

Steve Sisolak
Governor
Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Aging and Disability Services Division
Helping people. It's who we are and what we do.



Dena Schmidt
Administrator

Draft Minutes

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Name of Organization: Nevada Assistive Technology Council (AT Council)

Date and Time of Meeting: January 4, 2021
10:00 a.m.

This meeting will be held via video-conference only:

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

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

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Meeting Materials Available at: <http://adsd.nv.gov/Boards/ATCouncil/2019/Home/>

1. Welcome and Introductions.

Lance Ledet, Chairperson

Members: Lance Ledet, Vickie Essner, John Rosenlund, Debra Collins, Julie Bowers

Members Absent:

Guests: Steven Cohen, Jacob Johnson, Scott Youngs, Santa Perez, Randall Owens, Adrienne Navarro,

Connor Fogal, Jack Mayes, Anne Schiller, Mark Tadder, Dawn Lyons
CART Provider: Becky Van Auken
Staff: John Rosenlund and Wendy Thornley

2. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Public comment at the beginning and end of the agenda may be limited to three minutes per person at the discretion of the chairperson. Members of the public may comment on matters not appearing on this agenda or may offer comment on specific agenda items. Comments may be discussed by the Assistive Technology Council, but no action may be taken. The matter may be placed on a future agenda for action).

John Rosenlund: The Nevada Assistive Technology Collaborative's Federal Report was submitted on time and he received email verification that ACL has approved the reporting data that was submitted. The staff will get that full report out to the group.

3. Approval of Meeting Minutes from November 19, 2020 **(For Possible Action)**
Lance Ledet, Chairperson

Lance Ledet motioned to approve the draft minutes. Debra Collins seconded. Motion carried.

4. Presentation of the Nevada AT Collaborative Programs with CARE Chest of Sierra Nevada and their Additional Programs and Services.

CARE Chest of Sierra Nevada: Ann Schiller, Executive Director and Jacob Johnson,
Development and Marketing Director

Anne Schiller:

-PowerPoint presentation:

- Care Chest of Sierra Nevada has been in the community for just over 30 years, Care Chest will be turning 31 this year and provides medical resources for Nevadans in need. The CARE in Care Chest stands for Community Assistance Resource Endowment. Mission statement: Care Chest is a Northern Nevada nonprofit agency serving individuals in need providing medical resources free of charge. Vision statement: Care Chest continually improves the quality of life of individuals in need by setting the standard of providing comprehensive medical resources and services. Their key values are that in every interaction are: Communication, compassion, accountability and efficiency.
- Care Chest was founded by three pharmacists in 1990: Bill [CallKahl](#), Alex Lashasheen and Craig Cullins who came together to provide this grassroots effort to serve folks in the community that needed durable medical equipment but were unable to obtain it because they did not have the funds, or their insurance did not cover it. They started taking in used medical equipment, donations for such items like walkers, wheelchairs, hospital beds, crutches and bedside commodes. They took donations of durable medical equipment and refurbished, sanitized and loaned them back out.
- In 1992, their annual budget was about a hundred thousand dollars. For this fiscal year, the budget is now \$2.1 million. The original goal of the agency was to reuse medical equipment. In 30 years, they have provided over 300,000 unique medical resources. They have expanded to include six programs which include medical equipment and supplies. The reuse program, prescription assistance for medications for pulmonary and cardiac issues, antibiotics and diabetic prescriptions (there are two different funding sources for the diabetic prescriptions, up to \$200 a year in assistance for an individual). For Cardiac, pulmonary and antibiotic prescriptions, individuals can receive up to a hundred dollars per year. They were able to help with a lot of the co-pays for people.

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Diabetic supplies are available on a monthly basis for those who need testing supplies. CARE Chest can provide them with syringes, testing strips, all the items needed to test daily. People come to the agency or go to one of the other rural and mobile locations, this the program that has grown the most in last several years.

- Care Chest also has supplemental medical nutrition (Ensure or Glucerna) which can be received on a monthly basis.

They do require a prescription for some of these programs such as for supplemental medical nutrition and diabetic supplies. They have other independent living and care programs. They list those together because oftentimes they worked hand in hand in providing resources to folks.

Up until July of this year, they were serving Northern Nevada with their independent living program, from Tonopah up to the top of Nevada.

Beginning July 1st of this year, they expanded their program to cover the full state of Nevada.

Capability Health and Human Services was the umbrella agency for the independent living program prior to July 1st, and they were able to take on that program to expand it to a statewide program starting in July.

- There are four full time people in Vegas working for Care Chest, and then they still have Bob up in the North. They now have an office in Vegas. Their independent living program works with individuals and families. The consumers identify their goals to maintain their independence in their home. CARE Chest assists them depending on what solutions are available to those goals.

Jacob Johnson:

- Care Chest recently installed a ceiling rail system so that a young man could access his whole house. The cost was \$65,000. The mother would not have been able to afford this equipment without this program.

- They also do bathroom modifications such as roll-in showers. The state funded program also allows for up to \$12,000 for a modified vehicle. The Care Well program and the independent living program work together because often when an individual needs a modified vehicle, the \$12,000 grant which is obviously quite generous from the state is not quite enough for a vehicle.

The Care Well program picks up where that leaves off and folks are able to apply for in house loans which are to \$10,000, or people are able to apply through a partner bank for the amount that is higher than \$10,000.

- Eunice is the care loan coordinator for the State. She has done loans all over the State of Nevada and continues to do so and has basically doubled the number of loans done in the year before last. Care Chest hopes to not only just have independent living program down in Vegas. They hope to expand to Southern Vegas, but also reuse program and these other programs that talked about today; expansion includes rural communities via the reuse program. Two years ago, Care Chest began partnering with the food bank of Northern Nevada, Catholic charities, the three entities would go to most of the time the locations of the food bank were going to: Care Chest would provide the medical resource for folks, Catholic charities would provide social service resources and the food bank would provide the food resources. This collaboration started out small in five communities and now they are in 21 communities in the State. The coordinator for that program/collaboration is Victor Sanchez and he travels all over the state. The expansion includes a few new locations such as Incline, Gardnerville and then possibly in Fernley. They would like to be able to provide these things to Southern Nevada. They hope to develop more within the next five years (the rural outreach has been with them for about two years). Prior to that Care Chest has been doing mobile outreach in the Reno-Sparks area along with the food bank that allows the collaboration to serve people in their neighborhoods rather than having them to travel to the Care Chest location for services.

They're setting up Care Chest closets in strategic communities that might be a little further out

than high demand locations, one of these strategic locations is staffed by a local community volunteer who's been trained on their paperwork and products and knows how to help people. They're always looking for another location that makes sense to help serve people. The closet is available during normal business hours Monday through Friday by appointment to get their supplies or to donate, so people do not have to wait just one day a month when the supply van goes to the community.

Due to COVID-19, Care Chest has adapted services to provide curbside delivery, so people do not come into the building. Mobile and rural locations have changed to drive-through or drop off.

Their reuse program is obviously dependent on donations of equipment. Due to Covid-19, out of caution for two months they stopped taking donations, so then items had to be purchased. Care Chest resumed taking donations in May (2020). Care Chest has a scrub hub funded through the State of Nevada, it is like a giant dishwasher that uses UV light and special cleansers to disinfect and sanitize all durable medical equipment, except anything electronic. For the electronic items, power operated vehicles such as wheelchair and scooters, they carefully disinfect these. They have been loaning over 30 power operated vehicles out since July (double from last year).

- Program qualifications:

There's different qualifications depending on the program.

The main program is the Reuse program. Then the medical supplies, prescription assistance and medical nutrition. The basic program qualifications are: To be a Nevada resident, meet income guidelines (138 percent of the federal poverty level), and if for some reason income is slightly higher than that they will look at expenses, due to the people served having a lot of medical expenses due to medical conditions. They will break down expenses with them and usually able to get them qualified for the reuse program.

Club Care Chest: Began two years ago. It is for people that want pieces of equipment but only need it for short periods of time (for example, they need equipment after surgery). They can join club Care Chest which is a \$50 membership fee per year (six to eight weeks use of equipment).

- Community support:

Care Chest is a 501c 3 nonprofit, meaning they receive the bulk of the funding from the community.

They are dependent on the durable medical equipment items being donated to be able to reuse them. They do have some hard expenses and some other programmatic expenses as well.

Care Chest's funding occurs with foundation income, meaning private foundation and grants, with over \$800,000 each year from those organizations.

That is the bulk of their \$2 million budget.

At the time of this presentation they were receiving just over \$700,000 in government grants since July when they assumed the Independent Living program expanded the Independent Living program to include the entire state. Their government grant allotment has gone up and they will be updating this presentation to include that.

Annual Giving is something that is outside of grants.

It's direct support from individuals in the community who make a gift either because they've heard about Care Chest, had a family member that has utilized Care Chest services or have seen Care Chest in the news.

That is over \$70,000.

The Club Care Chest and their other program, Community Cares, accounts for over \$20,000 of their budget.

The Community Cares program is another way of partnering with local businesses across the

state. This program allows those businesses to invite their customers and consumers to get to know Care Chest better and help support Care Chest's mission.

The Community Cares program adapts to help meet the businesses needs as well as spread awareness and generate some income for Care Chest.

In the traditional year, their last funding stream is special events like other nonprofits. Care Chest often has events that help invite people into their mission by donating or volunteering, and let them know who Care Chest is and what Care Chest has been doing for the last 30 years.

That in a traditional year accounts for nearly \$80,000 of their total budget.

Partnering with Care Chest allows them to serve more with more resources, like businesses joining Community Cares, to people inviting Care Chest to have a distribution in their parking lot or invite Care Chest to do a presentation to spread the word.

One community partner is Sierra Family Pharmacies, in Reno. One of their employees volunteer for events and they also utilize their delivery drivers to deliver prescriptions, durable medical equipment and supplies to the Reno-Sparks area.

Care Chest's large volunteer force is vital, even with the expansion of four full-time employees in Las Vegas. There are 15 employees and 15 volunteers that help on a regular basis.

One volunteer performs administrative duties, while other volunteers help with events, work in the warehouse or provide coverage for lunches.

A retired engineer works on all the power operated vehicles to make sure that they are safe and in good working order.

Care Chest is reliant on the community's generosity and gratefully accept any donations.

5. Review Council Membership of Pending Applicants and Recruitment of Council Membership

John Rosenlund, Nevada Assistive Technology Collaborative director

John Rosenlund, Debra Collins, Vickie Essner applications and appointments were approved by the Director's office and so now are current. Waiting on applications from Julie Bowers and Minerva Rivera. Julie Bowers has recommended Connor Fogal to apply, his application and resume have been received by the staff for review.

6. Discussion and Possible Approval of a Process for the Assistive Technology Council to Review Prospective Council Members and Provide Information with the Application for Review by the Director of Health and Human Services **(For Possible Action)**

Lance Ledet, Chairperson

John Rosenlund motioned that the Assistive Technology Council accept the Nevada AT council member review process that has been submitted in a fashion that the consumer fills this out, returns it, and all council members are able to vote in support of or against the application to go to the Director's office.

Lance Ledet seconded the motion. All members voted Aye unanimously. Motioned was carried.

Santa Perez: Requested that the application and questions be translated also into a Spanish document. The AT Council staff will work on this accessibility as well.

7. Discussion of what advisory role the AT Council and other Boards and Commissions might have in the upcoming Legislative session regarding assistive technology and other disability related issues.

Lance Ledet, Chairperson

-In the upcoming Legislative session, there is an anticipated twelve percent reduction across the board for disability related funding. Lance wanted to know what disability groups would be in representation at the legislative session, and if there has been discussion among disability groups about how the reduction in the budget would impact Disability Boards and Commissions.

-Scott Youngs: Plans for the Collaborative to be in representation of the legislative days. Mentioned that he would like to see the AT Council represented at one of these days, possibly Disability Awareness day, to provide outreach and informational materials about the AT Collaborative in Nevada, like in the past where people were stationed at a booth, and legislators could stop by and pickup brochures and ask questions. Uncertain what the restrictions if any may be due to Covid-19, or if the information for AT Council would have to be presented in an online format, if we could present along with other disability groups like the Blind or if we would present separately.

-John: Wanted to know if there were legislative committees or groups that were going to monitor or have a letter of support for disability groups at the legislative session, to see what the AT Council's role should be, as well as finding out what other disability commissions/boards plan of actions are.

-Debra: Mentioned that Dawn from SILC was present in the meeting and welcomed all to join in on SILC's discussions in their meetings regarding their work on legislative issues.

-Dawn:

- SILC has been working on a variety of legislative issues, along with the Deaf Commission, the Office of Minority Health and NGCDD (Kari Horn) and other entities, to ensure that the vaccination information is provided to the disability community, as well as prioritizing vaccinations and having accessibility to those vaccines. The Vaccination taskforce is revising their information due the letters that were sent out. The updated information regarding vaccination information will be posted on the SILC website once it has been made available; Dawn also mentioned that there is some language that goes against current Disability language in our constitution and NRS (currently not consistently phrased in Person First/Person Centered language) and so plans to speak to Senator Spearman via ADSD Deputy Administrator Rique Robb about addressing this by inserting into legislation that they are putting forth.
- SILC Legislative Subcommittee, the Chairs as well as Dawn have split duties to regularly monitor the BDRs and legislative issues and brings that information back to the SILC.
- John: His experience working with the State indicates the more people with disabilities that speak up about services, and the effects of cuts, the more effective the voice. The challenge is identifying what cuts mean and where the cuts occur. Overall state budgets do not necessarily say where cuts are, and so it makes it more difficult to identify how it impacts people with disabilities.
- Dawn: Received notice of Federal funding for the year, it remains to be seen how the monies will be dispersed among the states. It appears that the (disability) programs have been funded, perhaps even a little more funding. SILC is waiting to see how the Rescue Act will play out and how it will impact people with disabilities.
 - SILC has been advocating for increased Medicaid rates for personal care attendants. The Commission on Aging has sent out a letter (to advocate for the increased rates). SILC has a Transition Subcommittee currently working on alternate and innovative solutions to incentivize people to be PCAs and retention of PCAs to avoid people

- with disabilities being unfairly institutionalized because of the loss of PAS services, so they can stay in their homes, and their communities.
 - o She says at this point the in time it does not appear that Assistive Technology services are not slated for any cuts but is unaware how state budget cuts will impact. But she does not think federal funding will be cut for AT.
- Scott: Due to Covid-19, there was lost opportunity for discussion and strategy building within the disability community. He concurred with John that it is powerful to have people with disabilities, that are impacted by services give their testimonies before the legislators to share their knowledge and experiences.
 - o We do not currently have a good group of people with disabilities to provide these testimonies. The AT Council, along with other Commission and Councils related to disabilities, should as part of their outreach gather people together who use Assistive Technology, and other users of disability services, instead of having agencies speak on the behalf of these people with disabilities who are not present. The latter are the ones that are impacted by potential cuts, and people with disabilities are disproportionately impacted by these cuts. It is the Councils and Commissions that serve the disability community, to get information out to them by perhaps by email or text. Ask the disability community when they fill out surveys if they would like updates.
 - o Lance: He knows several people within the disability community that are willing to participate in upcoming legislative session to give input of what they need and what they are not getting in a timely fashion due to upcoming cuts. He also knows of audiologists who are also willing to speak on these issues.
 - o Dawn: Because the SILC has been working with Medicaid and the Medicaid Waiver program to get information via surveys, this may provide an opportunity to gather information in rural areas and get their testimonies to the legislature. Medicaid used Gainwell Technologies to conduct these surveys, and Dawn will be meeting with them. John asked if we could include questions about AT, and Dawn said she would ask about including that as well in the surveys sent out.

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

Lance Ledet, Chairperson

Lance: He would like to have a demonstration of the use of AVA Pro captioning application for members to experience, as a possible consideration for use in future Assistive Technology Council meetings.

Debra Collins: Possible action or votes for new members.

9. Confirm Date for Future Meeting **(For Possible Action)**

Lance Ledet, Chairperson

Deanna Gay will send out a Doodle Poll to the AT Council members to select a date between February 8th and the 19th. (Vickie Essner noted that the 15th was a Holiday).

10. Public Comment (May Include General Announcements by Commissioners) (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Public comment at the beginning and end of the agenda may be limited to three minutes per person at the discretion of the chairperson. Members of the public may comment on

matters not appearing on this agenda or may offer comment on specific agenda items. Comments may be discussed by the Board, but no action may be taken. The matter may be placed on a future agenda for action).

Scott Youngs: As Deaf Centers of Nevada closed their doors, and ADSD is providing services in the interim, they put out their Notice of Funding Opportunities and are awaiting responses. Youngs is interested to see if anyone is willing to discuss how Assistive Technology could be provided to Deaf, Hard of Hearing, also most particularly Speech Impaired regarding possible collaboration with the Communication Access Programs and the Assistive Technology Council.

Debra Collins:

- Wished everyone a Happy New Year and said that she thinks that it will be a fantastic year (for the AT Council).
- Expressed her thanks to Dawn Lyons for running an excellent training that included Debra Collins and Lance Ledet, regarding Opening Meeting Laws and the running of meetings.
- Also voiced her thanks to John Rosenlund, Wendy Thornley, Deanna Gay and everyone for being a great team and looks forward to a productive year.

11. Adjournment

Lance Ledet, Chairperson

Meeting was adjourned at 11:57am.

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

NOTE: We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Deanna Gay at (775) 687-0586 as soon as possible in advance of the meeting. If you wish, you may e-mail her at deannaqay@adsd.nv.gov. In accordance with NRS 241.020, supporting materials for this meeting are available at: 3416 Goni Rd, D-132, Carson City, NV 89706 or by contacting Deanna Gay at (775) 687-0586 or by email at deannaqay@adsd.nv.gov

Agenda Posted at the Following Locations:

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

In accordance with Nevada Governor Sisolak's Declaration of Emergency Directive 006 there will not be a physical location for the Governor's Commission on Behavioral Health Meeting regarding the Annual Governor's Letter.

- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 3: The requirements contained in NRS 241.020 (4) (a) that public notice agendas be posted at physical locations within the State of Nevada are suspended.
- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 4: Public bodies must still comply with requirements in NRS 241.020 (4)(b) and NRS 241.020 (4)(c) that public notice agendas be posted to Nevada's notice website and the public body's website, if it maintains one along with providing a copy to any person who has requested one via U.S. mail or electronic mail.
- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 5: The requirement contained in NRS 241.020 (3)(c) that physical locations be available for the public to receive supporting material for public meetings is suspended.
- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 6: If a public body holds a meeting and does not provide a physical location where supporting material is available to the public, the public body must provide on its public notice agenda the name and contact information for the person designated by the public body from whom a member of the public may request supporting material electronically and must post supporting material to the public

body's website, if it maintains one.