

# REPORTING INSTRUMENT

OMB Control Number: 1820-0606

Expiration Date: June 30, 2017

**UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES  
REHABILITATION SERVICES ADMINISTRATION**

**SECTION 704  
ANNUAL PERFORMANCE REPORT  
For  
STATE INDEPENDENT LIVING SERVICES  
PROGRAM  
(Title VII, Chapter 1, Part B of the Rehabilitation Act of 1973, as amended)**

# **Part I INSTRUMENT**

**(To be completed by Designated State Units  
And Statewide Independent Living Councils)**

Reporting Fiscal Year: 2015

State: Nevada

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 35 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (P.L. 105-220 Section 410 Workforce Investment Act). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-4536, Attention Timothy Beatty, Rehabilitation Services Administration, PCP Room 5057 or email [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference the OMB Control Number 1820-0606. Note: Please do not return the completed 704 Report to this address.

## SUBPART I – ADMINISTRATIVE DATA

### Section A – Sources and Amounts of Funds and Resources

Sections 704(c) and 704(m)(3) and (4) of the Act; 34 CFR 364.35 and 364.36

Indicate amount received by the DSU as per each funding source. Enter “0” for none.

#### Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B	\$ 305,350
(B) Title VII, Ch. 1, Part C – <b>For 723 states Only</b>	\$0
(C) Title VII, Ch. 2	\$ 0
(D) Other Federal Funds	\$0

#### Item 2 - Other Government Funds

(E) State Government Funds	\$2,820,434
(F) Local Government Funds	\$0

#### Item 3 - Private Resources

(G) Fees for Service (program income, etc.)	\$0
(H) Other resources	\$0

#### Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)	\$3,125,724
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#### Item 5 – Pass-Through Funds

Amount of other government funds received as pass through funds to consumers (include funds, received on behalf of consumers, that are subsequently passed on to consumers, e.g., personal assistance services, representative payee funds, Medicaid funds, etc.)	\$0
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#### Item 6 - Net Operating Resources

[Total Income (Section 4) <minus> amount paid out to Consumers (Section 5) = Net Operating Resources	\$3,125,724
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**Section B – Distribution of Title VII, Chapter 1, Part B Funds**

Section 713 of the Act; 34 CFR 364.22, 365.1, 365.20, and 365.21

<b>What Activities were Conducted with Part B Funds?</b>	<b>Expenditures of Part B Funds for Services by DSU Staff</b>	<b>Expenditures for Services Rendered By Grant or Contract</b>
(1) Provided resources to the SILC to carry out its functions	\$81,349	\$
(2) Provided IL services to individuals with significant disabilities	\$	\$140,001
(3) Demonstrated ways to expand and improve IL services	\$	\$
(4) Supported the general operation of CILs that are in compliance with the standards and assurances set forth in subsections (b) and (c) of section 725 of the Act	\$	\$
(5) Supported activities to increase capacity to develop approaches or systems for providing IL services	\$	\$
(6) Conducted studies and analyses, gathered information, developed model policies, and presented findings in order to enhance IL services	\$	\$9,000
(7) Provided training regarding the IL philosophy	\$	\$
(8) Provided outreach to unserved or underserved populations, including minority groups and urban and rural populations	\$	\$75,000

**Section C – Grants or Contracts Used to Distribute Title VII, Chapter 1, Part B Funds**

Sections 704(f) and 713 of the Act; 34 CFR 364.43, and 34 CFR 365 Subpart C

Enter the requested information for all DSU grants or contracts, funded at least in part by Part B funds, in the chart below. If a column is not applicable to a particular grant or contract, enter “N/A.” If there were no non-Part B funds provided to this grantee or contractor for the purpose listed, enter “\$0” in that column. Add more rows as necessary.

<b>Name of Grantee or Contractor</b>	<b>Use of Funds</b> (based on the activities listed in Subpart I, Section B)	<b>Amount of Part B Funds</b>	<b>Amount of Non-Part B Funds</b>	<b>Consumer Eligibility Determined By DSU or Provider</b>	<b>CSRs Kept With DSU or Provider</b>
State of Nevada Aging and Disability Services	B(1)	\$81,349	\$2,820,143	N/A	N/A
Rebuilding All Goals Efficiently	B(2)	\$110,213	\$98,411	N/A	N/A
Care Chest of Sierra Nevada	B(2)	\$29,788	\$23,742	N/A	N/A
Northern Nevada CIL	D(2)	\$25,000			
Southern Nevada CIL	C(2)	\$50,000			
Cherri Abbot	C(4)	\$9,000			
<b>Total Amount of Grants and Contracts</b>		\$305,350	\$2,942,296		

**Section D - Grants or Contracts for Purposes Other than Providing IL Services or For the General Operation of Centers**

Section 713 of the Act; 34 CFR 365.1 and 34 CFR 365.20

Describe the objectives, activities and results for each Part B grant or contract awarded for purposes other than IL services or the general operation of centers.

N/A

**Section E – Monitoring Title VII, Chapter 1, Part B Funds**

34 CFR 80.40(a)

Provide a summary of the program or fiscal review, evaluation and monitoring conducted by the state of any of the grantees/contractors receiving Part B funds during the reporting year.

All grantees undergo a fiscal review by a Certified Public Accountant and by the fiscal staff of the Aging and Disability Services Division, as well programmatic monitoring by an independent evaluator. Individual case evaluations are conducted through case file reviews and in-person client interviews by an independent entity contracted by the DSU. Page 14 share consumer results from consumer satisfaction surveys.

**Section F – Administrative Support Services and Staffing**

Section 704(c)(2) and 704 (m)(2) and (4) of the Act; CFR 364.22(a)(2) and 34 CFR 364.31

**Item 1 – Administrative Support Services**

Describe any administrative support services, including staffing, provided by the DSU to the Part B Program.

Through an inter-local contract with the Aging and Disability Services Division and the Department of Training and Rehabilitation (DETR) funds a portion of staff time to oversee the SILC and to monitor and report on outcomes. The DSU also provides fiscal processing and financial oversight for all Part B funds expended in Nevada.

**Item 2 – Staffing**

Enter requested staff information for the DSU and service providers listed in Section C, above (excluding Part C funded CILs):

No full time staff members are funded through Part B funds. However, Section C on page 18 further explains staffing for the SILC.

Type of Staff	Total Number of FTEs	FTEs filled by Individuals with Disabilities
Decision-Making Staff	0	0
Other Staff	0	0

**Section G – For Section 723 States ONLY**

Section 723 of the Act, 34 CFR Part 366, Subpart D

**Item 1 – Distribution of Part C Funds to Centers**

In the chart below, please provide the following information:

- A) name of each center within your state that received Part C funding during the reporting year;
- B) amount of Part C funding each center received;
- C) whether the Part C funding included a cost-of-living increase;
- D) whether the Part C funding included any excess funds remaining after cost-of-living increases were provided;
- E) whether any of the centers received its Part C funding pursuant to a competition for a new center in the state; and
- F) whether the center was the subject of an onsite compliance review conducted by the DSU during the reporting year.

Name of CIL	Amount of Part C Funding Received	Cost of Living Increase? (Yes/No)	Excess Funds After Cost of Living Increase? (Yes/No)	New Center? (Yes/No)	Onsite Compliance Review of Center? (Yes/No)

Add additional rows as necessary.

**Item 2 – Administrative Support Services**

Section 704(c)(2) of the Act; 34 CFR 364.22(a)(2)

Describe the administrative support services used by the DSU to administer the Part C program.

**Item 3 – Monitoring and Onsite Compliance Reviews**

Section 723(g), (h), and (i); 34 CFR 366.38, 366.40 – 46

Provide a summary of the monitoring activities involving Part C centers conducted by the state during the current reporting year, including the onsite reviews of at least 15% of centers receiving Part C funds under section 723. The summary should include, at least, the following:

- A) centers' level of compliance with the standards and assurances in Section 725 of the Act;
- B) any adverse actions taken against centers;
- C) any corrective action plans entered into with centers; and
- D) exemplary, replicable or model practices for centers.

**Item 4 – Updates or Issues**

Provide any updates to the administration of the Part C program by the DSU, if any, including any significant changes in the amount of earmarked funds or any changes in the order of priorities in the distribution of Part C funds. Provide a description of any issues of concern addressed by the DSU in its administration of the Part C program.

## SUBPART II – NUMBER AND TYPES OF INDIVIDUALS WITH SIGNIFICANT DISABILITIES RECEIVING SERVICES

Section 704(m)(4) of the Act; 34 CFR 364.53

In this section, provide data from all service providers (DSU, grantees, contractors) who received Part B funds and who were listed in Subpart I, Section C of this report, except for the centers that receive Part C funds. Part C centers will provide this data themselves on their annual 704 Reports, Part II.

### Section A – Number of Consumers Served During the Reporting Year

Include Consumer Service Records (CSRs) for all consumers served during the year.

	# of CSRs
(1) Enter the number of active CSRs carried over from September 30 of the preceding reporting year	303
(2) Enter the number of CSRs started since October 1 of the reporting year	200
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	503

### Section B –Number of CSRs Closed by September 30 of the Reporting Year

Include the number of consumer records closed out of the active CSR files during the reporting year because the individual has:

	# of CSRs
(1) Moved	4
(2) Withdrawn	27
(3) Died	5
(4) Completed all goals set	153
(5) Other	5
(6) Add lines (1) + (2) + (3) + (4) +(5) to get <i>total CSRs closed</i>	194



## Section C –Number of CSRs Active on September 30 of the Reporting Year

Indicate the number of CSRs active on September 30<sup>th</sup> of the reporting year.

	# of CSRs
Section A(3) <minus> Section (B)(6) = Section C	309

## Section D – IL Plans and Waivers

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of consumers who signed a waiver	0
(2) Number of consumers with whom an ILP was developed	503
(3) <i>Total number of consumers</i> served during the reporting year	503

## Section E – Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	0
(2) Ages 5 – 19	53
(3) Ages 20 – 24	13
(4) Ages 25 – 59	159
(5) Age 60 and Older	278
(6) Age unavailable	0

## Section F – Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	288
(2) Number of Males served	215

## Section G – Race And Ethnicity

Indicate the number of consumers served in each category below. *Each consumer may be counted under ONLY ONE of the following categories in the 704 Report, even if the consumer reported more than one race and/or Hispanic/Latino ethnicity).*

**This section reflects a new OMB directive.  
Please refer to the Instructions before completing.**

	# of Consumers
(1) American Indian or Alaska Native	6
(2) Asian	18
(3) Black or African American	69
(4) Native Hawaiian or Other Pacific Islander	5
(5) White	326
(6) Hispanic/Latino of any race or Hispanic/ Latino only	77
(7) Two or more races	0
(8) Race and ethnicity unknown	2

## Section H – Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	8
(2) Mental/Emotional	2
(3) Physical	277
(4) Hearing	44
(5) Vision	8
(6) Multiple Disabilities	152
(7) Other	12

## **SUBPART III – INDIVIDUAL SERVICES AND ACHIEVEMENTS FUNDED THROUGH TITLE VII, CHAPTER 1, PART B FUNDS**

Sections 13 and 704(m)(4); 34 CFR 364.53; Government Performance Results Act (GPRA) Performance Measures

**Subpart III contains new data requests. Please refer to the Instructions before completing.**

### **Section A – Individual Services and Achievements**

For the reporting year, indicate in the chart below how many consumers requested and received each of the following IL services. Include all consumers who were provided services during the reporting year through Part B funds, either directly by DSU staff or via grants or contracts with other providers. Do not include consumers who were served by any centers that received Part C funds during the reporting year.

<b>Services</b>	<b>Consumers Requesting Services</b>	<b>Consumers Receiving Services</b>
(A) Advocacy/Legal Services	1	0
(B) Assistive Technology	343	136
(C) Children’s Services	15	8
(D) Communication Services	52	18
(E) Counseling and Related Services	1	0
(F) Family Services	5	0
(G) Housing, Home Modifications, and Shelter Services	265	121
(H) IL Skills Training and Life Skills Training	9	3
(I) Information and Referral Services	498	153
(J) Mental Restoration Services	0	0
(K) Mobility Training	2	0
(L) Peer Counseling Services	16	10
(M) Personal Assistance Services	3	2
(N) Physical Restoration Services	0	0

<b>Services</b>	<b>Consumers Requesting Services</b>	<b>Consumers Receiving Services</b>
(O) Preventive Services	191	103
(P) Prostheses, Orthotics, and Other Appliances	3	1
(Q) Recreational Services	0	0
(R) Rehabilitation Technology Services	57	33
(S) Therapeutic Treatment	0	0
(T) Transportation Services	122	40
(U) Youth/Transition Services	1	0
(V) Vocational Services	3	2
(W) Other Services	6	0

## **Section B – Increased Independence and Community Integration**

### **Item 1 – Goals Related to Increased Independence in a Significant Life Area**

Indicate the number of consumers who set goals related to the following significant life areas, the number whose goals are still in progress, and the number who achieved their goals as a result of the provision of IL services.

<b>Significant Life Area</b>	<b>Goals Set</b>	<b>Goals Achieved</b>	<b>In Progress</b>
(A) Self-Advocacy/Self-Empowerment	0	0	0
(B) Communication	88	16	69
(C) Mobility/Transportation	246	55	159
(D) Community-Based Living	291	105	163
(E) Educational	0	0	0
(F) Vocational	0	0	0
(G) Self-care	393	119	237
(H) Information Access/Technology	24	3	19
(I) Personal Resource Management	0	0	0

<b>Significant Life Area</b>	<b>Goals Set</b>	<b>Goals Achieved</b>	<b>In Progress</b>
(J) Relocation from a Nursing Home or Institution to Community-Based Living	8	7	0
(K) Community/Social Participation	0	0	0
(L) Other	9	0	9

**Item 2 – Improved Access To Transportation, Health Care and Assistive Technology**

**(A) Table**

In column one, indicate the number of consumers who required access to previously unavailable transportation, health care services, or assistive technology during the reporting year. Of the consumers listed in column one, indicate in column two, the number of consumers who, as a result of the provision of IL services (including the four core services), achieved access to previously unavailable transportation, health care services, or assistive technology during the reporting year. In column three, list the number of consumers whose access to transportation, health care services or assistive technology is still in progress at the end of the reporting year.

<b>Areas</b>	<b># of Consumers Requiring Access</b>	<b># of Consumers Achieving Access</b>	<b># of Consumers Whose Access is in Progress</b>
(A) Transportation	122	51	69
(B) Health Care Services	0	0	0
(C) Assistive Technology	343	136	170

Note: For most IL services, a consumer’s access to previously unavailable transportation, health care and assistive technology is documented through his or her CSR. In some instances, consumers may achieve an outcome solely through information and referral (I&R) services. To document these instances as successful outcomes, providers are not required to create CSRs for these consumers but must be able to document that follow-up contacts with these consumers showed access to previously unavailable transportation, health care and assistive technology.

**(B) I&R Information**

To inform RSA how many service providers engage in I&R follow-up contacts regarding access to transportation, health care services or assistive technology, please indicate the following:

The service provider did engage in follow-up contacts with I & R recipients to document access gained to previously unavailable transportation, health care or assistive technology.

## **Section C – Additional Information Concerning Individual Services or Achievements**

Please provide any additional description or explanation concerning individual services or achievements reported in subpart III, including outstanding success stories and/or major obstacles encountered.

During the year there were 20 Nevadans diverted or transitioned from nursing facility care by the SILS program. Of the 20 there were 7 individuals transitioned into a community setting through services provided in the ILS program at Aging and Disability Services. The ILS program continues to collaborate and coordinate with Nevada's Medicaid FOCIS and Money Follows the Person programs if resources are needed to assist with consumer transitions or diversions.

The ILS program works closely with the states Nevada Assistive Technology Collaborative programs providing AT demonstration, loaner AT for trial, and recycled AT. Whenever possible the program coordinates with consumers to ensure informed choice is possible in the selection of AT. Promoting successful AT selection and lessen abandonment of AT by the individual user.

Consumer survey data shows the following:

94% of consumers rated grantees as Excellent or Very Good.

85% had a Lot or Quite a Bit of control.

100% responded that the Government should continue funding.

83% said services made a Positive Impact on their lives (16% no response given).

83% said services improved the quality of life a Lot or Quite a Bit.

73% said their independent improved a Lot or Quite a Bit.

65% said services will help prevent institutionalization a Lot or Quite a Bit.

75% said they use the service provided Daily; 13% use the service weekly.

## SUBPART IV – COMMUNITY ACTIVITIES AND COORDINATION

Section 704(i), (l), and (m)(4) of the Act; 34 CFR 364.26, 364.27, and 364.32

### Section A – Community Activities

#### Item 1 – Community Activities Table

In the table below, summarize the community activities involving the DSU, SILC and CILs in the Statewide Network of Centers (excluding Part C fund recipients) during the reporting year. For each activity, identify the primary disability issue(s) addressed as well as the type of activity conducted. Indicate the entity(ies) primarily involved and the time spent. Describe the primary objective(s) and outcome(s) for each activity. Add more rows as necessary.

**Subpart IV contains new data requests. Please refer to the Instructions before completing.**

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Blind Services	Data collection	CIL		Educate and expand awareness of resources available to the visually impaired.	Collaborative effort with the AT Council to do community outreach
Transition	Meetings to discuss the waiting list	SILC	23	Develop strong collaborations with the Medical program in transitioning individuals from nursing homes to the community.	BIPP funding was allocated to offset the wait list.

#### Item 2 – Description of Community Activities

For the community activities mentioned above, provide any additional details such as the role of the DSU, SILC, CIL, and/or consumers, names of any partner organizations and further descriptions of the specific activities, services and benefits.

## Section B – Working Relationships Among Various Entities

Describe DSU and SILC activities to maximize the cooperation, coordination, and working relationships among the independent living program, the SILC, and CILs; and the DSU, other state agencies represented on the SILC, other councils that address the needs of specific disability populations and issues, and other public and private entities. Describe the expected or actual outcomes of these activities.

The Aging and Disability Services Division (ADSD) is home to the state councils for Assistive Technology, Statewide Independent Living Council (SILC) and the Commission on Services for Persons with Disabilities (CSPD). As well as the subcommittees to the Communication Services for Persons Who Are Deaf or Hard of Hearing and Persons with Speech Disabilities. Members of the SILC serve on many of these other bodies and their meetings are regularly attended by SILC staff or members of the SILC. The DSU has contracted with the ADSD to provide support to the SILC and to oversee the provision of IL services. This partnership has been a valuable asset in enabling collaboration between the SILC/DSU and a variety of other advisory bodies.

## SUBPART V – STATEWIDE INDEPENDENT LIVING COUNCIL (SILC)

Section 705 of the Act; 34 CFR 364.21

### Section A - Composition and Appointment

#### Item 1 – Current SILC Composition

In the chart below, provide the requested information for each SILC member. The category in which the member was appointed can be described, for example, as ex-officio state agency representative, other state agency representative, center representative, person with a disability not employed by a center or state agency, section 121 funded project director, parent of person with a disability, community advocate, other service provider, etc. Include current vacancies, along with the corresponding appointment category for each. Add more rows as necessary.

Name of SILC member	Employed by CIL, State Agency or Neither	Appointment Category	Voting or Non-Voting	Term Start Date	Term End Date
Bennett	Neither	PWD	Voting	12/20/2010	08/30/2016
Bonie	Center	CIL	Voting	3/22/2012	8/30/2017
Curry	Neither	PWD	Voting	1/30/2013	8/30/2015
Heiner	State	Ex-Officio	Non-Voting	8/30/2015	8/30/2018



<b>Name of SILC member</b>	<b>Employed by CIL, State Agency or Neither</b>	<b>Appointment Category</b>	<b>Voting or Non-Voting</b>	<b>Term Start Date</b>	<b>Term End Date</b>
Zone	Neither	PWD	Voting	1/30/2013	9/30/2015
Merrill	State	DSU	Non-Voting	6/18/2015	6/30/2018

**Item 2 – SILC Composition Requirements**

Please provide the information requested in the chart below. Include any current vacancies in a particular appointment category.

<b>SILC Composition</b>	<b># of SILC members</b>
(A) How many members are on the SILC?	6
(B) How many members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	3
(C) How many members of the SILC are voting members?	4
(D) How many of the voting members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	3

**Section B – SILC Membership Qualifications**

Section 705(b)(4) of the Act; 34 CFR 364.21(c)

**Item 1 – Statewide Representation**

Describe how the SILC is composed of members who provide statewide representation.

The SILC has six (6) members, four (4) are voting members, three (3) of the voting members are individuals with disabilities not employed by a state agency or center for independent living.

Members represent the Northern and Southern parts of the State; Clark and Washoe Counties.

## **Item 2 – Broad Range of Individuals with Disabilities from Diverse Backgrounds**

Describe how the SILC members represent a broad range of individuals with disabilities from diverse backgrounds.

Concerted efforts are put forth in recruiting a cross disability representation on the SILC.

## **Item 3 – Knowledgeable about IL**

Describe how SILC members are knowledgeable about centers for independent living and independent living services.

The SILC, DSU, CILs, and ADSD are committed to strengthen the SILC membership with a broad range of individuals providing statewide representation and conducted a training session for all members on the new WIOA requirements

## **Section C – SILC Staffing and Support**

### **Item 1 – SILC Staff**

Please provide the name and contact information for the SILC executive director. Indicate the number and titles of any other SILC staff, if applicable. Also indicate whether any SILC staff is also a state agency employee.

The SILC does not have an executive director, however, utilizes state employees of ADSD for staff support through the support of Part B funds. The support staff includes a part time Program Specialist and Administrative Assistant. The name and contact person of the support staff is as follows:

Vicki Kemp, Program Specialist, 775-687-0561, vkkemp@adsd.nv.gov

Desiree Bennett, Administrative Assistant, 775-687-0586, dabennett@adsd.nv.gov

### **Item 2 – SILC Support**

Describe the administrative support services provided by the DSU, if any.

As described above, the DSU has executed an inter-local contract with the Aging and Disability Services Division to administer the IL services program and to support the SILC. This contract mandates that an annual report be provided to the DSU (in addition to this 704 report) outlining the activities of the Aging and Disability Services Division. In turn, the DSU manages the receipt of funds from RSA and the necessary financial reporting. The inter-local contract also provides for a DSU audit of the IL program's files and records; such an audit was conducted in 2015.

## **Section D – SILC Duties**

Section 705(c); 34 CFR 364.21(g)

### **Item 1 – SILC Duties**

Provide a summary of SILC activities conducted during the reporting year related to the SILC's duties listed below:

#### **(A) State Plan Development**

Describe any activities related to the joint development of the state plan. Include any activities in preparation for developing the state plan, such as needs assessments, evaluations of consumer satisfaction, hearings and forums.

A series of statewide public meetings were held on the SPIL to enable the public to have input and then comment on the plan. The SILC, DSU, and Aging and Disability Services Division worked collaboratively to review and make revisions to the SPIL. An amendment to the SPIL was developed utilizing data collected through the Statewide IL Services program including

services waiting list and prior SPIL objectives. The amended SPIL pending Rehabilitation Services Administration (RSA) approval, provides for clearer objectives to the established goals and adjusts funding to support meeting specific goals

### **(B) Monitor, Review and Evaluate the Implementation of the State Plan**

Describe any activities related to the monitoring, review and evaluation of the implementation of the state plan.

The SPIL contains very specific and measurable objectives. Most of these objectives were established with built-in measurement and evaluation components, making the review process more efficient and objective. In addition, all consumer service records are maintained in an electronic environment, allowing access to program performance and client outcomes data. Service quality is monitored during each year of the plan, when the DSU procures an independent consultant at the direction of the SILC to conduct in-home interviews with most of the consumers served by the program. These interviews tend to be very positive and reflect a high level of service provided to Nevadans with disabilities. The DSU has contracted an independent evaluator for the IL program.

### **(C) Coordination With Other Disability Councils**

Describe the SILC's coordination of activities with the State Rehabilitation Council (SRC) established under section 105, if the state has such a Council, or the commission described in section 101(a)(21)(A), if the state has such a commission, and councils that address the needs of specific disability populations and issues under other Federal law. Please state whether the SILC has at least one representative serving as a member of the SRC and whether the SILC has any members serving on other councils, boards or commissions in the state.

The SILC Chair serves on the Nevada State Rehabilitation Council, Regional Transportation Commission Blue Ribbon Committee, Sierra Nevada Transportation Coalition and the Disability Awareness Coalition. A member of the SILC serves on Nevada's SRC. SILC members also participate on the NV Disability Advocacy & Law Center's board and the Mental Health Planning Advisory Council.

### **(D) Public Meeting Requirements**

Describe how the SILC has ensured that all regularly scheduled meetings and other public hearings and forums hosted by the SILC are open to the public and sufficient advance notice is provided.

Nevada has a very strong public meeting law which requires that every agenda be reviewed by the Attorney General's office before posting, and that sufficient notice be given prior to the meeting. All meeting notices are widely posted and interested parties (non-SILC members) are notified by e-mail of upcoming meetings. Every meeting includes at least two opportunities for open public comment.

**Item 2 – Other Activities**

Describe any other SILC activities funded by non-Part B funds.

None. Non-Part B funds are used to primarily provide direct services to people in need and also to fund necessary administrative costs.

**Section E – Training and Technical Assistance Needs**

Section 721(b)(3) of the Act

Please identify the SILC’s training and technical assistance needs. The needs identified in this chart will guide the priorities set by RSA for the training and technical assistance provided to CILs and SILCs.

	<b>Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important</b>
<b>Training and Technical Assistance Needs</b>	
<b>Advocacy/Leadership Development</b>	
General Overview	5
Community/Grassroots Organizing	
Individual Empowerment	
Systems Advocacy	1
Legislative Process	6
<b>Applicable Laws</b>	
General overview and promulgation of various disability laws	4
Americans with Disabilities Act	3
Air-Carrier’s Access Act	
Fair Housing Act	8
Individuals with Disabilities Education Improvement Act	7
Medicaid/Medicare/PAS/waivers/long-term care	
Rehabilitation Act of 1973, as amended	2
Social Security Act	
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	<b>Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important</b>
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<b>Training and Technical Assistance Needs</b>	<b>Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important</b>
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<b>Training and Technical Assistance Needs</b>	<b>Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important</b>
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# **SUBPART VI – SPIL COMPARISON AND UPDATES, OTHER ACCOMPLISHMENTS AND CHALLENGES OF THE REPORTING YEAR**

Section 704(m)(4) of the Act; 34 CFR 76.140

## **Section A – Comparison of Reporting Year Activities with the SPIL**

### **Item 1 – Progress in Achieving Objectives and Goals**

Describe progress made in achieving the objectives and goals outlined in the most recently approved SPIL. Discuss goals achieved and/or in progress as well as barriers encountered.

**Mission:** To provide systems and resources at the community level which promote equal opportunity and life choices for people with disabilities, through which they may live independently and exercise choice and control in their lives.

**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 IL 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.

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

**Outcome Results:** 100% of those applying for services had an Independent Living Plan with clearly defined measureable goals and objectives.

**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 with 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:

9/30/2015 – at least 50 Nevadans will be diverted or transitioned from nursing facility care (at least 25 of the 50 will be transitioned).

9/30/2015 – At least 25 Nevadans will receive coordinated services from the Vocational Rehabilitation and Independent Living Services programs, with the State Independent Living Funds being leveraged to secure additional federal Vocational Rehabilitation dollars.

**Outcome Results:** The chart below demonstrates that a total of 160 individuals, statewide, were transitioned from a nursing care facility to their own community home.

FFY 2014	Northern NV		Southern NV		MFP Transitions		*Statewide Totals	
	Diversions	Transitions	Diversions	Transitions	Northern	Southern	Diversions	Transitions
Oct-14	6	0	2	9	0	10	8	19
Nov-14	0	0	0	4	0	12	0	16
Dec-14	5	1	1	5	0	7	6	13
Jan-15	2	1	1	6	0	4	3	11
Feb-15	2	1	3	5	0	4	5	10
Mar-15	4	2	6	6	0	3	10	11
Apr-15	2	1	3	5	0	8	5	14
May-15	2	1	3	4	0	5	5	10
Jun-15	3	2	4	5	0	4	7	11
Jul-15	1	1	8	9	0	5	9	15
Aug-15	5	3	5	1	0	9	10	13
Sep-15	0	2	6	5	0	10	6	17
<b>Totals</b>	<b>32</b>	<b>15</b>	<b>42</b>	<b>64</b>	<b>0</b>	<b>81</b>	<b>74</b>	<b>160</b>

During the year the SILS Program diverted or transitioned 20 Nevadans. Of the 20 there were 7 individuals transitioned into a community setting through services provided in the ILS program at Aging and Disability Services. The ILS program continues to collaborate and coordinate with Nevada’s Medicaid FOCIS and Money Follows the Person programs if resources are needed to assist with consumer transitions or diversions.

**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.

**Outcome Results:** The Aging and Disability Services includes the following assurance in Requests for Proposals that awarded Grantees are required to consent to and sign to confirm they will track the required demographic groups. Program Specialists responsible for monitoring the Grantees conducted quarterly monitoring which included reviewing the data collected on the demographic groups. Below is an example of what the Grantees consent to and sign to confirm.

<b>GOAL #4: The AT/IL program will create an outreach plan to target underserved populations. Primarily Children Under 18, Hispanic/Latino, and Rural areas.</b>
<b>RATIONALE:</b> Internal statistics compiled show underserved populations for Children 18 and Under, Hispanic/Latino, and Rural areas.
<b>OBJECTIVE 4a:</b> Conduct outreach concentrating on the underserved populations throughout the grantees area of service.
<b>OBJECTIVE 4b:</b> Grantee must provide a written outreach plan within 3 months of starting the program; updated at least annually, targeting populations that have not been adequately reached in the prior year. The provider must also specifically document all outreach efforts to include: date and time(s), provider staff involved, location of the event (if applicable), type of mass media used (if applicable), number of people reached, a copy of any materials or messages distributed, and a very brief narrative of the outreach effort and its outcomes.
<b>OBJECTIVE 4c:</b> Grantee must specifically document all outreach efforts to include: date and time(s), provider staff involved, location of the event (if applicable), type of mass media used (if applicable), number of people reached, a copy of any materials or messages distributed, and a very brief narrative of the outreach effort and its outcomes.

**Objective B1:** Eliminate the waitlist for IL services by the end of the 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.

**Outcome Results:** As of 9/30/2015, there were 254 individuals on the waiting list. Aging and Disability Services, through a Request for Proposal (RFP) process, contracted with two community based organizations to provide direct services and case management for individuals with disabilities throughout the State of Nevada. Approximately 503 individuals were served with a success rate of 75% of the closed cases reaching their intended outcome. The other 25% withdrew services, became deceased or left the State.

Services provided included, application assistant, needs assessments, developing plans of services, identifying local resources, assistive technology, outreach and evaluating services.

**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.

In response to information gathered from the blind and low vision community town hall meetings conducted by NDALC an informational campaign was developed with a focus on eye care professionals statewide. Materials were designed, printed and distributed throughout the state with contact information for the appropriate center for independent living (NNCIL/SNCIL). These materials included an informational "rack" card for distribution to patients who are blind or low vision directing them to contact their local center for independent living to get connected

with existing programs and services. Our goal is two-fold, 1) to educate our professional community re: existing services and how to access them, and 2) to have the opportunity to establish relationships with the individuals in our state who need these services to learn what additional training and supports they have difficulty finding.

Also in response to information shared at NDALC's town halls NNCIL was able to recruit several blind individuals to assist the center with developing a kitchen life skills class. NNCIL has been able to secure some small community grants to purchase adaptive equipment and supplies for these classes. This introductory six week class is now offered on a rotating schedule throughout the year. Our volunteers are now working with our life skills staff to develop additional curriculum to meet other needs as identified by members of our blind and low vision community.

**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.

**Outcome Results:** Aging and Disability Services contracted with the University of Reno to provide Positive Behavior Supports (PBS). Positive Behavior Support-Nevada (PBS-NV) has been supporting individuals with disabilities and challenging behavior in living safely and effectively in the community since 1999. The program is operated as a partnership between the University of Nevada and the Nevada Department of Health and Human Services. PBS-Nevada is linked to the national Association for Positive Behavior Support (APBS.org) and The Technical Assistance Center on Positive Behavior Supports (PBIS.org). Support is provided by grants, stakeholder collaborations, and agency in-kind contributions of professional time and resources.

The Governor's Strategic Plan for People with Disabilities (<http://dhhs.nv.gov/ODS/Reports/2002NVStrategicPlanForPeopleWithDisabilities.pdf>) identified positive behavior support as a key strategy for helping people overcome behavioral challenges, build interpersonal competence, and improve their quality of life. To this end, the Strategic Plan

Accountability Committee (now the Nevada Commission on Services for Persons with Disabilities) supported PBS-Nevada in developing a plan that would provide positive behavior support services on a statewide basis. The focus of this budget is to support the implementation of that plan.

ADSD funded 14 of these workshops supporting a total of 23 focus individuals.

Significant Needs (Tier 2). The secondary intervention level involves providing training to people who support individuals with mild to moderate problem behaviors that do not require individualized interventions, but instead targeted interventions that are applicable to a many individuals. These trainings are three sessions in length, including 3 in-home consultations. The trainings focus around building specific skills relevant to a particular behavior problem.

ADSD funded 2 trainings at the secondary level of support called breaking the cycle of defiance and positive parenting, supporting 5 focus individuals. One workshop was held in Reno and one was held in Elko. Parents and teachers primarily attended this workshop.

Pervasive Needs (Tier 3). The intensive or tertiary level of support includes a 5-session parent training with one-on-one consultations at the focus individual's home. The PBS trainers work with a team of people who provide support to the focus individual with moderate to severe problem behavior persisting across multiple environments. The main outcome of this training/consultation is to build an individualized function-based behavior support plan that reduces or eliminates problem behaviors and improves the quality of life for the focus individual and those who support him/her. Given that this workshop was our most requested this year, we supported more focus individuals at this level of need and reduced the number of focus individuals projected in our grant goals in the other 2 areas.

ADSD funded 15 intensive trainings across the state. These trainings were all multi-session and occurred in Reno, Elko, Las Vegas and Hawthorne. The total number of unduplicated participants was 27, both individuals with diagnosed disabilities and those considered to be "at risk" given the severity and pervasiveness of their challenging behaviors.

During Q1, several of us engaged in strategic planning and relationship building for a new project, the School Climate Transformation Project (SCTP), that provides system-wide support for all individuals in all schools using a preventative approach to supporting prosocial behaviors. The SCTP nicely complements the PBS-Nevada project as home-school continuity is critical to ongoing sustainability of positive behavior interventions and supports. This new project began January 1, 2015 and is funded through the Federal Department of Education in collaboration with the Nevada Department of Education. This project will has completely different goals than the PBS-Nevada project, mainly centered around school staff professional development, school-wide data collection, and systems analysis.

Some staff persons from PBS-Nevada transferred to the new project and new hires also occurred in January, 2015. Jodie Soracco, our NW Training Coordinator, accepted a position on a different project. Ashley Greenwald, Administrative/Clinical Director, accepted a part time position on a different project. Ashley reduced her FTE on this project but will continue to be

the Administrative Director. Christine O'Flaherty, M.A., BCBA began February 1 and took on Jodie's role as the NW Training Coordinator as well as taking on some of Ashley's previous duties as Clinical Director. Christine has extensive history with disabilities following a 12 year career as a Behavior Analyst for Washoe County School District. Christine's title is PBS-Nevada Assistant Director, thus reflecting both roles. Christine's training was quite easy and natural and she has done an outstanding job during workshops and consultations and has worked hard to reach a variety of families during Q3 & Q4.

This fiscal year, we attempted to pursue a fee-for-service model in which we use grant funds to sustain a certain number of focus individuals and/or portions of the fee and in which self-directed funds may be collected through PBS-Nevada to provide additional/enhanced services. We have spent some time researching this option during Q3 in preparation for reduced PBS funding to families with disabilities through ADSD in future years.

Following our new fee for service model, we were approached by Elko County Court System to provide training in positive behavior support to the families in the Family Preservation program. As we did not know the dynamic of the families at the time of agreement, we worked with the court system to devise a fee-for-service model for this program and agreed that families with individuals with disabilities could be included as Focus Individuals through the PBS-NV project and that families without disabilities would be paid for by the court system. The courts also paid for curriculum revisions to tailor to the unique needs of the parents in the court system. This single occurrence three-session workshop (Tier 2) occurred during Q4 in Elko, NV and was a very successful and well-received collaboration. The court system was very pleased with the outcome that the families had following the classes and consultations and the parents in the court system learned great new skills and really enjoyed the workshop. Focus individuals with diagnosed disabilities from this project were included in the reported grant goals for Q4 and all of them demonstrated significant behavior change as reported by the families. Discussions with the Elko County Court System have already begun regarding the continuation of this program and funding sources are being investigated.

#### Quarter 1:

Reno Success Stories: One of our FIs in Q1 was a young child with autism that would drop to the floor anytime he would walk through a doorway. Interventions were put in place as a result of our workshop with his foster family and biological family. The child is now able to walk through doors with minimal prompting without falling onto the floor; a major improvement in quality of life for the child and the families. Another FI in our classes during Q1 was an individual with bilateral hearing loss and developmental delays who was struggling with communication. Within two class sessions, the family and speech pathologist reported that as a result of our interventions, the child was speaking more than they had ever heard before.

Elko Success Story: "A kindergarten student with developmental delay had challenging behaviors which include snatching food, stuffing food in her mouth (she is twice the desired weight for age) & refusal behavior when getting ready for the bus each day. Mom & dad have divorced & cannot be civil in the same room together. Dad has remarried. Dad & step mom attended our 1st ACB series with pleasant results at the dinner table as well as during meals at other households. Step mom & maternal grandmother are currently attending our 2nd ACB

series together, focusing this time on the morning routine. Their relationship has softened in just 2 classes with their daughter as their new focal point. Each is helping to soften the hearts of mom & dad, encouraging them to work together to help their daughter! Step mom has been the leader but a classroom aide has also been part of the team both series. With grandmother attending, it has been amazing to see them brainstorm strategies to address the child's challenging behavior. This has been life changing for the FI as well as the adults in her life.

Las Vegas Success Story: One of the FI's had a goal of talking longer to his parents during a conversation. He was a teenager with ASD and talking was very difficult for him to do, even with his family. His parents said he would come home from school, ignore their questions about his day, and walk away without saying anything. At best, he would change the subject or say a one-word answer when they asked him questions. By the end of the PBS workshop he was responding to their questions and adding a piece of information to it with a visual prompt. For example, "My day was good. I played with \_\_\_\_\_ at school." He also began independently communicating his needs at times by saying, "I don't want to talk right now". His replacement behavior was, "Can we talk later?" His parents and PBS behavior specialist were glad to see he was beginning to approximate a more socially appropriate way to interact with others or delay a conversation.

#### Quarter 2:

A parent of a school-aged girl with a diagnosed developmental disability wrote a testimonial following the completion of our Addressing Challenging Behavior workshop in Las Vegas: Noticeable Behavior Change: "The two worst times of our day were always homework and bedtime. Homework time is still rough, but K has learned to ask for breaks, etc., and we get it done! Bedtime, once I figured out time with me was the issue, K has diligently worked to exhibit proper behavior in order to earn more time with mom sitting with her when the lights are off." Quality of Life Improvement: "We are getting homework done with less meltdowns. We still have them, but we are working well at K learning how to ask for breaks, etc. Bedtime is completely transformed, with only twice having a meltdown. She no longer is antagonistic to others, is learning to be patient and wait her turn." Future Plans: "I'm learning how to address other behaviors - particularly to be aware of 'setting events' and when things happen recognize the outside circumstances that are contributing and trying to avoid those in the future." Other Comments: "It's been a great learning experience for us; I wish all families in similar situations had access to someone who can help address the behaviors, which really is (for us) the biggest aggravating factor. I would like to continue to learn more."

#### Quarter 3:

A focus individual in one of our Addressing Challenging Behavior workshops was a six-year-old female diagnosed with cerebral palsy, epilepsy and autism. Her baseline data collection showed that she was engaging in crying more than 90% of the time at home and her parents were really at a loss for how to manage her behavior. Following our behavioral assessments, it was determined that she had multiple forms of augmentative communication, none of which were working well for her. Our treatment interventions included limited attention to crying, using pictures to communicate wants and needs effectively, and attending to all appropriate behavior. Following intervention, crying was down to less than 20% of the time and her parents were thrilled in the improvement in behavior and overall increase in quality of life for the child and



their family. They are now able to leave the house with their daughter and engage in community activities.

Quarter 4:

"The first time I took the PBS Addressing Challenging Behavior class was in 2009 when I was in the process of adopting two little girls with Fetal Alcohol Syndrome. I learned a lot about what challenges I'd face with special needs children and the class helped set the ground work for helping them. The second time I took the class was in the fall of 2014. I listened to other parents' stories and realized a lot of my children's behaviors had lessened. It was nice to see how far my children have come since 2009. I think the class was even more valuable the second time around because now I knew exactly what behaviors my children and I needed to work on. The class addressed a variety of issues seen in children with challenging behaviors and offered ways to curb these behaviors. Robert Johnson and Jocelyn Whitworth are so knowledgeable and offer wonderful ideas that you can put to work immediately in your home. It is also a treasure resource that parents with struggling children can go to for help. It is a wonderful class and I love hearing stories from other parents about their children and their struggles because as a parent you feel you aren't the only one dealing with these issues, and it gives you hope to know that these behaviors can change and there is help out there."

<b>Service Goals</b>	<b># of Training Sessions Provided</b>	<b># of Focus Individuals Served</b>	<b># of Unduplicated Team Members or Support Staff Trained</b>	<b>Evaluation Training-Overall Satisfaction</b>
1 team workshop & 1 consultation to 30 individuals with focused needs (Tier 1)	14 workshops x 1 session = 14 sessions	23	25	99% Satisfied or Highly Satisfied
3 team workshops & 3 consultations to 7 individuals with significant needs (Tier 2)	2 workshops x 3 sessions = 6 sessions	5	9	100% Satisfied or Highly Satisfied
5 comprehensive team workshops & 5 consultations to 14 individuals with pervasive needs (Tier 3)	15 workshops x 5 sessions = 75 sessions	27	46	97% Satisfied or Highly Satisfied
<b>FY15 Totals:</b>	<b>95</b>	<b>55</b>	<b>80</b>	<b>99% Satisfied or Highly Satisfied</b>

**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).

**Outcome Results:** \$15,000 was allocated to create a Statewide Public Information Campaign – The Campaign was directed towards communities and stakeholders and used to create resource materials for public outreach, promotion education, and communications to promote programs and services for persons of all ages and disabilities. The Campaign educated disability services providers of the CIL programs available, promoted CIL services through various media outlets throughout the state and to continue to share new information as it becomes available. The targeted population included, Children’s/Senior/VA/Non-profits/Family Resource Centers/ADRCs, rehabilitation professionals to include audiologists, physical therapists, personal injury attorneys and statewide media. The following tools were utilized during the Campaign period:

- Facebook outreaching - Target Internet users based on geography (Las Vegas, Reno, Sparks, Elko, Tonopah), demographics (job title, agency), key words (rehab, personal injury, traumatic brain injury, physical rehabilitation, vocational rehabilitation) and a number of other data points.
- Posters - Development of an 8.5 x 11 flyer distributed to partner agencies and referrers to remind all employees of the services offered by CIL.
- Trifold Brochure - a comprehensive brochure that can be shared at meetings and presentations.
- Direct Mail – a poster that turned into a self-mailer targeting partner agencies, -other non-profit organizations throughout the state, rehab facilities, physical therapists, personal injury attorneys and organizations that might refer persons with disabilities to the CIL. We will include information inviting them to call to order more copies or to ask for a presentation.
- Email - Emailed partner agencies with information on what CILs do and how the organizations can partner. Included in the email was a link for a downloadable poster as well as a downloadable pdf of the brochure.
- Webpage Updates - Create website pages that can easily be integrated and updated into the existing NNCIL and SNCIL websites with current information reflective of the campaign.

**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.

**Outcome Results:** Research resulted in the need to implement a CIL Awareness Campaign in the prior objective; see Objective C2. There is continuous discussion regarding further research to identify best practices of training/technical assistance requirements through workgroup and/or collaborative efforts in prior objectives. The goal is to ensure ongoing sustainability of CIL services which are responsive to community needs including policies/procedures and activities that measure specified outcomes to include the assessment of fees for services programs.

**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.

**Outcome Results:** A solicitation for bids to contract out the development of a statewide Survey Assessment Tool has been conducted awaiting finalization of selected vendor. The SILC has allocated approximately \$9,000 for this survey tool. In addition, the newly created SPIL Develop Workgroup has reviewed Surveys from other SILCs across the nation and is compiling a tentative questionnaire tool to aid in soliciting feedback into the SPIL development.

**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.

**Outcome Results:**

<b>Primary Disability</b>	<b>4 Year College</b>	<b>2 Year College</b>	<b>Voc/Tech School</b>	<b>Work Full Time</b>	<b>Work Part Time</b>	<b>Supported Employment</b>	<b>Military</b>	<b>Other</b>
Autism Spectrum Disorder	1.1% (23)	0.4% (9)	0.2% (5)	0.3% (7)	0.5% (11)	0.2% (5)	0% (1)	0% (0)
Deaf/Blind	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (1)
Emotional Disturbance	0.4% (8)	0.4% (8)	0% (0)	0.5% (11)	0.1% (2)	0% (1)	0.2% (4)	0% (0)
Hearing Impairment/Deaf	0.3% (6)	0% (0)	0% (0)	0% (1)	0% (0)	0% (0)	0% (0)	0% (0)
	0% (0)	0.1% (3)	0.2% (4)	0.4% (8)	0.7% (14)	0.6% (12)	0% (0)	0% (0)
Multiple Impairment	0.2% (4)	0.1% (3)	0% (1)	0.1% (2)	0.1% (2)	0.4% (9)	0% (0)	0% (1)
Health Impairment	1.3% (26)	0.9% (18)	0.2% (4)	1% (20)	0.8% (16)	0% (0)	0.2% (5)	0.1% (2)
Orthopedic Impairment	0% (1)	0.3% (6)	0% (1)	0% (0)	0.1% (2)	0% (0)	0% (0)	0% (1)
Specific Learning Disability	8.3% (168)	9.7% (196)	2% (40)	9.8% (198)	2.6% (53)	0.1% (3)	2.8% (56)	0.4% (8)
Speech/Language Impairment	0.1% (2)	0% (0)	0% (0)	0% (1)	0% (0)	0% (0)	0% (0)	0% (0)
Traumatic Brain Injury	0.1% (3)	0.1% (3)	0% (0)	0% (1)	0% (0)	0% (1)	0% (1)	0% (0)
Visual Impairment/Blind	0.1% (3)	0.2% (4)	0% (0)	0.1% (2)	0% (0)	0% (0)	0% (0)	0% (0)
<b>Total Primary Disability</b>	<b>12.1% (244)</b>	<b>12.4% (250)</b>	<b>2.7% (55)</b>	<b>12.4% (251)</b>	<b>4.9% (100)</b>	<b>1.5% (31)</b>	<b>3.3% (67)</b>	<b>0.6% (13)</b>

**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.

**Outcome Results:** Please see Objective B2 Outcome Results.

**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.

**Outcome Results:** During Legislative Session, 2015 Assembly Bill Number 200 – Committee on Health and Services passed to include Section 2, “of this bill requires the program to make interpreters available, when possible, to assist the departments of State Government in providing access to persons who are deaf and hard of hearing.....also requires that this program include the provision of other assistive technology and the provision of certain services.....” The Aging and Disability Services has plans to recruit and contract with five certified interpreters, one Certified Deaf Interpreter (CDI), and place them throughout the state of Nevada; therefore, establishing managing and monitoring an interpreting pool. Policies and procedures are being drafted with input from the Subcommittee on Services for Persons who are Deaf, Hard of Hearing or Speech Disabled for the interpreting pool.

## **Item 2 – SPIL Information Updates**

If applicable, describe any changes to the information contained in the SPIL that occurred during the reporting year, including the placement, legal status, membership or autonomy of the SILC; the SILC resource plan, the design of the statewide network of centers; and the DSU administration of the SILS program.

## **Section B– Significant Activities and Accomplishments**

If applicable, describe any significant activities and accomplishments achieved by the DSU and SILC not included elsewhere in the report, e.g. brief summaries of innovative practices, improved service delivery to consumers, etc.

Not applicable.

### **Section C – Substantial Challenges**

If applicable, describe any substantial problems encountered by the DSU and SILC, not included elsewhere in this report, and discuss resolutions/attempted resolutions, e.g., difficulty in outreach efforts; disagreements between the SILC and the DSU; complications recruiting SILC members; complications working with other state agencies or organizations within the state.

Not applicable.

### **Section D – Additional Information**

Include any additional information, suggestions, comments or explanations not included elsewhere in the report.

Not applicable.

## SUBPART VII - SIGNATURES

Please sign and print the names, titles and telephone numbers of the DSU directors(s) and SILC chairperson.

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SIGNATURE OF SILC CHAIRPERSON	DATE
Lisa Bonie, Executive Director	775- 353-3599

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NAME AND TITLE OF SILC CHAIRPERSON	PHONE NUMBER
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SIGNATURE OF DSU DIRECTOR	DATE
Shelley Hendren	775 687 6880

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NAME AND TITLE OF DSU DIRECTOR	PHONE NUMBER
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SIGNATURE OF DSU DIRECTOR (Older Blind Program)	DATE
-------------------------------------------------	------

Shelley Hendren

775 687 6880

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NAME AND TITLE OF DSU DIRECTOR (Older Blind Program)

PHONE NUMBER

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*Attachment B*



Statewide Independent Living Council  
 Independent Living - Cat 36 PART B  
 GRANT#

FFY16

GRANT PERIOD: 10/01/15 to 09/30/16  
 Amended by Jennifer Whitcomb as of 1/31/2016

	Grant	Expenditures		Total Expenditures	Balance
		SFY2016	SFY 16 Pending		
Salaries	50,465.00		17,862.91	17,862.91	32,602.09
Travel	3,884.00	549.20	833.15	1,382.35	2,501.65
Contractual	5,250.00		-	-	5,250.00
CARE CHEST19-012-80-989-16	40,599.00	10,131.22	-	10,131.22	30,467.78
EASTER SEALS19-005-80-989-16	\$99,402.00	10,015.98	6,083.71	16,099.69	83,302.31
GOAL C-SUPPORT STATEWIDE NETWORK OF CIL	\$50,000.00	1,579.96	-	1,579.96	48,420.04
GOAL D2-TO EXPAND THE AVAILABILITY OF COM	\$25,000.00	-	-	-	25,000.00
IL Monitoring	\$9,000.00	-	-	-	9,000.00
WORKER'S COMP	\$311.00	-	-	-	311.00
<b>Total Cat 36</b>	<b>233,446.00</b>	<b>22,276.36</b>	<b>24,779.77</b>	<b>47,056.13</b>	<b>204,252.78</b>
Agency Cost Allocation	\$17,768.00	-	5,922.68	5,922.68	11,845.32
Purchasing Assessment	\$20.00	-	6.80	6.80	13.20
SWCAP	\$2,861.00	-	953.64	953.64	1,907.36
AGCAP	\$790.00	-	197.49	263.32	526.68
<b>Total Independent Living Grant</b>	<b>305,350.00</b>	<b>22,276.36</b>	<b>31,860.38</b>	<b>54,202.57</b>	<b>251,147.43</b>

SPIL Instrument - 2013 Extension

STATE: NEVADA

Attachment C

# **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 R.S.A. APPROVAL)***

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## **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
<b>Title VII Funds</b>				
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)				
<b>Other Federal Funds</b>				
Sec. 101(a)(18) of the Act (Innovation and Expansion)				
Other				
<b>Non-Federal Funds</b>				
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
<b>Title VII Funds</b>				
Chapter 1, Part B	\$81,439	\$149,001		\$75,000
Chapter 1, Part C			\$839,761	
Chapter 2, OIB (only those provided by the OIB grantee to further a SPIL objective)				
<b>Other Federal Funds</b>				

Sec. 101(a)(18) of the Act (Innovation and Expansion)				
----------------------------------------------------------------	--	--	--	--

Other				
<b>Non-Federal Funds</b>				
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
<b>Title VII Funds</b>				
Chapter 1, Part B	\$81,439	\$149,001		\$75,000
Chapter 1, Part C			\$839,761	
Chapter 2, OIB (only those provided by the OIB grantee to further a SPIL objective)				
<b>Other Federal Funds</b>				
Sec. 101(a)(18) of the Act (Innovation and Expansion)				
Other				
<b>Non-Federal Funds</b>				
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 comprehensive statewide IL service programs.

\$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 to community needs and 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. This includes being 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-to-day 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).**

<b>Table 2.1A: Independent living services</b>	<b>Provided by the DSU (directly)</b>	<b>Provided by the DSU (through contract and/or grant)</b>	<b>Provided by the CILs (Not through DSU contracts/ grants)</b>
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	

<b>Table 2.1A: Independent living services</b>	<b>Provided by the DSU (directly)</b>	<b>Provided by the DSU (through contract and/or grant)</b>	<b>Provided by the CILs (Not through DSU contracts/ grants)</b>
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-to-day 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 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
<b>TOTAL</b>	<b>3</b>	<b>5</b>						

#### **5.4 Staffing – 34 CFR 364.21(j)**

**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 CFR**



**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.