determination is made. Ms. Julie Kotchevar added that Medicaid waiver eligibility is taking 30-40 days to go through both ADSD and Medicaid.

Mr. Jon Sasser asked about the plan to move vulnerable populations into managed care, and the plan for public hearings and when the proposal will be presented to the legislature. Ms. Schmidt replied that a proposal was being reviewed, public hearings would begin in January 2017, and a final report would be available in June 2017. She stated that a long time-frame has been recommended for implementation. She also stated that, if states are given more flexibility, a lot of decisions need to be made at the state level, and they are researching models from other states to develop mechanisms for communities to provide input, as each community is so different. They want community input to drive service delivery instead of the state and Medicaid driving it.

Mr. Sasser also asked about a 1915(i) Medicaid option and about expanding the CHIP program to maximize Medicaid funding. Ms. Schmidt state that they had people working on the 1915(i) but that they were not far enough along to include it in the budget. CHIP expansion was pushed for by advocacy groups after the budget was developed. We saw it as an additional cost we didn't have room for, so it didn't make the cut.

Mr. Mark Olson expressed concern that current reimbursement rates prevent having enough service providers in the workforce, and asked about consideration given to increasing rates and recruiting new providers to meet the capacity need. Ms. Kotchevar stated that there was a small increase for providers who served individuals with developmental disabilities last biennium, but there wasn't room in the budget to increase rates without limiting the number of people we could serve who have been waiting for services. Currently, we believe we have sufficient providers for what has been budgeted. We are always looking to recruit providers but find it hard to grow a network if we don't have consumers to give them and current providers are not at a full capacity.

V. Presentation on Interpreter Training Program (ITP) with Possible Recommendations from the Commission (For Possible Action).
Andrea Daerice

Andrea Juillerat-Olvera discussed a proposal for an Interpreter Training Program in the North where there is a scarcity of interpreters. SOCS hired SEI to collect data and reported the "overwhelming theme in both the outreach and the research conducted. There is lack of sufficient and qualified interpreter resources available to consumers. The recognition of the need to establish training options and certification standards that would ensure high quality of service provision." High on list of priorities would be a BA program instead of AA programs. RID requires a BA to take their performance exam. There are 28 training programs in the Western states, most being AA programs. Most states have 2 or 3 programs they support. Nevada has only one AA program in Las Vegas, with a BA program in the works. Some colleges offer short-term training but this causes a flood of sub-standard service provision that doesn't address the needs. She asked the committee to provide letters of support for the following:

- 1) Make ASL an approved foreign language in all NSHE institutions;
- 2) Allow students to minor in ASL (requires only adding one or two classes to existing curriculums –but by allowing a minor we build the foundation for an interpreter training program in the future), and;
- 3) Phase in a BA program in both Northern and Southern institutions on a 6 - 8 year timeline of smaller steps needed for a robust training program. Goals of Northern program would be A) To

train interpreters in communities with underserved populations, and B) To engage populations in the training of their future interpreters, and provide jobs on both sides of the service sector.

Ms. Juillerat-Olvera stated that interpreters need a mastery of the language, not just a base understanding, but a minor program scaffolds the future vision. We need to increase numbers of students in ASL to gain a cohort of around 25 students for a BA program, and we need more robust ASL programs to begin with. She is preparing a preliminary application to UNR's board where she needs to: 1) Prove need and 2) Prove support. She also has some grant options to consider and share with the University.

Commission discussed availability of data on the current need in the North. The SEI report may have some data; Washoe County has data too. Ms. Betty Hammond stated that the agency can speak of the need to fly in interpreters from out of state. SOCS also voted for an ITP program. Andrea Juillerat-Olvera suggested including that in the letter of support from CSPD. Mr. Jon Sasser made a motion to prepare a letter to support for Andrea's proposal to UNR for an ASL minor, and the future steps proposed to meet the need for interpreters. Cyndy Ortiz Gustafson seconded. Motion carried.

VI. Presentation, Discussion and Possible Recommendations from the Commission on Possible Bills to Address Special Education Funding (For Possible Action)

- Nevada Department of Education
Brian Patchett, Commission Chairperson
Will Jensen, Nevada Department of Education

Mr. Jon Sasser introduced this agenda item, about legislative bills that affect special education and special education funding formulas. Representatives of the Clark Co. School District, State Department of Education, and Washoe Co. School District came to comment on these bills, and let commission hear all sides, before their own legislative deliberations.

Lindsey Anderson from Washoe County School District described bill SB49, submitted by WCSD, and the recent history on the weighted funding formula. SB49 makes a modification to the recommended weighted funding formula for special education. Recommendations initially to put a cap on the number of students that could be identified for special education weighting, but after one full budget year, WCSD Board of Trustees felt strongly that any child identified as needing additional services should be eligible for the additional weighted funding under the formula. SB49 removes the 13% cap on the number of students that could qualify for the additional weighted funding formula for state funding. It also allows the Department of Education to intervene if they feel the districts are overidentifying children for special education, and audit the identification process. WCSD percentage of special education students is right now about 13.8%, and we have been trying to reduce that amount by using other options like 504. It hasn't moved more than a tenth or two-tenths of a percent, but don't have exact data, 14 of our 17 school districts are over that 13%. It doesn't make sense that federal law causes us to search out and identify students that are in need of additional services, yet we are putting a cap on the number of students we are willing to pay for from the state level. For WCSD, that was roughly 589 students last year that we served in special education, yet did not get weighted funding from the state. Also, WCSD is supportive of the State Department's efforts on the adjusted diploma proposal.

Will Jensen, Nevada Department of Education, Office of Special Education, regarding the weighted formula shift over this biennium, pointed out a couple of things:

1) The \$30 million injected into the special education funding formula does equate to a \$30 million increase in funding for students with disabilities, as districts are under a "maintenance of effort" obligation, which is a calculation of funding that occurred last year, either per student or total. So, if \$10 was spent last year per student, without an extraordinary exception, districts have to spend \$10 this year. The state funding might be \$6 of that total \$10. The district's general fund is required to kick in the additional \$4 to make the total "maintenance of effort" requirement. So the \$30 million injected into the system went towards reducing the amount of general fund transfers the districts had to make.

2) There was extensive collaborative feedback opportunities for all districts on the 13% cap. We all agreed then that the cap should be in place, and be placed at the national average for a variety of reasons. It is sitting right at about 13%. It's a cap for state funding purposes only, and this cap has been a natural place for appropriate identification without being implicitly stated, for some time. As the state director for special education, I support the cap as of today.

3) The contribution the state makes (not the total amount of money spent on students with disabilities) is about \$168 million. In order to bring about full funding of the weighted funding formula that went into effect this last session, we would need about \$320 million. So caps wouldn't have any effect until our budget was doubled. We do anticipate incremental increases over time.

4) The injection of \$30 million was to correct problems in our funding system that brought gross inequities in funding. If there was an increase in funding legislatively, it would go to address some inflationary concerns and the actual costs that districts are experiencing, not just for special education. This committee should be aware that over the last 6 years, all districts in the state have received some increase to what was the previous funding structure.

Craig Stephens, Clark County School District, gave full support to Washoe County's bill, SB49. The school districts provide a lot of services for special education students and those services can be quite expensive. Putting a cap on the number of students identified, and the amount of money received from the state, means districts have to come up with more from the general fund. It is both the state and districts responsibility to provide every single service our students need. The reason the cap is in place is as a reverse incentive to just identifying more kids for special education. However, the amount received from the state is far less than the cost to the districts to provide those services, so there isn't an incentive to overidentify. SB49 would provide stopgaps to make sure that they are auditing us properly and that we aren't identifying improperly. We are currently at 11%. We're not at the cap. If we felt that there was a incentive to overidentify, we would probably not want the cap removed. This is not a race to the cap – this is about getting equitable funding for all students. We still think that, regardless of how many students you have in a district, you should have all the students funded equally. Clark County School District tried two sessions ago for a weighted enrollment where a recommended weight for special education was double the amount a general education student receives. We are in discussion right now with the Department of Education to recommend what those weights are. We hope the commission can help advocate for additional funding for special education, on behalf of special education students, to demand all the money that they deserve, all the services that they require, and help make sure that we can properly educate every kid, no matter how they come to us. The largest increase in funding for special education in the state was for charter schools.

Commission has asked for data on districts above or below the 13% cap. Discussion continued on the funding and identification of students for special education. Any funding increase from the state would reduce demand on county general funds, instead of pulling monies from other school

salaries/services to fund special education. Fixing the funding mechanism when it is tied to identification of students for special education might risk overidentification. SB49 would have no bearing on increases in state funding for special education, just in how much of the pie is distributed to individual districts. The Legislative Subcommittee will be following this bill.

Will Jensen, Nevada Department of Education, Office of Special Education, presented AB64 on adjusted diplomas. It represents an overhaul for graduation criteria, and gives additional pathways to receive standard diplomas, which should limit adjusted diplomas, given this alternative. Besides the end of course exams and testing to show mastery, a rubric for assessment can be used for each IEP team to assess performance. Assessments are about what students know and can do. A portfolio, for example, may replace the exam. Kids with test anxiety struggle with end of course exams; we believe it will capture kids who are otherwise unable to pass with a standard diploma now. There's an opportunity for adjusted diploma for those with a Nevada Alternative Assessment but we haven't received enough input into this. Students who are alternatively assessed in a cadre of classes (to be determined) would be given the standard diploma.

Ms. Karen Taycher was excited about this opportunity for kids in special education to have a legitimate path to graduation, to earn a regular diploma and be eligible for things like college grants, but the bill language is not correct - LCB made it different. We will want to see the details and correct language as it moves forward. Mr. Jon Sasser made a motion to approve the concept of the alternative path to graduation, and look at it further as the bill is developed. Ms. Karen Taycher seconded. Motion carries.

VII. Report and Update on Legislative Issues, Discussion and Possible Recommendations from Commission (For Possible Action)

- Recommendations for Interim Committees/Possible BDRs
- Agency BDRs

Mr. Jon Sasser Sasser, Subcommittee Chair

Mr. Jon Sasser started off with the scheduling of the next full CSPD commission meetings in early January and late January, the legislative subcommittee meeting, and clarified who was a subcommittee member for voting purposes. Subcommittee members are Brian Patchett, Jon Sasser, Karen Taycher, Cyndy Ortiz Gustafson, and David Daviton. Other members of the commission can listen in but won't vote. Mr. Jon Sasser suggests that commission members bring recommendations for the legislative subcommittee to the full commission for consideration. Right now we're seeing only agency bills so far, but we don't really know what's in them. The last two weeks of January is when BDRs and governor's budget are out – they are not available yet. We won't need as much discussion today. Prior to subcommittee meeting, we'll put together our list of bills so far.

VIII. Report from the Subcommittee on Communication Services' Strategic Plan with Discussion and Possible Recommendations From Commission (For Possible Action)

Betty Hammond, Social Services Program Specialist, ADSD

Ms Betty Hammond summarized the results from the SOCS meeting. Most exciting thing is that Senator Spearman requested a personal BDR to create a new commission for people who are deaf, and hard of hearing. The best way would be to move current subcommittee members to membership on the commission, to serve out their terms, and then have governor-appointed members. The goals of the commission would be those expressed in the 5-year strategic plan that has been worked on by SOCS and just completed. Thanks for all who have had a role in making it happen. We don't know

what we'll end up with but we will follow its progress. Ms. Rique Robb encouraged people to look at the strategic plan, help implement it, and follow the bill.

Discussion included concerns that the bill for a new commission isn't everything people wanted. Even the SOCS subcommittee vote was 4-2, and some details weren't clear. Group came up with what was minimally required to get a bill draft request. SOCS needs to come out of their next meeting with a consensus.

IX. Discussion and Possible approval of CSPD Membership Vacancies with Presentations from Applicants (For Possible Action)

Brian Patchett, Commission Chairperson

Ms. Rique Robb – The only presentation is for Nick Easter, and we invited him today.

Desiree – Nick, Ms. Dora Uchel and Regina are all here today to do their presentations, Nick is for SOCS, Regina is for subcommittee on Employment of people with intellectual disabilities, Ms. Dora Uchel is for the full commission.

Regina Daniels has applied for the Integrated Employment of People with Intellectual Disabilities subcommittee. She has a son with disabilities, a wealth of public service, and experience facing Medicaid, Welfare, School District, as a mother and as a group with others who have similar needs. She also works on housing, and state and local grants for housing. She knows what it's like to not get what you need, and knows what it's like to have a limited budget and have to operate within that. She have been heavily involved with some of the minority communities within the state. Because of mistrust, you can't get information you need from clients, and that ends with inappropriate services because people are asking the wrong things. They over-commensate by claiming all these problems, because they hope there's money involved. She's been busy researching what the real issues are for these communities. Ms. Cyndy Ortiz Gustafson motioned to accept Regina's application. Mark Olson gave a second. Mr. Jon Sasser asked Ms. Daniels for her opinion or philosophy around employment. Ms. Daniels believes in job choice, stating that, with jobs people want, they do it better and are eager for accomplishment. If a person is just given a job, there may not be a good result. Getting a choice is better. Vote taken. Motion carries.

Nick Easter has applied for SOCS subcommittee. He has degrees in deaf and hard of hearing, educational leadership, and education administration. He worked in special education with kids who were deaf and hard of hearing. In Kentucky, he was with the Department of Education, in special education monitoring and reporting. He has been the deaf/hard of hearing liaison for the state, and does federal reporting for special education. He wants a more active role and participation in the SOCS. He's interested in building relationships in the deaf community, and having someone in Department of Education take a more active role in how the department works and handles day-to-day business with that community. He is a certified teacher for the deaf for the state of Nevada, working for the Department of Education. Will Jensen is his director. He can sign and was trained with background of ASL, but hasn't functionally signed for a couple of years. His knowledge of language deficits that affect for kids with deafness, deaf/blind, and hard of hearing, and on ways to improve communication for deaf kids, goes back to his training to work with the deaf, when he graduated in 2003. Mr. David Daviton raised concerns about whether Nick's training is current enough as there's been a lot of changes since then. Ms. Rique Robb noted there is a required role on SOCS for representation on special education and laws. Cyndy Ortiz Gustafson moved to accept his application. Jim Osti seconded. Vote was 6-1. Motion carries.

Ms. Dora Uchel has applied for the full CSPD commission. She attends UNR, works with the Disability Technology Resource Center - training people who come into the center to rent out equipment. She volunteers at NNCIL. She herself is blind, and she interacts often with people with disabilities, advocating for civil rights. She's been going to the RTC meetings to advocate for audible bus stops. She is also a member of Citizen Advisory Committee for the RTC. The online token application to buy bus tickets is now accessible. Beforehand, people had to ask for assistance at a bus station, if available, or be out of luck. She brings different skills, ones others may not know about or be able to do. Living as a blind person, she's trying to live the American dream, and have her kids see that. She is trying to get her social work degree. David Daviton moved to accept Dora's application to the commission. When asked what she would like to accomplish as a commission member, Ms. Uchel cited that some of the stuff sent to her was not accessible, and she would love to work with others to make announcements and websites accessible. She wants to make getting rides on public transportation more accessible. She heard people from Medicaid on the call. Their website is not accessible, and she could not even fill out an application. She couldn't do it independently and had to trust a stranger to fill it out for her at the hospital. She wants state websites to be accessible, to have resources that are suppose to be helpful. She stated a desire to do research independently, but instead is told to call the office and they will help. She doesn't want people to have to ask for someone to help. She wants to see accessibility move forward. Motion seconded by Mark Olson. David Daviton said he has known her for a while, and knows she's passionate about what she does. He has seen some programs successfully address areas of weakness while she has provided that advocacy. He has been with her to meetings, and she exhibits a positive attitude. Motion carries.

Mr. Brian Patchett explained that this recommendation is to the Director Richard Whitley, who would make the appointments official. Ms. Rique Robb pointed out that appointing authority for the commission is the director; appointing authority for SOCS is the administrator, and the appointing authority for the Integrated Employment Subcommittee is the CSPD Commission.

- X. Update on Applied Behavioral Analysis Services from the Autism Treatment Assistance Program with Possible Recommendations from the Commission (For Possible Action)
Brook Adie, Autism Treatment Assistance Program
Shannon Sprout, DHCFP

Ms. Shannon Sprout said the CSPD and Autism commission recommendations on data wanted were taken; we're finalizing data and hope to have a report out soon. Two challenges noted:

- 1) Managed care organizations do not report the same as fee-for-service, so some fields will only report fee-for-service.
- 2) Service fields will fall under HIPPA threshold, and so we will try to roll up data into pie chart as percentages – until there's a point where we can share more detailed information.

In the third quarter of our Interim Finance Committee report (July 1 through September 30), 45 children received services. Last report to IFC had an error - said 75 individuals received services in managed care. It was a unit captured wrong. Correction made. Changed the number of overall children receiving services to date. Provider enrollment: 27 group providers, up from 5 in second quarter. Now 46 licensed behavioral analysts, up from 14 in 2nd quarter; also, 104 registered behavioral technicians (RBT), up from 43 in 2nd quarter. This is through Sept 2016. We will have more to report in January, in the next quarter. We had \$199,469 in claims, up around \$37,000 from 2nd quarter. See growth in program. Want to continue to look at challenges for providers - 79% of claims are paying. Reasons for denials were:

- 1) UV modifier required but many are not addressing modifiers. Working with providers to have them correct their billing, and do additional billing training with them.
- 2) Services are billed with no Prior Authorization on file, or for a code that wasn't approved in the PA. Working with providers to make sure they are submitting prior authorization and getting approval appropriately.
- 3) Other insurances should have been billed first. They were not. Making sure providers know/understand the priorities for billing with Medicaid and sending through appropriate routing first. Continue to identify trends and work closely with providers to make corrections and resubmit. If taking too much time to fix, also doing override for providers so that they are reimbursed for services performed.

Mr. Jon Sasser asked if the 45 kids being served included both fee-for-service and managed care, and included kids where ATAP is the provider? Ms. Sprout said yes. Mr. Jon Sasser tried to put it in perspective as the \$199 thousand was out of roughly \$40 million budgeted for the biennium. The number of kids to be served was 1879 in projected caseload, and half way through the year, we have 45. Some say it's the RBT rate. We have got 104 RBTs, but some estimate we need 2000 (per Jan Crandy). Maybe we have a big backlog of claims with billing problems, but really see concern about the budget. Going into this budget cycle, how it works is "use it or lose it." Legislature will think there's not much need. Medicaid must have an aggressive presentation to the legislature to let them know the need is still there, and how you're going to address this slow start-up. This has been the same conversation for 2 years now.

Ms. Shannon Sprout clarified that claims data is not cumulative, only for this quarter. Need to add 1st, 2nd, and 3rd quarters to get the year-to-date. About \$100,000 in the first quarter; \$160,000 in the second; and \$199,000 in the third, so it is continuing to grow. We understood from the lessons learned from other states that it takes about 18 months for full ramp up. Once we get authority for the services, it gets rolled into the overall budget. We don't just keep that dollar amount specifically for ABA services - and then it gets adjusted accordingly. The funds get captured into the total budget. It is a mandatory service, so we will have to continue to carry it forward. We continue to evaluate that. Some providers who haven't even done their billing yet for services performed - the claims haven't been captured due to billing errors we are working to correct. So this information is only for the billing claims that have been processed. There is still an average of 32 hours being approved per PA submitted, and we continue to see those requests come in, and grow each month. Will not have all of the data until that final approval process. Data will be more comprehensive, and break it down by age, aide category, by region of services, etc. The ABA RBT rate continues to grow, as providers enroll every day. Those numbers come through monitoring the service carefully, and reporting out to the Interim Finance Committee.

Mr. Jon Sasser asked a followup question: How are you determining whether the problem is the RBT rate or not? How are you analyzing that? Ms. Shannon Sprout replied that we are evaluating that by the growth of RBT (Registered Behavioral Technician) that continues from quarter to quarter, in addition to the claims coming through under a registered behavioral technician, where we see growth every month as well. Mr. Jon Sasser asked how many of the 104 Medicaid-approved RBT are ATAP. Ms. Brooke Adie replied that ATAP has 235 RBTs statewide in the process of enrollment into Medicaid. Some are enrolled now, but don't have that number. Mr. Jon Sasser wondered if Medicaid is getting anybody beyond ATAP. Ms. Shannon Sprout replied that we have 27 provider groups who have RBTs, spread out across the 27 providers enrolled. Ms. Brooke Adie stated that's a duplicative number because they enroll as a group and they also enroll in ATAP.

Mr. Jon Sasser asked that the Commission monitor this closely during the legislative budget process and take an active role in raising these questions in front of the legislature until they are resolved. Ms. Karen Taycher moved to give the commission the ability to represent this issue and address concerns regarding RBTs and numbers of individuals being served, based on what was in the budget and where we are at. Mr. Jon Sasser seconded. Motion carries.

Mr. Jon Sasser asked for the comprehensive report with all information on ATAP/Medicaid numbers, specifically the number of kids served, any problems with approval process pipeline, getting kids in the system, progress on Medicaid providers and services, Board Certified Behavior Analysts (BCBA) and Registered Behavioral Technicians (RBT) available to service these kids, and whether the RBT rates are reasonable. Ms. Brook Adie says the Autism commission is also following this report. It does take time to become a registered technician - 90 days to 6 month. Not sure rate is the problem. We're really trying to increase the workforce but it's taking a bit of time.

XI. Discussion and Possible Recommendations on the CSPD Bylaws (For Possible Action)
Brian Patchett, Commission Chairperson

Ms. Rique Robb sent a draft of bylaws, in basic form but does include the subcommittees of Integrated Employment and SOCS as well. Specifics included:

- SOCS membership as required under NRS
- Appointing Authority for the commission, subcommittees, SOCS
- Attendance rules, removal rules
- Definitions spelled out in NRS
- Code of Ethic example

Mr. Brian Patchett asked if commission bylaws would be relevant to SOCS, given the bill to create a new commission. Ms. Rique Robb replied that removal of a section on SOCS-required NRS language would be the only thing we need to do. Everything else is general enough to the commission and other subcommittees. Mr. David Daviton asked what happened to the subcommittee for bylaws; he had volunteered for that. Ms. Rique Robb replied that David had volunteered for the ethics committee which has not met. Staff was asked to put together a preliminary draft of the bylaws. Commission members felt CSPD may want to read this more carefully, consider Olmstead, and think through this, so it was tabled until the next committee meeting. Ms. Rique Robb said a code of ethics is being discussed on every council and all those in DSU will have to sign one. We want all the commission and subcommittee members to sign and uphold a code of ethics.

XII. Update on Caseload Evaluation Organization Numbers Discussion and Possible Recommendations from Commission (For Possible Action)

- Child Services
- Developmental Services

Kate McCloskey, CPP II for Developmental Services

Ms. Kate McCloskey reported caseload stats last month, used data from Sept. 2016 on Jobs and Day Training/Supported Living. Now in process of integrating information management systems. This data goes back to the end of August. Breakdowns for Supported Living and JDT and family supportive living.

- Total caseload in Developmental Services of 6589 individuals receiving services: 4505 Southern, 728 Rural, 1356 Northern. Of those, Children: 1226 Southern, 189 Rural, 417 Northern. Adults: Southern 3279, 539 Rural, 939 Northern.
- Statewide Number in Supported Living Services. Active people at end of August in a community residential placement/supported living: Southern: 1211, with 306 on WaitList (WL), Rural 360 with 8 on WL, Northern 654 with 50 on WL.
- Jobs and Day Training Services: Southern 1856 (WL 411), Rural 237 (WL 3), Northern 443 (WL 32).
- Family support programs includes respite program, and as well as "purchase of service" programs: 231 to help families who might have difficulty paying utility/rent, etc. Not only for children. YTD Southern 1087, includes 936 Respite (WL 500); RRC 114 all in respite program (WL 21), North 175 all enrolled in respite with 31 on WL.
- Family preservation – cash assistance for families who support persons with severe/profound ID in their home. On August 31st: DRC 498, RRC 44, SRC 87 – with no wait lists.
- Family-directed in-home service for children to provide inhome specialized services: DRC 125 (WL 54), RRC 23, SRC 40 (24 on WL). Numbers varied slightly since then.

Ms. Karen Taycher asked how many may be only receiving case management and no service, especially kids transitioning out of the school district. Ms. McKloskey didn't have that number and will get back to Commission on that. Some people may have multiple services, so it requires some math to figure details.

Mr. Jon Sasser asked if waiting lists were addressed in the agency budget request. Ms. Kate McCloskey said they were, and would be eliminated by the request.

Ms. Karen Taycher asked why there was no waiting list for the family preservation program. Ms. McCloskey said it is for a specific population of families supporting people with severe/profound ID. Can anticipate growth in a small program. People are screened at intake/eligibility; determine at that time if they meet the diagnostic criteria, and then financial criteria; eligibility is revisited annually.

Mr. Jim Osti was hoping to see comparison with other states and know how we do nationally. Ms. McCloskey said each state has varied eligibility requirements. States for comparison need to have similar demographics to do comparative analysis. Ms. Julie Kotchevar said there is a national report called the State of the State, a comparison that we contribute data to and that could be sent to commission.

Cyndy Ortiz Gustafson asked about LTSS Medicaid data and saw a lot of people seen/screened one time with no additional service points. Ms. Kate McCloskey replied that there is a requirement for contact every three months, regardless of service they are receiving, with an annual face-to-face meeting. A one-time only contact would be rare.

XIII. 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

Items for followup from this meeting.

- SB49 and SB64
- Medicaid/Medicare updates
- Discussion about state plan for people who are blind/visual impairments, and any supporting research. Invite VR/Services for the Blind.
- Ongoing report on wait lists
- ABA claims data
- Plan for Managed Care
- Letter of support for ITP
- CSPD Bylaws/Code of Ethics
- Data on case management only/no service
- State of the State/comparison across states

XIV. Confirm Dates for Future Meeting (For Possible Action)

Brian Patchett, Commission Chairperson

Full commission will meet January 5th between 11am-1pm with a lunch included; the second meeting will be scheduled on January 19th. A phone meeting will be scheduled for the legislative subcommittee on January 25th.

XV. 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)

Ms. Rique Robb wanted to go on the record about our staff and our duties. We are here for support but end up on the line of attack. It is against the law to threaten a government employee and it's also illegal to make verbal, emailed, or physical threats. It's important to follow a process for complaints, and not be out in the community making such statements against employees. Mr. Brian Patchett commented that we are part of this commission and need to have the highest ethics. He also thanked Desiree Bennett for her efforts to serve the Commission.

XVI. Adjournment

Brian Patchett, Commission Chairperson

Meeting adjourned.

Commission on Services for Persons with Disabilities Members

Brian Patchett (Chair), Jon Sasser, Karen Taycher, Nicole Schomberg, Shelley Hendren, James Osti, David Daviton, Cyndy Gustafson, Mark Olson

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 Desiree Bennett at (775) 687-0586 as soon as possible and at least five days in advance of the meeting. If you wish, you may e-mail her at dabennett@adsd.nv.gov. Supporting materials for this meeting are available at: 3416 Goni Rd, D-132, Carson City, NV 89706 or by contacting Desiree Bennett (775) 687-0586 or by email at dabennett@adsd.nv.gov

March 23, 2017

Page 13

NOTE: In an effort to provide a safe environment for Aging and Disability Services Division meetings, please refrain from wearing perfume, scented hairspray, cologne, essential oils, scented deodorants, aftershave or any other scented products when you attend. Scented products contain chemicals which can cause migraines, nausea and even breathing problems for people with asthma, allergies, and environmental illness.

No Scents is Good Sense! If you are unsure if a product is safe to wear, a good rule of thumb is to just not wear it.

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, 6375 West Charleston Boulevard, Ste. L200 Las Vegas, NV 89146
6. Southern Nevada Center for Independent Living, 6039 Elms. Dora Uchel Street H-8, Las Vegas, NV 89101
7. Disability Resource Center, So. E. Greg St., Suite 102 Sparks, NV 89431
8. Nevada State Library and Archives, 100 North Stewart Street, Carson City, NV 89706
9. Desert Regional Center, 1391 South Mr. Jon Sasser Boulevard, Las Vegas, NV 89146
10. Sierra Regional Center, 605 South 21st Street, Reno, NV 89431
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>

ATTACHMENT A

Brian Sandoval
Governor



Richard Whitley
Director

Department of Health and Human Services 2018-2019 Budget Overview

Human Services Network
October 26, 2016



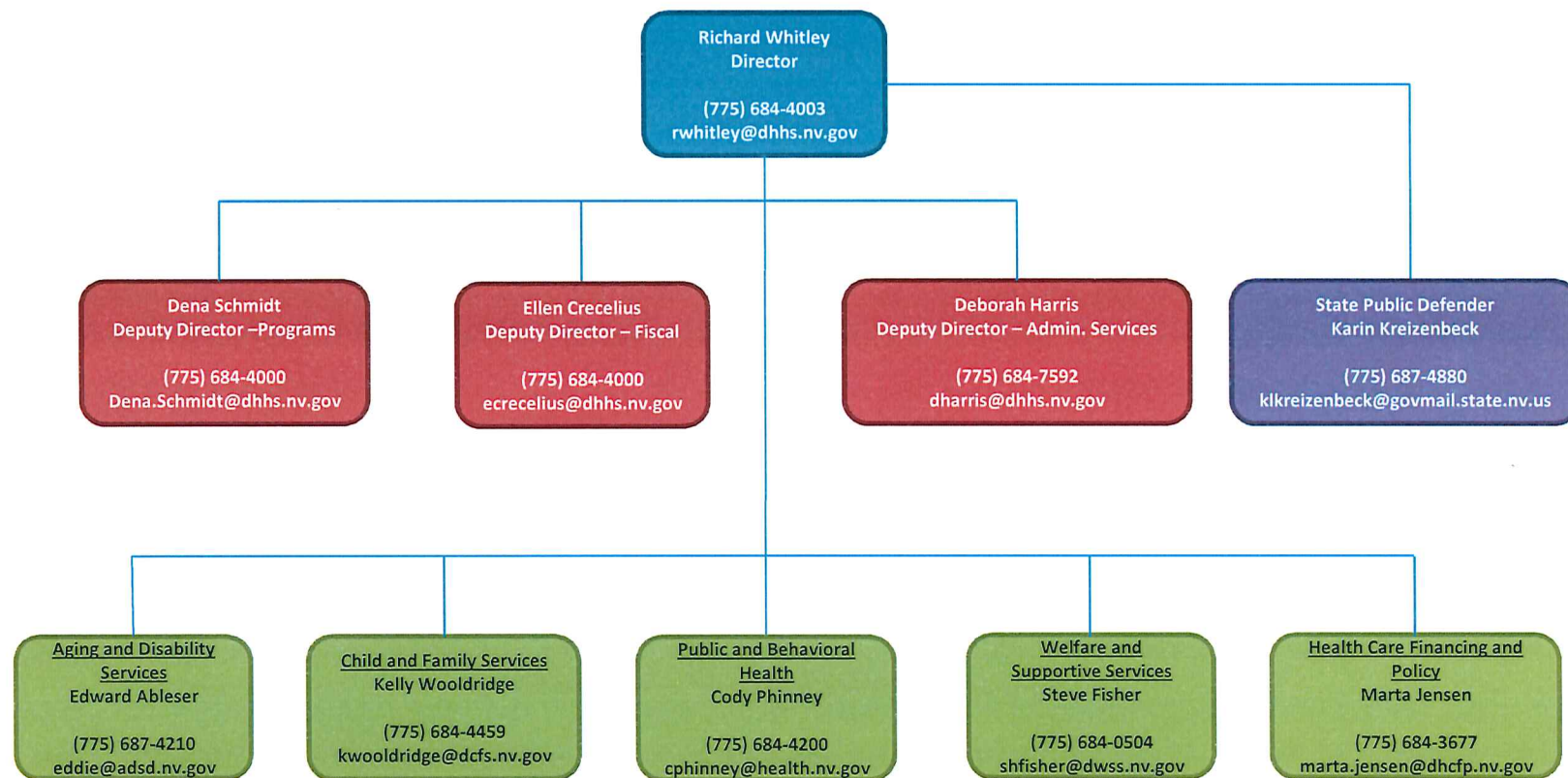
Mission

- The Department of Health and Human Services (DHHS) promotes the health and well-being of Nevadans through the delivery of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.
- The department consists the following divisions: Aging and Disability Services, Child and Family Services, Health Care Financing and Policy, Public and Behavioral Health, Welfare and Supportive Services, and the Public Defender's Office.
- Statutory Authority: NRS 232.290-465.

Helping People. It's who we are and what we do.



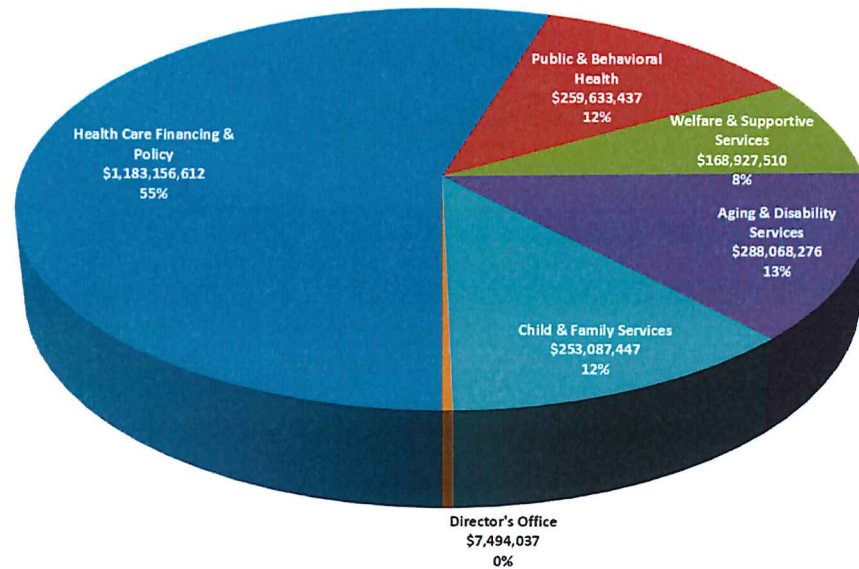
DHHS Organizational Chart





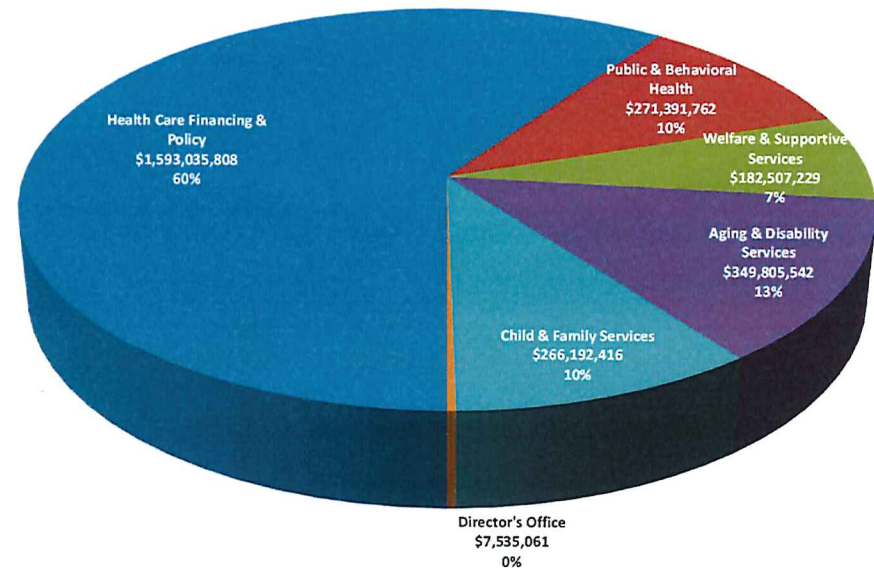
General Funds by Division, 2016-17 and 2018-19 Biennia

Legislative Approved General Funds 2016-17 Biennium



\$2,160,367,319

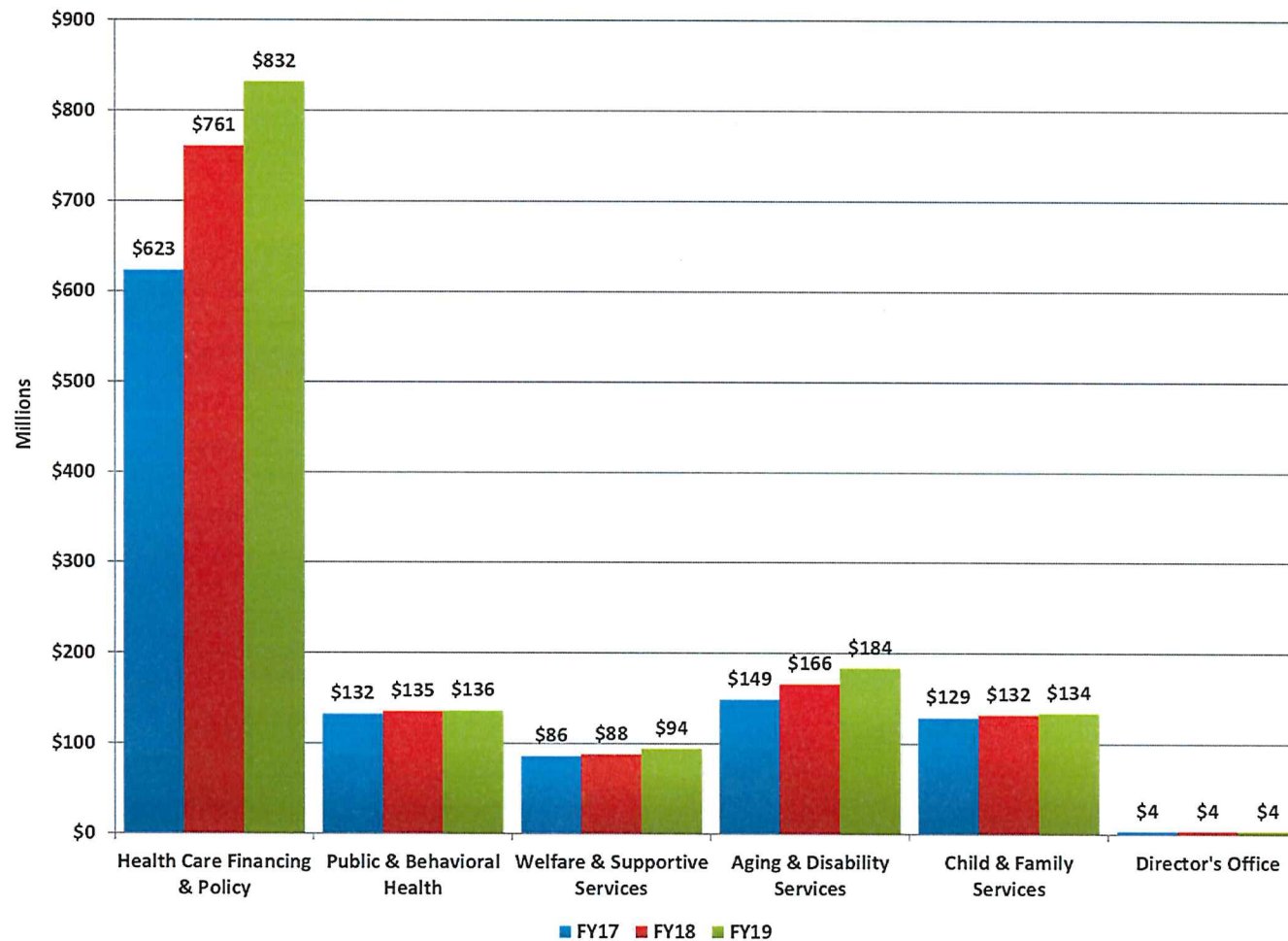
Agency Request General Funds 2018-19 Biennium



\$2,670,467,818



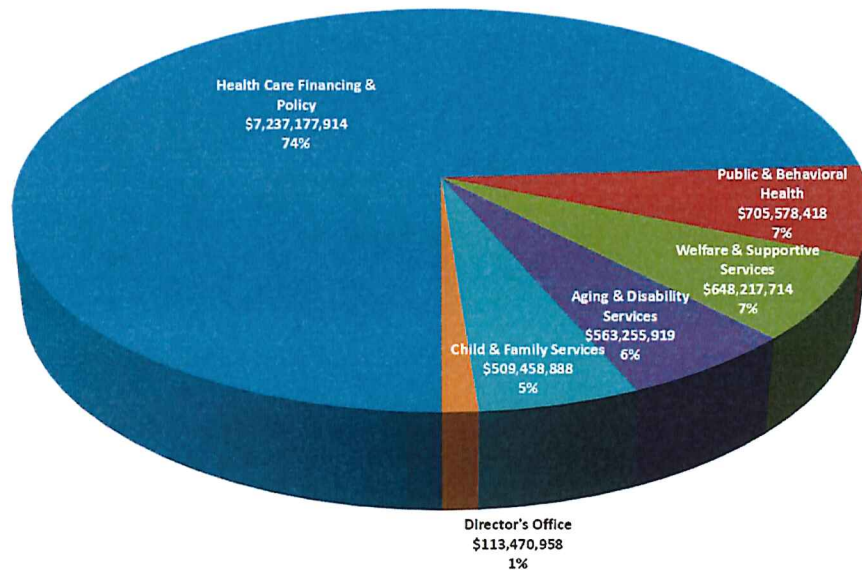
General Funds by Division, Fiscal Years 2017-2019





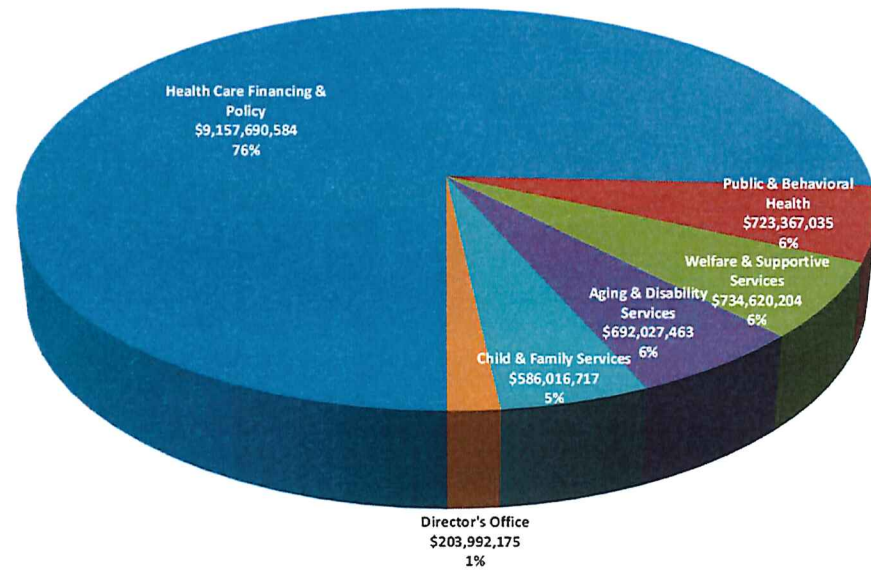
Revenues by Division, 2016-17 and 2018-19 Biennia

Legislative Approved 2016-17 Biennium



\$9,777,159,811

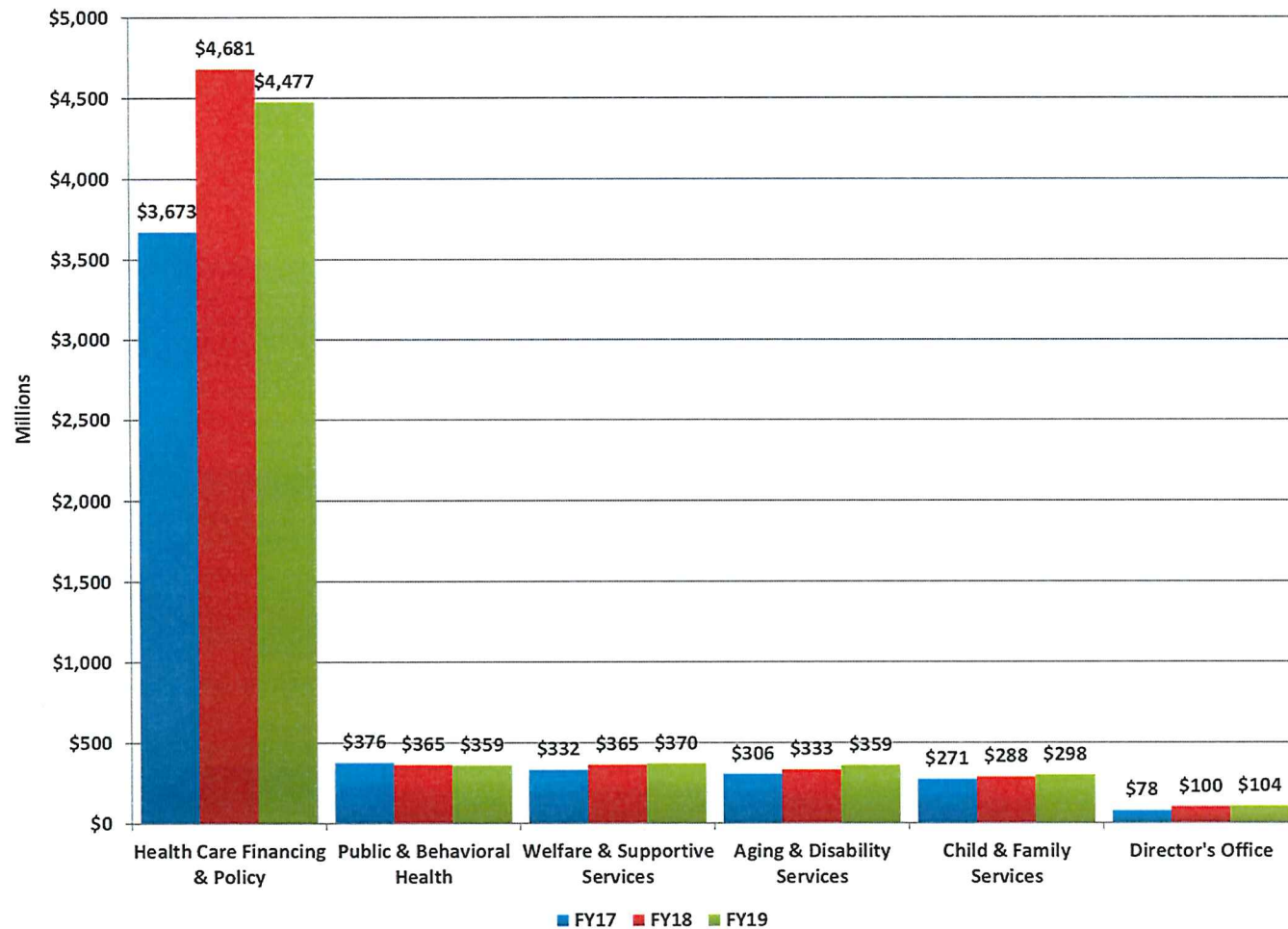
Agency Request 2018-19 Biennium



\$12,097,714,178



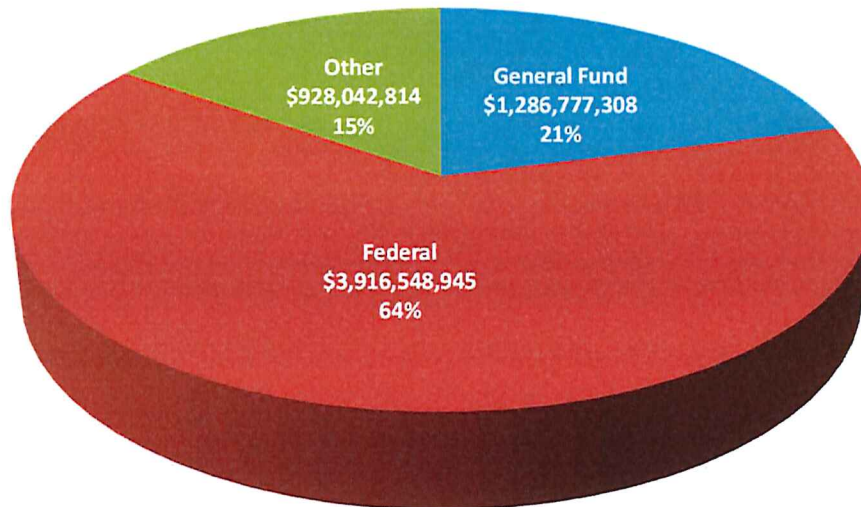
Revenues by Division, Fiscal Years 2017-2019





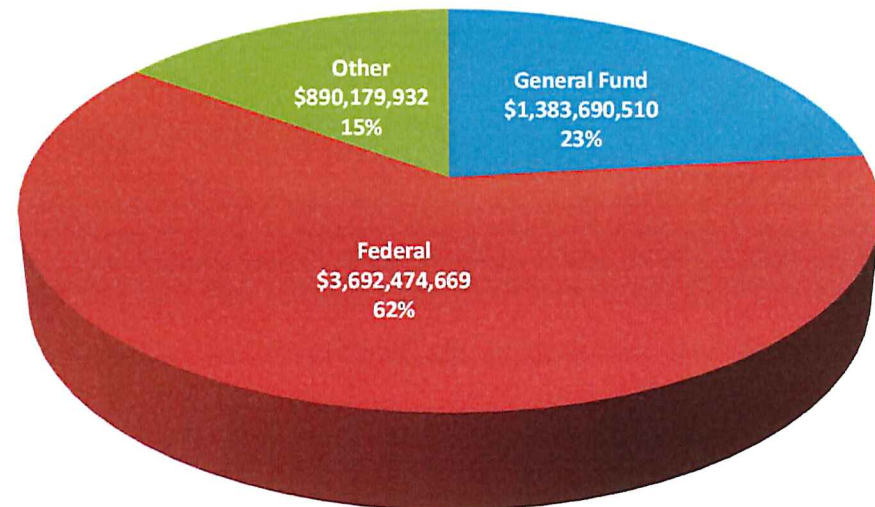
Budgeted Funding Sources, Fiscal Years 2018 and 2019

State Fiscal Year 2018



\$6,131,369,067

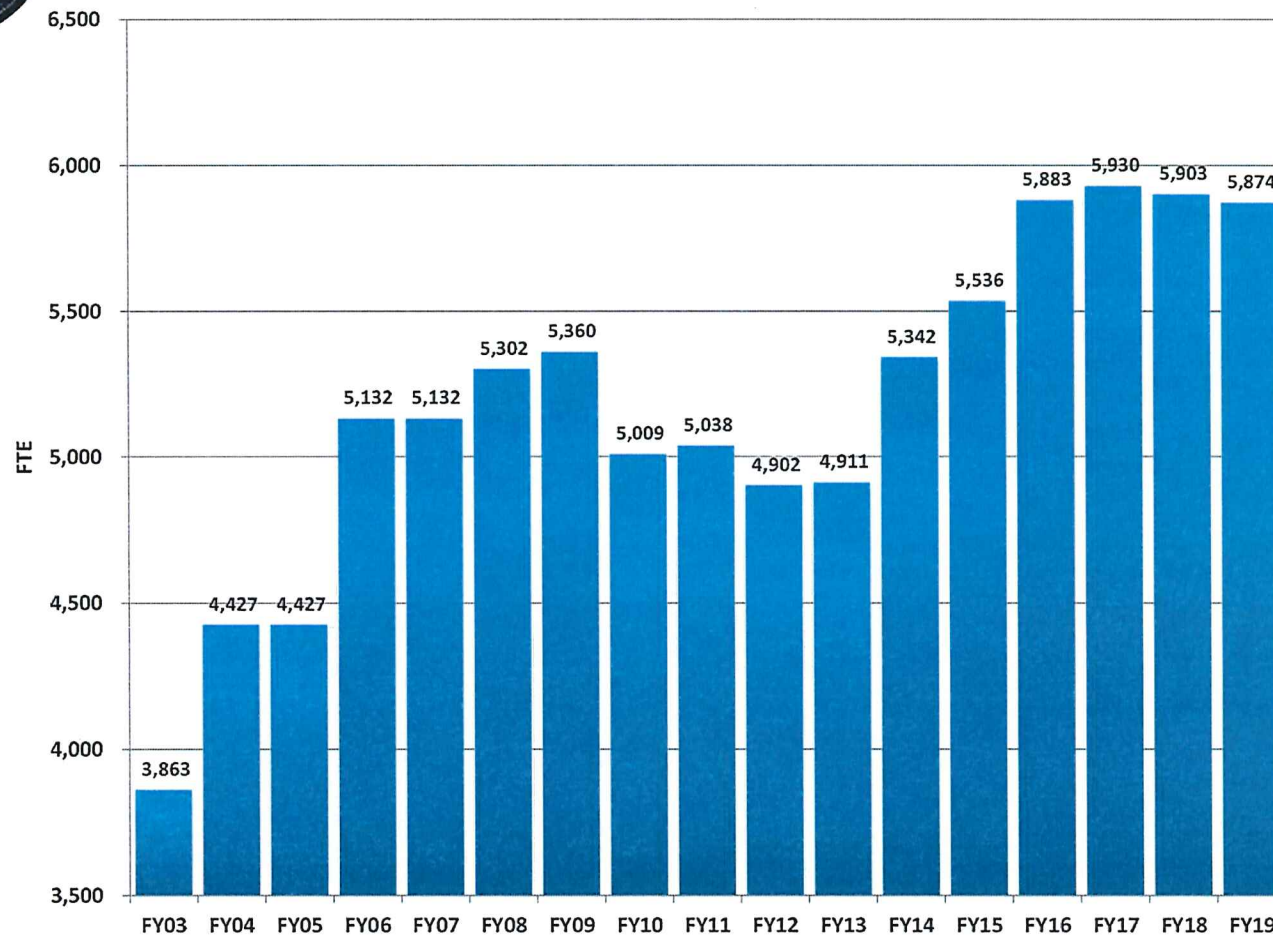
State Fiscal Year 2019



\$5,966,345,111



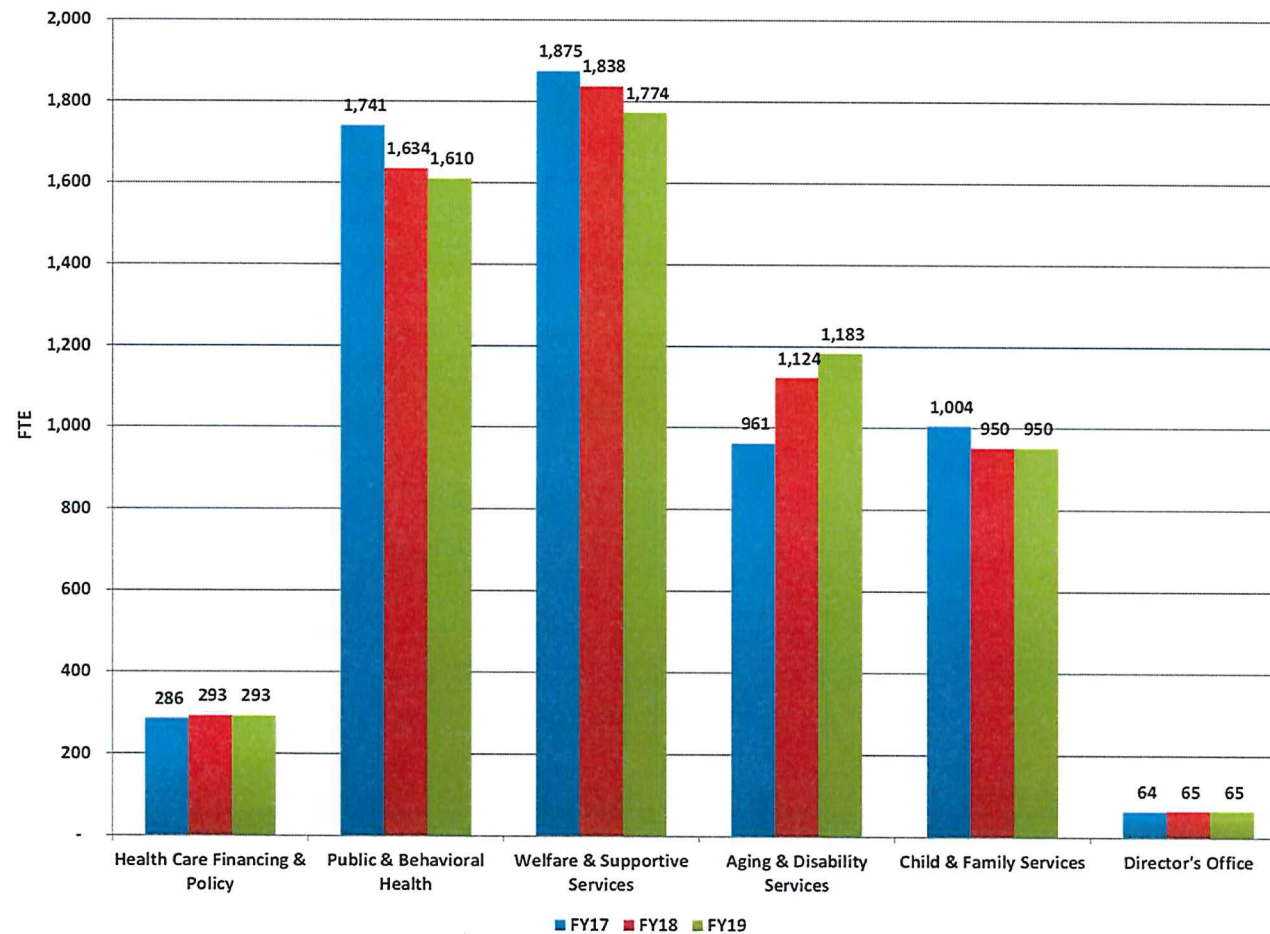
Total DHHS FTE, Fiscal Years 2003 - 2019



Note: Does not include FTE proposed to transfer from the Department of Employment, Training, and Rehabilitation, Bureau of Disability Adjudication (budget account 3269) to Aging and Disability Services in fiscal year 2019.



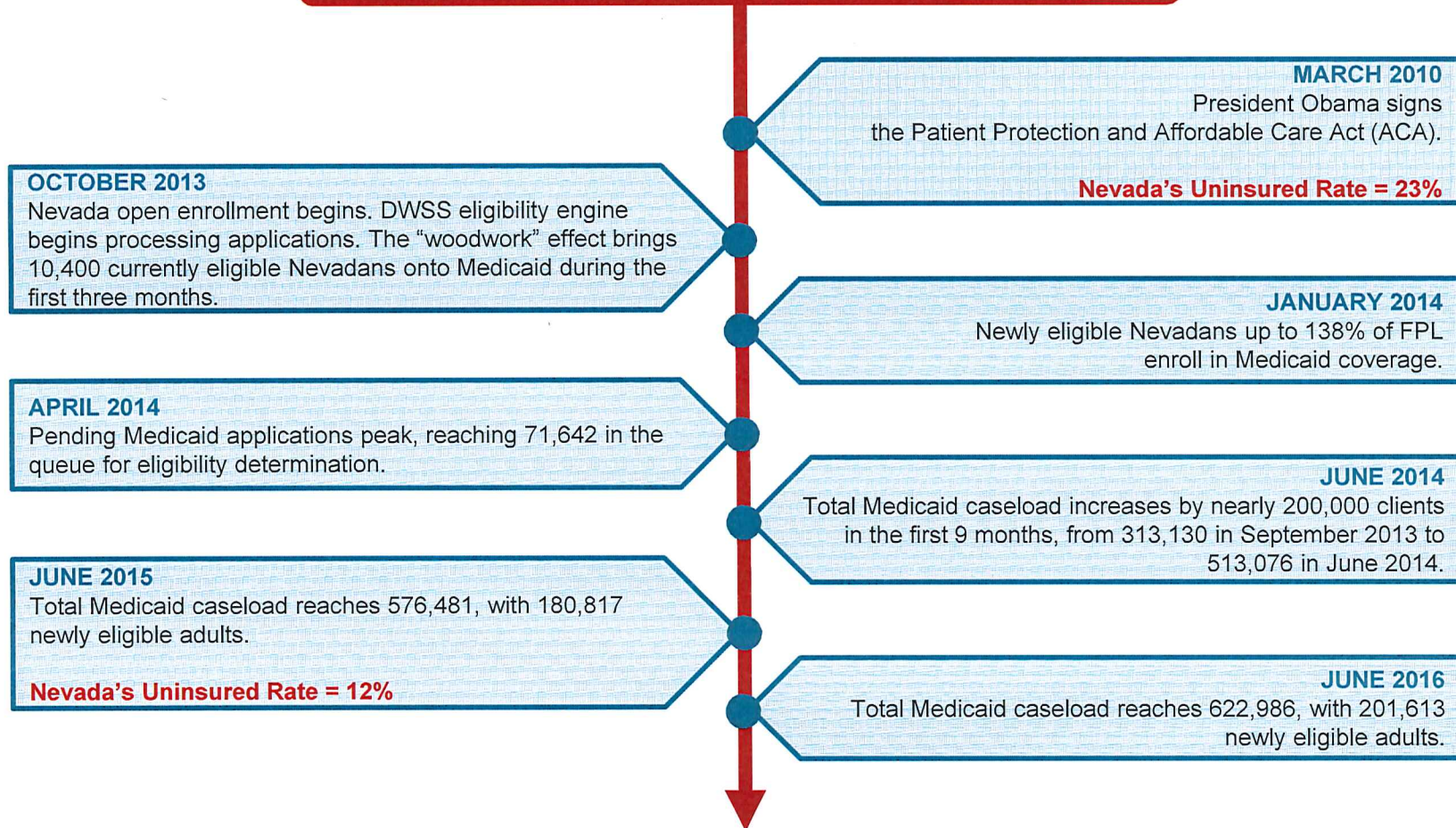
FTE by Division, Fiscal Years 2017 - 2019



Note: Does not include FTE proposed to transfer from the Department of Employment, Training, and Rehabilitation, Bureau of Disability Adjudication (budget account 3269) to Aging and Disability Services in fiscal year 2019.

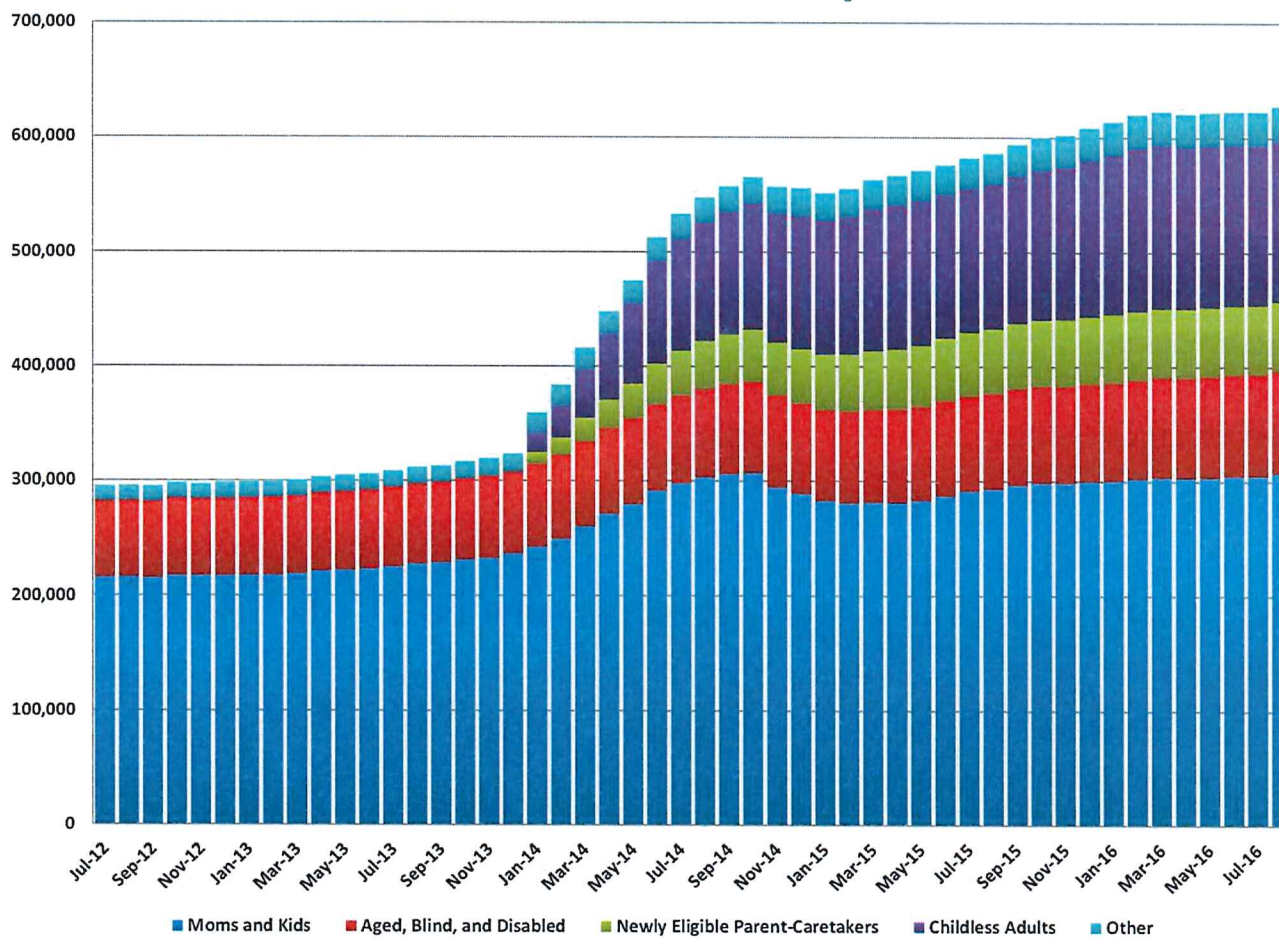


Affordable Care Act (ACA) Timeline





Medicaid Recipients





Budget Initiatives

- Maximization of Medicaid Billing
- Reimbursement Rates
- Additional Services
- Assessment Centers



Appendix

- Bill Draft Requests (BDRs)
- Technology Improvement Requests (TIRs)
- TANF, SNAP and Medicaid Caseload Charts
- Blended Federal Medical Assistance Percentage (FMAP) Matrix



Bill Draft Requests

Division	Number	Subject
DPBH	17A4061041	Adds certain exclusionary crimes to child care licensing background checks
DPBH	17A4061059	Establish psychiatric advance directives
DPBH	17A4061066	Revises administrative sanctions for facilities and adds psychiatric hospitals providing inpatient children services to background checks
DPBH	17A4061067	Clarifies definition of community based residential facilities licensed by DPBH
DPBH	17A4061073	Revises definition of mental illness to be consistent with federal definitions
DCFS	17A4091037	Revises eligibility to allow non IV-E eligible children to qualify for KinGAP program
ADSD	17A4021033	Allow Advocate for Elder Rights and Attorney for Rights of Older Person to serve individuals with disabilities
DWSS	17A4071035	Clean up language not included in AB13 last session
DWSS	17A4071027	Omnibus child support to improve efficiency and responsiveness
DHCFP	17A4061038	Eliminates the sunset date to enable Medicaid to continue to collect rebates on certain drugs

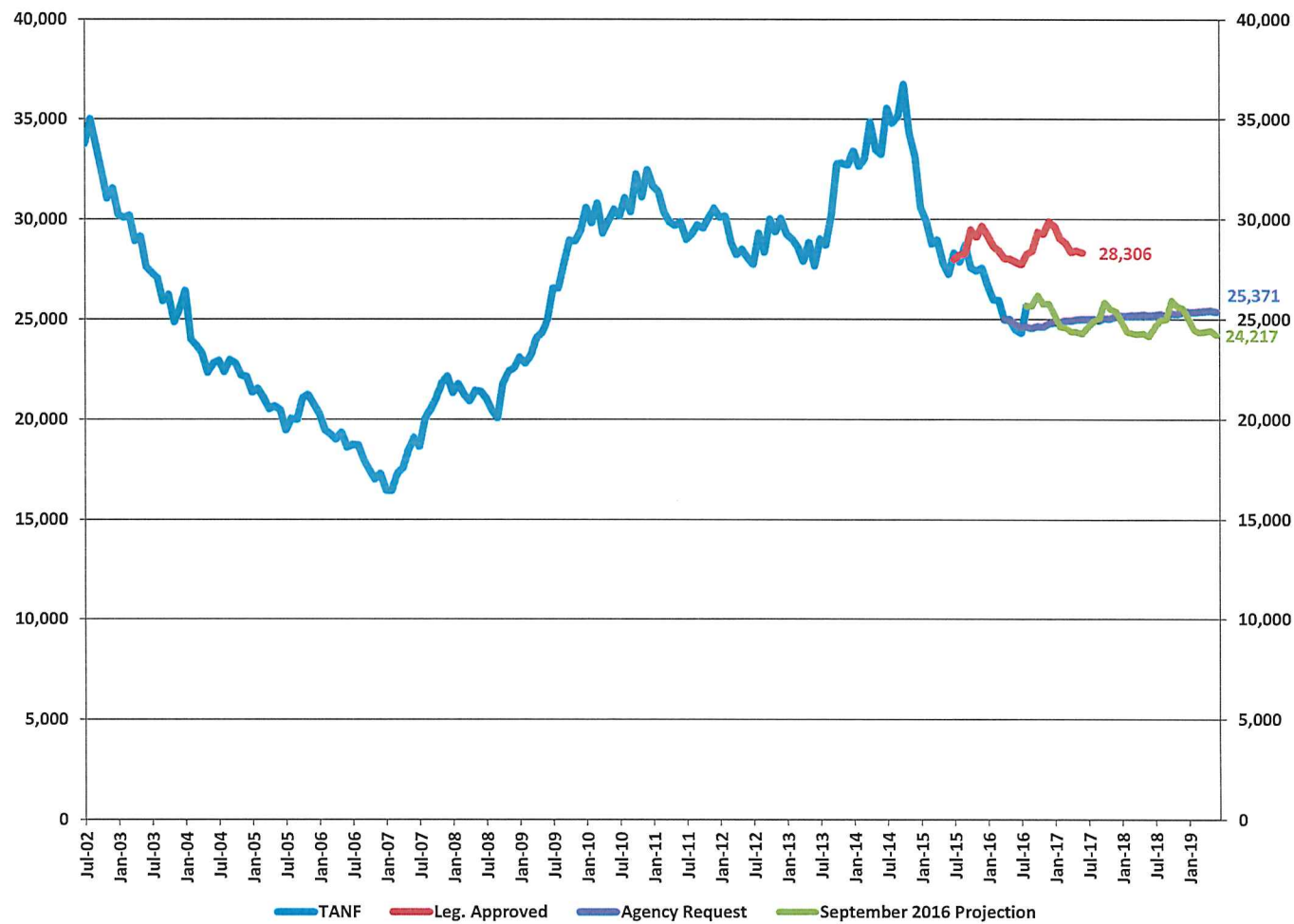


Technology Improvement Requests

- **Medication Management Optimization-** to improve and optimize the pharmacy information system by adding physician electronic order entry and medication administration records, which will be integrated.
- **Laboratory Information System-** to improve workflow efficiencies and to support the patient data management process.
- **Master Client Index-** database to maintain unique identifier for every participant in the DHHS enterprise program.
- **Harmony Case Management-** integration of Early Intervention Services into the Harmony case management system.
- **No Wrong Door-** create single electronic entry point for all DHHS programs.
- **Access Nevada-** improve usability, mobile application ability and scalability to allow additional program applications.
- **Benefit Verification System-** electronic system to allow recipients real time case status information, including start and closure dates for cash, food, medical assistance, energy assistance and TANF.

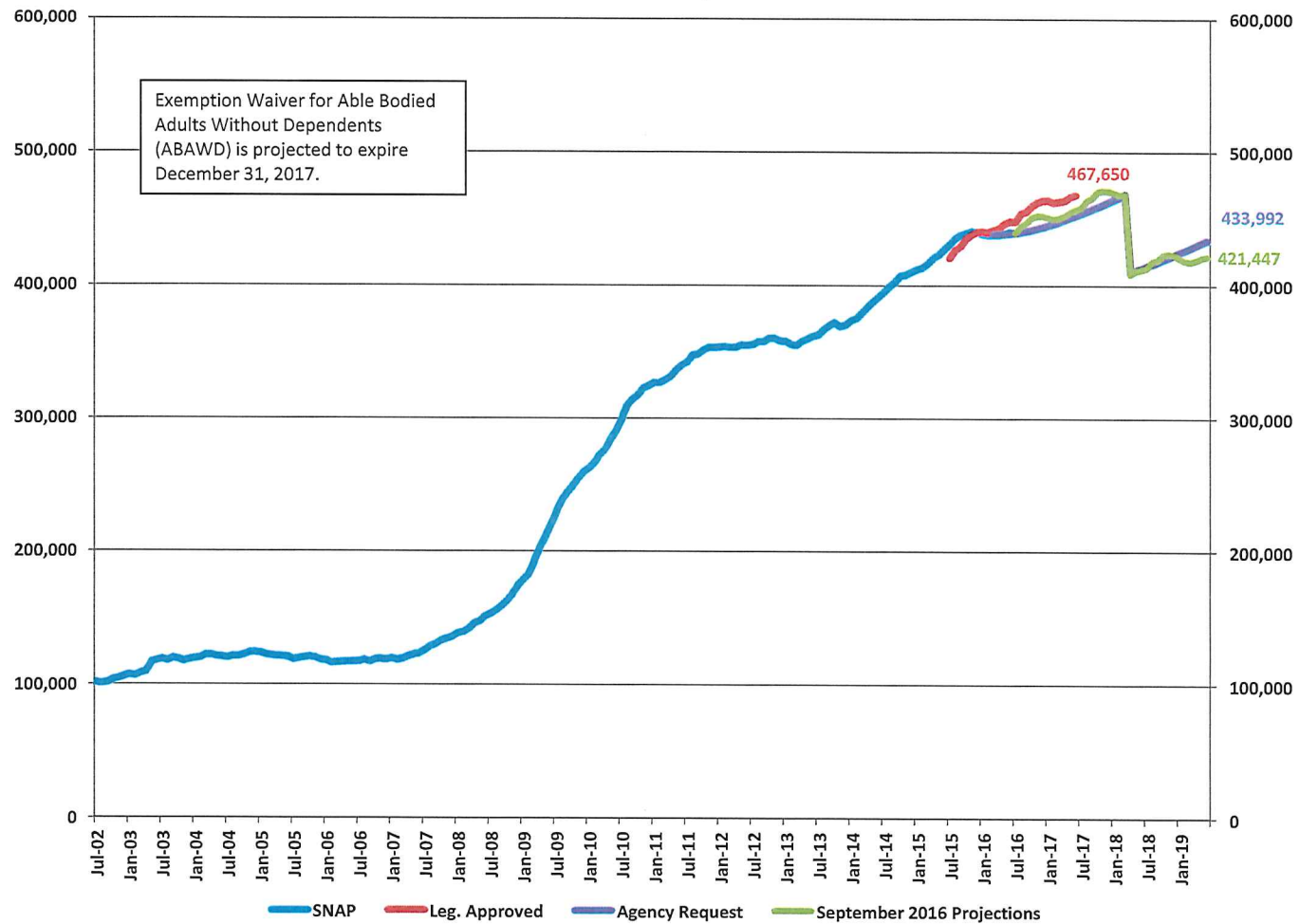


TANF Recipients



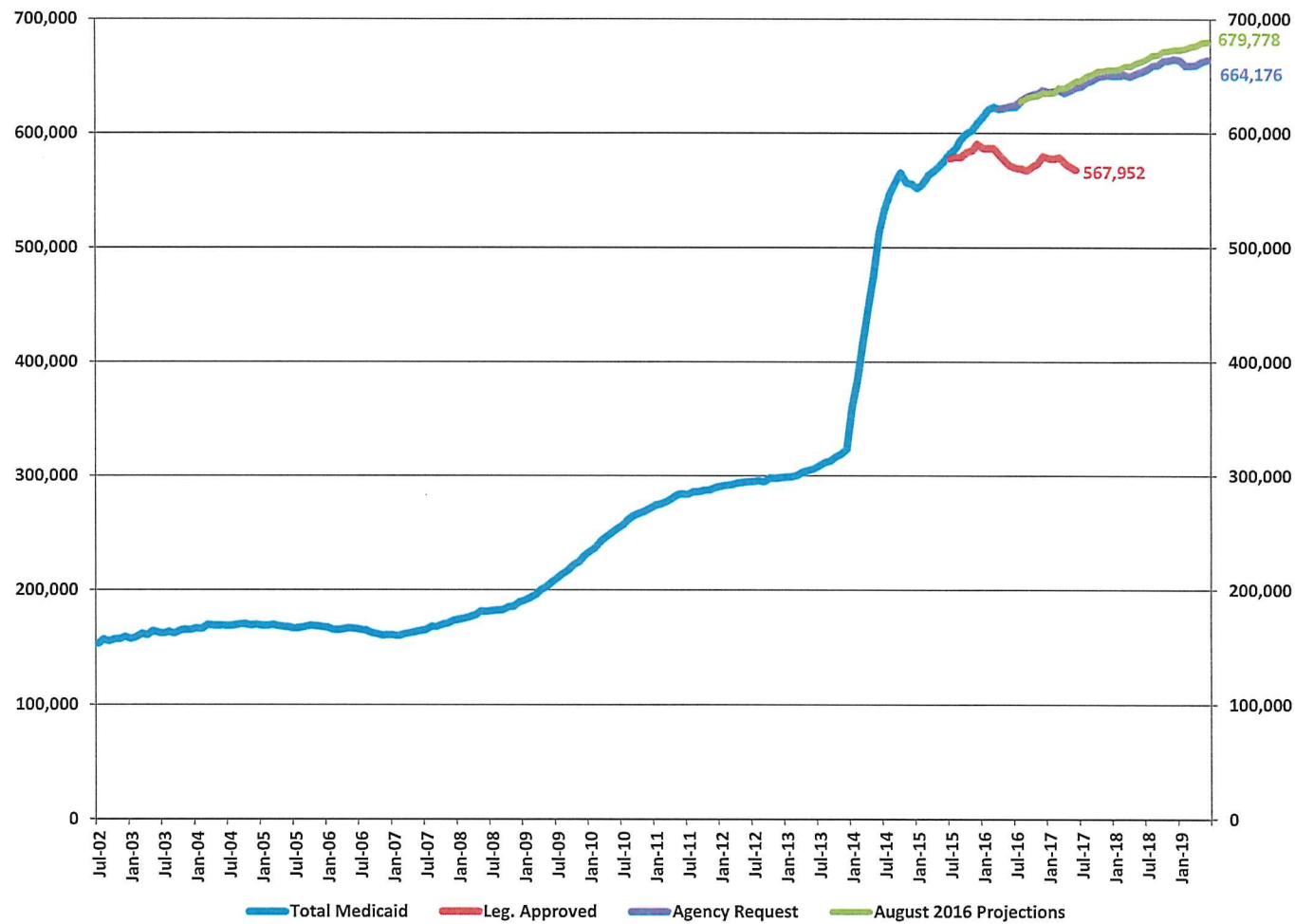


SNAP Recipients





Medicaid Recipients





Blended Federal Medical Assistance Percentage (FMAP)

State Fiscal Year	FMAP	Enhanced (CHIP) FMAP	ACA Enhanced (CHIP) FMAP	New Eligibles FMAP
FY03	51.79%	66.25%		
	52.53%	66.77%		
FY04	54.30%	68.01%		
	55.34%	68.74%		
FY05	55.66%	68.96%		
FY06	55.05%	68.53%		
FY07	54.14%	67.90%		
FY08	52.96%	67.07%		
FY09	50.66%	65.46%		
	61.11%	72.78%		
FY10	50.12%	65.08%		
	63.93%	74.75%		
FY11	51.25%	65.87%		
	62.05%	70.44%		
FY12	55.05%	68.54%		
FY13	58.86%	71.20%		
FY14	62.26%	73.58%		100.00%
FY15	64.04%	74.83%		100.00%
FY16	64.79%	75.35%	92.60%	100.00%
FY17	64.74%	75.32%	98.32%	97.50%
FY18	65.48%	75.84%	98.84%	94.50%
FY19	65.56%	75.90%	98.90%	93.50%
FY20	64.98%	75.48%	81.23%	91.50%

Note: The green cells reflect a 2.95% increase for the period April 2003 through June 2004. The blue cells reflect the ARRA stimulus adjusted FMAP for October 2008 through December 2010. The FMAP values for FY19 through FY20 are projections.