

The new face of the Aging and Disability Services Division

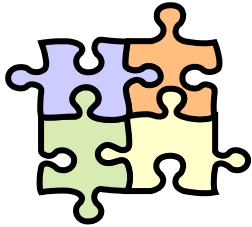
March 2013 Newsletter

Helping People: It's Who we are and What we do

News from the Department of Health and Human Services (DHHS)

According to Mike Willden, Director of the DHHS:

Jane Gruner, previous DHHS Deputy Director and acting Administrator of the Aging and Disability Services Division (ADSD), has been appointed as permanent Administrator of ADSD. "Jane is a strong leader and I appreciate her service in this key position,"



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Providing leadership & advocacy in the planning, development & delivery of a high quality, comprehensive support service system across the lifespan.

Aging and Disability Services Division

WHO WE ARE:

The Aging & Disability Services Division (ADSD) provides resources at the community level which promote equal opportunity and life choices for people with disabilities through which they may positively contribute to Nevada. Within the ADSD there are:

Aging Services

Help for Caregivers

Disability Services

Disability/Senior Rx

Early Intervention/IDEA Part C (children 0-3 years of age)

ADSD offices are located in: Carson City, Reno, Elko and Las Vegas.

WHAT WE DO:

Each Services unit provides administrative and policy oversight as well as working with a variety of community partners to meet the needs of all eligible Nevadans across the lifespan. Private/public sector partnerships are central to effective service delivery, programmatic success and community integration for people with disabilities; therefore, ADSD partners with several Boards, Councils, and Commissions.

Please visit our website at: <http://aging.state.nv.us/>.

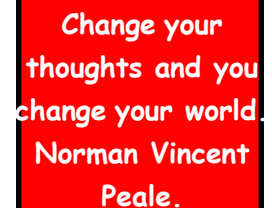
Communicating with Stakeholders

The public, legislators, medical/health providers, advocates and others are part of the overall group of stakeholders who are important to the Aging and Disability Services Division (ADSD). As such, stakeholders have a right to know what is happening within the ADSD as many services will stay the same but others will be integrated for greater efficiency. **What stays the same:**

- The name Aging and Disability Services Division will not be changing. This name represents services across the lifespan
- Programs in many areas of the state will not be affected so, families will generally go to the same place to receive the services they are currently receiving—which also means that staff will report to the usual duty station for work
- Services for senior citizens will remain as well as access to additional services—for example: Dental

What will be changing:

- Early Intervention Services within the Health Division, as well as Developmental Services within Mental Health and Developmental Services, will be integrated into the Aging and Disability Services Division (ADSD)
- Mental Health will be integrated into the Health Division
- ADSD will add fiscal and information technology staff so some of those staff may be relocated
- Although not related to the integration, a limited amount of dental benefits are now available for seniors



Change your
thoughts and you
change your world.
Norman Vincent
Peale.

Bill Draft Requests:

- **BDR 13A 402-1300—transfers Developmental Services and Early Intervention services to Aging and Disabilities Services Division**
- **AB 53/BDR 308—repeals the subcommittee on traumatic brain injuries and removes redundant reporting**
- **SB 51—makes various changes relating to the licensing and regulation of Intermediary Service Organizations to provide personal care services in the home**
- **SB 61/BDR 310—revises the number of qualifications of members of the Subcommittee on Communication Services for persons who are deaf or hard of hearing and persons with speech disabilities**

For legislative meeting information, go to:

<http://www.leg.state.nv.us/App/Calendar/A/>

Benefits of Integration

The benefits of integrating the services indicated above:

- Promote community living for Nevadans with Disabilities of all ages (across the life-span)
- Create and enhance strategies to ensure the necessary services and supports
- Reinforce the Department's 10-year commitment to provide a responsive and effective service system
- Firmly establish a single point of entry for services
- Expanded outreach efforts
- Fewer transitions across programs to obtain the full spectrum of care and better service coordination for participants with similar needs
- Improve access to information on community services and supports such as housing, employment, education, social participation, etc.
- Create a similar comprehensive community provider application and oversight process
- Strengthen basic infrastructure such as IT and Fiscal

Information regarding this integration will be posted at: <http://www.dhhs.nv.gov>

Change: The Inevitable.

Change is to one man the death of a friend, to another the birth of a child.
Change is the shifting of soft winds of spring, to a hurricane deadly and wild.
Change is the moving of the hourglass sands, it's the coming of dawn after dark.
Change is taking one step at a time, the emotion in each person's heart.
But change in the end, will not change at all – the one constant in everyone's lives
Change is the light at the end of the tunnel – the healer who opens our eyes.

Jake Harris

Changes to an agency's structure does not always change what staff do on a day-to-day basis.

National Trends—Agency restructuring continues in 55% of states such as Oregon and Washington. The top four factors driving agency restructuring include:

- Provision of a comprehensive vision
- Consistent policy-making
- Administrative simplification
- Improved access to services (no wrong door)

Priorities and Performance-Based budgeting objectives & Activities include:

1. Core Function: Human Services

Objective: Child well-being

Activities:

- > Early Intervention Services (Health Division)
- > IDEA Part C (Aging and Disability Services Division)

Objective: Well-being of the disabled

Activities:

- > Autism Treatment Assistance Program (Aging and Disability Services Division)
- > Deaf & Hard of Hearing Services (Aging and Disability Services Division)
- > Home & Community Based Services (Aging and Disability Services Division)
- > Inpatient Services (Developmental Disabilities)
- > Private Sector Partnership Administration (Aging and Disability Services Division)
- > Psychological Services (Developmental Disabilities)
- > Social Services (Developmental Disabilities)

Objective: Senior well-being

Activities:

- > Elder Protective Services (Aging and Disability Services Division)
- > Home & Community Based Services (Aging and Disability Services Division)
- > Long Term Care Ombudsman (Aging and Disability Services Division)
- > Private Sector Partnership Administration (Aging and Disability Services Division)

2. Core Function: Health Services

Objective: Access to affordable health care

Activities:

- > Autism Treatment Assistance Program (Aging and Disability Services Division)
- > Senior Benefits Counseling (Aging and Disability Services Division)
- > State Pharmacy Assistance Program (Aging and Disability Services Division)

Objective: Wellness

Activities:

- > IDEA Part C (Aging and Disability Services Division)

Objective: Other—Education

Activities:

- > Senior Benefits Counseling (Aging and Disability Services Division)

Aging and Disability
Services Division
3416 Goni Road, Bldg D
#132
Carson City NV 89706

Phone: 775-687-4210
Fax: 775-687-0574
Website:
<http://aging.state.nv.us>
