

Steve Sisolak
Governor

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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

MEETING MINUTES

Name of Organization:	Nevada Commission on Aging
Date and Time of Meeting:	Wednesday, August 11, 2021 1:00PM
Place of Meeting:	Virtual

1. ROLL CALL

Ms. Schmidt called the meeting to order at 1:03PM.

Present:

Dena Schmidt
Chris Vito
Barry Gold
Dorothy Edwards
Kim Fiore
Niki Rubarth
Natalie Mazzullo
Esther Gregurek

Absent:

Senator Chris Brooks
Lisa Erquiaga
Stan Lau
Assemblywoman Susan Martinez

Staff:

Miles Terrasas, Executive Assistant
Jennifer Richards, Advocacy Attorney
Tammy Sever, Social Services Chief
Karissa Loper, Bureau Chief, DBPH
Crystal Wren, Social Services Chief

Jeff Duncan, Social Services Chief
Adrienne Navarro, Social Services Chief
Jennifer Williams-Woods, Social Services Manager
Chuck Duarte, Policy Subcommittee Chair

2. PUBLIC COMMENT – No public comment.

3. Approval of the May 11, 2021, Meeting Minutes

Mr. Gold moved to approve the minutes. Ms. Mazzullo seconded the motion. The motion passed unanimously.

4. Welcome and Introduction of New Members

The following members provided introductions and explained background and experience:

Dorothy Edwards serves as the Washoe County Regional Behavioral Health Coordinator representing seniors, adults and children within the Senior and Adult Division under the Human Services Agency. She oversees the M.O.S.T team, assists with legislative work, and works towards their goal which is to improve and promote improvements of behavioral health in all communities.

Kim Fiore serves as the Program Director of Lutheran Social Services of Nevada. She is a Native Las Vegas. Her background is with seniors and has worked as a MAABD eligibility worker for the State of Nevada, runs the Senior Meal Program and is also a SHIP Medicare counselor.

Chris Vito serves as the President/CEO of Nevada Adult Day Health Care Centers. He has 21 years of career experience with hospitals. He believes in an alternative level of care such as an Adult Day Care and shared an experience about his mother living with dementia.

5. Update on the COVID-19 Vaccination Response

Ms. Loper presented the following data regarding vaccine initiation:

- 50yr and Older 74%
- 60yr and Older 79%
- 70yr and Older 85% - completion numbers missing

She said Nevada's Congressional Delegation has been interested in working with Centers for Medicaid and Medicare Services (CMS) regarding the engagement with Skilled Nursing Facilities (SNF) and long term care facilities which is an all hands on deck approach - starting with SNF's but hoping to improve what is going on in all residential facilities and all places that serve seniors, including their staff.

Ms. Loper stated all 66 licensed nursing home facilities have been contacted and surveyed. Ms. Loper reported issues with the NHSN reporting system, the system that facilities must use for operations which now includes vaccination data. Barriers include access to a special system, obtaining a special card, notarized access which is why it is not showing accurate information in the reporting system. Information is available regarding the facilities between the Bureau of Health Care Quality and Compliance (HCQC) and the Immunization Program; however, the rates are higher than what is reported but it does not raise the ranking much. HCQC is working with facilities to assist with training on the system, expedited access, and working with the CDC. The immunization program received reports of the vaccine being refused and the reasons why for most staff and residents and they have reviewed that information fully. Nevada Web IZ staff are making contact to ensure people have the access to review resident's records and staff records (as appropriate) and to provide training on access. The facilities were split based on the responses from the survey which were conducted by a phone call to each facility. Some facilities want to offer vaccine onsite where they haven't been and other facilities wanted the pharmacy strike team to come in. Ms. Loper said they have been in contact with the Board of Pharmacy to carry out the request and continue partnerships with the approved pharmacies. They also have two public health nurses on staff with immense vaccine experience and they are contacting facilities for those facility administrator's/survey takers that requested to talk to a vaccine specialist.

Ms. Loper added the Web IZ is further along than the qualitative help, some of that has been voicemails being left and they are awaiting responses. Brett Salmon with the Nevada Health Care Association has been engaged to inform them the resources are there including the education materials, clinician Q&A's, and to get the residents vaccinated either in the facilities or whatever works best for them. Ms. Loper added that there has been lots of activity with Nevada Day's Vaccine campaign announced in June with August 26th being the final drawing. There has been a boost in vaccine since the announcement but can't say for certain it's because of the campaign. Resources are available for providers if they meet certain eligibility criteria to receive vaccine storage units and forms

for a facility or business wanting to host a vaccination site. Continuing, Ms. Loper mentioned she will send the links and resources to Miles for dissemination to the members.

Mr. Gold asked the following questions:

- #1) Was Nevada the last or second to last in vaccinations in terms of residents being vaccinated?
- #2) Have any nursing home staff facilities required staff to be vaccinated?
- #3) Interested in hearing back for refusal reasons

Ms. Loper responded to question number one she will research and get back to him. In response to question number two, the Governor's Medical Advisory Team and the Division of Public and Behavioral Health (DPBH) has discussed it but will defer to the subject matter expert for more information. In response to question number she listed refusal reasons including but not limited long term health effects, how quickly they were made, and safety and side effects were the highest reasons. Ms. Loper added additionally, distrust of government, personal freedom and autonomy. Other reasons included the theme of distrust of government and healthcare institutions, and families making decisions on behalf of the resident.

Mr. Vito asked the following questions:

- #1) State and National Issue the whole county has caregiver shortage. Can I mandate my employees to be vaccinated? My understanding you control the policy that you own as a business that doesn't stop you from asking to be vaccinated and asking for shot records. Still have to offer religious or medical conditions.
- #2) What if staff says our clients aren't getting vaccinated?

In response to question number one, Ms. Loper stated knowing a person's vaccine status is not a HIPPA violation and responded to question number two, that it's more reason to be vaccinated.

Mrs. Richards, ADSD Advocacy Attorney, stated she provided information in the chat regarding the vaccine mandate. The Department of Justice has stated the Employer has the right to mandate the vaccine.

6. Discussion and approval of possible recommendations regarding pharmaceutical assistance for older adults and individuals with a disability.

Mr. Duncan provided an overview of the Senior Rx Program and deferred the presentation to Adrienne Navarro, Social Services Chief over the program.

Ms. Navarro presented on the following: (See Attachment A)

- 1) Senior and Disability Prescription (SRX/DRX) Program History
- 2) Program Utilization
- 3) 81st Legislative Session – AB35
- 4) ADSD Program Proposed
- 5) Pharmaceutical Assistance Fund
- 6) Timeline
- 7) Questions

Ms. Navarro stated the information show us how we can evaluate the people we serve and how we can better serve Nevadans. Funding for this program comes from Nevada Tobacco Settlement Funds.

Ms. Navarro added the program removed the updated eligibility criteria from the Nevada Revised Statute (NRS) to allow additional flexibility to define that in our regulations and in the program policy. Ms. Navarro continued that it was brought up in the Legislative closing, and that there were some high administrative costs associated with this program as it currently runs with the current budget it has. Continuing, Ms. Navarro added that ADSD assured the Legislature that we would evaluate the program to identify to whether we can make any changes to reduce those costs and apply more to direct services. Ms. Navarro said with the Legislature pointing out the cost we knew that we needed to make a change.

The ADSD proposal is a six month Pharmaceutical Assistance fund pilot program January 2021 – June 2022. The new program model launch is anticipated July 2022 to end the subsidy to all the Medicare premium and put all the money into Pharmaceutical Assistance program that would go out to the community.

Mr. Gold asked the following questions:

#1) What about current clients in the program?

#2) Will they know about the change?

Ms. Navarro responded to questions number one: Yes, with the current caseload, we must keep in mind not every member receives \$37.00 per month towards their subsidy. There are many premiums below that and some that are above that. That's the maximum that we subsidize a month. The average per month subsidy runs about \$28.00 for the current members. We are looking to project from that to determine what would be remaining. We are also looking at no longer accepting new applications for the program at the end of this calendar year (2021) so we know how much money is remaining with the caseload for the pilot program.

Ms. Navarro responded to question number two: In terms of notifying the members that's important to us and that's part of the timing they are trying to figure out. It's critical for us to talk with advisory bodies and the Interim Finance Committee prior to open enrollment for Medicare. We feel it's very important to notify our members that their subsidy would be ending June 30th, 2022. She added we will very clearly inform them. They will have 6 months of a subsidy toward their premium and they can make informed decisions about their Medicare part D coverage based on that. The timeline was moved up a bit knowing its extremely important to notify our members about that, so they have the information to make the decisions about their coverage.

Ms. Rubarth asked what are the other reason for decline in part D utilization?

Ms. Navarro responded a lot of the data over time was about the closure of the Medicare D coverage gap. When the Gap began closing in 2010 members in 2017 were responsible for 35% of cost of the drug in the Gap, not 100%. Ms. Navarro explained the utilization and need for the program were decreasing the way it was built and those changes did impact that. Continuing, Ms. Navarro added the dramatic change between 2020 and 2021 and 2019 to that gap closing and then subsidizing the premium only to find that many members were on a plan that we don't contract with. Ms. Navarro added, of all the plans in Nevada there is only one plan that we don't contract with. There was also a \$0 premium. Ms. Navarro said the individuals still needed help but were unable to assist them as the program was now a subsidy for their Medicare part D premium.

Ms. Navarro continued they are trying to figure out how to best utilize the funding to meet the needs of the Nevadans. The overall intent to help with the cost of the pharmaceutical services and prescription drugs, and then statues states that if additional funding is available for vision, dental all of that we do hope by doing this we can reestablish the program, increase funding to be able to get it out to the community and assist people with what they need and again on just Medicare beneficiaries. There are other individuals that need this assistance that would qualify for the program.

Ms. Rubarth stated that would be great. Presumably there would be some funds built into this pilot program to promote and spread the word about the benefits.

Ms. Navarro responded we will work within our network to get information out. This will be a transition but beneficial for Nevadans.

Ms. Schmidt stated this is an action item. Ms. Schmidt added as a Commission moving forward, do we agree with the changes to this program? Are there any concerns because we don't want to go to the legislature and say we don't have all the commissions support? Does anyone have any concerns or need

any follow up information? She asked if they the Commission felt comfortable taking a vote with this recommendation and would like to see the pilot move forward?

Commission members supported this with no motion or vote taken. In closing, Ms. Schmidt said if you need more information as we move forward, please reach out and we will follow up.

7. Updates regarding Money Follows the Person (MFP) plan

Ms. Coulombe was absent but had staff present to take any questions or comments.

Mr. Gold asked for a copy of what was submitted. Ms. Schmidt replied she will send a copy via email to all members of the money follows and will follow up. Ms. Schmidt provided an overview of the MFP funding for new members.

8. Subcommittee Reports and Possible Approval of Recommendations.

Chuck Duarte, Advocacy Director for the Alzheimer's Association who also serves as the Chair of Policy Subcommittee for the Commission on Aging stated a meeting was held last month regarding policy considerations with several presentations.

Mr. Duarte said Meredith Levine from Guinn Center Policy Institute presented on a report on wage disparity for in care home services. Most of these individuals are women and women of color. There are serious concerns about moving forward these services that are tied to Medicaid reimbursement which is about 58% of their income. There was discussion regarding Senate Bill 340 which looks at things like salaries. He added one of the positive things that occurred was NV Medicaid submitted enhanced FMAP for review and consideration that included increasing the rates for direct care workers.

Continuing, Mr. Duarte stated Sherrie Rasmussen from Welfare and Supportive Services discussed changing the spousal impoverishment level for Nevada's seniors. These are levels that a community spouse can attain after someone spouses is considered going into skilled nursing or eligibility of Home and Community Based Services. Mrs. Richards describes some of the situations that she has seen individuals encountering around delays in the spousal's split of income, often delayed payment to nursing facilities and particularly excess cost associated with retaining an attorney to help with that spousal split. She added raising these spousal impoverishment limits to the federal maximums would do away with some of those burdens our recipients are experiencing, as well as some of our care facilities and caregivers as far as delayed payment.

Mr. Duarte said Paul Shubert from the Bureau of Health Care Quality and Compliance (HCQC) presented on nurse to resident ratios in SNF's. Two things came up in that discussion. One is that according to national survey 70% or more nursing facilities don't meet facility requirements for staffing, even with majority compliance they don't meet CMS criteria for staffing. Continuing Mr. Duarte state the other issue is difficulty in getting staff, particularly nursing staff. Many facilities are using nurse registries, which raises the cost. He mentioned issues about having to adjust ratios for patient acuity and for that to be done routinely. He said this would be challenging for us as a policy item to review and move forward.

Mr. Duarte stated there were new policy ideas but will have to find out more about them to discuss it. Two have received very high marks from the subcommittee. Mr. Duarte continued the spousal impoverishment limit and Medicaid eligibility for the community spouse. Second, raising the Personal Needs Allowance (PNA) for skilled nursing facility residents from the current level of \$35.00 that's been in place since 1997, to something in between \$50.00 and \$60.00 per month. He added this will allow them some dignity to be able to purchase grooming supplies and other types of things to maintain a healthy lifestyle within the nursing facility. Mr. Duarte said both are to be reviewed at the rates unit of Medicaid. He continued they will also be reviewing funding opportunities in rural Nevada to help with the increasing number of dementia intervention; seeing individuals in crisis that may have dementia. Ms. Schmidt suggested that this may be something Task Force on Alzheimer's Disease may look at.

Mr. Duarte stated other proposals need to be discussed before being brought up. Ms. Schmidt suggested that the Commission on Services for Persons with Disabilities (CSPD) pick up the supplemental rate that might be appropriate for their community to review. Mr. Duarte agreed. Mr. Duarte closed with thank you and a welcome to all new members.

9. Discussion and approval of structure of subcommittees including possibly combining the Legislative Subcommittee with the Policy Subcommittee and/or nomination of new members to the Policy and Legislative Subcommittee.

Ms. Schmidt explained the history of previous subcommittees and asked how the Commission would like to move forward with either combining the Policy Subcommittee and the Legislative Subcommittee to avoid duplication of efforts and also renaming the committee to address both legislative and policy items or how they would like to structure the subcommittees moving forward. Discussion ensued among commission members regarding combining the two subcommittees.

Ms. Schmidt asked about the Strategic Planning Committee and if there was need to have its own subcommittee or to continue to agendize it on the COA agenda for discussion and input from commission members? Mr. Gold provided examples of how the Strategic Planning Subcommittee operated and how beneficial the meetings were.

Ms. Schmidt added they received a letter from one of the other boards, inquiring about the status of the Olmstead plan. Ms. Schmidt added ADSD is identifying funding and having a vendor help with the plan but that will not start until December with an anticipated completion by March. ADSD will be conducting surveys on informational items, board agendas related to needs and understanding the needs of the community. Continuing, Ms. Schmidt added once that's done, we can certainly add an agenda item to the main committee and provide information related to the status of our plan, what activities are we doing to work towards that, budget information, etc. and closed with she doesn't think there needs to be an entire subcommittee.

Mr. Vito suggested a list of 5 criteria in presentation form to ensure the subcommittee has done their due diligence in terms of research before moving their recommendation forward to the full commission. Mr. Duarte added that he and Dena discussed and previously carried out in a previous meeting having the commission agendize items to vote on and move forward to the subcommittee's agendas for research and analysis.

Mr. Gold agreed with everything that was stated. In terms of the Olmstead plan, he recalled it was a combined working group between people on the COA and/or the Strategic Planning Accountability Subcommittee (SPAC) and stated he thought that worked best.

Mr. Gold moved that the Commission combine the Legislative Subcommittee with the Policy Subcommittee with the name yet to be still determined and that the ADSD come up with the best name for the subcommittee and that another special commission meeting is not required to decide the name but to delegate it to the Chair of the COA and the COA subcommittee. Ms. Schmidt clarified the motion that there would be our only one subcommittee that addresses all policy and legislative recommendations. Mr. Vito seconded the motion. The motions passed unanimously.

Discussion ensued regarding the current subcommittee members of each subcommittee.
Policy Subcommittee: Chuck Duarte, Connie McMullen, Donna Clontz, Barry Gold and one vacancy.
Legislative Subcommittee: Barry Gold, Diane Ross, Larry Weiss and two vacancies.

The commission discussed moving over Larry Weiss to the Policy Subcommittee to fill the vacancy but Mr. Gold added Diane Ross should be included in the conversation so she is not dismissed unnecessarily from her role on the subcommittee. Ms. Schmidt added we will reach out and have those conversations to ensure everyone is included.

10. Updates regarding Elder Abuse Fatality Review Team concept and Dementia Holds and Medical Incapacity Holds

Mrs. Richards, Advocacy Attorney with ADSD provided highlights on the previous mentioned items Mr. Duarte discussed regarding elder abuse, fatality review team and dementia holds. She continued they are looking at a 3 parts legislative strategy to address adult mistreatment statewide. The first would be looking at our vulnerable adult protection order, which was something that Commission had endorsed but unfortunately it died in Committee due to the timing of everything. Then in the ongoing case of APS is looking at access warrants. It is not a search warrant. It would be an access warrant and the difference are we don't want to come in and search people's homes, but we do want access so we can check on folks and make sure they are ok. APS is on the line where they have knocked on the door and the person answer's the door and says, no you can't come in and there's no way to verify if the person is ok. APS would like the ability to access and make sure the person is ok and to be able to complete their investigation. The last stage of mistreatment cycle we would look at the elderly fatality rate. The review team would make the policy statewide. Mrs. Richards added they are currently apart of the stakeholder meetings, collecting data and pressing forward with gathering material to prepare for a new session. Mrs. Richards said the last item is the incapacity hold. Jessica Flood has held informed meetings that she has organized with different stakeholders to address the issue. Wisconsin has interesting statutes, so I think the task force on Alzheimer's that Mr. Duarte mentioned will really take on working with that as well.

11. Administrator's Report – Discussion and approval of possible recommendations by commission members related to:

Ms. Schmidt provided updates on the Olmstead planning including planning to use American Rescue funds and are actively engaging with the Director's Office along with the Governor's Finance Office to move some of our initiatives forward. She mentioned we are much like the community regarding Every Nevadan Recovery Plan for the submittal of initiatives and concepts and are still awaiting the final determination. At this time, we don't have any idea if we will be getting our funds and if we are what they will be for. Ms. Schmidt added we are working our way through that process and mentioned there were some funds set aside in Assembly Bill 461, so those will be coming to the department. Many of those funds were allotted for the No Wrong Door initiative. That money will be going to Welfare for the No Wrong Door system.

She continued we are anxious and excited to move forward with the No Wrong Door technical solution to allow constituents to apply online and be referred to multiple programs. She explained currently when you apply for Medicaid, TANF and SNAP, the referral is sent only to WIC and the Energy Assistance Program (EAP). Ms. Schmidt explained there are indicators in the application and the applicant would receive a notice that says you might be eligible for other programs, if you would like to apply, apply here. Then it would electronically send that information to the appropriate agency depending on which services were needed. Ms. Schmidt mentioned the no wrong door projects are always a multiyear approach. There is a desire to include community programs such as senior services in the county agencies and reach out to the agencies programs first to include those as well. This is just the first go around but we are excited to get the funding and start the work and she concluded we are actively engaged in that process.

Ms. Rubarth asked if ADSD staff are back in the offices? Ms. Schmidt replied the ADSD offices are fully open but the staffing is different and is a hybrid model of telecommuting and in person.

12. PROGRAM UPDATES AND INFORMATION.

A. Adult Protective Services Update and Caseload Information

- Tammy Sever, Social Services Chief, Adult Protective Services, ADSD

Ms. Sever presented statistics for the Nevada Adult Protective Services SFY 2021 (See Attachment B).

Mr. Vito shared a report and asked if the case is substantiated - is the elderly person awarded to

the state? Ms. Sever explained the guardianship process and that APS may assist in alternative placement and resources if the client wishes.

**B. Home and Community Based Services (HCBS) Caseload & Waitlist
– Crystal Wren, Social Services Chief, ADSD**

Ms. Wren presented on Combined Caseload Statistics June 2021 (See Attachment C) and CBC Program Caseload Information (See Attachment D).

**C. Food Security Council Update
– Rique Robb, Deputy Administrator, ADSD, DHHS**
No update provided.

**D. Ombudsman Report
– Jennifer Williams-Woods, Manager, Long Term Care Ombudsman Program, ADSD**

Ms. Williams-Woods presented the Long Term Care Ombudsman’s program overview including their populations served and explained the expanded jurisdiction to rehabilitation hospitals, adult day care and the community living arrangements. Ms. Williams-Woods added those numbers have been low and they are available to individuals in those settings. Ms. Williams-Woods presented the July data, stating there were 153 cases opened statewide. Continuing, Ms. Williams-Woods added there are currently 10 ombudsmen, 2 in the North and they are waiting to fill some vacant positions. Once filled, that will bring 6 ombudsmen in the North and 9 in the South and will be getting 4 more in once the positions are filled. 17 cases opened in Carson City, 1 in Elko, and 114 in Las Vegas. 3 cases were related to COVID. She said they are informing families of policies for visitation with the rise of cases. The facility must have a 70% vaccination rate and less than 10% positivity rate in the area for indoor visitation to take place. Most counties are over the 10% which impacts the visitation. The program is working on getting more training for long term care facilities and cultural competency and are revising program manuals to improve consistency and improving quality assurance. Discussion ensued regarding facility staff that are vaccinated and the importance of transparency

Mr. Gold discussed data on the AARP dashboard. He asked if most facilities are not allowing visitation because they are not at the 70% rate? Ms. Williams-Woods responded facilities are allowed to restrict visitation because of the 70% vaccinated criteria.

13. APPROVAL OF AGENDA ITEMS FOR NEXT MEETING

- **Legislative implementation**
- **Information if available for facility level data on vaccinations of staff and residents**

14. NEXT TENTATIVE MEETING DATE – November 9, 2021

15. PUBLIC COMMENT

Dawn Lyons, Executive Director of the Statewide Independent Living Council (SILC) stated thank you all for the wonderful information today. It was very beneficial to hear all of that. I was thinking about when you talked about tasking the CSPD and having had the SPAC as it used to be a subcommittee of the COA, and now that Aging and Disability Services has merged disability services with aging, and we all know why that makes sense; there are young people with Alzheimer’s, it’s across the board, and it’s a lifespan thing. I was thinking about it and doesn’t it make more sense, now that it’s a merged topic, it makes more sense for us to be talking about these items together instead of having two separate committees and maybe the CSPD needs to be under the COA or maybe the Commission needs to be the Commission on Aging and Disabilities, but also work with the independent living network because that’s the other disability entity within each state, so even though it’s separate pots of money, it would be a lot easier to work together and not so many silos and not everyone duplicating efforts so to speak. Ms. Schmidt mentioned she appreciated the comment and it would be a legislative initiative and thinks it’s

a good idea, and they do try and get all the chairs of the committees together to eliminate the duplication of efforts.

Barry Gold stated the Interim Committee on Adults with Special Needs was saved from being eliminated. There was a bill to eliminate the interim structure. It will be a great opportunity for the COA to reach out to them and collaborate on legislative work.

16. ADJOURNMENT – Meeting adjourned at 3:42PM

Attachments

- A. [Senior and Disability Prescription Program Presentation](#))
- B. [Nevada Adult Protective Services SFY 2021](#)
- C. [Combined Caseload Statistics June 2021](#)
- D. [CBC Program Caseload Information](#)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Miles Terrasas in writing at 3416 Goni Rd, Suite D-132 Carson City, Nevada 89706, email milesterrasas@adsd.nv.gov or call at (775) 687-0501 as soon as possible.

Notice of this meeting was posted in the following N/A. Notice of this meeting was faxed, e-mailed, or hand delivered for posting to the following Carson City and Las Vegas, Nevada, locations N/A Notice of this meeting was posted on the Internet through the Nevada Aging and Disability Services Division website at adsd.nv.gov, and Nevada Public Notices website at www.notice.nv.gov. Supporting public material provided to Commission members for this meeting may be requested from Miles Terrasas, Commission Administrative Support, ADSD at (775) 687-0501 and is/will be available at the meeting locations and ADSD website at adsd.nv.gov.