



Meeting Minutes

Nevada Commission on Aging
(Nevada Revised Statute [NRS] 427A.034)

Date and Time of Meeting:
November 10, 2020
1:00 pm until adjournment

1. Call to Order/Roll Call

Dena Schmidt called the meeting to order at 1:02pm

Commission Members Present:

Senator Chris Brooks
Jeff Klein
Mary Liveratti
Barry Gold
Leilani Kimmel Dagostino
Niki Rubarth
Natalie Mazzullo
Lisa Erquiaga
Esther Gregurek
Stan Lau

Commission Members Absent:

Daniel Corona
(2) vacant positions

Staff:

Jeff Duncan, Social Services Chief, ADSD
Cheyenne Pasquale, Social Services Chief, ADSD
Miles Terrasas, Executive Assistant, ADSD
Rique Robb, Deputy Administrator, ADSD
Jessica Adams, Deputy Administrator, ADSD
Jennifer Frischmann, Agency Manager, ADSD
Cissy Garic, Management Analyst, ADSD
Jennifer Williams-Woods, Social Services Manager, ADSD
Tammy Sever, Social Services Chief, ADSD

Presenters:

Paul Shubert, Bureau Chief, DPBH
Candice McDaniel, Health Bureau Chief, DPBH
Karissa Loper, Health Program Manager, DPBH

2. Public Comment

Ky Sisson Director of Lend-A-Hand Senior Services, a Personal Care Agency in Reno, and the Executive Producer and Host of Aging and Awesome, a weekly television show for seniors and families airing across the state of Nevada. The Washington Post report found over 13,000 more have died from Alzheimer's than in 2019; largely due to the isolation the Pandemic has brought to long term care and senior living communities across the country. In the report a husband described his painful interactions with his wife who lives in a nursing home on lockdown. He cannot see her but through a glass window, he expresses her severe progression of the disease and as of late, her inability to recognize him. This heartbreaking story is just one of many. Seniors both with and without Alzheimer's and dementias are experiencing intense isolation and depression. Similar stories are happening right here in Nevada. Today, I am inviting the Nevada Commission on Aging urging legislation for three items. Number 1, when accurate rapid testing becomes available, the state of Nevada has a strategy in place to prioritize long term care and assisted living communities with the ability to quickly test visitors so they can see their loved ones. This is critical to quality of life, length of life, and overall emotional health. Number 2, the shared rooms in skilled nursing facilities are a prime contributor to the spread of COVID and other infectious diseases. Please consider encouraging or requiring all to convert to private room accommodations through increased reimbursement schedules for that accommodation. Lastly, provide education and best practices for owners and operators of facilities to not only allow family visits but encourage them. Thank you for allowing me to speak during public comment today. There must be constant reevaluation at the unattended consequences of lockdowns. Owners/operators are working hard to lower risk and manage the consequences of an outbreak and as a provider of in-home care services I can reassure the committee I am aware of the risk but also have personally seen the benefit of personal interaction with older Nevadans who are at home and in need of both physical and emotional support during this time. I am so glad to see some of these items are already being discussed by the committee both in past meetings and on today's agenda. In closing, I am more than willing to assist the committee in any way I can.

3. Approval of Meeting Minutes for August 11, 2020 and October 21, 2020

Ms. Schmidt asked for a motion to approve the August 11, 2020 and October 21, 2020 meeting minutes.

Barry moved to approve. Stan Lau seconded the motion. The motion passed unanimously.

4. Overview of Family Visitation Plans and Guidelines for Nursing Home and Long-Term Care

Paul Shubert, Health Bureau Chief, Division of Public and Behavioral Health, stated he would like to provide a brief history of guidance and then discuss the latest guidance and end with the Bureau's implementation and findings so far.

He stated we have come a long way since March 5th, when the first COVID-19 case was identified in Nevada. We know a lot more about the disease now, but the pandemic continues and COVID will possibly take the lives of several more Nevadan's before we are able to mitigate the virus.

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

Initially CMS provided guidance to ensure nursing homes were restricting visitation. CMS's Quality, Safety and Oversight (QSO) group memo 20-14, issued March 13th indicated:

Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice.

There was also a note associated with the guidance that indicated: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a Governor's executive order, a facility would not be out of compliance with CMS' requirements.

On April 28th CMS issued the QSO 20-28 memo, which contained Q&A regarding infection control and visitation in nursing homes. This guidance in part addressed:

1. Symptom based screening of visitors
2. Options available for nursing homes to ensure residents stay connected with family
3. Resources available to help nursing homes with virtual visitation
4. Additional guidance regarding compassionate care situations, to include isolation anxiety

On May 18th CMS issued the QSO 20-30 memorandum, which discussed mitigation levels necessary to relax restrictions in nursing homes, based on several factors such as:

1. Prevalence of COVID in the community
2. Prevalence of COVID in the nursing home
3. Adequacy of Staffing in the nursing home
4. Access to adequate testing
5. Access to adequate PPE
6. Local hospital capacity

On September 17th CMS issued the QSO 20-39 memorandum. This memorandum addresses visitation in nursing homes extensively.

The memorandum speaks to the necessity of allowing visitation and provides guidance on options such as:

- outdoor visitation
- indoor visitation
- compassionate care visits

This memorandum also addresses:

- access to Long Term Care Ombudsmen
- communal activities and dining

The bottom line for this memo is that while nursing home residents are an extremely vulnerable population, there is a necessity for facilities to plan for visitation with loved ones.

CMS guidance has focused on protecting nursing home residents from COVID-19, but now recognizes that physical separation from family and other loved ones has taken a physical and emotional toll on residents. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and other expressions of distress.

He explained the Bureau's efforts towards implementation of QSO 20-39:

- Education Information Officer (EIO) sent notices with the QSO attachment via listserv on October 1st to all nursing homes
- Supervisors and staff began calls to the facilities requesting their policies/documents for visitation the week of October 6th

Findings from phone calls and policy review indicate:

- most facilities (85%) have started visitation
- several other facilities (14%) submitted policies which were not in line with the Core Principles established by CMS but are still allowing some form of visitation. We are continuing to work with those facilities to get them into compliance
- only one facility (1%) indicated they were not allowing visitation. The supervisor responsible for this facility is working diligently with this facility to turn things around.

Facilities have been made aware, that disallowing visitation is not an option. If a facility is experiencing an outbreak, this will be taken into consideration, but depending upon the circumstances, citations may occur.

For Residential Facilities for Groups HCQC has developed an Infection Control (IC) plan template that discusses visitation in several different ways, and it has information about what smaller facilities can do to mitigate the virus yet still allow visitation.

Mr. Gold stated he has been in touch with different people in the division and different departments He mentioned he knows DPBH is communicating extensively with the nursing homes about visitation but finally something was issued on October 22nd about what is going on and how you are complying with it. However, the frustration is there is no information being posted on your website or going out to families about what they need to do, what the facilities are doing, and what the compliance are. It is the HCQC surveyors who are overseeing the facilities plans or compliance to see if they are meeting the compliance. When I asked where people can find out if facilities are allowing visitation, the answer I got was to call each facility. Since HCQC is doing the oversight with their surveyors they should be posting. Number 1, Each facility individual plans are and what they need to do should be posting whether the facility is meeting that criteria, how they are or how they are not, and anything else family members need to do such as getting tested, bring their own personal protective equipment, etc. That would encourage facilitation of visitation. I will be asking that this be an action item to vote for a letter of support for a website of supportive information where families can access that information. Are there plans to do that in the future?

Mr. Shubert responded we recognize a lot information that we could make available. We will consider that request and perhaps in the future make it available to the public. CMS has recognized that this information should be available to families as well. They will address in their next QSO ensuring that information is made available to families regarding visitation. He mentioned we do not regulate family members and the facility can manage those family members while they are in their facility.

Mr. Klein expressed how Mr. Shubert has done an amazing job with best practices and mentioned their collaboration on development with Nevada Senior Services. Thirty-one states have asked for best practices of Nevada. He continued that it would be great if family members can use that as a

guideline to access what going on in facilities and would like to see best practices for more providers types.

5. Overview of the COVID-19 Vaccination Program

Candice McDaniel and Karissa Loper presented on Nevada's COVID-19 Vaccine Nevada State Immunization Program. (See [Attachment A](#))

Mr. Gold asked if Pfizer is frozen or ultra-cold? Ms. McDaniel responded it is ultra-cold.

Mr. Gold stated the agreement between CDC, Walgreens, and CVS for the long-term care (LTC) facilities was voluntary. If the facilities do not sign up for them. Is there another plan in place? Will there be information available for the community to know which LTC facilities do sign up and which have plans otherwise?

Ms. McDaniel stated they are still in the planning process and because of the complexities that come with the ultra-cold chain, those who have not responded yet or needing more information, they have one staff member who is focusing specifically on long term care and collaboration with the health district. They are trying to work through the details that are unknown. They will discuss making the information public when more information is secured.

Ms. Kimmel-Dagostino asked for an example of a federal facility that would be administering this vaccine?

Karissa Loper responded federal facilities do include the Veteran's Administration (VA) as well as other federal facilities Bureau of Prisons, the VA will work directly with CDC or military channels and retirees are covered through that federal facility management. The state is opened to working with all partners. (44:12)

Mr. Klein stated they participated in flu and pneumonia vaccine events to reach some of most vulnerable persons and was happy to do that. Nevada has a low rate of reaching vaccine in general. Knowing that flu and pneumonia are spiking and did not reach much of the vulnerable population, there is a possibility they might be in the same situation with the COVID vaccine. Seniors with chronic conditions, who will not come out to a community setting to get testing done. He continued it is important that when planning moves forward, the taskforce needs to think through engaging with senior agencies that are trusted resource providers which may also involve coming up with creative approach for access to vaccines which includes home visits. ADSD must be on the front line of this. The grantees have the widest lenses on contact. Family and caregivers should be taken care of to be able to take care of their loved ones and the vulnerable population.

Ms. Kimmel-Dagostino asked if the critical infrastructure that interacts with the public, does it include emergency responders such as police, firefighters, etc.? Is there a charge for the vaccine?

Ms. McDaniel stated they do. The federal government has funded this vaccine. so, at this time is CMS working with state Medicaid agencies to work through what the codes will be, the uninsured, (HERSA) will be supporting administration fees and at this time there is no cost for the vaccine.

Ms. Loper responded the government will be covering any charge of the vaccine itself. The administration fees are being worked out with CMS.

Mr. Gold stated it is important when they are ready to hit the ground, to look at who the populations that need to go second, third and the task force to include, Medicaid, the ADSD population, providers and understand the need for those specialized populations. The task force is put together to include those people who will have firsthand knowledge.

Ms. McDaniel concluded that the coalition is very much involved and have been working with several entities regarding messaging and with assurance they recognize all the points and as they move forward into planning for phase 2 and phase 3, they understand a collaborative approach is necessary and will be reaching out to Ms. Schmidt, providers, and partners.

6. Subcommittee Updates

A. August 17, 2020 Meeting – Chuck Duarte, Policy Subcommittee Chair

Mr. Duarte stated his concerns with timing of the Policy Subcommittee meetings and asked if he could meet separately with Ms. Schmidt to discuss the subcommittees meeting times and priorities to work effectively with the main commission. Ms. Schmidt agreed.

B. October 28, 2020 Meeting – Jeff Klein, Legislative Subcommittee Chair

No update reported. Please see attachment for meeting minutes of the October 28th meeting. (See [Attachment B](#))

7. Administrator Report

A. Budget Overview

Ms. Schmidt presented the ADSD Biennial Budget Presentation (See [Attachment C](#)).

Ms. Schmidt stated the ADSD are working with Data Analytics to revise projections and have been asked to provide a 12% budget reduction in FY22 and FY23. For ADSD that equates to about 48 million dollars and have been working to identify where to come up with those savings. The biggest focus is how to maintain services and gain efficiencies including working with community partners, other agencies, but retain as many services as possible. The telecommuting model has created a potential for some savings and is awaiting support from the Governor's Office. Also looking into technology initiatives that can create efficiencies; anything to offset actual service cuts.

Mr. Gold asked to know more about the Consumer Health Assistance Unit and them moving over from the Director's Office, what the structure will be and how that will work? For the Rx Program, was the utilization not there? What are the income levels? What are the plans to transition them? How many prescription drugs were they taking on their Part D?

Mr. Duncan responded they have built into the proposal the notification and will have plenty of time to notify members for the 2020-2021 open enrollment, to see if the Part B plan may not have a subsidy and to have those conversations timely. There is currently under 700 members, and the utilization and calls have decreased over time. The funding will be repurposed to help older adults and people with disabilities. It may not be regarding prescriptions but do have an education plan in place and the repurposed funds will help them remain independent in their

homes. Ms. Schmidt added they are putting forward a Bill Draft Request (BDR) in conjunction and know it is a limited budget year. As the program closes, we would like the flexibility of the BDR to sustain a prescription program for seniors and disabilities but remove the restrictions outlined in the Nevada Revised Statutes (NRS) including income and documentation requirements. It will also allow the flexibility to build a program that wraps around. The SRx/DRx program understands it is not the Part D plan cost they need help with, it is high-cost prescriptions and even with Part D, the co-pay is \$400 a month. The goal is to develop a plan to help with high cost co pay situations and staff are remaining hopeful the BDR will give the ability to do that and in the next biennium, the division can build a program, explore what the options are, and what other states are doing. Mr. Duncan stated the statute allows for prescriptions, dental, vision, looking at income, age, etc. and if funding is available in the future, they can build the program to meet the greatest need.

Mr. Gold stated his concern is without the Part D plan instead of having a \$400 co pay, they would have to pay up to \$6,000. Mr. Duncan responded the \$37 subsidy provided would not address the high cost and that is why during open enrollment they educate Medicare beneficiaries about changes and plans that might benefit them. That is the plan if it goes through for October through December of 2021.

Mr. Duarte stated with respect to Medicaid efforts to recruit and obtain Dual Special Needs plans. What extent will they be able to provide prescription drug coverage to low-income seniors who may qualify?

Ms. Schmidt responded they will, but the clients served under the Senior and Disability Rx Program are right above the Medicaid income limits so it is not necessarily dual eligible its higher-level income who do not qualify for the beneficiary programs.

Mr. Duarte stated he discussed with Medicaid the Money Follows the Person, Home and Community Based Services (HCBS) Infrastructure grant, which is around a 5-million-dollar award. He spoke with Medicaid staff and they are awaiting federal guidance. He asked if we have any additional information and how it might be used?

Ms. Schmidt responded we reached out to Medicaid as well and asked to partner. have been in talks with them about coming together to look at proposals and get support for those. A far as funding, no updates. During COVID the areas they are looking at the Hospital 2 Home program as an expansion, which provides wrap around services to people who are coming out of a facility and especially focused on individuals with dementia to have support for that 90-day period. They are working with Medicaid closely to see if they can come up with pilot programs to support that effort.

Ms. Coulombe stated they have an internal meeting on Friday to review what CMS has issued so far. They are slated to go on the Policy Subcommittee to present that information. The plan is to have a stakeholder meeting plan have a lot of entities that may have some great ideas. It is a new supplemental funding source, that is different than the current MFP which has a lot of restrictions. The plan is to work with ADSD and look internally at programs to work on and present those ideas before moving forward. She concluded with the good news is they have time June 2021 plan is to present some ideas and implementing those before submitting in June.

Mr. Duarte stated he knows you cannot supplant existing funding with MFP funds but was thinking there is some way to mitigate reductions in HCBS services with these dollars and reduce significant ADSD budget reductions.

Ms. Schmidt responded to an earlier question asked by Mr. Gold regarding the Consumer Health Advocacy Protection (CHAP) unit structure. She continued part of the reason we partnered with

OCHA is we found that we have a lot cross over with people we serve with them including Adult Protective Services, waivers, community advocate programs, with similar work, just on the social work side. As we work together, OCHA is independent, and lacks support with infrastructure, and outreach funds that ADSD can help with. They are co located with us now and it has been beneficial with meetings and trainings and since we operate SHIP, SMP, and Medicare programs they are learning the details of those programs which assist in their healthcare advocacy. It also gives the ability to tier services and 211 will also be coming over with that budget. It gives us information and referral in the array of services and gives the ability to utilize resources and create efficiencies. She provided an example of ombudsmen carrying out investigation and recovery. Ms. Schmidt concluded that having all of them in one unit allows for comprehensive data on what the needs are in the community and what the issues are systemically.

Ms. Liveratti stated she always concerned with people falling through the cracks and is concerned with those with high prescription cost. She thought we were keeping for the first year of the biennium which her understanding was 2022.

Mr. Duncan responded the program will run calendar year 2021 and the first half of calendar year 2022 will be used to close out the program. Ms. Liveratti clarified the second year of the biennium the funds will not be used for any of those purposes including prescription drugs, dental or vision. Mr. Duncan responded they will keep the two administrative assistants until June 30, of 2022 and will be able to repurpose funds as early as July 2021. Ms. Schmidt added the funds will be transitioned to the Planning, Advocacy and Community Services (PAC) unit and will added to the granting. They will be able to do pilot grant programs related to those same services.

Barry Gold motioned when ADSD is considering their budget reductions for the 12% cut that protecting caseloads be the highest priority. Mr. Klein seconded the motion. The motion passed unanimously. (2:02)

8. Review and Approve Letter of Concern for Impact of Medicaid Rate Cuts on Community Living

The commission discussed versions of the letter and agreed to approve the letter with a persuasive format moving the last paragraph to the front and keeping the first sentence as is. Ms. Schmidt asked for a motion.

Mr. Klein moved to approve the letter as edited with the stated corrections and with the electronic signatures. Mr. Klein asked when the letter goes out if we could notify the commission members? He expressed how this is a critical issue and how maintaining the flexibility to react to the environment we are in is extremely important. He is deeply concerned about what is before us in the next few months. Mary Liveratti asked for clarification on budget use across divisions. Ms. Schmidt explained it is across all divisions. The motion passed unanimously.

9. Elder's Count – Update on the production of the Elders Count Report

Ms. Pasquale presented an update on the Elder's Count Report (See [Attachment D](#)).

Ms. Liveratti asked if housing should be under infrastructure. Running into issues finding affordable housing. Any statistics that can be put in there.

Ms. Pasquale stated it is in the economics section where they highlight housing and the prevalence and risk of homelessness.

Mr. Gold does it have anything about projections where will be at in 5 year which can help with advocacy?

My Pasquale responded in the population section they can show some projections. The plot shows the population clouds and reference loose terms because of the lack of data.

Ms. Liveratti stated one of the demographics to look at are those over the age of 80. We know that group uses services more than any other group.

Ms. Griswold sated when looking at the finished document. You can use to write the advocacy platform.

10. Strategic Plan: Recommend priority areas of focus or changes

Ms. Pasquale presented on the State Plan for Aging Services (See [Attachment E](#)).

Mr. Klein suggested for the how is under the objectives, that justification is added with budget resources.

Ms. Pasquale responded they can start to look at those now but once the Governor's recommended budget is released, they can review again because of the influence it has on the strategies.

11. Program Updates and Information

A. APS – (See [Attachment F](#))

B. HCBS – (See [Attachment G](#) & [Attachment H](#))

C. Ombudsman Report

Ms. Williams-Woods reported the Ombudsmen have begun visits to facilities. They have gone into facilities with thanks to Paul Shubert and his staff at DPBH. This helped determine where they should be going and helped avoid the current outbreaks to ensure staff are safe and the follow up with facilities was conducted by phone if assistance was needed. This also helped with monitoring concerns family members might have. For the most part, residents are doing well and not many complaints have come back for their facilities. It is nice that staff can go in and visit with residents they have not seen in many months. Visitations booth have been delivered to Southern Nevada and are preparing to distribute tablets and booths in the North. Both items will help with increase communication and visitation efforts. She thanked facilities for continuing to communicate with Ombudsmen and giving information to conduct investigations.

Ms. Liveratti asked how many will be delivered and what the distribution is?

Ms. Williams-Woods responded they ordered enough for all the skilled nursing facilities. The cost per booth was \$800 plus. All facilities, residential facilities for groups, homes for individual residential care and skilled nursing facilities, will receive one tablet per facility and because of the cost of the visitation booths, they were not able to get one for each facility.

Barry Gold thanked her for the work she is doing and for making the information public. He explained the newspaper article with information regarding ombudsmen reentry and wondered if the same could be done for family visitations. He spoke of earned media and the press to inform the public of family visitation if the facility meets the safe visitation criteria. Ms. Williams-Woods stated she is working with Nikki Haag the ADSD Public Information Officer to release statements with information to send out to family members and to the public. Ms. Liveratti suggested to send letters to the editor and suggested the commission could also send a letter to help get information out.

D. Food Security Update

Agenda item tabled.

E. AB122 Update

Dr. Jeanne Wendell presented on the Feasibility Study of a Combined License for Assisted Living Facilities, Adult Day, and Respite Care Services in Non-Urban Nevada. (See [Attachment I](#))

Jeff Klein stated do think there are a couple conundrums. The issues of the rate of PCA reimbursement rate because of minimum wage rising and reimbursement decreasing. A number of Personal Care Agencies (PCAs) have already eliminated Medicaid as a potential service relationship. There is a total disconnect for a workforce potential on the PCA side and the competition for labor is high. The adult day care side is that Medicaid pays for up to 6 hours, not that the client receives six hours. One of the potential answers to this problem is going back to where we were 6-8 years ago where we passed legislation to enable PACE in this state. The answer would be supported housing combined with a pace. It also allows the Medicaid reimbursement to be added.

Dr. Wendell stated if they have any questions, Miles can provide contact information.

12. Approval of Agenda Items for Next Meeting

Ms. Schmidt stated send any agenda items or topics send Miles an email to agendize for the next meeting.

13. Next Meeting Date

February 10th, 2021

14. 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. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide the secretary with written comments.)

- Jeff Klein provided updates on the Senate proposal on continuing resolution and they prosed flat funding for the Older Americans Act. Reminded everyone the Cortez-Masto sits on Finance and Senator Rosen sits on the Aging Committee and they will have a lot to say about it.
- Leilani Kimmel Dagostino reminded everyone at 6:00pm the Governor will give an update on COVID-19 in Nevada.

15. **Adjournment** – Meeting adjourned at 4:06pm.

Attachments:

- A. [Nevada's COVID-19 Vaccine - Nevada State Immunization Program](#)
- B. [Legislative Subcommittee Minutes](#)
- C. [ADSD Budget Presentation](#)
- D. [Elders Count Presentation](#)
- E. [Strategic Plan Presentation](#)
- F. [APS Caseload and Information](#)
- G. [CBC Presentation](#)
- H. [CBC Caseload Statistics](#)
- I. [AB 122 Presentation](#)